

# Strategies for improved French-language health services

## *Perspectives of family physicians in northeastern Ontario*

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### Abstract

**Objective** To identify strategies to improve the quality of health services for Francophone patients.

**Design** A series of semistructured key informant interviews.

**Setting** Northeastern Ontario.

**Participants** A total of 18 physicians were interviewed. Ten physicians were interviewed in French, 7 physicians were women, and 10 physicians were located in urban communities.

**Methods** Purposive and snowball sampling strategies were used to conduct a series of semistructured key informant interviews with family physicians practising in communities with a large Francophone population. Principles of grounded theory were applied, guided by a framework for patient-professional communication. Results were inductively derived following an iterative data collection–data analysis process and were analyzed using a detailed thematic approach.

**Main findings** Respondents identified several strategies for providing high-quality French-language health services. Some were unique to non-French-speaking physicians (eg, using appropriate interpreter services), some were unique to French-speaking physicians (eg, using a flexible dialect), and some strategies were common to all physicians serving French populations (eg, hiring bilingual staff or having pamphlets and posters in both French and English).

**Conclusion** Physicians interviewed for this study provided high-quality health care by attributing substantial importance to effective communication. While linguistic patient-to-physician concordance is ideal, it might not always be possible. Thus, conscious efforts to attenuate communication barriers are necessary, and several effective strategies exist.

### EDITOR'S KEY POINTS

- Linguistic competence is an essential component of high-quality health care. Some have postulated that the poorer health of Francophones is in part owing to inadequate French-language health services.
- Identified strategies for improving the quality of health services unique to non-French-speaking physicians were appropriate use of translators and interpreters, sensitivity to patient language preference, and learning basic French. Strategies unique to French-speaking physicians were using a flexible dialect and undergoing French-language medical training. Common strategies for all physicians were hiring bilingual staff, providing French-language continuity of care, and actively offering French-language services.
- Future studies should consider exploring similar research questions in areas where Francophones are a distinct minority (representing < 25% of the population) and consider separating physicians with "limited" French-language skills from non-French-speaking physicians to potentially explore additional nuances.

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# Quelques stratégies susceptibles d'améliorer les services de santé en français

*Le point de vue de médecins de famille du nord-est de l'Ontario*

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## Résumé

**Objectif** Identifier des stratégies susceptibles d'améliorer les services de santé pour les patients francophones.

**Type d'étude** Une série d'interviews semi-structurées avec des personnes-ressources.

**Contexte** Le nord-est de l'Ontario.

**Participants** Un total de 18 médecins ont été interviewés. Dix d'entre eux l'ont été en français, 7 étaient des femmes et 10 pratiquaient dans des communautés urbaines.

### POINTS DE REPÈRE DU RÉDACTEUR

- Une bonne connaissance de la langue est nécessaire pour prodiguer des soins de grande qualité. D'après certains, le fait que la santé des francophones soit moins bonne serait en partie attribuable à des services de santé prodigués dans un français inadéquat.

- Parmi les stratégies pour améliorer la qualité des services de santé qui s'appliquent seulement à des médecins ne parlant pas français, mentionnons l'utilisation appropriée de traducteurs et d'interprètes, le fait d'être attentif à la langue que préfèrent les patients et le fait d'apprendre un minimum de français. Les stratégies qui concernent uniquement les médecins qui parlent français comprennent l'utilisation du langage local et l'assistance à des séances de formation en français. Les stratégies communes à tous les médecins comprennent le recrutement d'employés bilingues, le fait de donner des soins continus en français et le fait d'offrir spontanément des services en français.

- Dans le futur, on pourrait étudier les mêmes sujets, mais dans des régions où les francophones constituent des minorités distinctes (c.-à-d. moins de 25 % de la population) et peut-être séparer les médecins ayant une connaissance limitée du français de ceux qui ne le parlent pas, cela afin d'explorer des différences plus subtiles.

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**Méthodes** On a utilisé des stratégies d'échantillonnage raisonné et de sondage en boule de neige dans une série d'entrevues semi-structurées avec, comme personnes-ressources, des médecins de famille pratiquant dans des communautés à forte population francophone. On s'est servi des principes de la théorie ancrée, avec comme cadre une bonne communication patient-professionnel de la santé. Les résultats ont été dérivés de façon inductive après un processus d'analyse de la collecte itérative des données, pour être ensuite analysés à l'aide d'une approche thématique détaillée.

