

connection between patient-centeredness and health outcomes through the use of local language communication. Goodacre S. et.al (2015), Douglas J (2014) in terms of reduction of utilization of health services, it was shown that patients who perceived that their visits had been patient centered received fewer diagnostic tests and referrals in the subsequent months with local language communication. (Hines A, 2014).

According to Riera A, Navas-Nazario A, Shabanova V, Vaca FE. (2014), language barriers are associated with less use of health promotion and health education resources, and lower participation in almost every form of preventive care. One study found that infants of parents whose primary language was not English were half as likely to receive all recommended preventive care visits compared with infants of parents whose primary language was English. Regalbuto R. et.al (2015). Language barriers have been demonstrated to result in lower participation in cancer screening programme of breast cancer and cervical cancer screenings. Bakullari A. (2016) & Squires A. (2014). Recent research highlights providers' perspectives on provision of care to patients who are not proficient in the local language of care delivery. A high proportion of providers identify language differences as barrier to quality healthcare. Arthur KC.et.al(2015), Shah BR.et.al (2015) & Okrainec K.et.al (2015) This is a concern not only for hospital care and specialized services but primary health care providers also see local language barriers as a high risk.⁷ Thus, this study seeks to determine the roles of local languages on effective public healthcare delivery in the Gambia and its implications for psychological assessment. Particularly, this study sought to identify the impact of local language communication on the medication compliance and health improvements of the patients.

Methods

The study adopted the descriptive ex-post-facto research design. This is because the study ascertained the effect of local languages on the healthcare delivery in The Gambia without the introduction of any intervention or manipulation. The population of interest for this study are patients in all health centres in the Gambia. Multi-stage sampling procedure was used in this study. The first stage involved the use of

stratified sampling technique to divide the whole Gambia into strata, each local government area (LGA) is a stratum. In total, there are 8 strata. The second stage was the random selection of five (5) LGAs which are included in the study. The third stage involves with random selection of 2 health centres in each selected LGAs. In each randomly selected health centre, 12 patients were selected in each through balloting across different wards. On the whole, total number of patients (participants) selected for this study were 120. A self-developed questionnaire tagged "Local Languages and Effective Public Healthcare Delivery Scale (LLEPHDS)" was used as the data collection tool. The instrument has 2 sections; namely, A and B. Section A elicits the socio-demographic information about the participants while section B consists of 20 items to elicit information from the participants on the impact of local languages on effective public healthcare delivery in the Gambia. The response is assessed on a 5-point scale which include Strongly Disagree (SD = 1) Disagree (D = 2) Not Sure (NS = 3) Agree (A= 4) Strongly Agree (SA = 5).

To determine the content and face validity of the instrument, the researcher gave the instrument to experts in the field of Clinical and Counselling psychology and Health Research and Statistics. After all these people had made their suggestions and corrections, the researchers then made the final corrections on the instrument. Then, twenty (20) copies of the instruments were administered to patients who were not part of the studied population in the Gambia in order to re-establish the psychometric properties of the instrument. The test re-test analysis of reliability was then used to test the reliability of the questionnaire to ensure that it is consistent in measuring what it was designed to measure. The questionnaire was deemed reliable with a Cronbach Alpha value of 0.79. The instruments were administered to the participants at the health centres. The researchers were assisted by research assistants in the administration and collection of the questionnaire. In each selected health centers, the administration and collection of instruments were done on the same day. Out of 120 instruments distributed, only 107 were properly filled and were collated for data analysis. The data was analysed with using statistical product

for service solutions (SPSS) 20.0 (SPSS, Inc., Chicago, IL).

Results

The Table 1 above shows that majority of the participants agreed or strongly agreed that on the contribution of local languages to effective quality public healthcare delivery. Hence, it was concluded that local languages contribute to effective and qualitative service delivery. See Table 1 for the impact of local languages on the effective public healthcare delivery.

The table 2 above showed that 58.1% of the participants agreed and 15% strongly agreed on the contribution of local languages to treatment compliance of patients.

The table 3 above showed that 54.8% agreed and 23.9% strongly agreed on the contribution of local languages to health improvements of patients.

The table 4 above shows that 56.3% agreed and 23.8% strongly agreed on possible solutions to the problems of local language usage among health workers. Majority of participants agreed that the government should encourage people to use both English and the local languages in public places. They added that producing health information leaflets in the local languages will be a good investment for government and that healthcare workers should only work in the region of their local language competence.

