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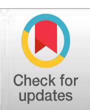
Cultural and Linguistic Barriers in Healthcare: A Study of Communication Challenges between Ghanaian Health Workers and Francophone Patients



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ABSTRACT

As Ghana strengthens its ties with Francophone Africa and the broader international community, French language proficiency among healthcare professionals has become increasingly vital. The country hosts a growing number of migrants from Francophone nations, driven by educational, professional, economic, and socio-political factors. Ghana's strategic location in West Africa further encourages cross-border migration, with many migrants seeking access to essential services, particularly healthcare. Indicated by literature, Ghanaian health professionals, especially at Korle Bu Teaching Hospital, are witnessing a steady rise in patients from neighboring Francophone countries.Effective communication between healthcare professionals and Francophone patients is essential for delivering quality healthcare services. The study examines the communication challenges between health workers and francophone patients in Ghana and evaluates the role of cultural differences in the health worker-patient relationship. This study adopts a mixed-method approach. A questionnaire survey was conducted among 106 healthcare professionals and students from Kumasi Nursing and Midwifery Training College and Valley View University, Techiman campus. Additionally, eight responses were collected from Francophone patients residing in the Kumasi Metropolis. The findings highlight the need for continuous, context-based capacity building in French language skills tailored specifically for healthcare professionals. Such training could improve communication and, consequently, patient outcomes. The study advocates for the enhancement of French language education in healthcare institutions through relevant pedagogical approaches, thereby promoting regional healthcare collaboration.

Keywords: *French Language Education, Healthcare Institutions, Ghana, Healthcare Professionals, Francophone Patients.*

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INTRODUCTION

The topic of cultural and linguistic barriers in medical healthcare has become increasingly concerning in recent times.[1] Due to insufficient numbers of culturally diverse individuals in some cultural domains,

[1] Derek Soled, "Language and Cultural Discordance: Barriers to Improved Patient Care and Understanding," *Journal of Patient Experience* 7, no. 6 (2020): 830–32.

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there are struggles in terms of accessing good and quality health care.[2] Before the introduction of formal education in Ghana, there was complete dependence on local or indigenous health workers popularly referred to "*odunseni*".[3] These groups of individuals lived with people in that particular setting and were culturally affiliated to the indigenes, hence, there were no cultural challenges, especially, in the context of language. As the world population grows, problems in terms of illnesses and diseases also increase. The expertise of healthcare professionals is paramount in developing and implementing successful strategies to combat significant public health challenges affecting communities.[4] The education of health professionals is currently at its peak, marking a pivotal moment for transformative change. During the recent world pandemic, countries across the globe witnessed the valuable contributions of medical health professionals globally. They fought with all their intellectual might to neutralize Covid-19 which first originated from Wuhan, China. The United Nations has projected the global population to reach a little less than 10 billion people by 2050. Due to this forecast, it is expected that there will be a high demand for medical health professionals in many parts of the world. Again, the subject of globalization has been introduced in healthcare and health services.[5] This activity involves moving from one's cultural domain to a completely different one, setting up the barriers due to unfamiliarity with the new cultures. This normally happens because all medical health practices are different from nations in the world today. People move from their home country in search of or to exploit the services of specialized medical professionals in foreign lands where there is diversity in cultural background. Healthcare providers are increasingly caring for patients from diverse cultural and/or ethnic minority backgrounds who might have different expectations. This happens because of the healthcare competencies developed by certain countries. For instance, India is best known for their expertise in cardiovascular treatment and other diseases related to organs.[6]

Medical health professionals are also exported to various parts of the world to supplement the inefficient ratios in foreign countries. In recent news, according to *Adomonline*, *a third batch of Ghanaian nurses have been sent to Barbados* to work in response to the nursing shortage in their country.[7] This act was due to a bilateral agreement between the two named countries. Aside from that, many more have been transferred to countries like Jamaica, Seychelles Island, and others on the radar. All these are materialized because of the official language spoken in the countries committed to the agreement. However, Ghanaians are normally not deployed to French-speaking countries due to the existing mutual incomprehension.

Language barriers have a major impact on the cost and quality of healthcare.[8] Usually, this occurs between a patient and a medical health professional when the two groups do not share a native language.[9] Notwithstanding these linguistic barriers, healthcare professionals are expected to deliver high-quality care that upholds the principles of human rights, equity, and inclusivity for all patients.[10] Hivert et al. have also emphasized that effective communication between medical health professionals and patients is a fundamental clinical skill, comprising a set of learnable abilities that are crucial during interactions between health providers and patients. Numerous classic and contemporary literature reviews highlight that effective communication influences significant outcomes: such as diagnostic accuracy, the quality

[2] Mary Catherine Beach et al., "Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions," *Medical Care* 43, no. 4 (2005): 356–73.
[3] Pranab Bardhan, "Decentralization of Governance and Development," *Journal of Economic Perspectives* 16, no. 4 (November 1, 2002): 185–205, https://doi.org/10.1257/089533002320951037.
[4] Kevin A Matthews, "Health-Related Behaviors by Urban-Rural County Classification—United States, 2013," *MMWR. Surveillance Summaries* 66 (2017).
[5] Theo Vos et al., "Global, Regional, and National Incidence, Prevalence, and Years Lived with Disability for 328 Diseases and Injuries for 195 Countries, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016," *The Lancet* 390, no. 10100 (2017): 1211–59.
[6] Vos et al., "Global, Regional, and National Incidence, Prevalence, and Years Lived with Disability for 328 Diseases and Injuries for 195 Countries, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016."
[7] AdomOnline, "Barbados Welcomes 155 More Nurses from Ghana to Bolster Healthcare Workforce," AdomOnline, November 5, 2024, https://www.adomonline.com/barbados-welcomes-155-more-nurses-from-ghana/.
[8] Elaine L Miller et al., "Comprehensive Overview of Nursing and Interdisciplinary Rehabilitation Care of the Stroke Patient: A Scientific Statement from the American Heart Association," *Stroke* 41, no. 10 (2010): 2402–48.
[9] Meghan D Morris et al., "Healthcare Barriers of Refugees Post-Resettlement," *Journal of Community Health* 34 (2009): 529–38.
[10] Marie-France Hivert et al., "Medical Training to Achieve Competency in Lifestyle Counseling: An Essential Foundation for Prevention and Treatment of Cardiovascular Diseases and Other Chronic Medical Conditions: A Scientific Statement from the American Heart Association," *Circulation* 134, no. 15 (2016): e308–27.

of relationships between parties, adherence, shared decision-making, psychological results, and the satisfaction of both patients and healthcare professionals.[11]

According to *Language Magazine, "*Africa is home to approximately one-third of the world's 6000 languages," indicating linguistic diversity.[12] Despite this diversity, colonial languages like English and French continue to hold dominant positions in many African countries, which is a legacy of colonial rule. These languages have become a necessity and are being adopted in many countries for administrative purposes, educational purposes, among others. For many years, foreign languages like English, have been used as languages of instruction and have dominated local languages. These foreign languages are progressively vanquishing local languages as Barro indicated in his study.[13] The language report according to Duolingo in 2023 highlights the most popular languages studied worldwide.[14] Languages like English, French, and Spanish stood their ground, while, local indigenous languages were absent.For an individual to be considered a qualified international student in applying to a foreign university, the institution requires one to take tests to buttress the fact that the individual can speak, understand, and write in that particular foreign language. This has therefore become imperative for groups like health workers to take advantage of opportunities abroad.