**Principales observations** Les participants ont identifié plusieurs stratégies pour fournir des services de santé de grande qualité en français. Certaines s'appliquent seulement aux médecins ne parlant pas français (p. ex. l'utilisation d'interprètes) et d'autres, uniquement à ceux qui parlent français (p. ex. l'emploi des termes locaux), et d'autres encore sont communes à tous les médecins traitant des francophones (p. ex. recruter des employés bilingues ou avoir des pamphlets ou des affiches dans les deux langues).

**Conclusion** Les médecins interviewés dans cette étude fournissaient d'excellents services de santé en français parce qu'ils attachaient beaucoup d'importance à une communication efficace. Une concordance linguistique entre médecin et patient serait idéale, mais ce n'est pas toujours possible. Il faut donc s'efforcer consciemment d'atténuer tout obstacle à la communication, d'autant plus qu'il existe plusieurs stratégies efficaces.

There are approximately 1 million Canadians (4.0%) outside Quebec who report French as their first official language.<sup>1</sup> The highest number of Francophones living outside of Quebec is found in Ontario (542 390).<sup>1</sup> Of note, researchers have found that Francophones living in Ontario have poorer health outcomes when compared with their Anglophone counterparts. For instance, they have higher rates of asthma and hypertension, are less active, have higher rates of exposure to second-hand smoke, consume fewer fruits and vegetables, and are more likely to be overweight or obese.<sup>2</sup> Indeed, based on analyses from a national population health survey, the prevalence of chronic disease is greater in Francophones than in Anglophones.<sup>2</sup> Regional analyses of health measures by linguistic group also reveal that Francophones residing in northeastern Ontario are among the most vulnerable. For instance, when compared with Francophones in general, northeastern Ontario Francophones have a higher rate of heart disease (9.1% compared with 5.7%), a higher rate of hypertension (23.5% compared with 19.7%), are more likely to be overweight (38.9% compared with 36%), are more likely to have arthritis (26.7% compared with 20.7%), and are more likely to have back problems (25% compared with 21.8%).<sup>2</sup>

Francophones in Ontario might face certain barriers when caring for their health. Specifically, some French-speaking Ontarians might have an inability or a reduced ability to effectively communicate with their physicians. Wilson et al found that patients with limited English reported difficulty understanding medical conditions and medication use.<sup>3</sup> Further, patients who have a linguistic discordance with their physicians also report receiving less health education during visits.<sup>4</sup> Thus, physician-to-patient linguistic discordance can be seen as a threat to high-quality care. When communication between the patient and the physician is in the same language, there is potential for greater patient and physician satisfaction, greater treatment adherence, and higher patient return rates.<sup>5</sup> These few examples highlight the importance of health services in general, but also the need to consider physician-to-patient linguistic concordance as a means of ensuring safe, high-quality health care.

According to the Public Health Agency of Canada, health services are key determinants of health.<sup>6</sup> Health services are an important contributor to population health, as they are a means of maintaining and promoting health, preventing disease, and restoring health after illness.<sup>6</sup> Thus, improving health services rendered to Francophones might reduce the noted health disparities in this linguistic subpopulation. A document prepared by the Consultative Committee for French-Speaking Minority Communities and presented to Health Canada states that there is a need to increase the availability of French-speaking health professionals and a need to facilitate access to such health professionals in

Francophone minority communities.<sup>7</sup> Of note, isolated locations, such as rural and northern regions of Ontario, tend to be more densely populated by Francophones,<sup>2,8</sup> which can further exacerbate inferior health care delivery to these residents. Rural and northern regions in general face health care challenges that include a shortage of health professionals, long distances to services, limited availability of linguistically or culturally appropriate services, insufficient resources (eg, infrastructure, technology), and limited availability of transportation.<sup>9</sup> Thus, it would appear that an increase in supply of French-language health services is warranted, but an equitable distribution of such services is also needed.

