

The Active Offer of Health Services in Both Official Languages in New Brunswick

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INTRODUCTION

Access to comparable health services in both official languages poses numerous challenges in New Brunswick. At first glance, the situation seems quite good, in view of the legislation that requires healthcare facilities to provide services in both official languages throughout the province.¹ Upon closer examination, however, the data suggests that significant gaps still remain.

Forgues, Bahi and Michaud (2011) compiled a list of internal factors affecting the provision of health services in both official languages, particularly the healthcare professionals' language skills, material resources, financial resources and human resources. They maintain that the administration's desire and commitment, the existence of internal policies and an action plan, as well as the improved management of services and human resources are also factors that can promote the provision of health services in both official languages.

That said, we must recognize that claiming to have an ability to provide a service in both official languages does not systematically translate into practice because patients are usually unaware of the option to receive service in the official language of their choice. Therefore, it is fairly common for individuals from a minority language group to initiate the conversation in the majority language, believing that it will simplify their interaction with staff and that they will receive faster and better quality service. As a result, if the language of service were determined based solely on public demand, there is a very good chance that it would lead to the conclusion that just one language—the majority language—is sufficient.

Considering that clear communication is essential for accurate diagnosis and understanding of the treatment, we cannot claim to provide safe and quality care if patients do not receive service in the official language of their choice. That is why, in our view, it is essential to ACTIVELY offer health services in both official languages (Bouchard, Vézina, Savoie 2010).

An active offer consists of informing the public, upon first contact, of the option to receive services in the official language of their choice, without their having to request it. The active offer is successful when services are of equal quality in both official languages, available in a timely manner and accessible. Unfortunately, it is clear that the active offer is not fully integrated into the provision of health services in New Brunswick.

To get healthcare professionals to make an active offer of health services in the patient's preferred official language, they must know and understand what an active offer is and why it is important. They must also be informed of the methods that can be used to make the active offer.

¹ *New Brunswick Official Languages Act*
Regional Health Authorities Act
An Act Recognizing the Equality of the Two Official Linguistic Communities in New Brunswick

Lastly, they must have the benefit of positive management and organization methods that are well established in the organizational culture and that promote the principles of the active offer.

1. RESEARCH PARAMETERS

1.1 Research questions

This report attempts to understand why healthcare facility staff (managers; healthcare professionals; reception, admission and appointment staff) do not systematically make an active offer of health services in both official languages. Four factors are examined:

1.1.1 Level of staff awareness and training

Here, we are interested in finding out whether hospital staff and their managers are aware of the active offer, whether they recognize the importance of respecting the patient's language, and whether they understand all the measures and methods for making the active offer (Lortie and Lalonde, 2012), (Bouchard and Vézina, 2009). Seeing as awareness largely depends on the training they received, we want to know whether they have acquired any knowledge or skills regarding the active offer of health services in the patient's preferred official language in the course of their educational programs or while on the job (Bouchard and Vézina, 2009). Have they developed the necessary skills? Do they understand the impact that the active offer of services in the patient's preferred official language has on the safety and quality of services? Do they really know the meaning of "active" in the expression "active offer"? Have they mastered the necessary tools to make a conscious and effective active offer?

1.1.2 Access to required resources

To explore the issue of which resources are necessary to successfully make an active offer, we will try to answer the following questions. Should all staff have the same language skills? Are additional financial resources always required to make the active offer a reality? Is having an appropriate recruitment/staffing strategy sufficient to ensure the active offer? Does bilingual signage, identification, communication and evaluation tools, and having materials produced in both official languages have a real impact on the active offer?

1.1.3 Methods of organizing and managing healthcare facilities and services

Staff alone cannot be solely responsible for making the active offer. To effectively make an active offer of health services in the patient's preferred official language, they must have the benefit of organizational support. For an organization to provide such support, it must have the appropriate organizational and management methods in place. Are there clear and specific directives to guide employees and promote this practice? Is the support provided by managers and directors

sufficient? Are shifts scheduled according to active offer requirements? Are there concrete ways to help improve the active offer of health services in both official languages?

1.1.4 Organizational culture

How an institution organizes and manages its resources is always defined according to its values. If making an active offer is not among those values, the facility's managers and staff are very likely to disregard it. Therefore, we wish to identify the language-related values that are predominant in healthcare facilities. How much importance is placed on these values? Are these values compatible with the active offer concept? How does the working language affect the language of service? How does the external linguistic environment influence active offer practices?

