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Research Article

'People-Centred Health Care': how can that be without a healthy communication between doctors and patients in South Africa?

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Abstract

South Africa fails to provide patients with access to holistic health care in their language of choice as stated in the Department of Health Language Policy of 2011. Linguistic and cultural differences of patients and doctors result in a compromised quality of care. About 80% of doctors in rural hospitals are foreign-trained, so it is imperative that effective communication policies, training and skills beneficial to foreign doctors be an integral part of the current health reform. This study reviewed the Policy of 2011 and determined English-speaking foreign medical doctors' ability to communicate effectively with indigenous patients in Limpopo Province. The Policy of 2011 was content analysed. Communication during consultation was investigated using semi structured interviews of purposively sampled nineteen (19) doctors, thirteen (13) nurses and thirty-five (35) patients in ten government hospitals in Limpopo. The interviews were thematically analysed. The results showed that many foreign doctors were frustrated that they could not communicate with patients; they could not speak the indigenous language and the assumption that most patients could communicate in English often proved erroneous. This made it difficult to give equal medical care to all patients, and doctors resorted to avoidance strategies. The Policy fails to address the cogent issue of verbal communication between patients, interpreters and doctors. Understanding and being understood is critical in ensuring equal access to and quality of health care for all patients. Developing communication between doctors and patients is therefore central in reducing or eliminating health disparity.

Keywords: *Language policy, patients, doctors, strategies, access, communication*

Introduction

South Africa employs many foreign-born and trained medical doctors in a bid to ameliorate lack of doctors in many government hospitals. This exacerbates the problem of communication already evident in the system. The multicultural and multilingual landscape of the country makes it expedient to have a policy in place to guarantee that all recognised languages are catered for in the constitution and that patients have the opportunity to communicate in language of choice when accessing healthcare. Problems in communication between language and cultural discordant doctors and patients are well documented and efforts are made to bridge the communication gap especially through the use of interpreters. The use of medical interpreters is fast gaining ground in developed countries to ensure equal access to care by all patients irrespective of the language they choose to speak during consultations. Unfortunately, in countries like South Africa, there is a drought of trained medical interpreters and usually the interpreters are family members, non- medical bilingual hospital staff or at best nurses assisting the doctors.

As a means of furthering multilingualism, the use of all official languages is encouraged in all aspects of interactions. However, the English language is often the working language. Foreign doctors who

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are unable to communicate in the local languages need to communicate with patients in English thereby creating the need for interpreters as many people in the rural areas where the doctors work do not speak English. Language policy and planning are crucial where there is more than one language in a community. Policies are usually instituted by the government as guiding principles for the use of different languages in the community. South Africa, with its eleven official languages, stipulates the use of languages both at the national and provincial level. The National Department of Health, in its aim to promote multilingualism in health-care, must ensure equality of access for all the people.

An Overview of the Policy on Language Services (2011) for the National Department of Health

The South African Constitution provides for 11 official languages, namely, English, Afrikaans, isiNdebele, isiXhosa, isiZulu, siSwati, Sesotho, Sepedi, Setswana, Tshivenda and Xitsonga. It offers an ideal situation where all the languages have equal status and people have the right to use any language of their choice (Mphela, Mogoboya & Chokoe, 2020). Echoing the National Constitution and National Language Policy in section one, the National Department of Health, in its 2011 policy on language services, emphasizes its commitment to the provision of language services as a means of achieving the government's vision of "Long and healthy life for all South Africans" for 2010 to 2014. Section one of the policy further indicates that the promotion of multilingualism will allow people the use of the language they understand best and feel comfortable speaking when accessing health care. To ensure this, the Department, in section 5.2, commits to the provision and use of "professionally qualified and competent interpreters and translators" in the healthcare system as well as affording staff opportunities to improve their proficiency in the English language as a means of enhancing their job performances.

According to Section 5.3 of the policy, all service areas of the Department should ensure the provision of professional, qualified and competent interpreters and translators for clients who need them and inform the clients of the availability of such services. Provision of services for the clients depends on:

(a) The client's ability to communicate in English
(b) The purpose of the communication and kind and complexity of information to be conveyed
(c) The client's ability to effectively communicate in a stressful or familiar environment
(d) The preference of the client to communication in his/her own language even when he/she can communicate in English language
(e) The risks of miscommunication to the client and the potential for legal liability or legal consequences for the National Department of Health, and finally
(f) If the client has a disability and requires an alternative mode of communication, the policy recognises the need for review and concludes that it will be reviewed quarterly.