Timony et al recently sought to identify the number of family physicians who could offer services in French in Ontario.<sup>10</sup> They found that the number of physicians able to offer services in French (15%) was disproportionately higher than the percentage of Francophones living in Ontario (4%). However, the geographic distribution of French-speaking physicians was favourable in communities sparsely populated by Francophones. Specifically, communities with a Francophone population of 25% or greater had a much lower ratio of French-speaking physicians to Francophone patients (1.3 to 1000) compared with communities that were 10% to 24% Francophone (3.4 to 1000) and communities that were less than 10% Francophone (5.6 to 1000). Therefore, they concluded that improving access to French-language health services for Francophones living in Ontario is more complicated than simply increasing the number of doctors able to provide French-language services.<sup>10</sup> Specifically, physicians who can provide services in French need to be actively recruited to work in Francophone communities. If this is done, the rate of physician-to-patient linguistic concordance is likely to increase. It would be ideal for French-speaking patients to be matched with French-speaking physicians, but in many cases this is not possible. Thus, non-French-speaking physicians working in areas densely populated by Francophones must also learn to apply certain practice strategies to ensure that all of their patients receive high-quality care.

This study was guided by the framework for patient-professional communication by Feldman-Stewart et al.<sup>11</sup> According to this framework, communication is a continuous bidirectional process in which the provider and patient both convey and interpret messages. Communication and interpretation of health information relies on the goals of both the physician and the patient, the attributes of both the physician and the patient (ie, needs, beliefs, values, skills, and emotions), and the environment in which the exchange takes place.<sup>11</sup> For the purpose of this study, the framework was applied as a guide to identify the strategies used by physicians when communicating with Ontario's rural and northern Francophone populations. Specifically,

we equally sought the perspectives of family physicians working in northeastern Ontario who considered themselves competent to provide services in French (ie, French-speaking physicians) and the perspectives of those who lacked this linguistic competence (ie, non-French-speaking physicians).

## METHODS

### Data collection

Key informant interviews were conducted with family physicians practising in communities in northeastern Ontario with a Francophone population of 25% or greater. Northeastern Ontario was selected because it is densely populated by Francophones; thus, physicians in this area (both French-speaking and non-French-speaking) are required to regularly communicate with Francophone patients. A semistructured interview guide was developed, piloted with the 2 authors who are practising family physicians (N.G. and J.P.), and refined accordingly. Interviews were conducted in either French or English depending on the preference of the interviewee. All quotes from French interviews have been translated to English by the researchers; original French-language quotes are available upon request. Translated quotes are marked with an asterisk (\*).

All authors involved in this study are fluently bilingual and Franco-Ontarian. The ability of the lead researchers (A.P.G., P.E.T., and S.S.) to speak in both official languages allowed them to conduct interviews in French and English, and also to shift from one language to the other when necessary. This permitted the interviewees to express themselves openly in the language of their choice. Further, the 2 authors who are family physicians conduct their practices in both official languages, resulting in a better contextualization of the study.

Purposive and snowball sampling strategies were applied. Initially, a list of family physicians practising in northeastern Ontario's strong French communities was constructed using the College of Physicians and Surgeons of Ontario's (CPSO's) doctor search directory. We contacted physicians who had active practices located in French communities in northeastern Ontario, as defined by Timony and colleagues,<sup>10</sup> and who had been practising for a minimum of 5 years since the completion of their medical degrees. Only Canadian-trained physicians were approached to increase the group's homogeneity. We also sought an equal representation of physicians based on their linguistic ability (French-speaking or non-French-speaking) and geographic location (urban or rural practice), as well as a sex distribution that resembled that of the northern Ontario physician population at large. Language of fluency of each physician was identified via the CPSO doctor search directory. We confirmed each

physician's language of fluency before the commencement of each interview by asking the following question: "Would you consider French to be a language in which you are competent enough to conduct practice?" Physicians who answered yes and chose to be interviewed in French were classified as French-speaking physicians, whereas physicians who answered no, or who chose to be interviewed in English, were classified as non-French-speaking physicians. At the completion of every interview, physicians were asked to facilitate communication with a colleague who fit the inclusion criteria as a means of supplementing our initial sample.

