

Linguistic Hegemony of English Language in the Medical Context of King Abdullah Hospital

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Abstract

This study aims to investigate how the dominance of the English language at Bisha King Abdullah Hospital in Saudi Arabia affects service delivery. Specifically, the research focuses on the attitudes of patients and staff towards communicating in English instead of Arabic, which is the primary official language in Saudi Arabia. First, the study addresses the question of how the dominance of English language in the selected medical context affects service delivery. Second, the study explores the attitude of patients and medical staff towards the dominance of the English language. Third, the study presents a comparison of the attitude of patients and medical staff towards the use of English language. Finally, the study responds to the question of how patients' level of education influences their attitude towards the use of English at the hospital. The study is based on quantitative research, involving 60 participants, where 30 patients and 30 medical staff. The findings reveal that 86.7% of medical staff members find it challenging to communicate with their patients in English. On the same note, 60% of patients interviewed admitted that they find it difficult understanding medical practitioners when they communicate in English. The findings can have significant practical implications since they show a possible communication barrier that can be addressed to improve patient experience at Bisha King Abdullah Hospital. The findings provide statistical evidence to inform evidence-based strategies to improve communication between patients and medical practitioners at the hospital.

Abbreviations and Acronyms Definition

Keywords: Communication barrier, language discordance, linguistic hegemony, medical context, patient's satisfaction

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Introduction

Background

The dominance of English language in healthcare settings is one of the topics that have grabbed the attention of researchers around the world. The dominance of a language can be defined as linguistic hegemony, where one language is given a superior status in multilingual societies (Mustapha, 2014). In brief, hegemony is characterized by leadership without force as well as leadership through legitimization. It is based on the ability or willingness of all parties (medical staff and patients) to use it. In Saudi Arabia, the use of English in the clinical setting is due to the presence of medical staff from different countries that are not necessarily Arab-speakers, although the majority of Saudis speak Arabic. Bisha King Abdullah Hospital is an excellent example of the many Saudi Arabian hospitals, where the use of English and Arabic is the norm. This study is informed by the need to measure the attitude of patients and medical staff towards the domination of English in the medical context.

Problem Statement

In Saudi Arabia, foreign experts make a significant fraction of the Kingdom's health care workforce. According to a reliable media report, 66.6% of the 42,768 doctors who were serving in public hospitals across the Kingdom were non-locals (Arab News, 2017). An earlier report by Whitman (2015) shows that 76% of all doctors serving in Saudi hospitals were expatriates. Therefore, the most critical question is how the current situation contributes to the linguistic hegemony of English in these hospitals in a Kingdom where the majority of people speak Arabic. Specifically, this research is based on the attitude of patients and medical staff at Bisha King Abdullah Hospital in Saudi Arabia. On the same note, it is worth noting how linguistic hegemony might affect service delivery. As Pino-Postigo (2017) notes, conveying information in a healthcare setting is critical in achieving successful communication that leads to quick responses in terms of effective treatment and follow-up.

Research Objectives

The current study addresses the following specific objectives

1. To find out how the dominance of English language in the medical context of Bisha king Abdullah hospital affects service delivery.
2. To investigate the attitude of patients and medical staff towards the dominance of the English language at Bisha King Abdullah Hospital
3. To compare the attitude of patients and medical staff towards the use of English language at Bisha King Abdullah Hospital
4. To investigate the influence of patients' level of education on their attitude towards the use of English at Bisha King Abdullah Hospital

Significance of the Study

This study provides a platform for patients and medical staff to express views concerning the use of English at Bisha King Abdullah Hospital. The findings can be used by the hospital's management to initiate strategies aimed at reducing the language barrier between patients and medical staff.

Literature Review

The domination of the English language in healthcare settings is seen as a process in which English is regarded as a superior language that staff members and patients use to communicate with each other. In a medical setting, understanding how the medical staff direct patients' attention is an essential feature towards solving the problem of the language barrier. According to Meuter, Gallois, Segalowitz, Ryder, and Hocking (2015), the success of communication depends on whether the message has been packaged appropriately and the listener is capable of inferring the speaker's intention. The Communication Accommodation Theory (CAT) can also be used to understand the negative impact of a language barrier in a healthcare setting (Meuter et al., 2015). The theory supports the dynamic nature of communication, where different parties bring their own motivations. In this case, Saudi Arabian hospitals have become diversified workplaces where experts from different parts of the world work together and serve a predominantly Arab-speaking population. While English becomes a reasonable choice for the clinicians to communicate, it is worth noting that the effectiveness of communication is affected.

The Saudi Arabian healthcare sector faces several challenges that need to be addressed using country-specific approaches. As the government pushes for its Saudization Policy, which is aimed at increasing the number of local experts in all the sectors, studies show that Saudis are not ready to take the position of foreign experts. For instance, a study by Alboliteeh, Magarey, and Wiechula (2017) reveals that most nurses (90.2% of males and 85.6% of females) perceive nursing as a career that keeps them away from home. Also, 71.6% admitted that they would like to work for shorter periods, while 23% indicated they would like to quit the profession in two years. Therefore, the Kingdom's healthcare sector will continue to rely on foreign experts. However, it remains unclear how expatriates affect the dominating language in Saudi healthcare facilities. In particular, it is interesting to know the composition of the workforce has influenced the decision of hospitals such as King Abdullah to use English in a country where many people speak Arabic.

A study by Alqurashi (2016) examined the English language needs among Saudi Arabian medical experts. The findings show that "knowing English has become a key requirement to succeed as a specialist in any profession or field of knowledge" (Alqurashi, (2016, p. 243). According to Alqurashi (2016), English facilitates communication between health professionals from different countries that do not share the same language. These findings support the assessment by Meuter et al. (2015) that miscommunication in the healthcare sector can be life-threatening, especial when patients and healthcare professionals cannot understand each other. For instance, the failure of a clinician to communicate effectively regarding the seriousness of risk can lead to a negative consequence since a patient might fail to comply with instructions (Alkhamis, 2012; Meuter et al., 2015; Bello, 2017). The existence of evidence shows the seriousness of this problem.