Various studies have concluded that next to communication aspects, health workers' awareness of the patient's cultural views is very important during the consultation and every other stage of the treatment process. This is true when the foreign patient seems to be less acculturated. However, this study is restricted to Ghanaian health workers, especially, nurses in specific selected health training institutes. The study explores the importance of proficiency in foreign languages, particularly French, for medical professionals in the modern era, as they seek to capitalize on opportunities beyond their home countries. Specific objectives for this study are:

1. To examine communication challenges between health workers and francophone patients in Ghana.
2. To evaluate the role of cultural differences in the health worker-patient relationship.

The questions guiding this research are:

1. What is the hindrance to effective communication between health workers and francophone patients?
2. What role do cultural differences play in the health worker-patient relationship?

LITERATURE REVIEW

Ghana is bordered by francophone countries, as such, communication with patients from francophone stations is of utmost importance in healthcare settings, especially in diverse environments where language barriers serve as a blockage to effective communication and collaboration among healthcare professionals and patients. This impedes the delivery of healthcare services to patients. Ghana, a country that has English as its official language, faces challenges in its healthcare settings among Ghanaian nurses with regard to interactions with francophone-prone zones. The ability to interact with patients in the said destinations poses a unique challenge to Ghanaian nurses. This study reviews literature on the effectiveness and capability of Ghanaian nurses' communication within Francophone-prone zones. A handful of research works have brought to light language as a notable barrier in communication among Ghanaian nurses and francophone stations.[15] Chachu shares that, language tends to be a barrier in the pursuit of quality healthcare based on the Communication Accommodation Theory (CAT).

Ghanaian nurses over the years have had such challenges in their respective stations which led to misunderstandings and/or miscalculations resulting in compromised patient care. Often seen as a primary obstacle, the lack of proficiency among Ghanaian nurses is detrimental and this not only affects verbal communication but also written exchanges, complicating documentation and medication administration.

[11] Andrew J Rosenbaum et al., "Health Literacy in Patients Seeking Orthopaedic Care: Results of the Literacy in Musculoskeletal Problems (LIMP) Project," *The Iowa Orthopaedic Journal* 35 (2015): 187.
[12] "Africa's Linguistic Diversity," Improving Literacy and Communication Language Magazine, April 24, 2015, https://languagemagazine.com/2015/04/24/africas-linguistic-diversity/.
[13] Robert Barro, "Determinants of Democracy," *Journal of Political Economy* 107, no. S6 (1999): S158–83.
[14] Cindy Blanco, "2023 Duolingo Language Report," December 4, 2023, https://blog.duolingo.com/2023-duolingo-language-report/.
[15] Sewoenam Chachu, "Implications of Language Barriers for Access to Healthcare: The Case of Francophone Migrants in Ghana," *Legon Journal of the Humanities* 32, no. 2 (2022): 1–36.

Successful interactions between patients and healthcare providers are facilitated by effective communication which is one of the functions of quality healthcare delivery and a lack of meaningful communication is also likely to create a barrier between healthcare providers and patients, according to Agyemang-Duah.[16]

Cultural differences play a crucial role in communication. A cultural context in which communication occurs significantly influences interaction. Evidence to date suggests that a variety of factors, especially patients' ethnic backgrounds may cause disparities in the quality and safety of the healthcare they receive.[17] A study by A. K. Abubakari revealed that the ethnic minority population has been attributed to multiple cultural, social, and financial factors, including the level of language proficiency, disparities in healthcare, and most times distrust in healthcare systems.[18] Since nurses are often healthcare personnel to make first impressions on patients, it is safe to say they should possess certain skills and should be knowledgeable, capable, and well efficient in communication to be able to identify and respond appropriately to the healthcare needs of clients. Communication among Ghanaian nurses and francophone patients is swarming with challenges originating from language and cultural differences. However, with targeted training and resources, these barriers can be effectively addressed.

The focus on culturally and linguistically competent care is crucial due to the persistent racial and ethnic health and mental health disparities and the world's increasingly diverse population.[19] For reasons such as seeking greener pastures, or fleeing for safety due to wars or political unrest in certain societies, people migrate from their home country to a specific host country. In doing so, there is less consideration for certain barriers, for example, language. This is because, at that instance, the most decisive item in their lives is safety or in other cases, the ability to get immediate employment without necessarily being competent in a foreign language.

According to Glen, the U.S. Census Bureau reports that almost one-third of its population is from diverse groups, which is an increase from one-fourth in 1990. More than 47 million people speak a language other than English at home, and over 21 million of them speak English with limited proficiency.[20] An estimated 25 percent of the foreign-born population lives in "linguistic isolation," with the Census Bureau projecting that by 2030, 60 percent will self-identify as white, or non-Hispanic, and 40 percent will self-identify as members of other diverse racial and ethnic groups. These statistics explain the reason why people, especially, health professionals need to be abreast with languages as part of their programme of study in school, because good and quality healthcare can be compromised when there is an unfamiliarity with a particular culture.

According to Leininger, culture is defined as "the learned, shared, and transmitted knowledge of values, beliefs, and lifeway of a particular group that is generally transmitted intergenerationally and influencing thinking, decisions, and actions in a patterned or certain way."[21] Hofstede also defines culture as "the collective programming of the mind that distinguishes the members of one group or category of people from another."[22] Purnell and Paulanka, further disclose that culture is largely unconscious; both implicit and explicit; dynamic, and changing with global phenomena.[23] This clarifies that in order for people to appreciate certain ways of life distinct from one's philosophy of life, the culture in question should be learned intentionally.

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[16] Williams Agyemang-Duah et al., "Communication Barriers to Formal Healthcare Utilisation and Associated Factors among Poor Older People in Ghana," *Journal of Communication in Healthcare* 14, no. 3 (July 3, 2021): 216–24, https://doi.org/10.1080/17538068.2020.1859331.

[17] Ashfaq Chauhan et al., "The Safety of Health Care for Ethnic Minority Patients: A Systematic Review," *International Journal for Equity in Health* 19, no. 1 (December 8, 2020): 118, https://doi.org/10.1186/s12939-020-01223-2.

[18] Abdul-Karim Abubakari, Janet Gross, and Eric Asamoah, "Barriers to Delivery of Culturally Competent Care among Nurses: A Multi-Center Cross-Sectional Study in a Resource-Limited Setting," *International Journal of Africa Nursing Sciences* 20 (2024): 100705, https://doi.org/10.1016/j.ijans.2024.100705.

[19] Ballard Jaime, Wieling Elizabeth, and Solheim Catherine, *Immigrant and Refugee Families* (University of Minnesota Libraries Publishing, 2016).

[20] Glenn Flores, "Language Barriers to Health Care in the United States," *New England Journal of Medicine* 355, no. 3 (July 20, 2006): 229–31, https://doi.org/10.1056/NEJMp058316.

[21] Madeleine M. Leininger and Marilyn R. McFarland, *Transcultural Nursing Concepts, Theories, Research and Practice* (New York: McGraw-Hill, 2002), 47.

[22] G. Hofstede, *Cultures and Organizations: Software of the Mind* (New York: McGraw-Hill, 1980), 25.

[23] L. Purnell and B Paulanka, *"Purnell's Model for Cultural Competence. In L. D. Purnell, & B. J. Paulanka (Eds.), Transcultural Health Care: A Culturally Competent Approach.."* (Philadelphia: F.A. Davis Press., 2003).

Culture has the potential to affect individual and collective experiences that are directly and indirectly related to health. That is to say, a person's cultural background can influence how they experience and respond to health-related situations, both personally and within their community. One key element of culture, which also shapes and influences the ideas and thinking of a particular group of society is language. Culture is embedded in language which serves as a tool of communication. In the process of communication, there is an encoder, the sender, and the receiver being the decoder. For there to be a successful deciphering of the message, there should be the absence of noise while the information from the sender goes through the processing stage. Cultural differences could act as a noise or in other words, a barrier in understanding what the encoder is trying to mean in the speech to the decoder.