Interviews were primarily conducted in person; however, in some instances only a telephone interview was possible owing to the geographic isolation of the physician's primary practice location. Physician recruitment and interviews were conducted until novel information was no longer obtained, at which point saturation was considered to have been reached.<sup>12</sup> Further, a member-checking process was included in which each participant received a transcript of his or her interview as an invitation to provide additional comments and confirm the accuracy of their responses. Ethics approval from the research ethics board at Laurentian University in Sudbury, Ont, was obtained before collecting any data.

### Data analysis

Principles of grounded theory were applied<sup>13</sup> to inductively derive results following an iterative data collection–data analysis cycle using a detailed thematic approach as recommended by Braun and Clarke.<sup>14</sup> This included transcribing the interviews verbatim. Transcriptions were then segmented into meaning units. Meaning units were coded, sorted, and presented as relative themes. This process was completed by the lead researchers. Final results of the thematic analysis were then discussed with and contextually validated by the 2 authors who were practising family physicians.

## FINDINGS

### Sample

A total of 18 family physicians were interviewed. Ten physicians spoke French, 7 were women, and 10 were located in urban communities in northeastern Ontario with populations of more than 10 000. Physicians had been in practice for a mean of 18 years, and most (16 of 18) were trained at Ontario medical schools. Most physicians reported that their practice rosters comprised 30% to 60% Francophone patients.

### Strategies for improved French-language health services

Respondents identified several strategies for providing

safe, high-quality French-language health services. These included strategies unique to non-French-speaking physicians, strategies unique to French-speaking physicians, and common strategies for all physicians practising in French communities.

**Strategies unique to non-French-speaking physicians**

*Use appropriate translators and interpreters:* In many cases the use of translators and interpreters has been identified as a means of coping with linguistic discordance between physicians and patients. However, using them can cause miscommunication and affect patient confidentiality. Physicians interviewed in this study stressed the importance of the use of appropriate translators and interpreters. The physicians sought other health professionals within their practices to assist with communication barriers and highlighted that health professionals, as opposed to family members, further ensured patient security. Thus, a conscious effort was made to have appropriate translators present when needed.

The nurse practitioner knows their patients and knows what language they like to have their services [in] .... They just book the appointment appropriately such that I'm booked and they're booked at the same time and they come in with me and they translate. (Physician 2: English, female, rural practice)

Further, non-French-speaking physicians noted the importance of seeking help when communicating with a patient became difficult.

I would say to them, "Well, I can do the best I can," but maybe for sensitive issues, we may need to have a third party present to provide care .... It's really about the efficiency of communication; I realize my limits. (Physician 8: English, male, urban practice)

In general, the use of translation and interpretation can be an effective method of attenuating challenges associated with linguistic barriers. However, the effectiveness of this strategy relies primarily on the competencies of the third person involved. Non-French-speaking physicians working in French communities identified that collaborating with other health care professionals (eg, nurses) was an effective mechanism to reduce the burden of linguistic discordance.

*Be sensitive to patient language preference:* Non-French-speaking physicians working in Francophone communities will inevitably face situations in which some of their patients will be less comfortable speaking English, even if most Francophones are bilingual. When interviewing non-French-speaking physicians, we noted that an apparent strength was that most interviewees had a particular appreciation of the importance of first-language

communication. The family physicians interviewed for this study noted the importance of recognizing that not all Francophones are comfortable speaking English. Simply indicating that they are aware of this discomfort might facilitate the physician-patient relationship.

You can see that they are anxious if they think they are going to have to [speak in English], because there are words that they struggle with .... When English isn't their first language, it's going to be harder for them to fluently describe something and so I'll say to them, "You can speak French," and if I don't understand a word then we figure it out. (Physician 5: English, female, urban practice)

Being sensitive to a patient's preferred language also means ensuring that effective communication is possible. In some respects, it might be easier for a physician to simply indicate that they do not speak French and carry on in English. However, physicians interviewed in this study highlighted that it was important for their patients to be comfortable. As such, this meant providing care in the patient's preferred language:

I walked in the room and I said, "Hello," and they said "Bonjour" right away .... I said, "Oh, do you speak English?" and they said, "Not really." ... I said, "Would you prefer to receive your services in French?" and they said yes so I just went and found one of the [French-speaking] nurses or nurse practitioners. (Physician 2)

*Learn basic French:* Learning a few common sentences in French was one noted strategy to ensure that patients felt comfortable in a language-discordant relationship. Non-French-speaking physicians might not be able to conduct their full scope of practice in French, but being able to greet a patient or have a basic conversation in their patient's first language can increase patient satisfaction.