1.2 Data collection

Given the nature of our research questions, for the purposes of our survey, we selected five healthcare services based on their daily contact with numerous patients in six regional hospital facilities in the province. The selected services are emergency, admission/reception, outpatient clinics, medical imaging and phlebotomy. Three of the selected hospital facilities are within the Horizon Network: the Miramichi Regional Hospital, Saint John Regional Hospital and Dr. Everett Chalmers Regional Hospital. The hospitals selected from the Vitalité Network are Chaleur Regional Hospital, Dr. Georges-L.-Dumont University Hospital Centre and Campbellton Regional Hospital.²

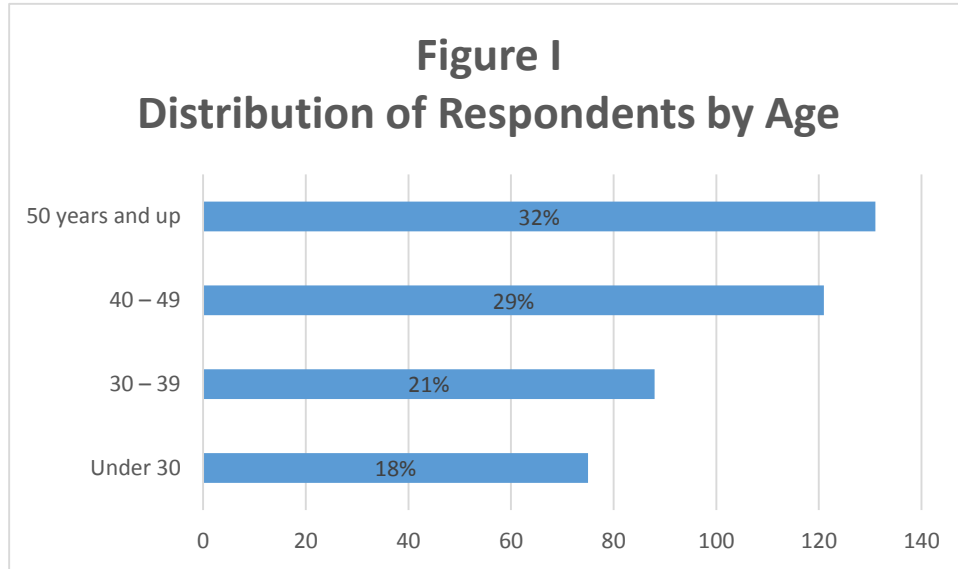
We employed two methods of collecting information. First, in January and February 2014, we conducted 35 semi-directed interviews with the managers in charge of the departments being studied, as well as with the facility's human resources department (see interview template in Appendix 1). Second, during the same period, we administered a survey to employees (healthcare professionals and reception, admission and appointment staff) working in the departments being studied at the six facilities (see questionnaire in Appendix 2). The survey was available online, in both official languages, through Survey Monkey. Respondents were encouraged to participate by the networks' persons responsible for official languages and by their immediate managers. Of an estimated population of 1,600 employees, we had 415 respondents, which is slightly less than 26%.

² In New Brunswick, the designation "Health Network" does not correspond to the wording of the legislation, which instead uses the designation "Regional Health Authority A" and "Regional Health Authority B." Regional Health Authority A corresponds to the Vitalité Network, and Regional Health Authority B corresponds to the Horizon Network. Consequently, in this report, we will use the designations "network" and "authority" interchangeably.

1.3 Profile of respondents

The survey respondents' profile data provide us with the following indicators.

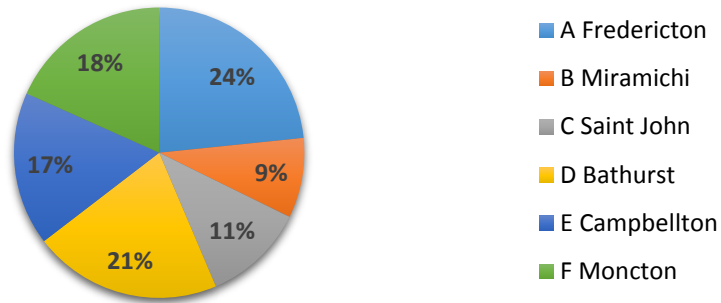
More than 60% are 40 years of age or older, and 32% are 50 years of age or older (Figure I).



The vast majority of respondents (91%) are female, which is no surprise considering it has repeatedly been shown that the healthcare sector is largely comprised of women.

