Texila International Journal of Public Health
ISSN: 2520-3134
DOI: 10.21522/TIJPH.2013.08.01.Art033

Roles of Local Languages on Effective Public Healthcare Delivery in the Gambia: Implications for Psychological Assessment

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Abstract

Objectives*: The purpose of this study was to examine the roles of local languages on effective public healthcare delivery in the Gambia and its implications for psychological assessment.*

Study design*: Descriptive research design of ex-post facto type was used in the study.*

Methods*: One hundred and seven patients were selected randomly from 5 local government areas in the Gambia. The respondents were measured with a self-developed validated scale of 0.79 reliability coefficient and the data obtained was analyzed using simple percentage statistical analysis. Three research questions were raised and answered in the study.*

Results*: The result showed local languages contributed to effective quality of service delivery, treatment compliance of patients and health improvements of patients.*

Conclusions*: In view of these findings, the study recommended that stakeholders in the health sectors should always work towards improving quality of service delivery. Hospital/healthcare centres should have at least one professional counsellor who will be saddled with the responsibility of administering guidance and counselling services to the health workers, patients and others workers in the hospital.*

Keywords: *Roles, languages, effective, public, healthcare delivery.*

Introduction

The Republic of The Gambia is the smallest of the mainland African countries and is completely surrounded by Senegal except for a small Atlantic coastline. The Gambia is divided into five regions (formerly called divisions) and eight local government areas (LGAs). The regions are defined according to the position they take apropos the river Gambia. The LGAs are named after the towns where the administrative head-offices are based and they partly overlap with the regions, each of which is further divided into districts. In the Gambia, there are five major local language groups, which are: Fula, Mandinka, Jola, Serahuli and Wollof. Each of these linguistic groups has peculiar cultures which their local language seeks to express in proverbs, myths, riddles and sayings among others. This shows why people can be so attached to their local language because it is a strong symbol of culture, hence the death of a language signifies the death of a culture or a significant part of it.

According to many linguistic studies, it is possible to count up to 18 linguistic groups including their varieties within the main language groups in The Gambia. However, there are 10 main local languages that dominate the geographical space of the country; five of them are considered more predominant, they are: Mandinka, Wolof, Pulaar, Jola and Serahule. The most spoken vernacular is Mandinka, with more than 40% of native speakers though its status is not as powerful as Wolof. Despite its being spoken by only 15% of native speakers, it is used for commercial transactions because it is considered the lingua franca for business. English is considered the official language of the

country, although, barely 1% of the natives speak English. Interestingly, the Status of local Languages within Gambian and multilingual configuration of the country allows people from different regions to communicate in other languages, apart from the colonial English language. Many Gambians are considered functionally illiterate in English, because they are not able to write and read in English language. This is characteristic of many African countries where local and colonial languages co-exist.

Local language communication is a core component, not simply an adjunct or facilitator of health care. (Lion KC, Rafton SA, Shafii J, Brownstein D, Michel E, Tolman M, Ebel BE (2013). The importance of communication in the local language between health care provider and patients has long been established. Language has been described as medicine's most essential technology and principal instrument for quality health service delivery (Arthur KC, Mangione-Smith R, Meischke H, Zhou C, Strelitz B, Garcia MA, Brown JC. (2015). Three basic communication processes have been identified as associated with improved health outcomes which are: amount of information exchanged, patient's control of the dialogue and rapport established. (Hines A, Andrews R, Moy E, Barrett M, Coffey R (2014). All of these processes are jeopardized in local language discordant encounters. Patients who are not proficient in the local language of their provider are subject to the same risks of poor communication as all other patients.

A number of studies provide substantial evidence on the relationship between local language communication and outcome measures like patient satisfaction, compliance with medical instruction and health improvement. (Kenik J, Jean-Jacques M, Feinglass J. (2014). Effective doctor-patient local language communication is shown to be highly correlated with patient satisfaction with health care services. The key elements of patient satisfaction include health care providers being friendly, concerned and sympathetic, and to take time for questions and explanations in local language. (Bakullari A, Metersky ML, Wang Y, Eldridge N, Eckenrode S, Pandolfi MM, Jaser L, Galusha D, Moy E. (2014). The information, interpersonal sensitivity and partnership-building of the physician in terms of local language communication skills determine the extent to which patients are satisfied with the service delivery. (Goodacre S, Campbell M, Carter A. (2015). Although system aspects such as cost, access, availability and waiting times are also determinants of patient satisfaction however, local language communication is a fundamental and more important determinant of patient satisfaction. Fang DM, Baker DL. (2013) & Shah BR, Khan NA, O'Donnell MJ, Kapral MK. (2015).

Lion et al.[1] found that local language communication and compliance of patients had a strong correlation. Local language communication has been identified as the most important factor in determining patients' adherence to treatment. 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, Stack AM, Porter SC. (2013). Low compliance among patients also creates an ongoing frustration to health care providers. Okrainec K, Booth GL, Hollands S, Bell CM (2015). Effective local language communication enables doctors to pass on relevant health information and to motivate patients to pursue healthier lifestyles, therefore enhancing the doctor's role in health promotion and disease prevention. (Douglas J, Delpachitra P, Paul E, McGain F, Pilcher D (2014)

Effective local language exerts a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiologic status and pain control. Fang DM et.al.(2013) & Samuels-Kalow (2013).Doctors' asking questions in local language 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 him or herself is associated with positive health outcomes. Mahmoud I, Hou XY, Chu K, Clark M, Eley R. (2014) 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, Maurer MS, Chapel D, Mendez J, Shaffer JA. (2014). Many studies have shown a

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. (2104). 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, Carlozzi 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 complianc. 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.

Acknowledgement

The authors are grateful to the patients of Edward Francis Small Teaching and Serrkunda Hospitals, Gambia for participating in this study.

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