Most of them feel much better, happier, when they are with somebody who could really understand their French; that is my experience. I've had a couple of patients who were quite thrilled that I was trying to speak French with them; they were happy and we could get by enough with their little bit of English and my French—things all work out. (Physician 16: English, male, rural practice)

Because they had a very limited grasp of English, I would try and speak as much French as I could and they would speak whatever English they could and we would manage. (Physician 18: English, female, urban practice)

Non-French-speaking family physicians working in areas densely populated by Francophones face a number of communication-related challenges. However, some relatively simple strategies that might aid in improving their quality of service and ensuring patient safety were identified by the respondents in this study.

### **Strategies unique to French-speaking physicians**

*Use a flexible dialect:* Non-French-speaking physicians overcome linguistic barriers by applying certain strategies, yet French-speaking physicians are also required to use communication strategies to ensure their Francophone patients receive high-quality service. Notably, Francophones in Ontario have variations in their dialects, and in many areas the use of English words within a French conversation is common. French-speaking physicians in northeastern Ontario were not opposed to using a flexible dialect to ensure patients understood what they were saying. Many medical terms are heard by the patients in the media and are often better understood when said in English.

We can sometimes use English words because certain [French] terms are not obvious, or people have heard the English term more often in the media; therefore, we can on occasion use English terms just to go faster ... because the patient understands better in English.\* (Physician 3: French, male, urban practice)

On that note, several physicians also saw this strategy as not only a means of ensuring their patients understood them, but also as a means of providing patient education. It was not uncommon to use the proper French terminology with patients, while simultaneously translating to English or using more common French expressions. This allowed the physician to educate the patient on the proper terminology in their mother tongue.

I will often speak both [languages] or I will explain—I will say it in both languages ... sometimes one after the other just to make sure they have understood.\* (Physician 12: French, female, rural practice)

I speak in “double”: *Avez-vous de la douleur, ça fait-tu mal?* You translate immediately: *As-tu déjà eu l’insuffisance cardiaque? Ça c’est du heart failure.* You translate immediately; you don’t assume they know what the word means.\* (Physician 14: English, female, urban practice)

*Undergo French-language medical training:* Receiving medical training in French was a strategy identified by French-speaking physicians. Although their first language was French (or at least it is among their languages of professional competence), communicating

medical terms can be challenging given that most of their education was in English. Thus, French-speaking physicians noted the importance of offering French-language undergraduate medical training, both as a means of recruiting physicians to French-speaking communities and of ensuring linguistic competence.

I think when you are educated and trained in French at school it makes things much easier for the patients because you are inclined to think in French; you are inclined to explain things in simple French. I think training should be in French for certain physicians who are interested in working in Francophone communities.\* (Physician 11: French, male, rural practice)

Moreover, continued professional education and development in French was a strategy mentioned to ensure linguistic competence. Most physicians in this study were trained in English, and professional development opportunities offered in French helped to address any potential language weaknesses or shortcomings.

There are continuing education sessions, but in French, so I have attended many of these presentations .... For me it is a good opportunity to attend a medical presentation, but in French; it keeps my language skills a little more up-to-date, and through these sessions I have met many local [Francophone] physicians and residents.\* (Physician 4: French, male, urban practice)

Non-French-speaking physicians practising in French-speaking communities face challenges that are easily overcome by their Francophone counterparts. However, French-speaking physicians also face certain difficulties. French-speaking physicians must also apply communication strategies to mitigate certain barriers when offering French-language services. Further, increasing training opportunities for current and aspiring French-speaking physicians will ensure that Francophone patients receive high-quality health care.