Methodology

The policy document was content-analysed and assessed against the reality of what happens in selected hospitals in Limpopo Province, South Africa. A qualitative approach of semi structured interviews was used to gather information about the communication between English-speaking foreign medical doctors, patients and nurses who act as interpreters as well as ways of improving the process. Nineteen (19) doctors, thirteen (13) nurses and thirty-five (35) patients were interviewed post consultation. Purposive sampling method was used to recruit the English-speaking foreign medical doctors in ten government hospitals in the Limpopo province. Nurses assisting the doctors on the day of interview were recruited based on their willingness to participate in the study. The study was explained in local languages to the patients as they waited to see the doctor. All participants signed consent forms after the study was explained to them.

While the doctors and nurses were interviewed in English language, most patients were interviewed in Sepedi, Tshivenda or Xitsonga based on their language choice. Patients further were interviewed with

the help of assistants who were first language speakers of the languages. The interviews were transcribed and translated where necessary. The transcribed and translated interviews were analysed using thematic analysis with the aid of Nvivo 10 software for the coding process. Continuous reflection about the data is a hallmark of qualitative analysis (Creswell, 2009). The researcher, therefore, interacted with the data by reading it several times to get familiar with it and made notes. The coding helped the researcher to identify patterns in the data. The patterns were categorized and labelled for use in the study.

Approval for the study was granted by the University of Limpopo and the Department of Health.

Analysis of the Policy

There is lack of emphasis on the need to provide interpreters for doctors and patients during consultations in the scope of the policy. According to Section 3 of the policy, this is binding on all government structures and personnel working for the National Department of Health and in particular, on those responsible for information production, printing, publication and distribution. The focus is on the production of printed material in other languages, apart from English, which is accepted as the working language as stated in section 9.2 and suggests lack of understanding of the importance of verbal consultation between doctors and patients. Also, in section 11, where the financial implication is stated, provision for interpreters in hospitals is not specifically addressed though there is mention of the provision of "language services". In "The politics of language in South Africa": a compilation of selected proceedings of the 2005 annual conference of the Linguistic Association of South Africa, no mention was made of interpreting services in the health care sector. This omission underscores the fact that the need for these services in hospitals is not regarded as expedient and the government may only be paying lip-service to providing such as stated in the language policy.

Although the language policy underscores the right to use any of the official eleven languages, in reality, English is the language of business or 'working language', the medium of instruction in schools and some government institutions have opted for its use as the sole official language (Anthonissen, 2010). In spite of the seemingly widespread use of English language, many people still speak little or no English in some parts of the country (Kekana & Mogoboya, 2021). From the 2011 National Department of Health language policy, it is clear from the 2000 statistics quoted below that the English language is one of the predominant languages in only three out of the nine provinces in the country. These provinces are Gauteng with 12.5% of her population having English as the predominant language; and Western Cape and KwaZulu Natal with 19.3% and 13.6% respectively. Some areas like Northern KwaZulu-Natal, Transkei in the Eastern Cape and rural Limpopo fall in the category of those with many people speaking little or no English (Anthonissen, 2010). This study focuses on the province of Limpopo where the main indigenous languages are Tshivenda, Sepedi and Xitsonga. Against this background of language distribution and the need to use English as the language of communication during consultation with English-speaking foreign medical doctors, problems are bound to occur and strategies must be devised in order to promote better communication between doctors and patients.

Although the policy states that professional, trained and competent interpreters and translators should be used in the discharge of the services, it fails to address the type of training needed for the interpreters and translators. It is also observed that there is no indication on the use of medical interpreters as found in North American countries and Europe. The policy also fails to acknowledge or address the issue of the foreign healthcare workers employed in the country and the problems of communication between them and native patients. This may be because the country already faces problems regarding the use of language in the multicultural, multilingual society that South Africa is. Providing solutions to the problems of multilingualism should resolve some of the problems of communication between English-speaking foreign medical doctors and native patients. However, the

problems are also cultural in nature and therefore, consequently affect the medical communication. For this reason, they may require more effort than is currently done with South Africa doctors.
The policy also gives no indication of how foreign medical doctors or South African doctors who do not speak the language of the area are to be trained and inducted into the community where they work. It does not stipulate if the foreign doctors are to write a language qualifying examination or attend a language course in their patient area.