A recent study by a group of researchers demonstrates that communication barrier is one of the factors contributing to medicine-related problems among patients with cardiovascular diseases and diabetes (Al Hamid, Ghaleb, Aljadhey, and Aslanpour, 2017). For example, Al Hamid quoted a Saudi Patient complaining by saying:

No, they do not understand me. They never tell me anything. They write down my medicine on a piece of paper to get them but they never explained anything. The doctor is always busy and thinks that we understand his writing (p. 5).

Other previous studies also show that a language difference is a barrier to the provision of quality healthcare in Saudi Arabia (Albougami, 2015; Almutairi, 2015; Aljuaid, Mannan, Chaudhry, Rawaf, & Majeed, 2016). As Wong et al. (2011) note, effective communication is an important component in a healthcare setting. Therefore, it is worth noting how the use of English in Saudi Arabian hospitals is affecting the ability of hospitals to deliver quality healthcare services.

Studies from other parts of the world show the threats that a language barrier in a healthcare setting can cause, especially when clinicians use a different language from what the majority of the patients use. However, the findings cannot be applied universally since the level of language barriers differ from one country to another. Looking at the country-specific studies on Saudi Arabian healthcare sector, it is clear that the language barrier is a possible threat to the provision of quality services. As Albougami (2015) and Almutairi (2015) and Aljuaid et al. (2016) note, the language barrier is one of the main challenges facing Saudi Arabian hospitals. In a Kingdom where foreign medical practitioners play a significant role in running hospitals, it is necessary for researchers to take a bold step and find out how the problem of the language barrier can be solved. In doing so, appropriate measures can be taken to address the language barrier leading to improved service delivery.

3.0 Methodology

This chapter examines the research approach applied to address the research questions introduced in chapter one. Specifically, the chapter shows how qualitative and quantitative research designs were applied. The chapter also presents the data collection procedure applied and the sampling of patients and medical staff at Bisha King Abdullah hospital. Finally, the chapter shows how data analysis was conducted to achieve the goal of this study.

3.1 Procedure for Measuring Variables

In this study, several variables were investigated in line with the research questions. The attitude of patients and medical staff towards effective use of the English language at Bisha King Abdullah hospital was the dependent variable. This dependent variable was a function of the following independent variables: (1) understanding, (2) satisfaction levels, (3) policy and rights, and (4) language of communication.

3.2 Research Design and Instruments

Quantitative research method was applied in this study to provide statistical evidence. The research approach was important in providing much-needed statistical evidence to address the specific research objectives in order to achieve the main objective of the study (Atieno, 2009; Rahman, 2016). In particular, patients and medical practitioners were surveyed using questionnaires to gain crucial insight regarding their viewpoints. In doing so, it will be possible to know their views concerning the use of English at the hospital. On the same note, a cross-sectional research design was applied to take a snapshot of the current situation at the hospital. The cross-sectional research

approach was ideal for this study since it allows for the collection of data at a given point in time for both groups (patients and medical staff).

3.3 Population and Sample

The study targeted patients and medical staff. The inclusion of these two groups was important since they are expected to communicate and interact with each other during the patients' hospital stay. Specifically, patients from the outpatient and inpatient department were free to participate as long as their condition allowed them to fill the questionnaires. For the inpatients, patients from the male, female, and the maternity wards at Bisha King Abdullah hospital were allowed to participate. Similarly, medical staffs from the same departments were engaged to ensure that each department was well-represented. In brief, a sample size of 60 participants was targeted through a random stratified sampling technique to pick an equal number of participants from each sub-group. In so doing, it was possible to compare the two groups and draw conclusions.

3.4 Data Collection Procedure

A formal approach was used to seek permission to conduct the study at the hospital. For the participants, both patients and staff members, participation was voluntary. Also, the identities and personal information were protected by identifying questionnaires with numbers rather than actual names (Kelley, Clark, Brown, & Sitzia, 2003). Questionnaires were used to collect data. All willing participants were issued with a questionnaire and given time to fill it. Giving them privacy and time to fill the questions allowed them to fill accurate and factual information without fear (Kelley, Clark, Brown, & Sitzia, 2003). Two questionnaires were used: one for the patients and the other for the medical staff. For convenience reasons, the questionnaire for patients was in Arabic, while the questionnaire for medical staff was in English. The questionnaires contained close-ended questions to facilitate data entry into statistical software and analysis.

3.5 Data Analysis Procedure

With the aid of the SPSS, the data analysis focused on the descriptive analysis and comparison of means. For the descriptive analysis, the thought was to statistically measure how often the staff members use English and Arabic as well as their views about the possible staff-patient and staff-staff communication barriers. For the comparison of means, the analysis focused on comparing the views of patients and staff members regarding the use of English to determine the degree of agreement or disagreement. Also, a comparison analysis was done to show how the ability to communicate in English influences the views of patients and staff members' attitude towards the use of the language. Finally, the analysis focused on determining the relationship between the attitude of patients and their level of satisfaction with the use of English at the hospital.

3.6 Reliability of the Tools

Cronbach's alpha helped in testing the internal consistency. The results showed the calculated Cronbach's Alpha for questionnaire sections: 0.760 for patients and 0.740 for medical staff, as shown in the table.

Table 1. Cronbach's Alpha reliability results

Questionnaire Sections	Number of phrases	Cronbach's Alpha
Patients	9	0.760
Medical Staff	9	0.740
Whole Questionnaire	18	0.750

Cronbach's alpha ranges from $r = 0$ to 1, with $r = 0.7$ or greater which is considered as sufficiently reliable (Nunnally & Bernstein, 1994)⁽¹⁾.