### **Strategies common to all physicians practising in French communities**

*Hire bilingual staff:* While linguistic patient-to-physician concordance is ideal, it might not always be possible. However, all physicians working in areas highly populated by Francophones attempted to recruit bilingual office staff members, including receptionists and nurses. Hiring bilingual staff is intended to ensure that French-speaking patients feel comfortable and welcome in the office: “Part of the reason for hiring [this secretary] was that she can [speak French].” (Physician 1: English, male, urban practice)

Beyond greeting patients and booking appointments, bilingual staff also ensured patient safety. Both

French-speaking and non-French-speaking physicians emphasized the importance of effective communication, and having bilingual employees was seen as an asset.

Some will say all things being equal, if we have someone that has a Francophone capacity, that's our person, just because we realize that there are some people who prefer to communicate in French and quite frankly if you can't communicate ... and if you don't effectively communicate then confusion ensues .... You want to make sure that things are as clear as possible in those regards, otherwise mistakes—I don't know if you can call [them] mistakes—but there is opportunity for medical misadventure in those circumstances. (Physician 8)

French-speaking physicians were also sensitive to the importance of having bilingual staff to provide their patients with a full spectrum of French-language health services, while non-French-speaking physicians saw it as means of compensating for their inability to speak French. Where there was a great likelihood of serving Francophones, having bilingual staff was seen as a necessity.

*Provide French-language continuity of care:* Most physicians acknowledged the importance of linguistically concordant continuity of care. They made efforts to ensure that their French-speaking patients who needed referrals to other specialists had the option to see a French-speaking specialist when possible.

I always ask the patients if they have a preference, if they had seen somebody before, if it was a recurring problem, or, you know, if they had any preference if there was a Francophone option or a bilingual specialist as an option, for sure I would try and arrange that for the patient. (Physician 18)

Some physicians noted that they were aware of certain non-family physician specialists who spoke French, and that a referral to these physicians would be made provided that an excessive delay would not occur. In doing so, the physicians ensured that Francophones could navigate the entire health care system in their first language.

My pure Francophones will go see [a Francophone specialist] .... If they are Francophone, if I treat them in French, they will go see the Francophone [specialist]. I do not have a preference between surgeons, but certainly all Francophones will all see [a Francophone specialist]; it's just simpler that way.\* (Physician 9: French, male, urban practice)

*Actively offer French-language services:* Finally, the physicians highlighted the importance of an “active

offer” of French-language health services. In essence, being forthcoming about the option to receive services in the language of the patient's choice was essential. For French-speaking physicians, this meant presenting themselves in French to indicate to all patients that they can receive services in French if they desire.

I always introduce myself in French first, it is a personal decision that I have taken .... When you come from a Francophone community you know there is a certain percentage of people with a Francophone name but they do not speak French, so I always introduce myself [in French].\* (Physician 10: French, male, rural practice)

Non-French-speaking physicians also expressed methods of ensuring Francophone patients were aware that French-language services were available.

The people who work at the centre even wear tags that say they speak French, written in French .... They do everything they can to make sure people are aware [that we can offer French services]; we even have them fill out a questionnaire when they first start with the centre saying “I would like to receive my services in French or in English or both” [and] “I would like my handouts in French or English or both,” so they're given the opportunity. (Physician 2)

In general, family physicians in northeastern Ontario's French-speaking communities emphasized the importance of effective communication. Nevertheless, there are still many challenges to working in a dual-language environment. As such, both French-speaking and non-French-speaking physicians identified several noteworthy strategies to attenuate barriers and ensure safe, high-quality health services for their Francophone patients.

## DISCUSSION

The purpose of this study was to identify practice strategies to facilitate safe, high-quality health care for Francophone patients. The patient-professional communication framework by Feldman-Stewart and colleagues was applied to better understand interactions, and specifically to identify effective communication strategies between French-speaking and non-French-speaking physicians and their Francophone patients.<sup>11</sup> Several identified strategies were unique to non-French-speaking physicians (ie, appropriate use of translators and interpreters, sensitivity to patient language preference, and learning basic French) or French-speaking physicians (ie, using a flexible dialect, undergoing French-language medical training); however, there were

also strategies common to all physicians (ie, hiring bilingual staff, providing French-language continuity of care, actively offering French-language services). In total, 8 strategies were suggested. Of interest, with the exception of increasing French-language training opportunities, all suggestions were self-reflective implementable strategies. Three of these strategies merit further discussion: actively offering French language services, using appropriate translators and interpreters, and using a flexible dialect.

