Implementing the Evidence for Language-appropriate Health Care Systems: The Welsh Context

Gwerfyl W. Roberts, MN, Christopher R. Burton, PhD

ABSTRACT

Like Canada, Wales, UK is a bilingual nation: the Welsh language is an important part of its national identity and legislative framework. This has implications for the delivery of public sector services, particularly in the context of health and social care, where responding to the language needs of service users is fundamental to quality health care provision. Nevertheless, despite the strengthening policy commitment for a whole-system approach towards enhancing Welsh language services, there is a paucity of evidence to guide best practice in organizational planning in health care settings.

This commentary outlines the context and significance of bilingual health care provision in Wales and the implications for building and embedding the evidence base. It calls for further work to translate our knowledge and understanding of language-appropriate practice to provide more effective and sensitive health care services; and to close the implementation gap between evidence and practice. Given the relevance of this challenge for health care providers in Canada who plan and deliver services for French-language minorities, this approach has resonance across our research communities. Thus, in our common pursuit to establish integrated knowledge translation research for language-appropriate health care systems, this commentary offers a focus for reflection, discussion and collaborative action.

KEY WORDS: Knowledge management; language; minority health; organizational change; Wales

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2013;104(6)(Suppl. 1):S88-S90.

Like Canada, Wales has two official languages. These include English and 'Cymraeg' (Welsh), the indigenous Celtic language of Wales. According to the UK Census,¹ there are approximately half a million Welsh speakers living in Wales, representing 20.8% of its total population. Although the greatest proportion of Welsh speakers reside within the rural heartlands of the North and West, their numbers have increased over the years among the urban areas of the South East as a result of rural-urban migration. The percentage of children aged between 3 and 15 years who speak Welsh has also increased dramatically (37.7%);¹ an expansion largely attributable to government investment in Welsh-medium education.

The notion of Welsh as a vibrant, contemporary language is a far cry from its subjugated past. Although indigenous to Wales, Welsh was subject to centuries of oppression in the face of English dominance that led to its marginalization and minority position. As a result, Welsh speakers share common experiences with other minority-language speakers, such as discriminatory attitudes, language oppression and language assimilation,² all of which can be particularly detrimental in the face of the added vulnerability associated with accessing health care. Nevertheless, the Welsh language is now enjoying a period of revitalization, supported by legislative and policy initiatives introduced by the devolved Government of Wales. These measures demonstrate strategic commitment towards enhancing Welsh language provision across public sector services, including health.

Although most Welsh speakers also speak English, there are important exceptions; and these have a significant bearing on the delivery of language-sensitive health care services. For example, preschool children from Welsh-speaking homes tend to have a limited grasp of English, and older Welsh speakers are more likely to revert to using Welsh in later life.³ Moreover, even those who are generally fluent in both languages may temporarily lose their command of English in stressful situations and this can impact dramatically on the accuracy of assessment and quality of ongoing treatment and care.³

While health care organizations in Wales have a statutory duty to deliver equitable Welsh language services, there are reports of failures to implement national programmes.⁴ Thus, the Welsh Government recently launched its new Strategic Framework for Welsh Language Services in Health, Social Services and Social Care.⁵ This places a responsibility on services to respond to the needs of individuals through adopting the "active offer" principle inherent in Canadian language legislation; moving the responsibility from

Author Affiliation

Centre for Health Related Research, School of Healthcare Sciences, Bangor University, Wales, UK

Correspondence: Gwerfyl Wyn Roberts, Centre for Health Related Research, School of Healthcare Sciences, Bangor University, Fron Heulog, Ffriddoedd Road, Bangor, Gwynedd LL57 2EF, UK, Tel: +44 (0) 1248 383165, Fax: +44 (0)1248 383114, E-mail: gwerfyl.w.roberts@bangor.ac.uk

Acknowledgements: The ELAN project is funded by the National Institute for Social Care and Health Research, Welsh Government.

Conflict of Interest: None to declare.

the user to ask for services through the medium of Welsh, to the service to provide them. This means that organizations will inevitably need to adopt a whole-system approach in mainstreaming Welsh language services as an integral aspect of service delivery and workforce planning.

While global evidence shows that acting in a sensitive way to language and cultural diversity improves health and reduces inequalities,⁶ there is limited understanding about the impact of Welsh language use in health care; and the evidence is largely reliant on small-scale qualitative studies of user and provider experiences.³ Nevertheless, these findings are strengthened by a rigorous all-Wales survey of health care professionals (n=1,968) indicating that organizational as well as individual factors are important in responding to language needs.⁷ Organizational cultural competence is a recurring theme that emerges from the international literature, and empirically-based frameworks have been established to drive a whole-system approach.⁸ Nevertheless, given the different contexts in which these frameworks have been developed, caution should be heeded in their wholesale adoption to guide health care systems in Wales. Thus, despite the current policy drive, the evidence base to inform organizational planning for Welsh language services is complex and fragmented; an alternative approach is sought to provide a foundation on which to build best practice.