Noam Chomsky defined language as "a system of communication consisting of a set of sounds (or other symbols) that convey meaning and are governed by rules for constructing sentences."[24] This explains that the term language is a body of words and the systems for their use common to people who are of the same community or nation, the same geographical area, or the same culture. It is commonly acknowledged that cultural and language competency are important components of superior health care, especially for the patient population, and that they are crucial tactics for lowering inequities by bettering care quality, utilization, and access. Language involves the use of sounds, symbols, words, or gestures, that are organized according to grammatical rules, to convey meaning and facilitate interaction between individuals, hence, serving as the primary means by which people interact.[25] Having the ability to speak in a language well understood by a particular patient explains how health professionals are able to empathize with their patients. Some health professionals desperately resort to the use of interpreters which is comparatively a better option when they are unable to speak the language spoken by the patient. This desperation breeds a low level of empathy when there is a use of interpreters in conversations between patients and medical health professionals. Research has also highlighted that medical professionals who are bilingual and are able to communicate fluently with patients in a language understood by both parties improve healthcare delivery. Patients are better satisfied with health education, care, medication adherence, and understanding of diagnoses and treatment outcomes. Language barriers left poorly or deficiently addressed may lead to deleterious consequences for patients.

A patient-centered approach to communication highlights the importance of patient involvement for efficient healthcare.[26] This is defined as patient behaviours that express emotions, experiences, and thoughts, based on the healthcare provider's ability to promote information exchange and collaborative decision-making, which can foster active patient engagement, reciprocity, and mutual understanding. Language barriers are considered a major factor contributing to the limited communication between medical professionals and foreign patients, as well as their reluctance to participate. Eliminating language barriers in healthcare offers numerous advantages, as evidence shows it improves access to medical services, ensures higher quality and safer care, boosts patient satisfaction, promotes appropriate use of healthcare resources, and encourages greater participation in preventive health measures.[27]

Patients are unable to actively participate in conversation due to language problems. This limits their access to quality healthcare and their ability to voice their own opinions. Intercultural communication, defined as the formation and negotiation of linguistic and cultural variations in discursive practices, could be the issue at hand.

THEORETICAL UNDERPINNINGS

This section explains theories that are related to the topic. These theories will help in answering the research questions, which are outlined as follows;

1. What is the hindrance to effective communication between health workers and francophone patients?
2. What role do cultural differences play in the health worker-patient relationship?

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[24] Noam Chomsky, *Syntactic Structures* (Mouton, 1957).
[25] Lev S. Vygotsky, *Mind in Society: The Development of Higher Psychological Processes*, vol. 86 (Harvard university press, 1978).
[26] Roshan Bhaladhare and Parag Rishipathak, "Optimizing Quality of Hospital Services and Inpatient Satisfaction through Lean Principles," *International Journal* 13 (2024): 451.
[27] Stella Afi Makafui Yegblemenawo, Mavis Antiri Kodua, and Richard Baffour Okyere, "Placing Languages and Culture in Interventions for Sustainable National Development in Ghana," *Journal of Energy and Natural Resource Management* 8, no. 1 (2022): 38–53.

Cultural Competence Model

The Cultural Competence Model describes an ongoing process where healthcare providers continuously work to develop the skills needed to effectively interact with clients from diverse cultural backgrounds. This process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire."[28] The Cultural Competence Model is a framework designed to help healthcare professionals effectively deliver services that meet the social, cultural, and linguistic needs of patients. It is used to guide healthcare professionals in providing culturally sensitive care to diverse patient populations.[29] The model emphasizes the importance of understanding and respecting diverse cultural backgrounds to improve health outcomes and reduce disparities. There are five constructs within the cultural context of individual, family, and community which are all explained as follows.

Cultural awareness is the ability to recognize and understand the differences and similarities between cultures, and to use that understanding to communicate effectively with people from other cultures.[30] This can help people build better relationships, break down cultural barriers, and appreciate people who are different or are from diverse cultural backgrounds.

Cultural knowledge, another component of cultural competence is explained as intentionally acquiring knowledge about different cultures, including their values, beliefs, and practices.[31] It includes knowledge of the language of a particular group of people, their history, and social norms, among others, which can be gained through education, experience, and interpersonal exchanges. Health professionals deliberately doing this will help to build mutual understanding and trust between themselves and patients from diverse cultural settings.

The third component, cultural skill, is the ability to interact with people from different cultures effectively and respectfully. It is a lifelong process that involves developing social skills through relationship building especially, increasing self-awareness, and learning about other cultures which are likely to tone down the stigmatization of certain cultures. Campinha-Bacote also explained that under cultural skills, people develop the ability to assess and intervene in a culturally sensitive manner.[32]

A cultural encounter is an interaction between people from different cultures or groups, or when someone becomes aware of the differences between their own and another person's way of thinking and hence, moderating cultural biases.[33] Cultural encounter provides opportunities for learning and development. They can help people develop cultural self-awarenes, which is already explained as the ability to recognize one's own cultural values and biases.

Cultural desire is a person's motivation to become culturally competent.[34] It is a key component of cultural competence that demonstrates a genuine interest in learning about and working with diverse patient populations.

Patient-Centered Model

The PCC is a healthcare approach that emphasizes the active involvement of patients in their own care, ensuring that their preferences, needs and values guide all clinical decisions fostering a collaborative partnership between patients and healthcare providers. This aims at enhancing health outcomes and patient satisfaction.[35] The model prioritizes the patient's unique needs, values, and preferences as it aims to provide care that is respectful, responsive, and tailored to the individual patient. The model calls for healthcare providers to actively listen to patients, acknowledge their unique perspectives, and use this understanding to inform clinical decision-making. A partnership between healthcare providers, patients, and their families ensures that decisions align with the patients' preferences, needs, and desires. It also

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[28] Josepha Campinha-Bacote, "The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care," *Journal of Transcultural Nursing* 13, no. 3 (2002): 181–84.
[29] Campinha-Bacote, "The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care."
[30] Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," *Journal of Health Care for the Poor and Underserved* 9, no. 2 (1998): 117–25.
[31] Rachel E Spector, "Cultural Diversity in Health and Illness," *Journal of Transcultural Nursing* 13, no. 3 (2002): 197–99.
[32] Campinha-Bacote, "The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care."
[33] Tervalon and Murray-Garcia, "Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education."
[34] Campinha-Bacote, "The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care," 181 – 184.
[35] Institute of Medicine (US) Committee on Quality of Health Care in America, *Crossing the Quality Chasm* (Washington, D.C.: National Academies Press, 2001), https://doi.org/10.17226/10027.

ensures that patients receive the education and support necessary to make informed decisions, actively participate in their care, and contribute to quality improvement efforts. The adoption of the Patient-Centered Model has demonstrated numerous benefits. This approach leads to improved health outcomes, including better recovery rates and enhanced management of chronic illnesses. Moreover, patient satisfaction is significantly higher when care aligns with their values and is involved in decision-making. When patients are involved in their care, they are better able to manage complex chronic conditions by understanding and incorporating their plan of care. They are more likely to feel comfortable communicating their concerns and seeking appropriate assistance with reduced anxiety and stress, leading to shorter lengths of stay at the facility.