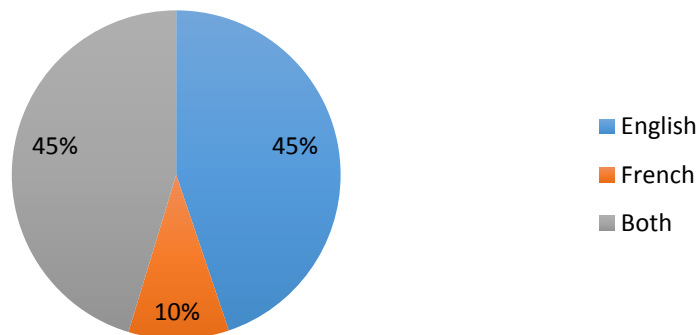
Beyond that, the distribution of respondents by facility and network is fairly balanced, given the relative size of each. Only Saint John Regional Hospital had a significantly low response rate. That said, we will not present an analysis of the data by facility. The few comparisons that we will make will be by grouping of facilities based on network. The distribution of respondents by authority is 44% from the Horizon Network and 66% from the Vitalité Network (Figure II).

Figure II
Distribution of Respondents by Facility

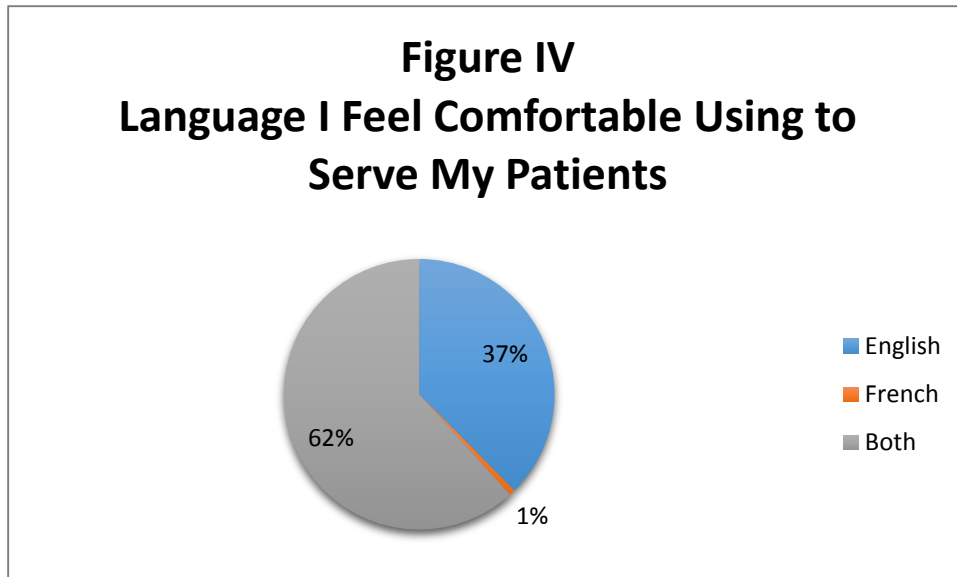


In terms of language, two pieces of data are worth noting here. First, with respect to the language used with coworkers (working language), only 10% of respondents say they work exclusively in French, while 45% say they work exclusively in English. The same proportion (45%) say they use both official languages (Figure III).