4.0 Data Analysis and Findings

This chapter presents the analysis of data to address the research objectives introduced in chapter one. The chapter is divided into three sections. The first section focuses on the analysis of responses from the medical staff, while the second section covers the patients' responses. The third section presents a discussion of the findings.

4.1 Analysis of Responses for Medical Staff

4.1.1 Descriptive Analysis

Figure 1 shows the distribution of Medical Staff, according to Gender. Female had the highest percentage, with 60% ($n=18$) of the total sample, while the remaining 40% ($n=12$) were male medical staff members.

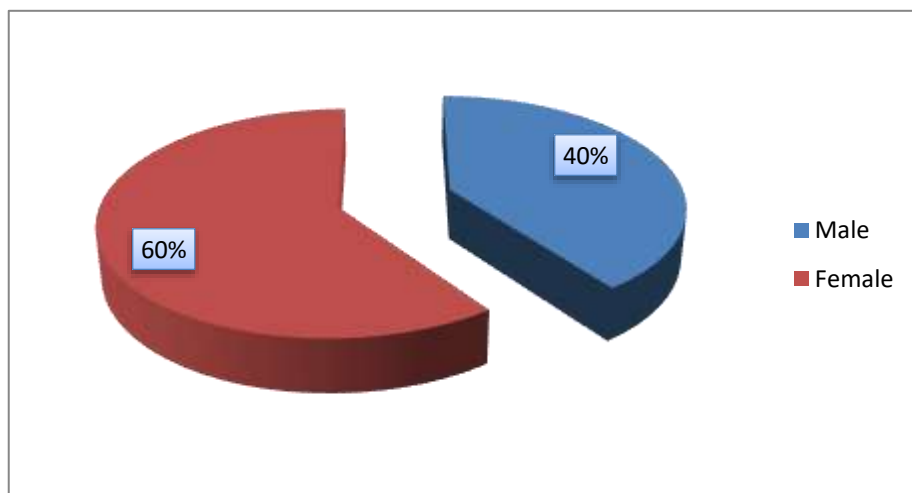


Figure Error! Main Document Only.. Medical staff participants by gender i.e., males and females

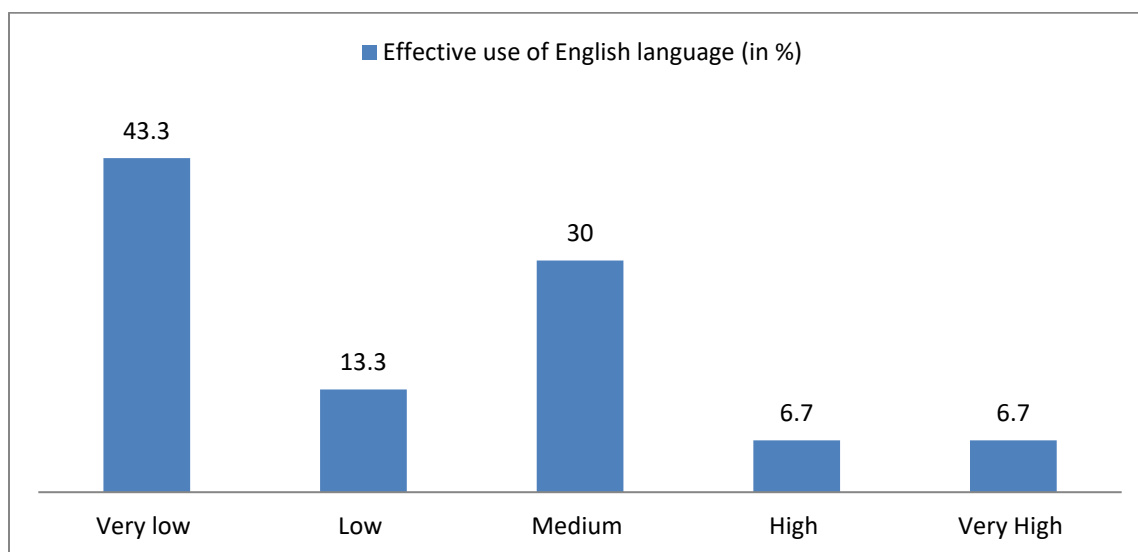


Figure 1. Effective use of English language in the medical context of Bisha King Abdullah hospital according to the Medical Staff.

Figure 2 illustrates the responses of Medical Staff towards effective use of English language in the medical context of Bisha king Abdullah hospital. This outcome clearly shows that medical staff members are aware of the language barrier that the use of the English language brings at the hospital.

4.1.2 Attitude of the Medical Staff

Table 1: Attitudes of the Medical Staff towards the effectiveness of English language in the medical context of Bisha King Abdullah Hospital

Statements		Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)	Mean	Standard Deviations (St. D)
Understanding	1. I find difficulties to communicate with patients in English.	26 (86.7%)	3 (10%)	0 (0%)	0 (0%)	1 (3.3%)	4.77	0.774
	2. I find difficulties to understand the needs of patients who cannot communicate in English language.	15 (50%)	11 (36.7%)	1 (3.3%)	1 (3.3%)	2 (6.7%)	4.20	1.126
Satisfaction	3. I am satisfied with the use of English as the primary language in the medical context.	5 (16.7%)	6 (20%)	4 (13.3%)	7 (23.3%)	8 (26.7%)	2.77	1.478
	4. I can communicate effectively in English with patients who speak English.	14 (46.7%)	10 (33.3%)	3 (10%)	0 (0%)	3 (10%)	4.07	1.230
Policy and rights	5. I feel that the use of English in the medical context is not compatible with the needs and rights of patients in Saudi Arabia.	10 (33.3%)	9 (30%)	5 (16.7%)	5 (16.7%)	1 (3.3%)	3.73	1.202
	6. Policies which govern the use of Arabic as a language that improves service delivery in the hospital should be developed.	10 (33.3%)	12 (40%)	4 (13.3%)	2 (6.7%)	2 (6.7%)	3.87	1.167
Language of communication	7. Communication with patients would be easier if Arabic was the primary mode of communication.	11 (36.7%)	9 (30%)	5 (16.7%)	3 (10%)	2 (6.7%)	3.80	1.243
	8. I Prefer to provide the service in Arabic instead of English in Bisha King Abdullah Hospital in Saudi Arabia.	4 (13.3%)	10 (33.3%)	5 (16.7%)	4 (13.3%)	7 (23.3%)	3.00	1.414

Table 1 shows that creating an understanding between patients and medical practitioners is the main problem that English dominance at Bisha King Abdullah Hospital brings.