Although there is political legitimacy and urgency, the fragmented evidence base for strategies and interventions makes it difficult to answer the question “what works?” in the promotion of language-sensitive health services. As a reaction to increased political, professional and public attention to health service quality and spiralling costs, the evidence-based medicine movement acted as a catalyst to the development of methods of systematic evidence review, as distinct from a review of the scientific literature in general. In this sense, “what works” is defined by a hierarchy of evidence that privileges the statistical combination of high-quality randomized trials. Careful searching of electronic and other sources enables the pooling of an unbiased, complete sample of trials, where contextual influences on outcomes and other threats to internal validity are successfully controlled. This approach is restrictive for the synthesis of evidence for complex health interventions, which include multiple and complementary components, and where different research designs provide useful insights into issues such as intervention experience and acceptability. In addition, the increasing popularity of “realist” approaches to evaluation in health care which emphasize the contingent nature of intervention impacts has informed the development of alternative approaches to evidence synthesis.⁹ In contrast to traditional systematic reviews, a realist synthesis follows an inclusive process aimed at theory building to explain “what works, for whom and in what circumstances”. Located within critical realism, realistic inquiry has a particular approach to causality which acknowledges the contingency, complexity and non-linearity of interventions. Within certain contexts, the resources embedded within interventions release changes (mechanisms) which cumulatively build meaningful outcomes for recipients. The task of a realist synthesis is not to provide judgement as to intervention effectiveness, rather it is to identify patterns within the literature that support or refute an explanatory account of how an intervention works (or not).¹⁰

Appreciation of the complexity of closing the gap between evidence and practice has led to a proliferation of models and frame-

works that characterize components of implementation. A recent synthesis¹¹ has attempted to consolidate these across the following domains:

- intervention characteristics, including core elements, and peripheral elements which are adapted to ensure “fit” within a particular organization
- inner context, such as the structural characteristics, networks and communications, culture, climate and readiness for change
- outer context, or the economic, political and cultural contexts within which an organization sits
- the individuals involved with implementation, and
- how the implementation process itself is supported.

This consolidated framework is a pragmatic attempt to address the complexity of implementation by unifying constructs from the literature. Importantly, it highlights that the implementation of evidence of what works in organizational language planning will not be a linear, rational process. Disseminating evidence with an expectation that organizations and professionals will modify their work accordingly is likely to be futile and frustrating. Implementation theory now emphasizes the importance of the “dynamic interplay between individuals and the organisations in which they work, and how that interplay influences individual and organisational behaviour change” (page 5).¹¹

The importance of both individual clinician and organizational influences on implementation mirrors current thinking about how to ensure that patients and the public have access to a language-appropriate health service. In practice, the delivery of Welsh language services relies on the knowledge, attitudes and skills of individual staff members as well as the organizational capacity that enables staff to use these for patient benefit. Both levels – that is, the individual and organization – can be the focus of research as a source of evidence for “what works” in a language-appropriate health care context. Similarly, implementation activity that draws on this evidence should also attend to enhancing the receptivity of an organization to that evidence through, for example, changing aspects of knowledge management and learning,¹² leadership and culture,¹³ and performance audit and feedback.¹⁴

The ELAN¹⁵ project (which will be reported in a separate publication) exemplifies this implementation approach through fostering evidence-based change in the organizational strategies and operational management of the National Institute for Social Care and Health Research Clinical Research Centre (NISCHR CRC), Wales, UK to mainstream language awareness into its core business. The Institute provides an expert research workforce to support and develop research activity in health and social care across Wales. As such, the Centre is tasked to mainstream the Welsh language into its core business in line with statutory research governance requirements, and within the context of good clinical practice. Despite efforts to embed language awareness within research at the individual level, a whole system approach is required to establish competency across the organization that takes account of contextual as well as organizational barriers and facilitators. In line with implementation research methods, this 12-month collaborative project focuses on i) a realist synthesis to establish the existing evidence; ii) applying the evidence to set standards; then iii) auditing the standards across the workforce to generate evidence-based interventions that filter language sensitivity across the organization. Adopting a systematic participatory approach, designated language

awareness champions play a key role as potential change agents in identifying opportunities to generate new evidence-based initiatives for driving language-sensitive strategies that may be refined, implemented and evaluated. As such, there will be scope to establish “pragmatic conclusions”¹⁰ about how interventions work in different contexts, and to disseminate these findings across other minority-language communities that strive to close the knowledge translation gap for language-appropriate health care systems.