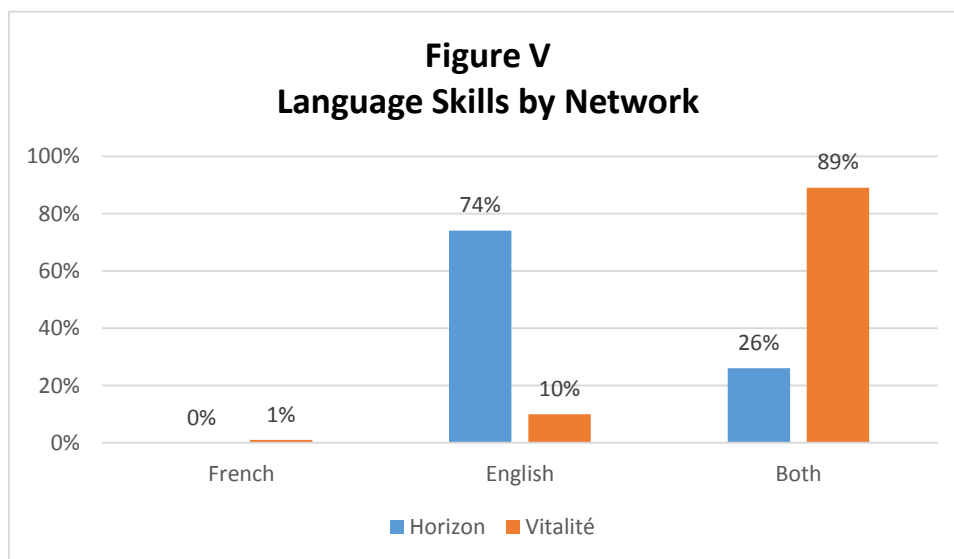
Figure III
Language Used with Coworkers



Second, when asked which language they feel comfortable using to serve their patients, only 1% of respondents indicated French, 37% English and a significant proportion (62%) indicated both (Figure IV). One can conclude that the proportion of bilingual staff is advantageous.



That said, we find a significant imbalance in the distribution of bilingual staff between networks. While 89% of respondents from facilities affiliated with the Vitalité Network say they feel comfortable serving their patients in both official languages, only 26% of respondents from Horizon Network facilities feel they have the same proficiency in both official languages (Figure V).



With respect to the people who were interviewed, we met with the exact same number of managers in each of the facilities we visited. We should also point out that, in the course of this study, it was never our objective to make any position-related comparisons between the two networks' managers.

2. THE ACTIVE OFFER: A MISUNDERSTOOD CONCEPT

Our survey reveals that 88% of respondents either agree (27%) or strongly agree (61%) that making an active offer contributes to the safety of patient care, while 80% of respondents feel that the active offer contributes to higher quality services (61% strongly agree, 19% agree). That said, a slightly lower rate of respondents (78%) say they are in favour of each staff member being made aware of the importance of making an active offer in both official languages for the quality and safety of health services.

Some comments suggest that a significant number of people do not see a link between making an active offer and patient safety.

"I feel we are here to provide a healthcare service and not a language service."

"I feel I can provide as good a service in my language of choice."

"I feel that my Health Authority has many more pressing issues to deal with rather than an active offer."

Such comments seem to suggest that certain employees and managers fail to realize how communicating in the patient's preferred official language can affect the safety and quality of the health services that are administered.

We also find that a small proportion of employees actually know what an active offer is. The proportion of respondents claiming to have been made aware of the active offer during their postsecondary education is only 40%. Only 44% of respondents report having been made aware of the active offer during their general orientation session when hired.

In addition, 51% of respondents feel that the number of training/information sessions offered to staff about the active offer is sufficient. It is important to note that 79% of employees who have previously received active offer training are in favour of receiving more training/information sessions, while only 17% of respondents with no previous training are in favour of having their employer develop such sessions. It is therefore clear that when employees are made aware of the active offer, they are more likely to want to know more about it.

Nevertheless, having been made aware does not seem to mean that staff truly understand the active offer concept. Although 94% of survey respondents say they agree (22%) or strongly agree (72%) with the following statement: *The active offer is a practice that I am already familiar with*, the numerous comments received lead us to conclude that people's understanding of the concept varies widely. In fact, a very large majority of respondents do not seem to make the distinction between the offer of services in both official languages and the ACTIVE nature of the offer.

2.1 Providing bilingual services vs. making an active offer of services in the patient's preferred official language

Our survey clearly reveals that there is confusion between the active offer and bilingualism. This observation is based on comments made by numerous employees highlighting their inability to make an active offer because of their own linguistic shortcomings in one of the two official languages, such as the following:

"I don't make the active offer because I don't speak French."

"Lack of second-language education."

"When the hospital is short handed in staff, bilingualism isn't always a priority."

"People are not trained in both languages."

"Most employees do not feel comfortable in both languages; therefore the active offer is not always made."

"People who are not bilingual do not want to give the impression that they are by speaking a few given words in French."

We would suggest that these types of comments stem from the confusion between bilingualism and the active offer. In our view, however, any employee can make an active offer. In the current context focusing primarily on bilingualism, unilingual professionals are unlikely to embrace this practice if they feel incompetent due to their limited proficiency in one of the official languages. This is why, from our perspective, it is necessary to insist on institutional responsibility, that is to say, the duty of institutions to provide the necessary training and define processes that can ensure collective provision of the active offer.

