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The Attitude of Medical Practitioners towards the Use of Nigerian Languages in Interaction With Their Patients

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Abstract

The importance of language in healthcare context and communication has been the driving force behind the increasing interest of linguistic scholars in medical discourse. The need for patient-centred medical interaction has led to the call for the adoption of the language of the patient in medical interaction. However, it is not enough for healthcare givers to speak the language of patients; the right terminology should be made available to both the practitioner and the client. The present study evaluates the attitude of medical practitioners towards the use of Nigerian languages in interaction with their patients, with a view to determining their willingness to use such languages (given that their training was largely in English) and their level of support for the ongoing effort at standardising medical terminology in Nigeria's indigenous languages for the purposes of facilitating discourse in such languages. Findings from key informant interviews indicate the willingness of health professionals to promote medical discourse in their local languages, given that the effectiveness of provider-patient communication relies on the client's satisfaction.

Key words: Attitude of medical practitioners; Medical discourse; Use of Nigerian languages

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INTRODUCTION

The relationship between language and healthcare is a very important one. In recent years, medical discourse has attracted the attention of linguistic scholars, on the understanding that 'knowledge is simultaneously the basis as well as the result of linguistic action, which is also defined as social action' (Beck, 2016: 17). These scholars stress the importance of language in healthcare context and communication (see, e.g., Ratna 2019; as well as the special issue of *Language Policy* with the theme 'language policies and health' edited by Vaidehi Ramanathan in 2010). Language is, for example, important in doctor-patient consultations, counselling, as well as in the distribution of material that gives information on the prevention and management of diseases (see, e.g., the different presentations at the Ibadan Humboldt Kolleg in Linguistics and Humanistic Medicine, 2019; Kee, Khoo, Lim, and Koh, 2018; Franz and Murphy, 2018).

Effective communication between doctors and their patients is central to the delivery of high-quality health care (Partida, 2007; Ha and Longnecker, 2010; Howick *et al*. 2018; Tulsky *et al*. 2017; Steinmair *et al*. 2022). While Partida (2007) maintains that overcoming language barriers is essential to healthcare, several other studies have highlighted the challenges of second language speakers who seek access to medical services, particularly in the African context (Ali, 2017; Adams and Rother, 2017; Matthewsa and van Wyk, 2016). In the Nigerian context, there are a few studies that have attempted to provide solutions to language barriers by focusing on the modernisation of medical terminology in order to facilitate medical discourse in Nigeria's indigenous languages (Igboanusi, 2019 and 2021; Igboanusi, Odoje and Ibrahim 2016 and 2017; Igboanusi and Mbah 2017). In line with actualising medical terminology standardisation in indigenous languages, the present study evaluates the attitudes of medical practitioners towards the use of Nigerian languages in interaction with their patients.

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Studies focusing on the attitudes of medical professionals are not scarce but have, in fact, received a commendable attention in medical literature. Such works include: those that evaluate the attitudes of healthcare professionals towards patients with mental illness (see e.g., Alshahrani, 2018; Hansson *et al*., 2013; Chikaodiri, 2009; Loch, 2013; Reavley *et al*., 2014; Lauber *et al*., 2006; Harangozo, 2013); those that assess knowledge, attitudes and practices towards healthcare services and management (e.g., Sukums*et al*., 2014; Ashir-Oredope, *et al*., 2019; Dapaah, 2016; Hakim *et al*., 2014; Olaifa *et al*., 2018; Elebiary, 2018); and those that interrogate attitudes and practices towards sexually transmitted diseases and the use of contraceptives (e.g., Tshitenge *et al*., 2018; Uchenna and Govender, 2018; Sadoh *et al*., 2009). A few studies that reflect the use of language focus on attitudes towards the use of medical professional terms (Sarfraz, 2016), and nurses' attitude towards utilisation of standardised nursing language (Sani and Sani, 2017). The reviewed studies on the attitudes of medical practitioners provide valuable insight into health professional practice. However, works that assess the attitudes of medical personnel towards the use of African indigenous languages in interaction with their patients are very much under-researched. The present study evaluates the attitudes of medical doctors, nurses and paramedical staff towards the use of Nigerian languages in interaction with their patients, with a view to ascertaining their readiness to use them and their level of support for the ongoing attempts at medical terminology standardisation in Nigeria's indigenous languages.