REFERENCES

- Office for National Statistics. Census 2001, Report on the Welsh Language, 2004. Available at: <http://www.ons.gov.uk/ons/rel/census/census-2001-report-on-the-welsh-language/report-on-the-welsh-language/index.html> (Accessed June 20, 2012).
- May S. Uncommon languages: The challenges and possibilities of minority language rights. *J Multiling Multicul* 2000;21:366-85.
- Misell A. Welsh in the Health Service: The Scope, Nature and Adequacy of Welsh Language Provision in the National Health Service in Wales. Cardiff, Wales: Welsh Consumer Council, 2000. Available at: <http://www.wales.nhs.uk/sites3/documents/415/WelshintheHealthService.pdf> (Accessed June 20, 2012).
- Welsh Language Board. Overview of Annual Monitoring Reports 2009/10: NHS Health Boards and NHS Trusts. Cardiff: Welsh Language Board, 2010. Available at: <http://www.wales.nhs.uk/sites3/Documents/415/Bwrdd%20yr%20laith%20-%20Saesneg.pdf> (Accessed June 20, 2012).
- Welsh Government. More than Words: Strategic Framework for Welsh Language Services in Health, Social Services and Social Care. Cardiff: Welsh Government, 2012. Available at: <http://wales.gov.uk/consultations/healthsocialcare/words/?lang=en> (Accessed June 20, 2012).
- Jacobs E, Chen A, Karliner L, Agger-Guta N, Mutha S. The need for more research on language barriers in healthcare: A proposed research agenda. *Milbank Q* 2006;84(1):111-33.
- Irvine F, Roberts G, Jones P, Spencer L, Baker C, Williams C. Communicative sensitivity in the bilingual healthcare setting: A qualitative study of language awareness. *J Adv Nurs* 2006;53(4):1-13.
- Betancourt JR, Green AR, Carrillo JE, Ananeh-Firempong O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep* 2003;118:293-302.
- Pawson R, Tilley N. *Realistic Evaluation*. London, UK: Sage, 1997.
- Rycroft-Malone J, McCormack B, Hutchinson AM, DeCorby K, Bucknall TK, Kent B, et al. Realist synthesis: Illustrating the method for implementation research. *Implement Sci* 2012;7:33 doi:10.1186/1748-5908-7-33.
- Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implement Sci* 2009;4:50 doi:10.1186/1748-5908-4-50.

- French B, Thomas LH, Baker P, Burton C, Pennington L, Roddam H. What can management theories offer evidence-based practice? A comparative analysis of measurement tools for organisational practice. *Implement Sci* 2009;4:28 doi:10.1186/1748-5908-4-28.
- Rycroft Malone J, Kitson A, Harvey G, McCormack B, Seers K, Titchen A, Estabrooks C. Ingredients for change: Revisiting a conceptual framework. *Qual Saf Health Care* 2002;11(2):174-80.
- Greve CH. *Organisational Learning from Performance Feedback*. Cambridge, UK: Cambridge University Press, 2003.
- ELAN (Enhancing Language Awareness in NISCHR CRC). Available at: <http://llais.org/news/news.php.en?menu=7&catid=3872&subid=0> (Accessed June 20, 2012).

RÉSUMÉ

Tout comme le Canada, le pays de Galles, au Royaume-Uni, est une nation bilingue : la langue galloise est un élément important de son identité nationale et de son cadre législatif. Cette situation a des implications pour la prestation de services publics, en particulier dans le domaine des services sociaux et de santé, où il est essentiel de répondre aux besoins linguistiques des utilisateurs de services pour assurer des soins de qualité. Néanmoins, en dépit de l'engagement politique pour offrir davantage de services sociaux et de santé en gallois, on manque d'éléments qui orienteraient l'élaboration de pratiques exemplaires en matière de planification et d'organisation des services de santé.

Ce commentaire décrit le contexte et l'importance de la prestation des soins de santé bilingues au Pays de Galles et les prérequis pour élaborer et intégrer une base de données probantes. Il appelle à davantage transférer et appliquer les connaissances acquises sur la pratique dans la langue appropriée pour fournir des services de santé plus efficaces et adaptés, et combler le fossé qui existe actuellement au niveau de la mise en œuvre entre la recherche et la pratique. Compte tenu de la pertinence de ce défi pour les fournisseurs de soins de santé au Canada qui planifient et fournissent des services pour les minorités de langue française, cette approche a une certaine résonance dans nos communautés de recherche. Ainsi, dans notre quête commune de recherche et de transfert des connaissances pour mettre en place des systèmes de santé dans la langue appropriée, ce commentaire propose une mise au point pour la réflexion, la discussion et l'action en collaboration.

MOTS CLÉS : gestion des connaissances; langue; santé des minorités; changement organisationnel; Pays de Galles