Yet many of the managers interviewed still view second language training as a solution to the challenges related to the active offer. One manager even said that he does not agree with requiring unilingual staff to make an active offer. Further evidence of the confusion is that many respondents commented that their service makes the active offer, with the majority of staff having the language skills to serve their patients in both official languages, whereas we found that being bilingual does not automatically lead to an active offer.

"Patients are served in the language of their choice because staff members are bilingual."

"All of the workers here are bilingual and it is not an issue here."

Although bilingualism is essential to the provision of services in both official languages, it is still not enough to ensure an ACTIVE offer. It is important to specify that, despite the mastery of both official languages, the offer is not active if the employee waits for the patients themselves to indicate their preferred language of service. It is clearly stated that: *"The active offer takes place when we inform the public, at first contact, of the option to receive services in the official language of their choice, **without their having to request it.**"* The offer of services in both official languages must be made proactively. Similarly, those who are not proficient in both official languages must also be able to contribute to the active offer, while knowing that services are organized and measures are in place to support them in following through with the provision of service in the language they do not speak.

It is important to fully understand the nuance and difference between these two concepts:

- Providing bilingual services
- Making an active offer of services in the patient's preferred official language

The first nuance is the **active** nature of the offer, which means that patients do not have to request service in their own language and that hospital facility staff must, first and foremost, clearly determine the patient's preferred official language, not by speculating or assuming but by asking them.

The second nuance is that actively offering service in the patient's language does not automatically require all employees to be bilingual. In other words, although institutional bilingualism is essential, the institution must be organized in such a way that unilingual staff can also contribute in their own way, with assurance and conviction, to the active offer of services in the patient's preferred official language. The responsibility of actively offering health services in the patient's preferred official language must be lifted from individual employees and instead be taken on collectively in a way that ensures everyone has a role to play.

In fact, it is the facility's responsibility to make sure that there is a sufficient number of bilingual employees at all times and in all places, and to inform unilingual employees of a precise and systematic procedure to follow to help provide safe and quality services in both official languages. The active offer should not only be based on clearly defined processes known by all employees, but also on forms of human resources management and organizational principles that allow unilingual as well as bilingual staff to contribute with conviction to its achievement.

Once this nuance is well understood, it will be easier to go beyond a simple offer of services in both official languages to actually providing services in the patient's preferred official language! Achieving this requires employee engagement around a proactive offer. We believe that by implementing the measures required to achieve this vision, we could reduce the tension and reluctance felt by a large proportion of respondents, for whom the active offer, when viewed through the prism of bilingualism, causes a great deal of stress, particularly among unilingual staff or staff who are less comfortable in both official languages, which is understandable.

"Lack of training and/or confidence to speak French, even a small amount, to a francophone. Numerous occasions that francophone patients get upset because the French phrases are not well spoken."

On this point, we find that many employees feel a profound uneasiness with saying "Hello/Bonjour" to patients since it would send the wrong message. Patients would automatically believe that they are dealing with a bilingual person, which is not always the case. These respondents feel that such a practice would be unethical since they cannot continue providing service in the patient's language of choice:

"It's like misleading the patients when you're telling them hello/bonjour and in reality, you're not bilingual (...)."

"I really feel uncomfortable to mislead people."

"People are sometimes nervous trying to help patients out thinking they may say the wrong thing to them."

"Staff are extremely uncomfortable reciting words in a language they do not speak or understand."

"Even though the active offer should be used, still, a non-bilingual person might not want to use it if they do not feel entirely comfortable providing the service in both languages."

In short, if the employee is not backed by organizational support, particularly by a specific action plan for the active offer of services in both official languages, any exercise of control may lead to frustration and fear of the very principle of the active offer.

This question of feeling competent to serve the client in the official language of their choice is of some importance, when we consider that 34% of survey respondents report feeling uncomfortable serving the patient in the official language of their choice. This is even more significant in facilities associated with the Horizon Network where, as shown in Figure V, 74% of respondents report feeling comfortable serving their patients in English only.

2.2 Shortage of bilingual human resources

There is no question that the use of bilingual human resources constitutes an essential element in the delivery of services in both official languages (Forgues et al, 2011). Although 78% of all survey respondents say that their work team has at least one person who can speak to patients in the official language of their choice, we find a significant variation between networks. In fact, 91% of respondents associated with the Vitalité Network have this perception, compared to 60% of respondents associated with the Horizon Network. There must therefore be some concern about the lack of bilingual staff coverage on shifts at certain facilities, which can affect the active offer. Some of the comments further confirm these observations:

"It is not being made because there is not always a bilingual person available to translate and it takes way too much time to go and try and find someone and take them away from their duties to come and translate for me! I don't make the active offer because I don't speak French. I would like to have the opportunity to learn, but only one person from my department was allowed to take the course."

