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Exploring how health workers navigate through language barriers to provide healthcare to refugees from the Central African Republic in the East Region of Cameroon

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Abstract

As wars and other causes of forced displacement increase globally and within sub-Saharan African contexts, integration of refugees in host countries must be considered. Among other needs, being able to integrate into the host's health system is vital. Since 2014, civil war in the Central African Republic has forced over 650,000 people to flee to neighboring countries like Cameroon. Central African refugees in the East Region of Cameroon speak mainly Fulfulde, whereas most Cameroonian health workers in the region speak primarily French. Although a decade has passed, the language barrier between old or new refugees and Cameroonian health workers in East Region of Cameroon remains understudied. This research aimed at understanding the experience of Cameroonian health workers in navigating through language barriers to provide care to refugees. Through a qualitative approach we performed in-depth key-informant interviews with eight health workers of the Ketté district hospital, East Cameroon. Study participants had little or no prior knowledge of Fulfulde before working in the hospital and had provided care to refugees for at least three months. Data was collected in French, transcribed, translated to English, and analyzed. Themes that emerged from the responses were: Difficulties in communication; Issues with informal interpreters; Impact of the language barrier on the quality of healthcare delivered; and Strategies to overcome the language barrier. This research documents experiences of health integration for Central African refugees in East Cameroon. It also provides a basis for interventions that could improve the quality of care and health outcomes for refugees.

Keywords: Refugee; Healthcare; Integration; Language barrier; Cameroon

1. Introduction

A refugee is defined by the 1951 United Nations Convention relating to the state of refugees as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" [1]. Today, many people have become refugees fleeing from conflict, violence or the effects of natural disasters into another country. According to the United Nations High Commission for Refugees (UNHCR) in 2023, about 117.3 million people were forcibly displaced due to persecution, conflict, violence, human rights violations and events seriously disturbing the public order [2]. Refugees

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without host country language proficiency are more likely to have lower income and face considerable challenges with economic and social integration. These settlement challenges increase the risk of poor health outcomes among newcomers with limited language proficiency [3].

Language could be a potential barrier for refugees to access and receive quality primary healthcare. Difficulties in communication may hence lead to missed opportunities for proactive and appropriate care for refugees. Language barriers may persist even after settling in host countries with a continued need for an interpreter where possible. Furthermore, misdiagnoses or misunderstandings with serious consequences, including accusations of practitioner negligence or fatal outcomes on patients, may result from language barriers [4]. Previous studies have indicated that language barriers adversely affect the health system, impacting health outcomes, healthcare access, utilization and cost of healthcare services, health-providers' effectiveness, and patient satisfaction and safety [3].

Moreover, there is strong evidence that language concordance (i.e. patient and healthcare provider speaking the same language) tends to be associated with better patient compliance, improved appointment keeping, fewer emergency visits, better health status assessments, and higher patient satisfaction [5]. The ability to speak, read, and write in the host's language is necessary to communicate with healthcare providers and interact in other social settings [6]. Speaking the host country's official language proficiently appears to be an essential determinant of health.

Cameroon is a multilingual country with over 286 indigenous languages spoken within her national territory, with English and French being her two official languages [7]. In 2024, Cameroon still hosts about two million persons of concern to the UNHCR, including one million internally displaced persons (IDP), 460,000 refugees and asylum-seekers and 466,000 internally displaced persons returnees [8]. The refugees are predominantly from the Central African Republic and Nigeria, while the IDPs mainly come from Cameroon's Far North, North-West, and South-West regions. Most of the Central African refugees reside in towns and villages in the Eastern Region of Cameroon, while nearly 120,000 Nigerian refugees live in Cameroon's Far North Region. Fifty-two percent of these refugees are women and girls. Children constitute most migrants in Cameroon with 55% of all refugees being children and 51% of IDPs being children as well [8].

Whereas French is the main language used to transmit health information and for patient/health worker communication in East Cameroon, local dialects are equally used in the more rural settings [9]. French and Sango are the official languages of the Central African Republic. Although Sango is the most frequently spoken language in the country, in some areas, local languages such as Fulfulde are the sole language used by Central Africans [10].

Within the Ketté district of Cameroon, the Ketté district hospital receives hundreds of patients every month including refugees who have now settled temporarily or permanently in the area. The local health workers speak French primarily, meanwhile the Central African refugees speak almost only Fulfulde. This difference in language between refugees and host health workers could be a significant determinant of the health outcomes of refugees, compounding their other vulnerabilities. How are these barriers perceived by Cameroonian health workers and what strategies are put in place to overcome these barriers? Despite being a key topic with the growing number of forcedly displaced people in sub-Saharan Africa, we have rarely found published research on this topic within the region and in the Cameroonian/Central African Republic context particularly. This study therefore aimed to explore how Cameroonian health workers at the Ketté district hospital are overcoming language barriers to provide healthcare to refugees from Central African Republic. Specifically, we sought to understand the extent to which the difference in language is a barrier, how this language barrier potentially impacts the service delivery of health workers, and the strategies that could be taken to overcome language barriers.