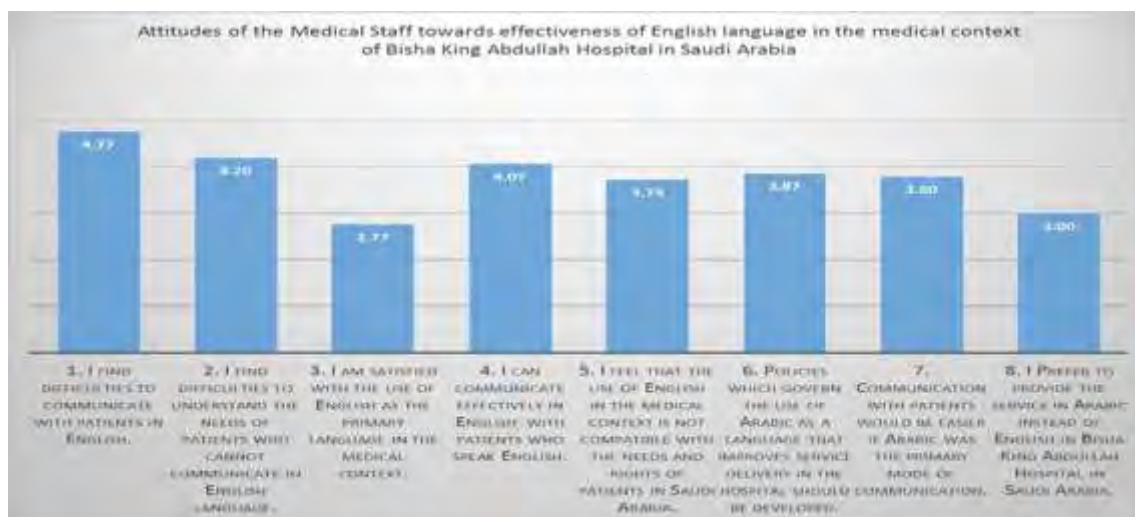


Figure 2: The mean scores of the attitude of the Medical Staff towards the effectiveness of English language in the medical context of Bisha King Abdullah Hospital

As Figure 3 below shows, the comparison of means provided crucial insights regarding each of the four areas: understanding, satisfaction, policy and rights, and preferences of language for communication. The items for measuring the aspect of understanding registered the highest mean score.

Table 2. Attitudes of the Medical Staff towards the effectiveness of English language in the medical context of Bisha King Abdullah Hospital in Saudi Arabia according to Gender

Statements		Mean		T- value	P- value	
		Male	Female			
Understanding	1. I find difficulties to communicate with patients in English.	4.92	4.67	0.863	0.395	Not Significant
	2. I find difficulties to understand the needs of patients who cannot communicate in English language.	4.58	3.94	1.559	0.130	Not Significant
Satisfaction	3. I am satisfied with the use of English as the primary language in the medical context.	1.58	3.56	4.709	0.000**	Significant
	4. I can communicate effectively in English with patients who speak English.	4.17	4.00	0.358	0.723	Not Significant
Policy and rights	5. I feel that the use of English in the medical context is not compatible with the needs and rights of patients in Saudi Arabia.	4.00	3.56	1.062	0.298	Not Significant
	6. Policies which govern the use of Arabic as a language that improves service delivery in the hospital should be developed.	4.08	3.72	0.826	0.416	Not Significant
Language of communication	7. Communication with patients would be easier if Arabic was the primary mode of communication.	4.42	3.39	2.393	0.024*	Significant
	8. I prefer to provide the service in Arabic instead of English in Bisha King Abdullah Hospital in Saudi Arabia.	4.08	2.28	5.099	0.000**	Significant

* significant at the 0.05 level
 ** significant at the 0.01 level.

The researcher applied independent sample t-test to test whether there were significant differences in responses of the Medical Staff towards effective use of the English language in terms of gender. As summarized in Table 2 below, there was a significant difference between male and female responses towards effective use of English language in the medical context of Bisha king Abdullah Hospital in regard to satisfaction and language of communication.

4.2 Analysis of Patients' Responses

4.2.1 Descriptive Analysis

Analysis of the patients' demographic factors provides an essential overview before analyzing their attitude towards the use of English in a hospital setting. The demographic factors analyzed were gender, age, and education. As Figure 4 demonstrates, both genders were equally represented with 15 participants each. With adequate representation, it was possible to conduct further analysis using gender as the independent variable. Concerning age, 46.7% of the respondents fell under the range of 20 and 40 years, while 26.7% were either below 20 years old or over 40 years. Although the two age groups were poorly represented, it shows that the age of the patients surveyed spread over a wide margin. Lastly, regarding the educational level, an equal number of patients (36.7%) received a university education or did not reach the university level. A smaller percentage (26.7%) received postgraduate degree. This outcome shows that patients with different educational attainment agreed to participate in this study representing the members of the society well.