Nigeria is a multilingual and multi-ethnic country with relatively low literacy rates (about 61% based on UNESCO Institute of Statistics). In the country, English is the main official language, while French is the second official language. Hausa, Igbo and Yoruba are national or major languages, while nearly 400 other indigenous languages enjoy different degrees of minority language status. In most cases, the doctor-patient interaction takes place in the main official language. Several official healthcare transactions, health-related enlightenments, medical records, etc. take place in English. However, the medical practitioners (who had their trainings in English) and a large number of Nigerians, who do not understand English, often have reasons to indulge in medical interaction in an indigenous Nigerian language which is shared by the two interlocutors. Having had their trainings and schooling in English (except those who studied in non-English speaking countries abroad), medical personnel are perceived to be more conversant with English as the language of medical interaction. An evaluation of their attitudes towards the use of Nigeria's local languages in their consultations with their patients will be useful towards any language planning effort which intends to promote the indigenous language for medical discourse in the country.

THE NEED TO COMMUNICATE WITH PATIENTS IN THEIR FIRST LANGUAGE

The health sector is widely recognised as one of the pillars of development, particularly in Africa (Djite, 2008), and the role of indigenous languages in boosting development in this sector through effective communication cannot be overstressed. Sadly, in many African countries where English serves as the official language, people who do not speak the language struggle to communicate their health concerns with medical personnel in a language in which they lack proficiency. Considering the role of language in achieving medical satisfaction and efficacy, some studies (e.g., Matthews and Van Wyk, 2016) have called for the adoption of the language of the patient in medical interaction, as non-use of the patient's mother tongue can lead to misunderstandings and errors (Hemberg and Sved, 2019). Communication is positively related to patient satisfaction and quality healthcare services in terms of better compliance with medication (Chandra *et al*., 2018; Biglu *et al*., 2017). The need to communicate in a language the patient barely understands is a barrier to the quality and content of healthcare. Limited communication imparts negatively on the practitioner-patient relationship, which may ultimately cause poor patient satisfaction.

Language barriers have adverse impact on healthcare access, patient satisfaction, quality of care, and compliance level can lead to increased risk of medication errors (Ranjan *et al*., 2015; Ha and Longnecker, 2010). It creates inequalities or disparity between English-proficient patients and those encountering barriers. Eliminating language barriers is a crucial step in providing culturally competent and patient-centred care (Ali and Johnson, 2017), and the ability to speak with patients in their own language will eliminate such barriers. As Igboanusi (2021) has observed, those who suffer language barriers are more likely to rely on folk-theoretical cultural perceptions of diseases rather than biomedical evidence with obvious consequences to disease spread, treatment, management, attitude and stigmatisation.

In realisation of the role of effective communication in medical practice, Roter and Hall (2006: 6) suggest the following communication principles that are critical to ensuring quality healthcare delivery:

> (1) Communication should serve the patient's need to tell the story of his or her illness and the doctor's need to hear it; (2) communication should reflect the special expertise and insight that the patient has into his or her physical state and well-being; (3) communication should reflect and respect the relationship between a patient's mental state and his or her physical experience of illness; (4) communication should maximise the usefulness of the physician's expertise; (5) communication should acknowledge and attend to the emotional content of the communication; (6) communication should openly reflect the principle of reciprocity, in which the fulfilment of expectations is negotiated.

The excerpt above unequivocally calls for the active

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involvement of the patient in medical communication for the realisation of the positive outcomes of care and treatment. In the Nigerian context, English-initiated communication between doctor-patient, for instance, is incapable of leading to the attainment of many of the principles enumerated above. The use of the indigenous language is better suited to positively improve medical interaction between patients and providers.