Health Belief Model

The Health Belief Model (HBM) was created in the early 1950s by a team of social psychologists at the U.S. Public Health Service. It aimed to address "the widespread failure of people to adopt disease prevention measures or undergo screening tests for the early detection of asymptomatic diseases." Later, the model was extended to analyze patients' responses to symptoms and their adherence to prescribed medical treatments.[36] The model also seeks to understand and predict individuals' health-related behaviors, particularly in relation to the uptake of health services. The foundation of the model is based on the ideation that people's beliefs about health problems, perceived benefits of action, and barriers to action can influence their health decisions.

The fundamental elements of the Health Belief Model (HBM) are based on well-established psychological and behavioral theories. These theories propose that behavior is primarily influenced by two factors: (1) the importance an individual assigns to a specific goal and (2) their perception of how likely a particular action is to achieve that goal. When applied to health-related behaviors, these factors align with: (1) the desire to avoid illness or recover if already ill, and (2) the belief that a specific health action can prevent or improve illness. This includes the individual's perception of the threat posed by the illness and their confidence in their ability to reduce that threat through personal action.[37] In the perceived benefits and barriers dimension of the model, patients may not follow prescribed treatments due to distrust in the health system or perceived barriers such as cost, language, or cultural misunderstanding. Health workers might also find it difficult to prompt action if the cues do not resonate with the patient's cultural context or understanding. Using culturally relevant examples, or tailored communication strategies to motivate patients are ways that communication challenges could be eliminated.

CONCEPTUAL FRAMEWORK

The conceptual framework for understanding the link between cultural and linguistic barriers in healthcare. It emphasizes that cultural and linguistic factors have an influence on the outcome of medical health delivery. When there is a non-existence of cultural and linguistic affinity in the relationship between medical health professionals and their patients, it could have an impact on the quality of care and decrease patient satisfaction. However, when cultural and linguistic affinity exists, the quality of health care will be improved, hence, there will be increased patient satisfaction.

Fig.1 Conceptual Framework

[36] Nancy K. Janz and Marshall H. Becker, "The Health Belief Model: A Decade Later," *Health Education Quarterly* 11, no. 1 (March 1, 1984): 1–47, https://doi.org/10.1177/109019818401100101.

[37] Janz and Becker, "The Health Belief Model: A Decade Later."

METHODOLOGY

The study adopted a descriptive cross-sectional design to explore cultural and linguistic barriers in healthcare communication between Ghanaian healthcare workers and Francophone patients. It analyzed the perceptions, experiences, and challenges faced by both groups during healthcare interactions. Health workers like doctors, pharmacists, and largely nurses served as the target population for the study, however, the purposive sampling technique was used to select participants who meet the inclusion criteria. A sample size of 114 participants was targeted for the purpose of this study. The total number was represented by both parties, thus, both health workers and Francophone patients.

The primary instrument for data collection was a structured questionnaire which has been put into four different sections. Two separate sets of questionnaires were designed; one for health workers and the other for patients. The questionnaire was distributed in soft form through Google Forms rather than hardcopy form to participants in the various institutions, hospitals, and clinics where Francophone patients visit for treatment. The soft version of the questionnaire made answering flexible as the participant at his or her less busy moment was able to provide his or her answers. The Francophone patients had a translated version of the questionnaire to ensure comprehension. In doing so, Google Translate was used as a guide to this task.

For the sake of the integrity of the study and that of the authors, confidentiality and anonymity were maintained. Ethical approval was sought from an institutional review board before proceeding with the data collection. Targeted institutions for the study were contacted for ethical reasons before data were taken from their institutions. Also, every participant gave their consent before taking part in the study.

All responses received were coded and entered into the Statistical Package for the Social Sciences (SPSS) for analysis. Descriptive statistics including frequencies and percentages summarized the data while cross-tabulations identified relationships between demographic factors and perceptions of barriers. Open-ended responses in the form of suggestions from Francophones who have had an experience in Ghanaian health care institutions, together with a questionnaire survey put forward were analyzed thematically to identify recurring patterns, challenges, and suggestions for improvement. Some limitations associated with the study included the limited generalizability due to the focus on specific healthcare institutions (Kumasi Nursing and Midwifery Training College, Komfo Anokye Teaching Hospital, Valley View Hospital Techiman, and KNUST Hospital). It was also difficult to get permission from some of these institutions and therefore, the response from them was low. A few responses were gathered from Francophone patients as it was difficult to get access to them in the various clinics.

The following paragraphs present a comprehensive analysis gathered, elucidating the key trends, correlations, and implications that emerged from the study.

PRESENTATION OF FINDINGS

A. Medical Health Personnel

Table 1: Distribution of gender

Sex	Female	Male	Grand Total
Count of Age	82	24	106

A total of 106 responses were collected from the questionnaires. Of these, 82 responses (77.36%) were from female participants, while 24 responses (22.64%) were from male participants.

Table 2: Institution

Institution	Nurse	Other	Student	Grand Total
K N U S T Hospital	1			1
Komfo Anokye Nursing and Midwifery	6		54	60
Other	21	2	22	45
Grand Total	**28**	**2**	**76**	**106**

The majority of responses came from students studying nursing and other health-related courses. Of the 106 total responses, 76 (71.7%) were from students. Nurses in practice provided 28 responses, making up 26.42% of the total, while other medical professionals contributed just 2 responses,

representing 1.89%. Three institutions were specifically targeted for this research: KNUST Hospital, Nursing and Midwifery Training College, and Valley View University. At KNUST Hospital, one nurse responded, accounting for 0.94% of the 28 nurse responses. The Nursing and Midwifery Training College (KATH) received six responses, representing 5.66%, while Valley View University had the highest number of nurse responses, contributing 19.81% of the total. Among the student responses, 76 were collected, with over half (50.94%) coming from Kumasi Nursing and Midwifery Training College. Health-related students from Valley View University provided 22 responses, representing 20.75%. Finally, there were only 2 responses from individuals in other health professions, accounting for 1.89% of the total responses.

Table 3: Age

Age	1-5 years	6-10 years	Less than 1 year	Over 10 years	Grand Total
18-25	23	1	46		70
26-35	22	6	5		33
36-45	1			2	3
Grand Total	46	7	51	2	106

Among the respondents, 70 (66.04%) were in the age group of 18-25. Responses from those in the 26-35 age group totaled 33 (31.13%), while 3 responses (2.83%) came from individuals aged 36-45. In the 18-25 age group, 23 out of 46 respondents (21.7%) have 1 to 5 years of experience in the health field. One respondent (0.94%) has 6 to 10 years of experience, while 46 respondents (43.4%) have less than a year of experience. For the 26-35 age group, 22 respondents (20.75%) have 1 to 5 years of experience, 6 respondents (5.66%) have 6 to 10 years of experience, and 5 respondents (4.72%) have less than a year of experience.In the 36-45 age group, 1 respondent (0.94%) has 1 to 5 years of experience, and 2 respondents (1.89%) have more than 10 years of experience in the health field.

Table 4.1: Formal education in French

Formal education / YES	Female	Male	Grand Total
18-25	50	13	63
26-35	20	7	27
36-45	2		2
Grand Total	72	20	92

Table 4.2: Formal education in French

Formal education / NO	Female	Male	Grand Total
18-25	6	1	7
26-35	4	2	6
36-45		1	1
Grand Total	10	4	14

Out of the 106 responses, 14 respondents (13.2%) have no formal education in French. However, for most of the respondents, French is not a new language, as they have been formally taught it in their schools or institutions. Among those with no education in French, the majority were female, making up 71.43% of the 14 respondents, while 28.57% (4 respondents) were male. Of the remaining 92 respondents who have formal education in French, 72 (78.26%) are female, and 20 (21.74%) are male.