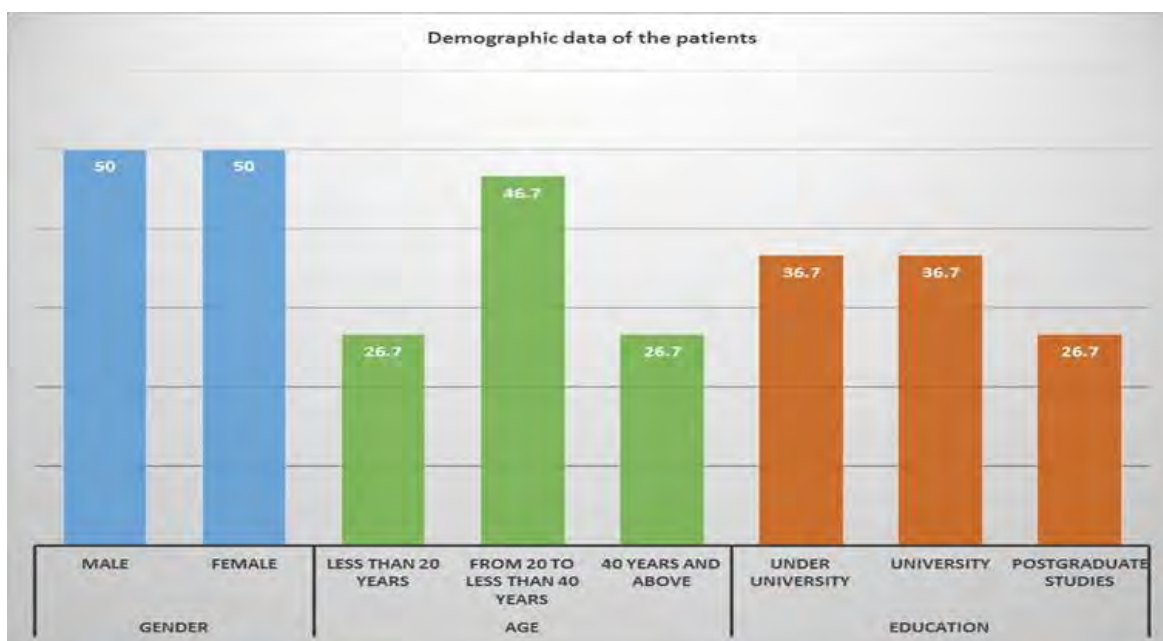


Figure 3. Patients demographic information (gender, age, and level of education)

Figure 5 shows the responses of patients towards the effectiveness of English language in the medical context of Bisha king Abdullah hospital. This outcome shows that the majority of patients are against the use of English due to language barriers it brings at the hospital between them and their caregivers.

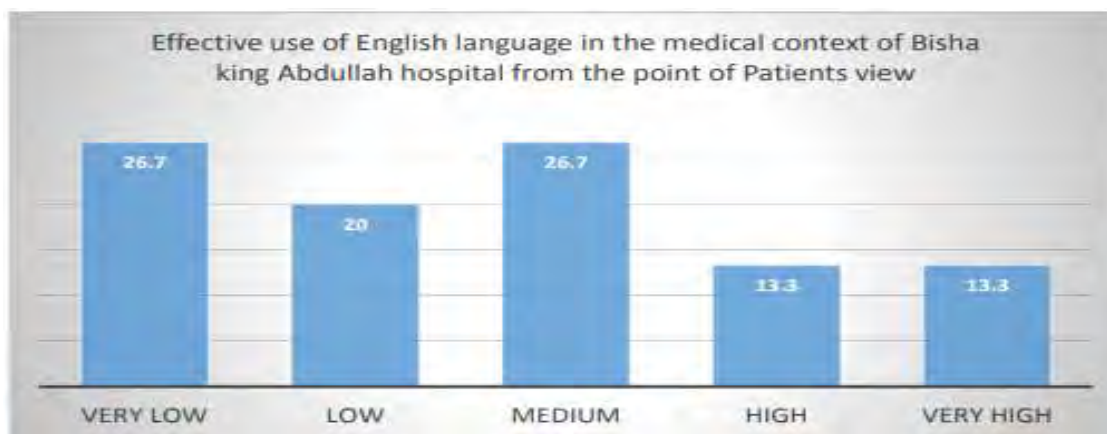


Figure 4. Effective use of the English language in the medical context of Bisha King Abdullah

4.2.2 Attitudes of the Patients

The attitude of patients surveyed on the effectiveness of English in the Saudi Arabian medical context varied significantly. Concerning patients’ satisfaction, the majority of the patients were unsatisfied with the domination of English at the hospital. Notably, the attitudes of patients towards the policy and rights that should govern the use of English differed slightly. This shows the negative attitude of patients towards the use of English as a language of communication in the healthcare context. These responses brought the mean score of the responses to 4.60 out of 5 (Figure 6) below. The patients prefer the use of Arabic instead of English, whereby their views are based on other genuine concerns such as satisfaction, and issues to do with policy and their rights as recipients of medical services.