2. Material and methods

We used a qualitative study design with key-informant interviews with health workers of the Ketté district hospital. Participants were Cameroonian health workers recruited through a purposive sampling technique. After obtaining an authorization from the director of the health facility, we engaged study participants which included health workers with at least 3 months of experience in providing healthcare to refugees. We excluded those who had prior experience of Fulfulde before working at the district hospital. Participants were informed about the study and were required to provide an informed consent. They were allowed to withdraw at any point during data collection and prior to analysis. Interviews were conducted in May 2024, in the French language, then translated into English using Google Translate and necessary adjustments were made by a bilingual French – English team. Confidentiality was ensured as transcripts were named with alpha-numeric codes. Transcripts were then analyzed thematically using the NVivo software version 14.

3. Results

Of the eleven participants engaged, eight met the inclusion criteria and consented to the study. Participants consisted of medical consultants, nurses, nursing aids, laboratory technicians or midwives. After data analysis, responses of the participants were grouped into four main themes: Difficulties in communication, the problem using interpreters, impact of language barriers on health service delivered, and strategies to overcome the language barrier.

3.1. Difficulties in communication

Communication difficulties were perceived by health workers as a major barrier to for them to deliver care to refugees. All the study participants identified difficulty in communication as a significant hindrance for them to effectively provide care.

One of the participants said, *"…Yes, it's still a problem because ideally, we should be able to communicate directly with patients but that's not the case. It's true that we have learned a few words but it's not enough for a consultation with a patient who has no knowledge of French…"* (participant 3). Another participant said*: "…It's still a problem because my efforts in learning the language are insufficient given that Fulfulde is not the only language spoken by refugees. The language barrier remains a problem…"* (participant 4).

3.2. The problem with the use of informal interpreters

Interpreters are sometimes informally used to facilitate communications between refugees and health workers. Two sub-themes emerged under this theme: Confidentiality and Accuracy of interpreters.

3.2.1. Confidentiality

Regarding confidentiality, participants said: *"…Some patients can't express their feelings due to the lack of confidentiality. Patient's confidentiality is often affected, and patients don't say everything due to the presence of a third person. ….."* (Participant 4). Another respondent added*, "…Having a third party is not ideal given that the patient might not be comfortable expressing their concerns in the presence of an interpreter, but this can be managed by explaining the need to the patient…"* (Participant 3). Furthermore, a participant said that, *"…Also, patient confidentiality is often affected, and patients don't say everything due to the presence of a third person…"* (participant 2).

3.2.2. Accuracy of interpreters

Participants sometimes questioned the accuracy of the translators/interpreters, and the completeness of the information received. Some of the participants said: *"…Yes. It's sometimes difficult to tell that the interpreter is recounting what they've been told by the patient…"* (participant 3). *"…Sometimes patients might say something, and the interpreter says the same thing differently which doesn't necessarily convey the patient's feelings…"* (participant 4). *"…It is beneficial to keep interpreters. Without them, we wouldn't be able to achieve anything. However, it's not always easy for them to exactly convey our questions to patients…"* (participant 7). *"…Yes, services rendered are impacted by the quality of interpretation. Sometimes patients might say something, and the interpreter says the same thing differently which doesn't necessarily convey the patient's feelings."* (participant 2).

3.3. The Impact of language barrier on the quality of healthcare delivered

Study participants mentioned how the language barrier impacted their delivery and how patients' satisfaction was affected.

"…I had patients who were surprised to see that there are doctors at the hospital who don't understand what they are saying. They found it annoying and asked us to learn their language…" (participant 2*). "…It affects them. Some have already expressed their dissatisfaction about it…"* (participant 4). *"…It's very common. Most refugees don't accept that it's possible for staff not to speak Fulfulde. Sometimes they even get angry…"* (participant 7). Some staff also mentioned how it affects their performance, and consequently affects the quality of care. This is seen in their opinions. *"…Obviously, I was more exhausted, and I couldn't perform in certain situations…"* (participant 4). *"…it could slow down the pace of work…" (participant 8).*

In the study, participants mentioned how language barriers contribute to medical professionals' incomplete understanding of patients' situations, delayed treatment or misdiagnoses, poor patient assessment and incomplete prescribed treatment. This is seen in their opinions.

"…Yes. Sometimes in such cases, you might find yourself prescribing many laboratory tests to come to a diagnosis…" (participant 3).

3.4. Potential strategies to overcome language barriers

Study participants suggested potential strategies to ensure that language barrier is not a major obstacle to their work. To overcome language barriers, the health workers suggested introducing trained medical interpreting services. This is seen from their opinions.

"…From the hospital perspective, I will ask international bodies like all these NGOs to provide interpreters whose operation is independent of the hospital…" (participant 3).