Table 5: Level of French education

French Education	Female	Male	Grand Total
Advanced	4	1	5
Basic	56	19	75

Intermediate	22	4	26
Grand Total	82	24	106

The results show that 4 female respondents (3.77% of the total) have been taught French at an advanced level. 56 females (52.83%) have received basic-level instruction, while 20.75% have been taught French at an intermediate level. For the male respondents, 1 individual (0.94%) has studied French at an advanced level, 19 males (17.92%) have been taught at the basic level, and 4 males (3.77%) have learned French at the intermediate level.

Table 6: Interactions with Francophone patients

Interactions with patients	Female	Male	Grand Total
No	69	19	88
Yes	13	5	18
Grand Total	82	24	106

The data shows that only 18 medical professionals (16.98%) frequently interact with Francophone patients, while the remaining 88 professionals (83.02%) do not have regular interactions with Francophone patients.

Table 7: Rate of ability to communicate with Francophones

Communication ability	Female	Male	Grand Total
Average	41	6	47
Excellent	1		1
Good	10	3	13
Poor	20	11	31
Very poor	10	4	14
Grand Total	82	24	106

The results show that 47 respondents (44.34% of the total) rate their communication with Francophone patients as average. One respondent (0.94%) considers their communication skills excellent, while 13 respondents rate themselves as good. Additionally, 31 respondents rate their communication as poor, and 14 rate it as very poor, representing 12.26%, 29.25%, and 13.21%, respectively.

Table 8: Department for translation at the hospital

Translation Department	Female	Male	Grand Total
No	68	20	88
Yes	14	4	18
Grand Total	82	24	106

The majority of respondents (83.02%) reported that their workplace does not have a dedicated department for translation services. In contrast, 16.98% indicated that their workplace does have a specific department responsible for translation services.

Table 9: Usage of translation service

Utilization of Translation Service	Female	Male	Grand Total
Moderately	4	2	6
Never	46	11	57
Often	2	1	3

Sometimes	29	9	38
Very frequently	1	1	2
Grand Total	82	24	106

Since the majority of respondents indicated that their workplace does not have a specific department for translation services for Francophone patients or those from other cultural backgrounds, 57 respondents (53.77%) reported that they have never used these services. Additionally, 38 respondents (35.85%) stated that they occasionally use translation services to communicate with Francophone patients.

Table 10: Importance of communicating in French

Relevance of Speaking in French	Female	Male	Grand Total
Important	41	11	52
Not important	4		4
Somewhat important	14	2	16
Very important	23	11	34
Grand Total	82	24	106

The vast majority of respondents (99.23%) believe that the ability to communicate in French is more important than ever, as it plays a key role in ensuring effective healthcare service delivery. While not all of them rated it as "very important," a significant number agreed that it is essential. However, the remaining four respondents felt that, in the context of Ghana, being able to communicate in French is not necessary.

Table 11: Experience with mutual incomprehension

Encounter with Communication Breakdown	Female	Male	Grand Total
No	16	4	20
Yes	66	20	86
Grand Total	82	24	106

The majority of respondents (81.13%) reported experiencing misunderstandings at times due to their inability to understand certain patients, primarily because the patients came from diverse cultural backgrounds. In contrast, 18.87% of respondents stated that they have never encountered such issues.

Table 12: Intervention from a culturally abled individual

Assistance from Culturally Competent Persons	Female	Male	Grand Total
No	30	6	36
Yes	52	18	70
Grand Total	82	24	106

In response to the next question, many respondents (66.04%) mentioned that a culturally knowledgeable individual stepped in to help when they had difficulty understanding a patient from an unfamiliar cultural background. On the other hand, 33.96% of respondents reported that no such assistance was provided when they struggled to understand a patient from a different culture.

Table 13: Welcoming patients from diverse backgrounds

Patients from various Cultural Groups	Female	Male	Grand Total
No	16	3	19
Yes	66	21	87

Grand Total	82	24	106

A majority of respondents (82.08%) shared that they regularly encounter patients from various cultural backgrounds. However, 19 respondents (17.92%) noted that they do not typically receive patients from diverse cultural backgrounds.

Table 14: Effect of French language learning on the ability to communicate

Influence of Learning French Language on Communication	Female	Male	Grand Total
Minimal impact	35	10	45
Moderate impact	19	7	26
No impact	14	2	16
Significant impact	14	5	19
Grand Total	82	24	106

Sixteen respondents (15.09%) stated that the French language has had no effect on their ability to communicate with Francophone patients. In contrast, the majority of respondents (84.91%) mentioned that the French language they learned has had some impact on their communication with Francophone patients.

Table 15: Ease of communicating

Ease in Communication	Female	Male	Grand Total
Comfortable	17	6	23
Not comfortable	29	10	39
Somewhat comfortable	33	8	41
Very comfortable	3		3
Grand Total	82	24	106

36.79% of respondents expressed that they feel uncomfortable when communicating with Francophone patients. However, the majority of respondents indicated that, to varying degrees, they are comfortable communicating with Francophone patients.

Table 16: Communication barriers with patients

Communication Barriers	Female	Male	Grand Total
No	7	2	9
Yes	75	22	97
Grand Total	82	24	106

According to the data collected, 91.51% of respondents reported encountering communication challenges when interacting with patients due to language differences. On the other hand, 9 respondents (8.49%) stated that they do not experience any such barriers when communicating with these patients.

Table 17: Major challenges in communicating with Francophone patients

Key Obstacles in Communicating with Francophone Patients	Female	Male	Grand Total
Difficulty explaining treatment and procedures	19	9	28
Difficulty explaining treatment and procedures; Difficulty understanding medical complaints	6	1	7
Difficulty understanding medical complaints	12	6	18
Lack of confidence in speaking French	18	2	20

Lack of confidence in speaking French; Difficulty explaining treatment and procedures	4	2	6
Lack of confidence in speaking French; Difficulty explaining treatment and procedures; Difficulty understanding medical complaints	23	4	27
Grand Total	82	24	106

Table 18: Improved approaches to learning French

Row Labels	Female	Male	Grand Total
No	9	1	10
Yes	73	23	96
Grand Total	82	24	106

90.57% of the respondents would recommend alternative or improved methods of learning French as part of healthcare training. The remaining figure also highlighted they would not.

Table 19: Improving French communication among healthcare professionals

Enhancing French Language Skills in Healthcare Settings	Female	Male	Grand Total
Exchange programs or short courses in Francophone countries	5	2	7
Formal French language courses	9	3	12
On-the-job training with French-speaking instructors	6	3	9
On-the-job training with French-speaking instructors; Formal French language courses	1		1
Other	3	1	4
Periodic refresher courses	7	2	9
Periodic refresher courses; Formal French language courses	2		2
Periodic refresher courses; On-the-job training with French-speaking instructors; Exchange programs or short courses in Francophone countries	1		1
Periodic refresher courses; On-the-job training with French-speaking instructors; Formal French language courses	1		1
Periodic refresher courses; On-the-job training with French-speaking instructors; Formal French language courses; Exchange programs or short courses in Francophone countries	1		1
Periodic refresher courses; Use of language learning apps or technology; Exchange programs or short courses in Francophone countries; Other		1	1
Periodic refresher courses; Use of language learning apps or technology; Formal French language courses	1	1	2
Periodic refresher courses; Use of language learning apps or technology; Formal French language courses; Exchange programs or short courses in Francophone countries	1		1
Periodic refresher courses; Use of language learning apps or technology; On-the-job training with French-speaking instructors	1		1
Periodic refresher courses; Use of language learning apps or technology; On-the-job training with French-speaking	1	1	2