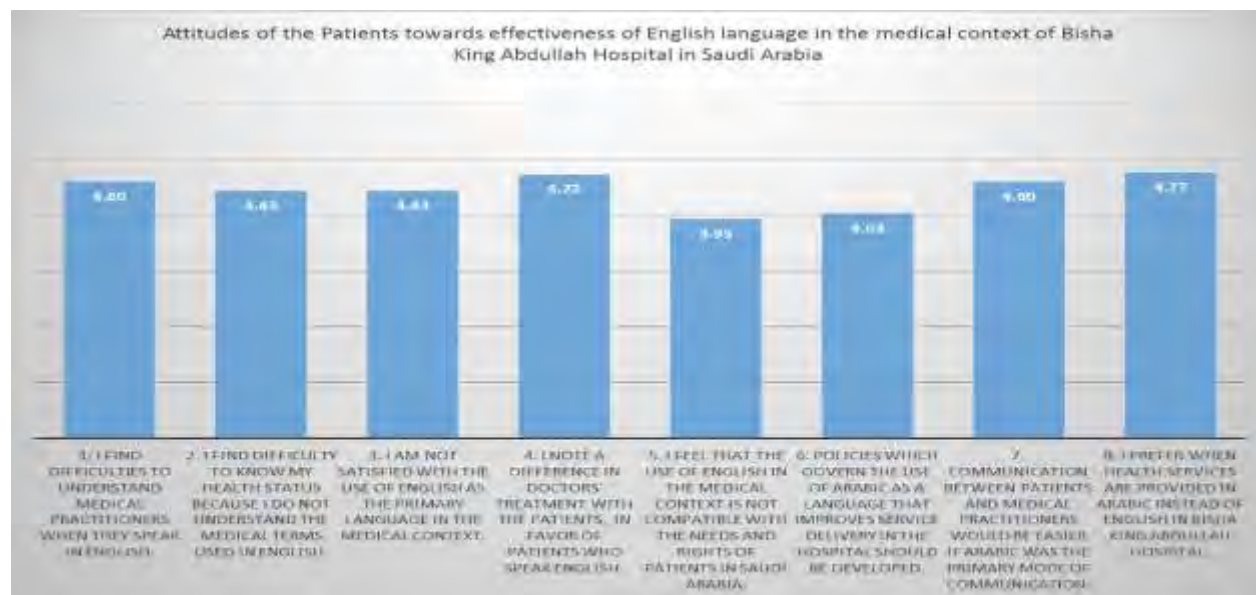


Figure 5: Mean scores on the attitude of patients towards the effectiveness of English in the medical context

Table 3. *Attitudes of the Patients towards the effectiveness of English language in the medical context of Bisha King Abdullah Hospital in Saudi Arabia based on Gender*

Statements		Mean		T-value	P-value	
		Male	Female			
Understanding	1. I find difficulties to understand medical practitioners when they speak in English.	4.53	4.67	0.727	0.473	Not Significant
	2. I find difficult to know my health status because I do not understand the medical terms used in English.	4.27	4.60	1.488	0.148	Not Significant
Satisfaction	3. I am not satisfied with the use of English as the primary language in the medical context.	4.07	4.80	3.157	0.004**	Significant
	4. I note a difference in doctors' treatment with the patients, in favor of patients who speak English.	4.67	4.80	0.807	0.426	Not Significant
Policy and rights	5. I feel that the use of English in the medical context is not compatible with the needs and rights of patients in Saudi Arabia.	3.40	4.47	3.947	0.001**	Significant
	6. Policies which govern the use of Arabic as a language that improves service delivery in the hospital should be developed.	3.53	4.53	3.949	0.000**	Significant
Language of communication	7. Communication between patients and medical practitioners would be more natural if Arabic was the primary mode of communication.	4.53	4.67	0.581	0.566	Not Significant
	8. I Prefer when health services are provided in Arabic instead of English in Bisha King Abdullah Hospital.	4.53	5.00	3.500	0.004**	Significant

Independent sample t-test provided a platform for determining whether there were significant differences in responses of the patients towards effective use of English language in the medical context of Bisha king Abdullah hospital based on their gender. This is well illustrated in Table 3 below. As Table 3 shows, there was a significant difference in regards to satisfaction, policy, and rights as well as the language of communication.

Table 4. ANOVA results according to Age and Education

Groups		N	Mean	Std. Deviation	Std. Error	F	P-value Sig.
Age	Less than 20 years	8	4.4531	0.22097	0.07813	0.123	0.884
	From 20 to less than 40 years	14	4.4107	0.38427	0.10270		
	40 years and above	8	4.4844	0.36252	0.12817		
	Total	30	4.4417	0.33272	0.06075		
Education	Under University	11	4.5568	0.28703	0.08654	1.193	0.319
	University	11	4.4091	0.42972	0.12957		
	Postgraduate studies	8	4.3281	0.19975	0.07062		
	Total	30	4.4417	0.33272	0.06075		

4.3 Comparison between Physicians' and Patients' Responses

The Analysis of Variance (ANOVA) was applied to test whether there are significant differences in Patient's responses towards effective use of the English language in the medical context based on age and education. The use of ANOVA was necessary since more than two groups were included in the comparison. As Table 4 shows, the significance value for age and the level of education was 0.884 ($p > 0.05$) and 0.319 ($p > 0.05$), respectively. Hence, the differences between the groups were insignificant. The reason for the absence of significant differences was the homogeneity of the responses.

A comparison between the views of physicians and patients towards the visibility of the use of English language provide crucial insights. Interestingly, 43.3% of the medical staff members considered the visibility of the use of English to be very low compared to 26.7% of patients who share a similar view. The cumulative percentage, however, shows that both groups prefer the use of Arabic instead of English. The mean score of 2.20 and 2.67 out of 5 for the medical staff and patients respectively shows that both groups consider the use of English in the selected medical context invisible.

The comparison shows that patients' approval levels are higher than those of physicians towards the visibility of the use of English language in the medical context of Bisha king Abdullah hospital. With a lower approval rate from the physicians, this outcome shows the concern that medical staff members share about the need for effective communication. Even though they are comfortable using it, they are aware of the ineffectiveness and inconveniences that using English brings to their patients.