Discussion

The result of the first research question revealed that a large percentage of participants agreed that local languages contribute to effective and qualitative service delivery. Hence, it was concluded that local languages contribute to effective and qualitative service delivery. This is in line with the findings of Jimenez N, Jackson DL, Zhou C, Ayala NC, Ebel BE. (2014) and Kenik et.al (2014) who provided substantial evidence on the relationship between local language communication and outcome measures like satisfaction of doctor and patient, compliance and health improvement. The key elements of patient satisfaction include friendliness of health care providers, concern and sympathy expressed as well as the time and trouble taken to answer questions and provide explanations in local languages. Bakullari A et.al. (2014) The information, interpersonal sensitivity and partnership-building of

physicians in terms of local language communication skills determine the extent to which patients will be satisfied with the service delivery. Goodacre S. et.al (2015). Patients tend to be more satisfied with their medical care when they communicate with doctors in their local language. Eskes C, Salisbury H, Johannsson M, Chene Y. (2013). The vast majority of studies found less satisfaction and more reported problems with care among those who face local language barriers with health care providers. Lion KC (2013) & Domino J, McGovern C, Chang KW, Carozzi NE, Yang LJ. (2014). Patients with language barrier tend to be less satisfied with a Doctor Who has local language communication challenges, staff helpfulness, and give lower assessment of psychosocial care. Jimenez N (2014), Eskes C, Salisbury H, Johansson M, Chene Y. (2013).

The result of the second research question revealed that a large percentage of participants agreed that local languages contribute to treatment compliance of patients. Hence, it was concluded that local languages contribute to treatment compliance of patients. This is in line with this finding of Lion et al (2013) who found that local language communication and compliance of patients had a strong correlation. Low compliance with prescribed medical interventions is an important problem in medical practice and it is associated with substantial medical cost including increased hospital admissions and unnecessary expenditure on medication (Jimenez N. et.al (2014), Samuels-Kalow ME et.al (2013). Effective local language communication enables doctors to pass on relevant health information and to motivate patients to pursue healthier lifestyles, thereby enhancing the doctor's role in health promotion and disease prevention Douglas J.et.al(2014) Many scholars have pointed out that satisfaction and compliance are interrelated depending on local language communication strategies adopted (Arthur KC.et.al (2015) & Mahmoud I. Et.al.(2014).

According to Okrainec K. et.al (2015) low compliance among patients also creates an ongoing frustration to health care providers. Receiving an explanation of the symptom cause, likely duration, and lack of unmet expectations were found to be the key predictors of patient satisfaction and compliance to medical treatment which lies on local language communication

(López ME, Kaplan CP, Nápoles AM, Hwang ES, Livaudais JC, Karliner LS. (2014). Patients who have not been provided with the opportunity to express their concern or who do not receive the information they expected in local language are less satisfied and show less compliance. Squires A. (2014) & Domino J (2014).

The result of the third research question revealed that a large percentage of participants agreed that local languages contribute to health improvements of patients. Hence, it was concluded that local languages contribute to health improvements of patients. This is in line with this finding by Fang & Baker (2013) and Samuels-Kalow et al. (2013) who found that effective local language communication exerts a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiological status and pain control. Randomized clinical trials show an effect of such local language communication on the reduction of anxiety and psychological distress, pain relief, better functional status and symptom resolution. Regalbuto R. et.al (2014). Doctors' asking questions in local languages about patients' illness experience, understanding the problem, showing feelings and concern, expectation of the therapy and perception of how the problem affects function and letting the patient fully express himself or herself is associated with positive health outcomes. Mahmoud I. et.al (2014). Studies by Douglas et. al. (2015) and Goodacre et al. (2015) showed a connection between patient-centeredness and health outcomes with the use of local language communication. Furthermore, in terms of reduction of utilization of health services, it was shown that patients who perceived that their visits had been patient centered received fewer diagnostic tests and referrals in the subsequent months with local language communication. (Hines A. et.al (2015). Regalbuto R et.al (2014) in a study found that infants of parents whose primary language was not English were half as likely to receive all recommended preventive care visits compared with infants of parents whose primary language was English. Recent research highlights providers' perspectives on provision of care to patients who are not proficient in the local language of care delivery. A high proportion of providers identify language

differences as barrier to quality. Arthur KC.et.al. (2015) The challenges involved in treating patients lead to increased provider malpractice concerns. Riera A. et.al (2015) Most surveyed clinicians felt that local language communication difficulties with patients have a significant effect on care at least sometimes. Okrainec K. et.al. (2015)

The result of the fourth research question revealed that a large percentage of participants agreed that Government should encourage people to use both English and the local languages in public places, producing health information leaflets in the local languages will be a good investment for government and that Healthcare workers should only work in the region of their local language competence. This is in collaboration with the findings of Douglas et al. (2015) and Okrainec et al.¹¹ among others who supported the fact that Government and other stakeholders have a lot to do in improving local languages towards improving services delivery among healthcare workers and other professional disciplines.