A successful clinician-patient relationship is established when the clinician is able to speak his/her patient's language (Ferguson and Candib, 2002; Ranjan, Kumari and Arora, 2020). A common language does not only facilitate comprehension, but it also ensures better evaluation of the patients' needs, perceptions, and expectations (Ha and Longnecker, 2010). Using a common language benefits both the patient and the clinician, as the patient's confidence in sharing his/her personal information about disease facilitates the diagnostic accuracy of the clinician (Martin *et al*., 2005). Effective interaction lays the foundation for a successful treatment outcome to the satisfaction of both the practitioner and the patient.

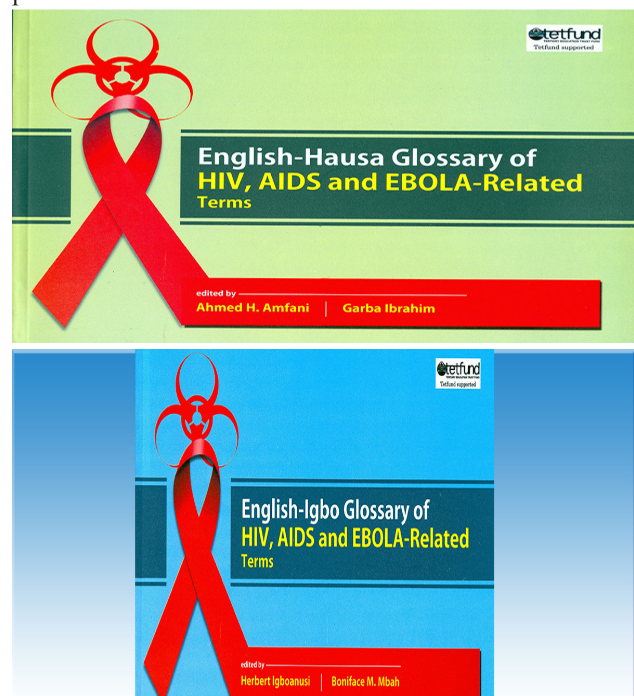
MEDICAL TERMINOLOGY STANDARDISATION

Given the technicality of medical register, it is not just enough for healthcare givers to speak the language of the patient; the right terminology should be available to both the practitioner and the client for proper comprehension and interpretation of health conditions as well. The precise names of diseases, symptoms, tests and screening, prevention, procedures, medical equipment, nature of treatment and so on, should be available to the interlocutors (i.e., the practitioners and patients). However, the absence of standardised terminology for medical discourse, i.e., 'discourse in and about healing, curing, or therapy; expressions of suffering; and relevant language ideology' (Wilce, 2009) remains a challenge in achieving a satisfactory medical interaction.

The need to have an effective discourse in the patient's language has necessitated the project entitled 'A metalanguage for HIV, AIDS and Ebola discourses in Hausa, Igbo and Yoruba' (see Igboanusi, 2019 and 2021). Although the title would suggest emphasis on the three medical conditions stated, it actually serves as a template for medical discourse in general. The project was aimed at making terms available for medical discourse in Nigeria's three major languages. The mother tongue speakers of the major languages constitute over 50 percent of Nigeria's population. A good number of speakers of other languages speak one or more of the major languages. A compilation of bilingual glossaries to facilitate medical discourse in the three major languages is, therefore, expected to have a widespread impact on nearly the entire Nigerian population. The standardisation of medical terminology is, in fact, an appropriate response to language barriers. As illustrated in Igboanusi (2021: 69--73), the bilingual glossaries and other activities and publications around the project have enjoyed a wide publicity. For instance, the researchers have engaged in a preliminary promotion of the new terms for HIV, AIDS and commercial sex workers through press conferences and press releases in Ibadan, Owerri and Kano. The press conferences and releases were widely relayed by several national and international newspapers/online news outlets as well as in local radio and television news broadcasts. They were followed by radio and television discussions (including call-in programmes) with some stations in Ibadan, Lagos, Nsukka, Enugu, Kano, and Dutse. Advert jingles were run in the Federal Radio Corporation of Nigeria (FRCN) in Kaduna, Ibadan and Enugu for the new terms for HIV, AIDS and commercial sex workers. However, for some cultural and religious reasons, FRCN Kaduna (Muslim-dominated city) refused to publicise the term for commercial sex workers, arguing that it might suggest promoting sex and sex workers.