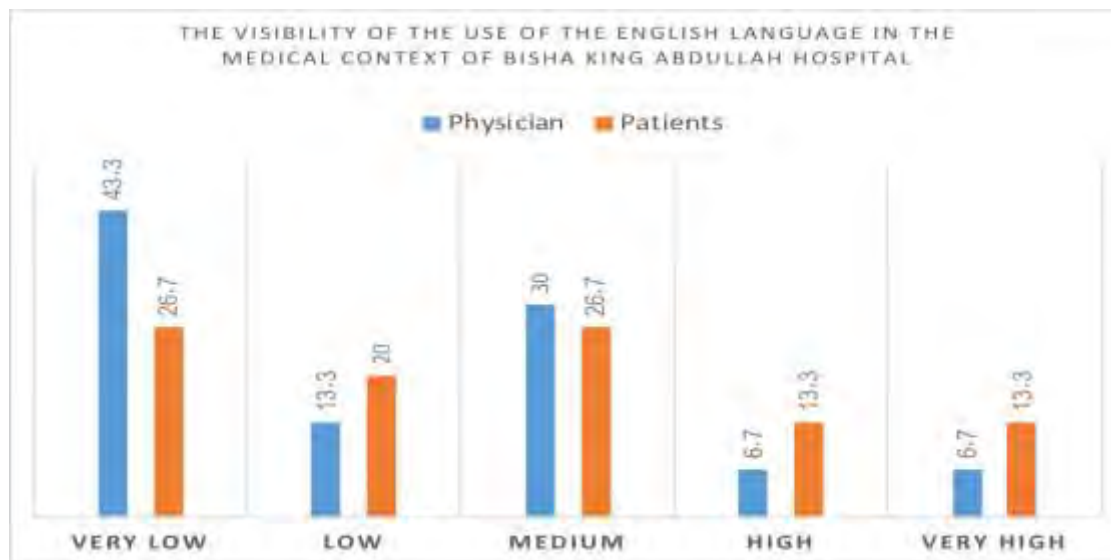


Figure 6. A comparison of Attitudes of patients and physicians towards the visibility of the use of English in the medical context

4.4 Discussion

In summary, the findings provide crucial insights regarding the view of healthcare providers and patients on the use of English at Bisha King Abdullah Hospital. The willingness of patients and medical staff members to participate made it possible to collect the much-needed data required to address the specific research objectives introduced in chapter one. With the assistance of SPSS, the analysis outcomes can be summarized in the findings below. Firstly, the findings show that the views of medical staff and patients differ in regards to the use of English in the selected hospital. On the one hand, the analysis on the views of the medical staff members revealed that the average responses towards the visibility of the use of English language in the medical context of Bisha king Abdullah hospital were 2.20 out of 5, which corresponds to (Low) in 5- point Likert scale. This shows that medical staff members are concerned about the language barrier that English brings at Bisha king Abdullah hospital. This outcome is different from previous findings by Alqurashi (2016), which showed that medical staff members in various parts of the globe prefer using English since it facilitates communication between health professionals from different countries.

On the other hand, patients' mean response towards effective use of English language in the medical context of Bisha king Abdullah hospital was 2.67 out of 5, which correspond to Medium in 5- point Likert scale. This outcome can be attributed to the possibility that patients consider using English as problematic. Understandably, the majority of women with a lower level of education (less than university) strongly agreed with the preference for the use of Arabic, which they are good at, instead of English. This outcome shows that service delivery is adversely affected when there is a language barrier between patients and health practitioners. For instance, 100% of

female patients admitted finding it difficult to understand their doctors. In a medical context, such communication barriers lead to poor service delivery. This outcome can be related to the studies conducted in other parts of the globe on the importance of language in facilitating communication between patients and healthcare givers (Al Hamid et al., 2017; Albougami, 2015; Almutairi, 2015; Aljuaid et al., 2016). For instance, Al Hamid et al. (2017) revealed that communication barrier contributes to medicine-related problems among patients with cardiovascular diseases and diabetes since the healthcare giver finds it challenging to communicate with the patient about compliance and other vital issues.

The analysis shows that gender is a significant independent variable. In some instances, male and female patients and medical staff show different attitude towards the use of English in a medical context. The Independent sample t-test revealed that women are more likely to have a negative attitude towards the use of English in a medical context more than their male counterparts. Female patients registered higher scores for the two items meant for policy and patients' rights. Similarly, a significant number higher for female patients were registered in one of the items meant for measuring the satisfaction with the use of the English language at the hospital.

5.0 Conclusion and Recommendations

5.1 Conclusion

Just like other hospitals across the Kingdom of Saudi Arabia, Bisha King Abdullah Hospital will continue to serve a predominantly Arab population. As discussed above, this study has provided statistical evidence to show that patients prefer communicating in Arabic while the caregivers do not mind speaking in English, although they would prefer a language that every patient understands. The majority of patients prefer Arabic to English since they are concerned about understanding their care providers.

The evidence has addressed the research gap by providing organization-specific evidence for Bisha King Abdullah Hospital. It is worth noting how each hospital offers a unique working environment depending on the proportion of medical staff members who can speak Arabic. As the local language among Saudis, it is no doubt that patients will always prefer Arabic to English, as the findings show. Therefore, the current study confirms that linguistic hegemony of English at Bisha King Abdullah Hospital is a challenge to both patients and medical staff. Although medical staff can use it, they are concerned about their patients and the language barrier that English creates between them and their patients. In line with the findings discussed above, it is crucial to examine the practical implications and the opportunity for further research that this study opens.

5.2 Recommendations

5.2.1 Recommendations for Practice

The current study provides crucial empirical evidence that policy-makers and hospital management can use to make informed decisions. For Bisha King Abdullah Hospital, this study provides hospital-specific statistical evidence that can be used to develop evidence-based programs to enhance effective communication between patients and care providers. For instance, the evidence can be used to justify the introduction of a training program, where medical staff members from other parts of the world can learn Arabic. In doing so, the hospital can achieve the objective of enhancing caregiver-patient communication at the same time, retaining the pool of experienced expatriates working for the hospital.

5.2.2 Recommendation for Future Research

This study provides a platform for researchers to conduct further studies regarding the domination of English in the Saudi Arabian healthcare setting. Firstly, this study focused more on identifying the problem. Therefore, further study is needed to identify and test the effectiveness of strategies aimed at addressing the problem. Secondly, more study is required to expand the scope of the study. For instance, researchers in the future should consider involving several hospitals rather than a single healthcare facility. A study involving several cases will provide a platform for comparison allowing the researcher to conclude whether the problem is a regional or national issue or just an issue at Bisha King Abdullah Hospital only. Thirdly, the application of a cross-sectional research design introduced a limitation since the data was collected at one point only. In the future, researchers should consider applying a longitudinal research design to deal with the language barriers caused by English dominance in the Saudi Arabian healthcare setting.