"…It is sometimes very difficult to work with informal interpreters. I think organizations could train people specialized in hospital interpretation…" (participant 6).

Participants also suggested that to lower entry barriers, learning interpretation through courses, trainings in French, English, Fulfulde may be a good starting point. Their opinions are seen below.

"…As mentioned earlier about manuals, we could have courses to improve the staff's proficiency in the language…" (Participant 2).

"…Organizations in contact with refugees can teach them the basics of the French and vice versa. The staff of Ketté Hospital could have documents or training sessions to teach even the basics of the Fulfulde language. …" (participant 4).

"…Yes, for example. An educational approach may be taken to teach us basic terms in Fulfulde. It would equally be important to help refugees learn modern languages…" (participant 5).

"…The hospital could offer small courses to assist newcomers. This would facilitate adaptation. This method could also help the refugees given that their level of mastery of the French language is poor…" (participant 7).

4. Discussion

After over ten years of conflict in the CAR, one in five Central Africans have been forcibly displaced. Most Central African refugees in Cameroon live in its East Region either in camps, with host families or in their own accommodation within the community. The Ketté sub-division in the East Region of Cameroon has a district hospital that provides healthcare to thousands of people among whom are refugees - who are a significant part of the patient population. The Ketté district hospital is a primary care facility and the only district hospital in Ketté, covering over 60,000 people. The hospital is run by the Cameroonian government and had 15 health workers as staff at the time of this study. The hospital healthcare staff is mostly made up of people who are not originally from Ketté or who did not fluently speak Fulfulde before resuming work at the hospital. This research clearly highlights that the language barrier is a problem for health workers or has been a problem in their practice at some point as all participants pointed out. The fact that most refugees speak only Fulfulde, which is not normally spoken by the Cameroonian health workers is a potential source of communication barrier. There is a high turnover of new health staff and there are equally newer refugees over the years. This further highlights the importance of considering communication barriers within this context. This study brings to light some challenges that refugees and health workers in Ketté must contend with.

Regarding the experience of health workers, difficulty in communication seems to be a problem that seems that has hardly been formally addressed. This barrier limits the flow of information and understanding between patients and health workers. This is in line with several studies including a scoping review conducted by Mangrio *et al.* within a European context. They suggested that more information be given to refugees about the host country's healthcare system in both oral and written forms [11].

In the Ketté district hospital, informal interpreters are made to translate conversations between health workers and patients. Informal interpreters sometimes include caregivers, family members or random community members. Even though these interpreters are somewhat helpful, some aspects of this practice affect how medical consultations go or even how refugees feel. One of the points highlighted by participants was a potential breach in confidentiality. Medical consultations are meant to be private, and autonomy is a fundamental principle in medical and healthcare practice [12]. Although there's limited available health workers and support staff for the number of refugees, the refugees should be able to consent to third party involvement in their medical consultations. Moreso, who an interpreter is or who they are

perceived to be is important. Some must make difficult announcements to patients and become aware of people's HIV status for instance; thus, it must be considered as being a very delicate matter. The quality of the interpretation was equally raised as health workers sometimes felt that what they said was not communicated in full or as they wished. Inaccurate interpretation may lead to poor health outcomes such as decreased compliance with treatment [13, 14]. As other studies have mentioned, language barriers have an impact of health services, leading rushed or incomplete consultations, weak health/worker relationships, longer waiting time for other patients, and dissatisfaction or frustration from patients or health providers [11, 14, 15]. This does not only affect the quality of service delivered and the health system but may also contribute to poor patient outcomes.

Despite the challenges and the impact that language barrier could have, health workers emphasized that the solution could be the inclusion of trained medical interpreters and there being Fulfulde training guides or manuals to allow them to learn the basics early. Although this may not solve the entire language barrier problem, it will certainly support more ethical healthcare and improve the quality of care provided to refugees with better health outcomes resulting. This would mean more involvement not only from the stakeholders within the health system but equally organizations that work for the welfare of refugees in Cameroon and globally.

This study underscores the importance of looking more keenly at the effects language barriers between refugees and health workers in host countries. Beyond being a difference in language, it should be considered as a determinant of health as it impacts the health outcomes of refugee patients. Also, clear suggestions have been made as to how this obstacle could be reduced. Nonetheless, more research needs to be done with a larger sample and at different sites to clearly unpack the problems and solutions around language differences refugees and the host's health

5. Conclusion

Our research provides insights on the experiences of Cameroonian health workers on their language differences with Central African refugees and highlights the impact of language barriers on the quality of care. Also, this research provides a basis for interventions with clear suggestions to the language issue that will possibly improve the quality of care and health outcomes for Central African refugees in East Region of Cameroon.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no competing interest.

Authors contribution

All authors have read and agreed to the final version of this manuscript and have equally contributed to its content and to the management of the manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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