In addition to the dissemination strategies discussed above, the researchers have printed and distributed 3,000 publicity leaflets/flyers mainly to the offices of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and Society for Women of AIDS in Africa, Nigeria (SWAAN) across the states where Hausa, Igbo and Yoruba are used as the first language.

As part of the dissemination strategies, some journal articles, chapters in books, and three book-length glossaries have been published, in which these terms (together with other related terms) are explained. The published books are:



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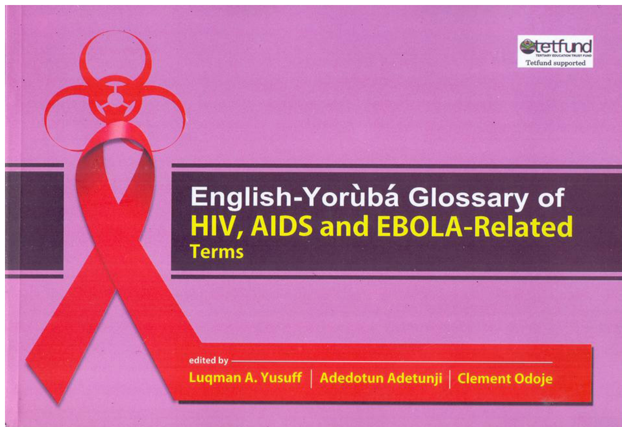

Apart from the electronic versions which can be downloaded free, hard copies of these books have been sent to different hospitals in Nigeria, university libraries, NGOs, media houses, development agencies and individuals. Furthermore, presentations have been made at conferences and seminars to draw attention to the work conducted within this project. It is expected that these dissemination efforts will help to publicise the standardised terms as well as encourage language users to adopt them.

The current study stems from the larger project on medical standardisation or modernisation in the indigenous languages explained above. In the process of carrying out the project, it was thought necessary to sample the attitude of respondents, particularly the medical personnel, towards the project, given that medical practitioners are a major stakeholder in medical discourse. Their support or lack of it for the project is considered crucial for the future of the exercise.

DATA COLLECTION

The data for this study are essentially based on key informant interviews from chief medical directors of major hospitals from nine states purposively selected among the states where the three major languages (Hausa, Igbo and Yoruba) are dominantly spoken as a first language (L1). The states sampled are Kano, Katsina and Sokoto (for Hausa); Anambra, Enugu and Imo (for Igbo); and Ekiti, Ogun and Oyo states (for Yoruba).

Key informant interviews were conducted for nine chief medical directors of different hospitals (one from each of the nine states) to ascertain their opinions regarding the promotion of (the use of) indigenous languages for interaction with their patients. The use of this research instrument helped us to collect quality data required to critically determine the readiness of medical personnel to promote medical discourse in their local languages.

Two research assistants assisted in conducting the key informant interviews in each state covered. Permission was obtained from the ethics unit of each hospital for the interviews. All the parties involved (both the research assistants and the respondents) were clearly informed about the purpose of the interview. The interview items were designed to reflect the goal of the project.

INTERVIEW DATA

Qualitative data, collected through key informant interviews of nine medical doctors, who are chief medical directors of their different hospitals, are analysed under four thematic areas covered in the interview, namely: doctors' perception of the effort to create terminology for medical discourse; if medical interaction with patients in the first language makes them more satisfied; whether health practitioners are friendlier when they use the local language in interaction with their patients; and the benefits of having medical discourse in Nigerian languages.