Conclusions and recommendations

This study has shown the significance of local languages in healthcare delivery. Therefore, it is imperative that health workers are encouraged to use local languages when interacting with their patients. Stakeholders in the health sector should always work towards improving the quality of service delivery since it had a great influence on the patients' health satisfaction. Experts in the curriculum development and implementation should always put into consideration the inclusion of courses that could enhance effective communication through local languages for health workers. This will help in enhancing job performance among health professionals in the Gambia.

The hospital administration and other stakeholders in the health sector should intensify efforts to organise seminars and workshops for health professionals to find lasting solutions to communication skills and language usage in the health sectors. The capacity building needs of health professionals should be built around the use of local language and familiarization of cultural environment. This will help in improving the quality of service delivery, treatment compliance of patients as well as health improvements of patients.

Table 1. Contribution of local languages to effective quality of service delivery

S/N	Items	SD	%	D	%	NS	%	A	%	SA	%	
1.	Local languages can support effective public healthcare delivery	12	11.1	3	2.8	2	1.9	68	63.6	22	20.6	
2.	Local languages should be used alongside with English in health promotion	13	12.2	2	1.9	1	0.9	52	48.6	39	36.4	
3.	It is easier to give health-related information to a doctor who speaks your language	21	19.7	8	7.3	-	-	57	53.3	21	19.7	
4.	The local language helps to better understand explanations and procedures given by Doctors/ Nurses	10	9.3	5	4.7	2	1.9	61	57.0	29	27.1	
5.	Healthcare workers who communicate in English are more effective than those who use local language	8	7.5	4	3.7	1	.9	73	68.2	21	19.7	
Average												
		N = 107	-	12.0	-	4.1	-	1.1	-	58.1	-	24.7

Table 2. Contribution of local languages to treatment compliance of patients

S/N	Items	SD	%	D	%	NS	%	A	%	SA	%	
1.	You are likely to worry less if the Doctor identifies and informs you of your ailment in your language	17	15.9	11	10.2	2	1.9	61	57.0	16	15.0	
2.	If you have an ailment you are ashamed of, will you prefer to talk to the Doctor in your local language?	11	10.3	6	5.6	1	0.9	54	50.5	35	32.7	
3.	A patient's use of local language may cause poor treatment by healthcare workers	19	17.8	13	12.2	1	1.9	59	55.1	15	14.0	
4.	Local languages cannot express some health-related issues	14	13.1	23	21.5	-	-	66	61.7	4	3.7	
5.	The local language leads to obedience to dietary regulations	20	18.7	4	3.7	1	0.9	71	66.4	11	10.3	
Average												
		N = 107	-	15.2	-	10.6	-	1.1	-	58.1	-	15.0

Table 3. Contribution of local languages to health improvements of patients

S/N	Items	SD	%	D	%	NS	%	A	%	SA	%	
1.	It is easier to trust a Nurse who understands and speaks your language	14	13.1	9	8.4	5	4.7	59	55.1	20	18.7	
2.	Patients feel more save when the healthcare workers use local language	11	10.3	6	5.6	1	0.9	54	50.5	35	32.7	
3.	The local language improves the comfort of patients	8	7.5	4	3.7	4	3.7	52	48.6	39	36.5	
4.	The local language helps the client to make accurate complaints to the nurse/doctor	19	17.8	13	12.2	1	1.9	59	55.1	15	14.0	
5.	The local language enables patients to accurately obey instructions on medication	17	15.9	1	0.9	1	0.9	69	64.5	19	17.8	
Average												
		N = 107	-	12.9	-	6.2	-	2.4	-	54.8	-	23.9

Table 4. Contribution of local languages to health improvements of patients

S/N	Items	SD	%	D	%	NS	%	A	%	SA	%	
1.	Local languages should be promoted actively among healthcare providers	17	15.9	1	0.9	1	0.9	69	64.5	19	17.8	
2.	Government should encourage people to use both English and the local languages in public places	8	7.5	4	3.7	4	3.7	52	48.6	39	36.5	
3.	Producing health information leaflets in the local languages will be a good investment for government	16	15.0	10	9.3	1	0.9	57	53.3	23	21.5	
4.	English is a better language to be used for the purpose of health management	11	10.3	3	2.8	3	2.8	64	59.8	26	24.3	
5.	Healthcare workers should only work in the region of their local language competence	14	13.1	9	8.4	5	4.7	59	55.1	20	18.7	
	Average	N = 107	-	12.4	-	5.0	-	2.6	-	56.3	-	23.8

Ethical approval details

Ethical approval was obtained from the various health care centers.

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