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Appendices

Appendix A: Questionnaire for Patients

عربي للبيد / اللبيدة

هذا ا نتبي اني حاولت الوصول الى معرفتك في من انقل لغة ا لبي في ال ممارسات الطبية طباغاس عويين عن عتق في مال خدم انقل ورضى. يرجى قراءة وتبجج ووض ع)* في ال مبع ال ذي يعبر عن افضل رأبي اديك. ويؤكد لك الباحث ان نتبجج هذا نتبي ان يتبجج سري قول نتبجج خدم غراض ال باحث عن عي. وأخيرا، أود ان أعرب عن شكره في تبجج في ال ممارسات الطبية هذا ا نتبي ان.

شكر ال باحث عن تعاونكم،،،

لبابشة
جان سرح ان اللبي عي

لقبم ا ول / لم ول ومات لشخصية:

يرجى ملء الن نموذج أفاه.

ا (: ابي عي)

- 1- ال تبجج : فكر تبجج
- 2- ال مبع : أقل من 20 سنة من 20 سنة إلى أقل من 40 40 سنة و أطوق
- 3- ال مؤ طل : دون ال جامع جامع
- لقبم لثل في تبجج ل لغة ا ان تبجج في ال ممارسات الطبية داخل مبع في لم لك عبد اللبم مبع طبقيش في لم لك ال عوي ل عوي ة
يرجى وضع طرة حول بلقت ويتبجج لبي ا شريك لأصل:
- 1- ما مديف اعلي ة لمبجج ال لغة ا لبي في لسري اق للبيب مبع في ال لم لك عبد اللبم مبع طبقيش في ال لم لك ال عوي ل عوي ة؟
 لبيدة جدا لبيدة متوسط عي فة عي فة جدا

لقبم لثل / اتج ا هاتنحو لمبجج ال لغة ا ان تبجج في ال ممارسات الطبية داخل مبع في لم لك عبد اللبم مبع طبقيش في لم لك ال عوي ل عوي ة

يرجى قراءة هذه الأسئلة بعناية ووضع علامة على إجاباتك في الجدول التالي.

أوافق بشدة 1)	أوافق 2)	محايد 3)	وأوافق 4)	وأوافق بشدة 5)	الإجابات	لمحاور
					1- أجد صعوبة في التواصل مع أطباء في المستشفى بسبب عدم فهمهم للفاهيم الطبية باللغة الإنجليزية.	الفهم
					2- أجد صعوبة في معرفة وضع عي الصرحي بسبب عدم فهمهم المصطلحات الطبية المستخدمة باللغة الإنجليزية.	
					3- أنا غير راض عن سرات خدام للغة الإنجليزية أشكر أساتذتي الطبي في المستشفى.	لرضا
					4- ظفرق في تعامل أطباء شركل أفضل مع مريض اللغة الإنجليزية من المرضى.	
					5- أشعر أن استخدام اللغة الإنجليزية في السواق الطبي وتخلق مع الصيحات و حقوق المرضى في المملكة العربية السعودية.	السيرة والحقوق
					6- يجب تطوير السيرات التي تحكم سرات خدام اللغة العربية لتحسين متقنيي الخدمات في المملكة العربية السعودية.	
					7- اعتقد أن التوصل بين المرضى و طباء سيكون أسهل إذا كتبت للغة العربية هائل وسهلة الية تصال.	لغة تصال
					8- فلن أتقن اللغة العربية قبل أن أتمكن من فهمها داخل مستشفى للملك عبد اللهي من طبة يشرف على الملكة العربية للسعودية.	

Appendix B. Questionnaire for Medical Staff Members

Dear Mr\ Mrs.....

This questionnaire attempts to explore how the dominance of English in medical practice among the Saudi Arabian medical practitioners affects service delivery to patients. Please read the questions carefully and put a sign (*) in the box that best expresses your opinion. The researcher assures you that the results of this questionnaire will remain confidential and will be used only for scientific research purposes.

Finally, I would like to express my thanks and appreciation to all those who will complete this questionnaire.

Thank you for your cooperation

Researcher

Hanan Sarhan Alsubaia

Part I - Personal Information:

Please fill in the form below.

Name (optional)

1-Sex: Male Female

2-Age: Less than 20 years 20 to less than 40 years 40 years and above

3-Education: Less than University University Above University

Part II- Effectiveness of English language in the medical context of Bisha King Abdullah Hospital in Saudi Arabia

Please circle the answer that best applies to you:

1- How effective is the use of English language in the medical context of Bisha king Abdullah hospital in Saudi Arabia?

Very High High Medium low Very low

Part III- Attitudes towards the effectiveness of English language in the medical context of Bisha King Abdullah Hospital in Saudi Arabia

Please read these questions carefully and tick the appropriate answers.

Section	Statements	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
Understanding	1. I find difficulties to understand medical practitioners when they speak in English.					
	2. I find difficult to know my health status because I do not understand the medical terms used in English.					
Satisfaction	3. I am not satisfied with the use of English as the primary language in the medical context.					
	4. I note a difference in doctors' treatment with the patients, in favor of patients who speak English.					
Policy and rights	5. I feel that the use of English in the medical context is not compatible with the needs and rights of patients in Saudi Arabia.					
	6. Policies which govern the use of Arabic as a language that improves service delivery in the hospital should be developed.					
	7. Communication between patients and medical practitioners would be easier if Arabic was the primary mode of communication.					

Section	Statements	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly disagree (1)
Language of communication	8. I Prefer to provide the service in Arabic instead of English in Bisha King Abdullah Hospital in Saudi Arabia.					