(a) Doctors' Perception of the Effort to create Terminology for Medical Discourse

The researchers sought the views of the chief medical directors of major hospitals in the sampled states about the ongoing effort to create medical terminology in indigenous languages. There was a clear consensus among them that the project was a noble idea because it would give patients the opportunity to express their inner feelings in a language, they understand best. The chief medical director of a hospital in Ekiti State further stresses the point that 'we cannot talk about diseases without talking about the terminologies for the diseases'.

The doctors interviewed emphasised the need for Nigerian languages to be used in imparting knowledge concerning health issues. The key informants singled out the elderly, rural dwellers and all those who do not understand English as those who stand to benefit most from the gains of the project. However, one of the doctors stated that it is not only patients that will benefit from the project, but that the practitioners would be passionate to understand the real meaning of diseases in their own native languages so that they would have a broader knowledge about them. The responses demonstrate that medical practitioners are favourably disposed to the use of Nigerian languages in interaction with their patients, given their desire to reduce language barriers. They therefore expressed willingness to support initiatives that are capable of facilitating communication. Their inspiring support for medical terminology standardisation is an indication of the practitioners' recognition of the need for patients to tell their stories in a clearly understood language to facilitate medical diagnosis and treatment. Practitioners' encouraging support for the modernisation of medical terminology may also be a result of the realisation that 'if a language barrier prevents doctors from ensuring that their patient understands the warnings or risks of medication, those clinicians may be liable in

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tort for breaching the duty to warn' (Van Kempen, 2007). Diagnosis, description of treatment, risks involved, and efficacy level should be well explained to the patient in the language he/she understands best (Kumari *et al*., 2020; Gowda *et al*., 2016).

(b) Does Medical Interaction with Patients in the First Language make them more Satisfied?

All the doctors interviewed agreed that most patients feel generally satisfied whenever there is an opportunity to explain their health condition, with the practitioners, in their mother tongue. They explained that using their local languages makes many of their clients feel more at home to explain their problems. One of the doctors disclosed how relaxed and prepared his clients are to give more information once he shifts from English-initiated conversation to Hausa. Interaction in a common language makes both the practitioner and the patient to feel at ease.

Patients are more satisfied when they have the opportunity to relay their condition with the practitioner in their language because they do not suffer any barriers in terms of expressiveness. They feel more comfortable to deepen their explanations. The chief medical director of a Catholic hospital (who is also a reverend father or priest) reports the excitement of some of the patients: 'Father, the way this doctor listened to me, because he allowed me use our language, our mother tongue, our Igbo language to explain the thing I need to explain, and with that I felt satisfied. In short, I feel I was already healed'. Similar experiences were shared by doctors in respect of Hausa and Yoruba, confirming that patients feel more relaxed and comfortable relating their health conditions with medical practitioners in their local languages. The experiences of the doctors stress the seeming failure of English to serve the communication needs of patients who are now eager to use their L1. Even among proficient speakers of English, the difficulty of comprehending medical register in the language might have propelled a call for indigenous language use given that technical terms are likely to be better understood in native languages. However, these reactions run counter to previous studies on language attitude, which usually showed preference for English in most official domains (see e.g., Igboanusi, 2008; Igboanusi & Peter, 2005, 2016; Oyetade, 2001; Babajide, 2001).

(c) Are Health Practitioners Friendlier when they use the Local Language in Interaction with their Patients?

There was no consensus on this issue. Rather, some of the doctors described being friendly as a personal thing, which has nothing to do with language. They acknowledged that sharing the same language makes communication much easier. It enhances doctor-patient relationship, which is necessary to address the health concerns of the client. To this extent, doctors are certainly happy that patients understand their conversation. As one doctor confirms, 'When you speak to patients in their local language, there is no need of stressing them'. The elimination of communication stress obviously makes both interlocutors to be cooperating towards achieving a common conversational goal. Of course, that may put both the doctor and the client in a friendly disposition, given the absence of tension resulting from communication barrier. Nonetheless, most of the doctors interviewed claimed that they treated all patients as equal and did not discriminate against anyone based on language, as the intention of every doctor is always to see that the health condition of every patient gets better irrespective of the language used.