instructors; Exchange programs or short courses in Francophone countries			
Periodic refresher courses; Use of language learning apps or technology; On-the-job training with French-speaking instructors; Formal French language courses	3	1	4
Periodic refresher courses; Use of language learning apps or technology; On-the-job training with French-speaking instructors; Formal French language courses; Exchange programs or short courses in Francophone countries	10	1	11
Periodic refresher courses; Use of language learning apps or technology; On-the-job training with French-speaking instructors; Formal French language courses; Exchange programs or short courses in Francophone countries; Other	3	1	4
Use of language learning apps or technology	14	2	16
Use of language learning apps or technology; Exchange programs or short courses in Francophone countries	1		1
Use of language learning apps or technology; Formal French language courses	1		1
Use of language learning apps or technology; On-the-job training with French-speaking instructors	2		2
Use of language learning apps or technology; On-the-job training with Frenchspeaking instructors; Exchange programs or short courses in Francophone countries	1		1
Use of language learning apps or technology; On-the-job training with French-speaking instructors; Formal French language courses	3	2	5
Use of language learning apps or technology; On-the-job training with French-speaking instructors; Formal French language courses; Exchange programs or short courses in Francophone countries	4	3	7
Grand Total	**82**	**24**	**106**

The responses that were most notable with double-digit percentages under the recommendations include formal French courses, accounting for 11.32%. Additionally, periodic refresher courses, language learning apps or technology, on-the-job training with French-speaking instructors, and exchange programs or short courses in Francophone countries were all cited by 10.38%. However, the majority of respondents favored the use of language learning apps or technology, which was supported by 15.09% of the total.

B. Francophone Patients in Ghana

Table 1: Age of respondents and their total number

Row Labels	**Quel est votre âge?**
18-30	2
31-45	5
46-60	1
Grand Total	**8**

The total number of respondents surveyed to assess challenges encountered during interactions between healthcare professionals and Francophone patients in Ghana was eight. Of these respondents, 25% were aged 18–30 years, 62.5% were aged 31–45 years, and the remaining 12.5% were within the age range of 46–60 years.

Table 2: Country of origin

Row Labels	**Quel est votre pays d'origine?**
Burkina Faso	1
Benin	1
Cote d'Ivoire	3
Ghana	1
Niger	1
Togo	1
Grand Total	**8**

The data collected reveals a multidimensional respondent base. The highest frequency of respondents, accounting for 37.5%, originated from Côte d'Ivoire, while the remaining 62.5% was evenly distributed among the other five respondents. All participants were from West Africa. Furthermore, all respondents indicated that French is their principal language.

Table 3: Duration of accessing healthcare in Ghana

Row Labels	**Depuis combien de temps avez-vous accès aux services de santé au Ghana?**
1-2 ans	1
6-12 mois	1
Moins de 6 mois	2
Plus de 2 ans	4
Grand Total	**8**

Fifty percent of the respondents reported accessing healthcare services in Ghana for over 24 months. Twenty-five percent indicated a duration of less than six months, while 12.5% reported accessing healthcare services for a period between one and two years. The remaining 12.5% stated that their duration of access fell within the six to twelve-month range. These findings confirm that all respondents have sought medical attention at Ghanaian healthcare facilities.

Table 4: Frequency of language barrier

Row Labels	**À quelle fréquence êtes-vous confronté à des barrières linguistiques lorsque vous communiquez avec les agents de santé ghanéens?**
Jamais	2
Parfois	2
Souvent	1
Toujours	3
Grand Total	**8**

Two respondents, representing 25% of the total sample, reported that they have never experienced mutual incomprehension when accessing healthcare services in Ghana. Another 25% stated that they occasionally face language barriers when communicating with Ghanaian healthcare providers. Meanwhile, three respondents, accounting for 37.5% of the total, indicated that they consistently encounter such challenges.

Table 5: Level of comprehension

Row Labels	**Lorsque des barrières linguistiques apparaissent, comment affectent-elles votre compréhension de votre diagnostic ou de vot traitemen?**
Je comprends partiellement	5

Je comprends tout Ã fait	2
Je ne comprends pas du tout	1
Grand Total	**8**

Five respondents, comprising 62.5% of the total, indicated that they are partially able to understand healthcare workers during instances of mutual incomprehension. Additionally, 25% of respondents reported that they completely understand the healthcare professionals, while the remaining 12.5% stated that they do not understand the communication at all.

Table 6: Effort to communicate

Row Labels	**Les fournisseurs de soins de santé s'efforcent-ils de communiqu avec vous dans une langue que vous comprenez?**
Non, jamais	1
Oui, toujours	3
Parfois	4
Grand Total	**8**

One respondent noted that healthcare workers make no effort to communicate in a language he or she can understand. Conversely, 37.5% of respondents, represented by three individuals, stated that healthcare workers consistently make an effort to communicate in a language they understand. Meanwhile, 50% of respondents reported that healthcare workers sometimes attempt to facilitate mutual understanding during interactions.

Table 7: Alternative methods to curtail language barriers

Row Labels	**Quelles méthodes alternatives sont utilisées lorsque vous êtes confronté à des barrières linguistiques?**
Aucune de ces réponses	1
Parler un français approximatif ou des gestes approximatifs	1
Parler un français approximatif ou des gestes approximatifs ; Noter l'information	1
Parler un français approximatif ou des gestes approximatifs ; Utilisation de membres de la famille pour traduire	1
Recours à des interprètes ou à des traducteurs	1
Recours à des interprètes ou à des traducteurs ; Parler un français approximatif ou des gestes approximatifs ; Utilisation de membres de la famille pour traduire	1
Utilisation de membres de la famille pour traduire	2
Grand Total	**8**

Each respondent had a unique answer for this section, however, majority of them indicated that a family member played the role of a translator. Some others noted they used gestures to express themselves while others explained they put down information on a piece of paper to be translated by the health professionals using technology.

Table 8: Comfortability

Row Labels	**Dans quelle mesure vous sentez-vous à l'aise de communiquer vos préoccupations en matière de santé dans le système de santé actuel?**
Confortable	2
Inconfortable	2
Neutre	2
Très inconfortable	2
Grand Total	**8**

An equal distribution was observed across all feedback categories within this section. Specifically, 25% of respondents reported feeling comfortable communicating health concerns within the current jurisdiction, while another 25% expressed complete discomfort. Additionally, 25% indicated a strong sense of comfort, and the remaining respondents maintained a neutral stance.

Table 9: Cultural sensitivity

Row Labels	**Pensez-vous que les professionels de la santé ghanéens sont sensibles à votre origine culturelle?**
Non	2
Oui	2
Parfois	4
Grand Total	**8**

Participants were asked whether Ghanaian health workers demonstrate sensitivity to their cultural backgrounds. Of the respondents, 25% stated that Ghanaian health workers do not exhibit such sensitivity, while another 25% affirmed that they do. Meanwhile, 50% noted that the level of sensitivity varies, potentially reflecting the unique experiences and perspectives of individual respondents.

Table 10: Openness to discuss health issues

Row Labels	**Les différences culturelles vous ont-elles déjà fait hésiter à partager vos préoccupations personnelles en matière de santé?**
Oui	6
Parfois	2
Grand Total	**8**

Seventy-five percent of respondents reported feeling hesitant to disclose personal health concerns when visiting healthcare institutions that do not align with their cultural or lifestyle practices.