Consultation Communication Challenges

Several researches such as Anthonissen (2010), Ellis (2004), Flores, Laws, Mayo, Zukerman, Aberu, Medina and Hardt (2003); Flores, Abreu, Barone, Bachur and Lin (2012), and Levin (2006) have documented the problems that are inherent in intercultural medical communications and especially interpreted consultations. Participants in the study were asked about the problems that they encounter in communication during consultations and suggest ways in which, they believe, communication can be improved. It is believed that these efforts will provide areas of concern that need to be addressed in the provision of language services in the hospitals.
In most of the hospitals visited, nurses were attached to the foreign doctors on a daily basis to interpret for them. This, in essence, means that the nurses do not engage in other general duties. In some hospitals, this did not happen due to shortage of staff. In all cases, there were complaints that the practice of attaching nurses to doctors for the purpose of interpreting created a problem. In some cases, consultations had to be stopped till a nurse was available to interpret, while some doctors decided to attend to only patients who could speak the English language.
Problems are encountered when the foreign doctors are new as some of them do not speak English at all.

> *Mostly, while the doctor is new, is coming from home and it's the first time coming to work in that hospital, so because he is not used to the language, it will be a little bit difficult but well, after six, seven…six months and years, they are fine.* (Nurse 1, Registered staff nurse)

The main problem faced with patients is that many of them are old and do not speak English

> *My main challenge is that some patients, sometimes very old patients because they can't communicate properly. (Doctor 2, urban hospital)*

> *We see mostly old people who can't speak English. It is always a problem when there is no interpreter. They can't hear English and I can't hear what they are saying. I can only hear little of their language but deep ones like what is really wrong with them you won't be able to get it because if you don't have an interpreter, it will be very difficult. (Doctor 18, rural hospital)*

Due to the multilingual nature of South Africa, some doctors face problems when they have to move from one linguistic area to another, as experienced by Doctor 10.

> *When the local language is Sepedi, I understand. It is not really a big problem but because I moved here recently, there's sometimes shangan, sometimes venda, so I am still struggling. (Doctor 10, urban hospital)*

Others face problems when non-South Africans who cannot speak English or any of the local language come for consultations.

> *Foreign patients who do not speak English, they are not speaking any South African languages. So sometimes, it is difficult to communicate with those foreign patients as well. (Doctor 7, urban hospital)*

Some patients who can speak English refuse to speak it during consultation.

> *Most of the patients we see are old people. You hardly see one that speaks English, but many times when you ask them even some that speaks English, if you speak English to them, they speak the local language to you. Most of them don't want to speak English except some of them. There are times when the interpreter is saying something else and the patient just say you know that is not what I am saying, this is what I am saying and she speaks in English (Doctor 17, rural hospital)*

Other problems encountered are problems in understanding the culture of the patient.

> *Sometimes traditional things, you know tribal things and the whole local customs. You need to sometimes understand, you know, the local beliefs. Sometimes you have to take these things into consideration (Doctor 1, rural hospital)*

> *If the patient can speak English, it is good. But most of the time, even when the patient can speak English it is better I have an interpreter because I don't really know the culture. I cannot understand their tradition because I am not native. I ask the sister what is the tradition, what is their belief, what is their behaviour and the sister can describe for me. It is better I have an interpreter not for their own language, only for describing the situation and exploring the tradition and heritage. (Doctor 12, urban hospital)*

Doctors also mentioned problems that they experience regarding interpretation done by the nurses.

> *We have a problem because when you are translating, you translate exactly what the patient… or the nurse translates what she understands the patient is saying. So, in this case, we have a bit of a problem because the patient will end up not satisfied, thinking that what she is saying is something else, and the nurse is telling the doctor something else. But finally, we end up satisfying the patient because, as I say, it is almost five, six years that I have been around, even if the nurse is translating, but I can tell myself that what she is saying maybe is not correct. I can always correct her. (Doctor 3)*

Sometimes the nurse does not speak the patient's language and is, therefore, unable to interpret.

> *The sister who is helping me in regard with interpretation does not know that particular language and that is a bit of a problem. (Doctor 7, urban hospital)*

At other times, the ability of the nurses to interpret is questioned:

> *With interpreters, at times, you get ones that don't really know how to express themselves. I have had interpreters who will tell you, "What this woman said, I can't remember. She is trying to say …" She will now try to describe it for you. (Doctor 17, rural hospital)*

Still on the problems encountered with nurses as interpreters, the same doctor described a situation where the nurse tried to add some information to what the patient said:

> *There was this incident about a patient. She said something I did not hear what she said but when she was speaking I didn't hear panadol. So, my interpreter says, "Doc, this patient says she wants panadol." I said how can a patient say panadol? You are lying to*

me, tell me the truth. She said, "Ok, she said she is feeling pains and I guess she probably needs panadol". (Doctor 17, rural hospital)

Discussion

To provide answers to the question of how the Language Policy on Health can be improved to facilitate communication between English-speaking foreign medical doctors, patients and interpreters were, as participants, asked to suggest ways of improving communication. The responses of the participants were coded using the Nvivo software. The following identified themes are discussed below: use of interpreter, language learning, community integration and linguistic postings of doctors. A major suggestion from the participants is the **use of interpreters** in consultations involving foreign medical doctors. Some responses from participants are:

"I think interpreting is the only thing. I think it is better to have an interpreter if there is someone who is unable to speak in English, but if he/she can, there is no problem because they are very good people you can talk to." (24 year old male)

"An interpreter is important and it is wanted." (25 year old male)

Some participants noted that an interpreter was necessary because it is not easy for foreign doctors to learn the local languages

"There is no other way because there is no Nigerian who can speak Tshivenda. It means that there must be an interpreter"

"You see a white person like this; it's difficult for him to learn it" (24 year old female)

Doctor 18 agreed with the view that **learning the local language** is difficult. However, recognising the problem of lack of trained interpreters and insufficient nurses to help with interpretation during consultations, he insists that learning the local language is still the best option for the foreign doctor.

The best thing is that we need to do is to learn the language which is very difficult. There is nothing else to do unless the government gives us the people that were trained for this because interpreting is not a nurse's job. That is not their job, they are meant to give the patients injections (Doctor 18, rural hospital)

Participants were also of the opinion that the English-speaking foreign medical doctors should **learn the language** of the people who consult them.

"I think the doctor must try learning the local language" (Doctor 13, urban hospital)

"The foreign doctor must just try to speak the language" (27 year old female)

"Isn't that the government must plan that the doctors must know all the languages" (60 year old female)

"The foreign doctors must study or understand the local language because it is them who are foreign to the place they must be the one to adapt to the local language" (Doctor 14, rural hospital)

There were also suggestions about how learning should be done. Some suggested organising language workshops for the doctors.

"You must sometimes give them workshops so that they can be able to understand us when you are not there." (75 year old female)

Doctor 9 suggested that foreign doctors from countries that do not speak English be given time to learn English before they start practising in the Republic of South Africa.

> *"I know each province get foreign doctors especially doctors who cannot speak this language so if there's a program where you can come in like and you have like maybe the first two or three weeks to learn like the Cuban doctors who spend six months to learn English. I feel the same thing could be done to us like two to three weeks just to introduce you to the basic terms" (Doctor 9, urban hospital)*

From Doctor 9's suggestion above, language training falls into two parts. The first is for foreign doctors who speak English but need to learn the local languages and the second is for foreign doctors who do not speak English and need to learn it before they begin to practise.
Apart from learning the indigenous language of the community where they work, foreign doctors believe that provision of a bilingual medical dictionary that lists common words and phrase is an essential tool for them.

> *"I think if the province can be good enough to print those things like basic things you ask from every department paediatric or internal medicine. There are terms you use over and over again and you know how to phrase it. Just a small medical translation you know, like the Oxford English Dictionary. The most important thing you can do is print out things like English- Pedi translation booklet for foreign doctors. I think that would really help because you can look at it." (Doctor 9, urban hospital)*

In learning the local language and getting better interpretation, the role of the nurses must not underestimated. The doctors as well as the patients recognise this fact:
I've got sister if I'm stuck, who can try to interpret for me. (Doctor 16, urban hospital)

> *Each time we want to see our patients they usually give us a nurse which interpret for us for a better communication with the patient (Doctor 18, rural hospital)*

> *If the nurse is here everything is fine. (Doctor 7, urban hospital)*

> *Isn't when I don't know English, I would ask the nurse then she will come to interpret for me. (Doctor 8, urban hospital)*

As a link between the patient and the foreign doctor, nurses must understand what one party says to interpret accurately to the other party.

> *When I work with them the whole day, I try to listen carefully so I can hear when they talk, I listen carefully so I will be used to their language. (Nurse 2, Awaiting staff nurse)*

> *It is a challenge to say some of the things in Sepedi with the English; we try by all means to simplify things for them, to make sense of everything. (Nurse 11, Professional nurse)*

Patients found it easy to speak to the nurses as well probably because they believe the nurses are more likely to understand their need to see a traditional healer.