(d) The Benefits of Having Medical Discourse in Nigerian Languages

An evaluation of the views of the doctors interviewed point to the following benefits of having medical discourse in Nigerian languages:

(i) It helps clients to better understand the nature of disease, its transmission and prevention. When people unambiguously understand the nature of diseases in their own language, they will be more watchful and careful to avoid contracting the disease. Understanding a disease will help to checkmate it by applying the right preventive measures and going for early treatment in the hospital. One of the doctors from the Southwest explains: 'By the time patients understand what the disease is all about in the indigenous language, they will want to know options in treating them and by the time they know the steps, they will be able to comply with the treatment'.

(ii) It makes medical interaction less stressful. According to a chief medical director in one of the hospitals in the Southeast: 'Enhanced communication makes things generally easier for everybody. It enables the medical practitioner to appreciate the condition of his/her patient and know how to go about putting strategy to prevent it or treat or cure as the case may be'.

(iii) Communicating in English (when patients do not understand it well) may prevent them from expressing their real feelings. In the same vein, the use of English in passing out information about contraceptives, immunisation, disease prevention, sanitation, etc. is often a waste of knowledge, particularly in the rural areas. According to one of the key informants, 'I have found out that when you use a foreign language to discuss certain things to our people, most of the time they would not understand, and they would not really tell you that they have not actually understood what you have said. Sometimes, they go away having the wrong notion on their minds'.

(iv) It gives opportunity for clients to be more precise in describing their health condition. One respondent blamed language barrier as the reason many patients use 'pain' to refer to stomach ache, appendicitis, fever, ulcer

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pain, fibroid, contraction or tightening of the chest, etc. A first language-based discourse will make more linguistic resources available to patients to tell the exact story of their problem.

(v) It enhances better education, knowledge and perceptions about diseases. Understanding the real meaning of diseases in one's language eliminates stigma and discrimination that are often associated with certain diseases and persons living with them. The tenets and basic rudiments of disease are better imparted in people through a language in which they are proficient.

The assessment above demonstrates that understanding a language and knowing it very well will be an added advantage for eradication, elimination and control of diseases.

CONCLUSION

Results of the interview data show that the medical professionals were eager to interact with their patients in a language they understand best for effective healthcare delivery and for the satisfaction of their clients. The major challenge of the use of indigenous languages for medical discourse has to do with the availability or non-availability of appropriate standardised terminology to facilitate the expression of medical conversation in these languages. Now that the terms have been made available, the support of all stakeholders - governmental agencies, medical personnel and hospital management, as well as the general public should ensure the dominant use of indigenous languages for medical conversation. Publicising the use of the bilingual glossaries (namely *English-Hausa glossary of HIV, AIDS and Ebola-related terms; English-Igbo glossary of HIV, AIDS and Ebola-related terms;* and *English-Yoruba glossary of HIV, AIDS and Ebola-related terms*) in medical and other related contexts will be a major boost towards realising the use of indigenous languages in medical interaction in Nigerian hospitals.

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APPENDIX: INTERVIEW QUESTIONS

Our research team is creating terms for HIV, AIDS and Ebola-related discourses in the three major Nigerian languages; namely Hausa, Igbo and Yoruba. Do you think that this effort will be helpful in managing the endemics?

What, in your views, will be the benefits of translating Ebola, HIV and AIDS terms in Nigerian languages?

In general, what do you think about the idea of compiling terminologies for HIV, AIDS and Ebola discourses in Nigerian languages?

Many people believe that it will be more effective if health discussions take place in the local languages. What can you say about this?

Some people feel more satisfied whenever there is an opportunity to explain their health condition with health practitioners in their mother tongue (local language). Do you have any opinion on this?

Some patients claim that health practitioners are friendlier when they use their local language in interactions with their patients. Can you confirm or dispute this claim?

Do you believe that enhanced communication will reduce the stigmatisation of people living with HIV and Ebola. In what other ways can we reduce the stigmatization of people living with these diseases?

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