Table 11: Impact of cultural differences on health needs

Row Labels	**Pensez-vous que votre origine culturelle influence la façon dont les professionels de la santé répondent à vos besoins?**
Aucune différence	2
Oui, négativement	4
Oui, positivement	2
Grand Total	**8**

Twenty-five percent of respondents expressed the belief that their cultural background influences how health workers address their unique needs. In contrast, 50% stated that health needs are unrelated to cultural background and, therefore, do not impact the treatment they receive. The remaining 25% similarly indicated that cultural background plays no role in the provision of medical assistance.

Table 12: Recommendations

Row Labels	Selon vous, qu'est-ce qui pourrait être amélioré pour vous aider à mieux communiquer avec les professionels de la santé?
Autres	1
Formation des agents de santé sur la langue et la culture	5
Plus de personnel ou d'interprètes francophones	2
Grand Total	**8**

In this section, 62.5% of respondents emphasized that effective training in the French language and culture for health workers is essential to improve communication and comprehension. Additionally, 25% suggested increasing the presence of French-speaking staff across various units and departments within health centers to further facilitate this process.

Table 13:

Row Labels	Pensez-vous que le fait d'avoir des prestataires de soins de santé francophones améliorerait votre expérience globale?
Oui	8
Grand Total	**8**

All respondents (100%) agreed that the presence of French-speaking healthcare providers would significantly enhance their overall experience in health centers across Ghana.

DISCUSSION

The study aimed to explore the obstacles in healthcare experienced by Francophone patients in Ghana relating to communication and culture. In doing so, we sought to answer two important questions for the paper which are; what is the hinderance to effective communication between health workers and francophone patients; and what role do cultural differences play in health worker-patient relationship.

The findings revealed that although the majority of medical health professionals have had some exposure to the French language, a significant number of them are still unable to communicate effectively with Francophone patients. It was also discovered that most respondents who have been exposed to the French language have only done so to fulfill the requirements for obtaining their diploma or degree, and subsequent certification. This normally leads them to focus on and adopt the "learn and pass" mentality rather than "learn for life". Also, the contact hours for the French courses are very minimal for most of these health professionals and therefore present a lack of progression in that area.

On the age distribution and it's relations to gender, we realize that a significant number of the respondents on the side of health workers was dominated by females, with a lot of feedback coming from Valley View University. Several of the respondents declared that they face a lot of problems communicating with patients of diverse cultural background distinct from theirs, which may not necessarily with French although they do appreciate the problem with speaking with francophone patients. In a few instances, they have other people who are familiar with the individual culture intervening. The data from Tables 6 to 17 reveal to us the unique challendges faced by these healthcare professionals while interacting with Francophone patients and people from different cultural backgrounds and the significant influence cultural and linguistic factors have on the delivery of healthcare. Two major issues are realized. First, the linguistic barrier regarding French proficiency among healthcare workers

and the second is the broader role of cultural differences in shaping the interactions between patient and healthcare worker. In the gathering of data, a primary hinderance to effective communication that was identified is the language barrier. This was particularly the limited ability of health workers to communicate in the French language. Referencing Table 6, it was noticed that only 18 out of 106 respondents report frequent interaction with Francophone patients. With such data, it details that there is a relatively smaller proportion implying limited exposure and practice in real-time communication, which is crucial for language retention and confidence. Table 7 shows the ratings the various respondents gave themselves regarding their communication and speaking capabilities in French. It was only a mere 1 respondent who rated him/herself as excellent while the vast majority ranked their abilities as average (44.34%).

Moreover, Table 15 reveals that only 23 respondents feel genuinely comfortable when communicating with Francophone patients. This was represented by 21.7% of the total respondents. A more substantial portion of the total (36.79%) admitted discomfort, further emphasizing the lack of confidence in French communication. The data aligns with Table 17, which identifies "the lack of confidence in speaking French" as a major challenge for 20 respondents, with another 27 respondents citing it in combination with other issues sucha s difficulty explaining procedures and understanding complaints.

Beyond language, cultural diversities play a crucial role in shaping healthcare interactions. In Table 13, 82.08% of the respondents declare that they encounter patients from varied cultural backgrounds, which suggests that cross-cultural communication is a common challenge. From Table 11, 81.13% of the respondents acknowledge having experienced communication breakdowns due to cultural or linguistic barriers, which can lead to situations like poor compliance with treatment, misdiagnosis, mistruct between patients and healthcare workers, among others.

However, the presence of culturally competent individuals seems to always save the situation as it provides valuable support. Table 12 shows that 70 respondents (66.04%) have received assistance from an individual well-vexed about other cultures during communication challenges. This highlights the importance of cultural competence in healthcare settings.

Cultural differences can affect more than just spoken communication. They may influence nonverbal cues, health beliefs, decision-making processes, and patients' willingness to engage in open dialogue. When these cultural factors are misunderstood, they create a disconnect that impairs effective healthcare delivery, even if the language barrier is partially overcome.

Table 10 reveals that 99.23% of healthworkers acknowledge the importance of speaking French in enhancing patient care, reinforcing the belief that bridging the language and cultural gap is also very essential for improving the health woker-patient relationship.

On the side of the francophones who visited various healthcare institutions in Ghana, some of the excerpts on their suggestions to improve health services for French-speaking patients in Ghana are shared using the Google translation service:

Tout les apprenants doivent apprendre le français à l'école - *"All learners must learn French at school"*

J'aurais aimé le gouvernement introduit le français dans les secteurs éducatif - *"I would like the government to introduce French in the education sectors"*

Leurs apprendre les langues étrangères - *"Teaching them foreign languages"*

Un peu d 'effort de la part des francophones car le language ne devrais pas une barrier etant donne que l'on ne finit jamais d 'apprendre - *"A little effort on the part of French speakers because language should not be a barrier since we never finish learning"*

Je suggère que le ministère ghanéen de la santé recrute des personnels qui peuvent s'exprimer en français au minimum - *"I suggest that the Ghanaian Ministry of Health recruit staff who can express themselves in French at a minimum"*

L'état foot exited l'aprentissage de la langue française - *“The state of football exited the learning of the French language”*

Je profite à cette occasion pour dire au ministère de la santé que les docteurs et les infirmiers doivent apprendre la langue française au cours de leur information - *“I would like to take this opportunity to tell the Ministry of Health that doctors and nurses must learn the French language during their information”*

Avoir des agents des professionnels de santé billingue serais très bénéfique - *“Having bilingual health professionals would be very beneficial”*

INTERPRETATION OF RESULTS

The study examined the communication challenges between Ghanaian health workers and Francophone patients and evaluated the role of cultural differences in the health worker-patient relationship. The findings highlight an unequal gender representation in the Ghanaian health sector, revealing a predominance of female respondents over males. This corresponds to the global ratio of female-male medical health professionals. It also uncovers the fact that a significant gap exists in the language proficiency levels among the respondents. A primary barrier identified in this regard is the lack of proficiency in French language among Ghanaian healthcare workers. As the interpretation of results indicate, most respondents are only exposed to French in a theoretical capacity, with no certification of competence. This point corresponds with literature citing language as a significant impediment to quality healthcare by Chachu and Agyemang-Duah. Many of the respondents are only introduced to French as a prerequisite course to be awarded a certificate for a particular health program they specialize in. The absence of certificate of competence in French awarded to students could be one of the reasons the practicality aspect of the language is not usually welcomed by students although it is emphasized by facilitators of the French language. This indicates a pressing need for structured and advanced French language teaching and support tailored to meet the needs of healthcare settings and a complete focus on the practical aspect through constant speaking of the language.