First, actively offering French-language services implies that it is not the responsibility of the patient to request service in French, but rather the responsibility of the service provider to ensure that Francophones are aware of the availability of services in French.<sup>15</sup> Some patients might not realize that French-language services are available and others might feel intimidated to ask for services in their preferred language. For this reason, if applying the principles of an active offer, patients should be given at least the opportunity to speak in French when receiving health services. Both French-speaking and non-French-speaking physicians can actively offer French-language services by simply having signs stating that patients can be served in their preferred official language (when it is available), by having bilingual reading material on hand, by answering telephones and greeting patients in both French and English (eg, *hello-bonjour*), or by telling their patients that arrangements for French services can be made upon request. While these steps might appear minimal, their effect on patient satisfaction and quality of service can be immense.

Second, using a translator or interpreter is a controversial topic in the medical field. Working with professional interpreters has been deemed favourable<sup>16</sup>; however, such services are not always readily available.<sup>17</sup> When professional interpreters are not available, physicians are often forced to use ad hoc interpreters, such as untrained staff<sup>18</sup> or family members.<sup>17</sup> Ad hoc interpreters, particularly friends or family, can be problematic, as patients might feel obligated to accept them as translators,<sup>19</sup> resulting in potential breaches of privacy and confidentiality.<sup>17,19</sup> Ad hoc interpreters can also lack fluency with medical terms, which can lead to miscommunication.<sup>17</sup> New technologies are now available that increase accessibility of professional translation services; these include telephone medical interpreting, videoconferencing medical interpreting, and remote simultaneous medical interpreting (ie, 3-way telephone calls).<sup>20,21</sup> On-site professional interpreters and advanced remote translation technologies merit consideration with Francophone patients if communication is problematic.

Third, regional differences in the French language (dialects and slang) exist in Ontario. Thus, French-speaking physicians often have to adapt their French language

depending on where their patient is from. For example, some patients will not understand appropriate French medical terms and these terms must either be translated to English or adapted to the local dialect. This issue could be challenging for physicians coming from different provinces or countries, and adjustments might take some time. Physicians must be able to adapt to these individuals' dialects to ensure their patients fully understand them so that quality of care can be maximized.

### Limitations and future directions

Despite several interesting findings and attempts to ensure methodologic rigour, some limitations should be considered when interpreting our results. First, we sought the perspectives of French-speaking and non-French-speaking physicians, implying that non-French-speaking physicians have no French-language skills. Physicians were grouped based on their self-assessed languages of competence, available in the CPSO doctor search directory and confirmed by each physician before commencing the interview. However, while some physicians were classified as non-French-speaking (ie, not competent to conduct their practices in French), this does not necessarily mean they had a complete inability to communicate in French. As such, future studies might separate physicians with "limited" French-language skills from non-French-speaking physicians to explore additional nuances. Second, we focused solely on physicians practising in areas densely populated by Francophones ( $\geq 25\%$ ) in the northeastern area of Ontario. Future studies might want to consider exploring similar research questions in areas where Francophones are a distinct minority (representing  $< 25\%$  of the population); in doing so a wider range of geographic areas might be explored. Such findings might be further applicable to physicians in others areas of the province and the country.

### Conclusion

Physicians interviewed for this study provided high-quality health care by attributing substantial importance to effective communication. Although linguistic concordance for all patients would be ideal, it is unrealistic. Results from this study confirm that both non-French-speaking and French-speaking physicians face certain challenges when working in northeastern Ontario regions that are densely populated by Francophones. However, all physicians overcame such challenges by adapting and being sensitive to the linguistic needs of their patients. 🍁

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**Competing interests**

None declared

**Contributors**

**Dr Gauthier** conceptualized the study, collected data, conducted data analyses, and wrote the manuscript. **Mr Timony** conceptualized the study, collected data, conducted data analyses, and reviewed the manuscript. **Ms Serresse** collected data, assisted with data analyses, and reviewed the manuscript. **Drs Goodale** and **Prpic** assisted with data collection, assisted with data interpretation, and reviewed the manuscript.

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