> *They are ashamed to divulge to me that they went go to a traditional healer but they can easily explain to the sisters. They can are not ashamed to divulge this fact to the sisters. (Doctor 12, urban hospital)*

Nurses are often in the best position to teach the foreign doctors local languages

> *"Usually, we teach the doctors the usual things that the patients complain about. Like when the patient is having diarrhoea the doctor wants to know that from the patient we just teach them like **o sa tšhologa**, which means are you still having diarrhoea? The main thing is for us to teach those doctors and they must also be willing to learn because they*

are here to help us we are here to help each other." (Nurse 8, Diploma in general nursing)

The same nurse succinctly describes the role of the nurses by saying:

"I think if the nurses were not there for the interpretation and the guidance, there wouldn't be any communication." (Nurse 8, Diploma in general nursing)

Community integration of doctors

It is considered necessary that apart from learning the local language, foreign doctors should also be properly **integrated into the community** where they serve. This should be done in conjunction with traditional leaders. Doctor 14 believes that learning the lifestyle of the people will ensure better communication.

"They must do it in such a way that incorporates the life style of the local people because you learn fast you learn better if you know how they live or how the community is set up." (Doctor 14, rural hospital)

Linguistic posting of foreign doctors

It is confusing for patients when they see a different doctor at each visit.

"If they find a person who works alone like so that people can get Used to him or her the person should be able to speak sepedi and must also be able to speak setsonga it mustn't be like this week when you come you find different one then you find that you not relax when you speak to them you get nervous and you say "Eish, this one does not speak like the other one I was with last month" (26 year old female)

Due the multilingual landscape of South Africa, a doctor may need to learn a new language when moving to another hospital.

"I'm working here say where more of the patients speak Sepedi but it's not fixed that I'm going to working here for next five years, maybe next month I can go somewhere else as well and I have to learn another language." (Doctor 9, urban hospital)

Conclusion

The problems encountered in communication during consultations between English-speaking foreign medical doctors, patients and nurses reveal a need for the strengthening and implementation of a responsive language services policy to ensure equal access to holistic healthcare by who need it.

The inability of some foreign medical doctors to speak English needs to be addressed before the commencement of their practice in the country. This will reduce the number of doctors who begin work without the needed proficiency in the English language and remove the need for the doctors to learn the English language on the job. The qualifying examinations organised by the Health Professional Council of South Africa (HPSCA) does not include an assessment of proficiency in the English language as a separate paper or require a certificate of proficiency from other examining bodies like the United States of America, Canada and Australia. Interpretation in medical consultation is better done by professional interpreters. However, it is evident that professional interpreters are not available in the hospitals and nurses often do the interpretation. In order to reduce the problems inherent in using ad-hoc or untrained interpreters, it is recommended that nurses are trained to interpret preferably in the Nursing school and not on the job. Language practitioners should be consulted to develop a curriculum for interpreting as part of the basic nursing training. For nurses already working, it will be beneficial to organise courses on interpreting. Nurses need to be aware that they do more than interpret but also act as cultural brokers for the doctors. Proper training will

provide interpretation close to a professional level at a reduced cost. A major problem noticed is the insufficient number of nurses to help doctors interpret hence, the need to employ more nurses.

A policy cannot address a problem it does not recognise. Ozolins (2010) classifies South Africa as a country still confused about the solution to the provision of interpreters with a heavy reliance on the bilingual staff members. The finding that the policy fails to articulate how multilingualism will be achieved resonates with findings from Anthonissen, (2010). The country needs to face the reality that there are problems not just in the dissemination of health information but also in the verbal interaction between medical doctors and patients. The National Department of Health language Policy recognises the importance of providing professional interpreters in the public health sector but fails to articulate the modalities of achieving this; with its focus being on printed health messages. A major step in improving the policy is to give the provision of interpreters in hospital the needed attention it deserves. Quan and Lynch (2010) note that empowering the patients and medical personnel to communicate effectively should be a major main focus for all.

Recommendations

It is recommended that due to the diverse linguistic and cultural nature of South Africa that orientation programmes be organised for doctors employed in different provinces in relation to the language and culture of the province. This should be done alongside the provision of bilingual medical dictionaries for the doctors.

The policy on the provision of language services in hospitals needs to articulate a plan that goes beyond publication to the verbal communication between doctors, patients and nurses recognising the fact that while publications are important and necessary for health education and awareness, they cannot replace the physical verbal interaction with the medical personnel to listen to patients' symptoms and prescribe appropriate treatment.

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