The findings also suggest that Ghanaian healthcare professionals rarely interact frequently with Francophone patients in their various places of work although the country is surrounded by Francophone nations. This finding is consistent with the Communication Accommodation Theory referenced in the literature, which emphasizes how language mismatches in patient-healthworker interactions can disrupt alignment and understanding, leading to ineffective communication and reduced quality of care. These Francophones are able to express themselves in a little English thereby limiting practical use and further hindering proficiency through constant practice of the French language by Ghanaian healthcare providers. Quite a number of the respondents represented by 42.46%, indicated that they would rate themselves as poor in terms of their ability to communicate with Francophone patients, which still highlights the absence of the practical aspect of the language. This also underscores the inadequate preparedness of medical professionals in cross-linguistic interactions. Meanwhile, a significant number of the respondents appreciated the fact that the ability to communicate effectively in French and with Francophone patients is very important as it plays a key role in ensuring good service delivery. In light of that, Table 16 reveals 91.51% experience communication barriers, which also affirms the literature’s emphasis on language as a critical component of effective patient-healthworker relationship.The findings further indicated that many respondents have experienced difficulties in understanding individuals from cultural backgrounds distinct from theirs. Usually, misunderstanding is experienced through the language spoken by these people. In such instances, family members of culturally competent patients frequently salvage such situations by providing the necessary assistance.

Moreover, Francophone patients who helped us gain information all came from West Africa in countries like Niger, Burkina Faso, Togo, La Cote D’Ivoire, and Benin. With ranging duration of accessing health centers in Ghana, a significant number explained they usually experience language barriers at the various health centers explaining they partially understand what is being said by these health professionals using signs and gestures more often. With the absence of translation departments in most of the hospitals, Francophone patients relied on family members to aid in explaining their ailment to the health professionals. This makes them feel very uncomfortable in so doing hence, feeling hesitant

to discuss personal health concerns whenever they visit such places. With cultural barriers playing a secondary role, the literature by Leiningerm Hofstede and Purnell & Paulanka underscores culture as dynamic, often unconscious force that shapes communication and interpersonal interactions. The interpretation of data confirms this by highlighting that 86 of 106 reported experiencing mutual incomprehension due to cultural differences.

The findings align with Abubakari's assertion that cultural, social, and financial factors contribute to disparities in healthcare access and outcomes for minority groups. These disparities are intensified by a lack of cultural competence among health workers, as seen in the frequent reliance on family members for interpretation rather than trained professionals. This diminishes patient privacy and trust. Table 12 shows that 66.04% of the respondents relied on culturally competent individuals (often informal) to mediate breakdowns in communication. Similarly, Francophone patients interviewed revealed that signs and gestures were common communication tools and this often led to the contribution of discomfort and reluctance to disclose personal medical issues. The reviewed literature highlights the importance of both cultural awareness and language proficiency in healthcare, especially as societies become more diverse. With reference to the literature, although Glen's research is based in the United States, the insights are relevant beyond its borders, since rising diversity and language-related isolation are global concerns. In Ghana, a country surrounded by French-speaking neighbors, the findings reveal significant gaps in inclusive healthcare systems. Notably, the absence of dedicated translation departments as seen in Table 8 and the limited use of translation services in Table 9 suggest a broader issue of inadequate support for multilingual care.

Furthermore, the literature emphasizes the value of communication that centers on the patient's perspective and encourage shared understanding and decisions made together. In practice, however, this ideal is difficult to achieve in Ghana's health facilities. Francophone patients often face barriers that prevent them from taking an active role in their care. These challenges reduce their ability to follow treatment instructions, lower satisfaction with care, and increase the chances of errors in diagnosis or treatment. Table 17 reinforces this by showing that many healthcare workers face difficulties due to language-related stress, misunderstandings, and challenges in clearly explaining treatments.

RECOMMENDATIONS

Mastery of foreign languages is as relevant as one's work and field of specialization. To be able to capitalize on foreign opportunities, Ghanaian healthcare professionals should take advantage of every opportunity accorded them to learn the French language and make sure it is prioritized. Although it was discovered that an infrequent number of Francophone patients visited Ghanaian hospitals, patients are referred from neighbouring Francophone countries to Ghana for special medical attention which is termed medical tourism. In health care institutions, course outlines should carefully be planned to incorporate language learning and tailoring in order to endow health professionals with proficient skills in the study of the French language. Attention should be given to oral competence rather than making it just a requirement for an individual to graduate. Health students and professionals should be encouraged and motivated to learn the language. The government must look at awarding scholarship opportunities to candidates who take the French course seriously in order to bolster interest in learning the language. In this way, there would be minimal or no need for medical tourism when Ghanaian healthcare workers can be transferred to neighboring countries if they appreciate the culture of such countries and are well-vexed in the speaking of their language.

Since there is a lack of practicality in the French language within Ghana, there should be regular refresher courses in the French language in the various health institutions as part of their training and retraining programmes. French language instructors must be given training regularly not neglecting exchange programs or short courses in Francophone countries to expose Ghanaian healthcare professionals to the French culture, hence, helping them to better appreciate the culture and the language at large. In the various Ghanaian health institutions, formal French education should focus on improving student's ability to speak the language rather than to pass French exams. Health students should be trained to do away with the mentality of "chew, pour, pass, and forget" and should be enlightened on the global opportunities that await them on the basis of having the ability to communicate in French.

CONCLUSION

The study sought to examine the communication challenges between health workers and francophone patients in Ghana, as well as to evaluate the role of cultural differences in health worker-patient relationship by asking two important questions; what is the hinderance to effective communication between health workers and francophone patients, and what role do cultural differences play in the health worker-patient relationship? The study confirms and reinforces the literature's argument that language and cultural differences significantly hinder communication between Ghanaian health workers and Francophone patients. While the issue is not merely one of individual deficiency but reflecting a systemic shortfall in training, a new policy design emphasizing the significance of French language teaching and learning with focus on the practical aspects would facilitate resolution. As the literature recommends, intentional learning of learning the language and other cultures, and a shift toward patient-centered communication are critical for improving healthcare delivery to Francophones in Ghana, enhancing empathy, effectiveness, and building mutual trust.

The study discovered that the main hinderances to effective communication between health workers and Francophone patients are rooted in inadequate French language proficiency, and the absence of structured translatuion service is another situation that was deeply appreciated from the data gathered. Compounding these issues are cultural differences that often worsen misunderstandings and further hinder trust-building in medical environments. Despite these challenges, there is a broad recognition among health professionals of the importance of French proficiency and cultural competence for which French language and cultural competency training programs would provide a means to effectively mitigate these issues. Such interventions would improve the overall quality of care for Francophone patients in Ghanaian healthcare settings.

LIMITATIONS AND SUGGESTIONS FOR FUTURE STUDIES

The current study has several limitations. It employed a descriptive cross-sectional design to examine the cultural and linguistic barriers in healthcare communication between Ghanaian healthcare workers and Francophone patients. As a result, the study focused solely on the present happenings, rather than exploring trends in cultural and linguistic barriers over time. Future research could investigate these trends for a more comprehensive understanding; hence, future studies should incorporate year ranges. There was also a challenge in accessing certain healthcare institutions, as well as in engaging Francophone patients, with only eight respondents contributing to the completion of the questionnaire. Also, a greater proportion of the respondents are student nurses who have little experience in the various health institutions in Ghana. As a result, majority of them have little encounters with Francophone patients. The study focused on a few medical centers and future studies should look at major hospitals in the country such as Korle Bu Teaching Hospital, Noguchi Medical Institute, and other Herbal Centers such as Grace Gift Herbal Centers, among others. These centers also have a lot of foreign patients who frequently visit their facility for medical attention. The use of a questionnaire was also not sufficient to understand the concerns raised by the various groups of respondents. Future studies should consider adopting interview sessions with the respondents to better appreciate their problems and understand respondents very well.

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