Of course, to promote the active offer, employees must be encouraged to help one another. However, survey respondents say they are not always able to find a bilingual employee who can help them. They say their only option is to look for a bilingual person on the floor or from another department to help them adequately serve the patient. Yet such an approach is a double waste of time since both employees have to drop what they are doing. Having to seek unanticipated assistance from a coworker therefore has adverse effects not only on efficiency but also on the quality of service provided to patients because of the resulting delays. Furthermore, the added burden on bilingual employees can be heavy and should be of concern to managers.

Generally speaking, the people who were interviewed recognize the need to organize their department's shifts more effectively. They explain that it is a very complex process, particularly due to the shortage of bilingual employees, especially at Horizon Network facilities. In some of the departments we visited, it is difficult, if not impossible, to ensure the availability of bilingual

staff on all shifts. Often, in these situations, the active offer is simply not made. Moreover, only 37% of respondents say that work shifts within their department are established based on employees' language skills.

While we are told that it is common practice to hire unilingual staff even in cases where the position is designated bilingual, the question could be asked, to what extent do facilities try to recruit staff with the language skills necessary to provide service to patients? The manager of a department in short supply of bilingual human resources tells us:

"When hiring, the language criterion is not really a criterion for us, or it is not high on the priority list for hiring, I should say."

In short, we can say that work shifts need to be reorganized such that the required number of bilingual employees are available at all times so that a quality active offer can be made in both official languages.

3. ORGANIZATIONAL CULTURE

The culture of the organization should help to create an environment conducive to the active offer of health services in the patient's preferred official language. It should be built on values that promote the organizing of services around the active offer. The organization's culture should also make the active offer a priority by providing the necessary resources. It should also take into account the minority community's state of health and the impact that the historical lack of health services in the minority language has had on how this community behaves in healthcare situations. Lastly, an organizational culture that values the active offer would also put positive intervention measures in place to ensure an equal quality of service for both of Canada's official language communities, regardless of their situation.

3.1 Environment's impact on the active offer

An organization's culture is a function of both its internal and its external environment (Bénabou, 2008). Throughout the study, we found reactive behaviour with respect to patient language, meaning staff simply react to patient behaviour. The following quotes reflect this behaviour:

"The Francophone patients are mostly bilingual out of necessity and sometimes they spontaneously speak in English when in contact with the hospital."

"The patients are very often bilingual and want to be served in English, which makes things easier!"

"The language that the patient speaks first is the language in which care is provided to them. Very often, at the end of the exchange, we realize that the patient who started out speaking English was actually more Francophone than Anglophone."

"Sometimes Francophone patients do not immediately identify themselves as being Francophone upon arrival and they start by speaking in English. So they are automatically served in English!"

"Normally, we address patients in French and if they say they only speak English, the employees serve them in English."

*"The culture [**habit**] is that employees have a tendency to speak in English first, and if the person asks to speak in French, they will continue the conversation in French."*

Since facility staff are more reactive than proactive, it is the language of contact used by the patient that most often determines the language of service. We believe that this trend can be explained by the internal environment, meaning the working language used by employees with each other, and by the external environment, meaning the language most frequently used by community members in their everyday lives.

The working language carries values that define the organization's culture and influence communication-related practices and reflexes with patients. Thus, most managers we interviewed insistently wanted to point out which of the official languages was their working language. This reflects a strong attachment to a preferred language in the culture of each Network, facility or service. This element of organizational culture prevents the creation of an internal environment that is conducive to the active offer.

At the same time, most respondents from the Vitalité Network said that making the active offer was not a major challenge for them, not because the Network or facility had placed any particular importance on it, but rather out of necessity:

"We are bilingual out of necessity."

"We are capable of receiving and offering services in both languages at our hospital."

"The culture of the region is the reason why it is easy for us to make the active offer."

"We are in a bilingual region so we understand the importance of providing service in a particular language."

As another example, a manager explains that when the working language (also called the procedural language) of certain facilities is French, it creates the perception that the active offer of services in both official languages is not necessary. According to him:

"The perception is that the culture (habit) is that employees have a tendency to speak in English first, and if the person asks to speak in French, they will continue the conversation in French."

As for the external environment, many claim that it is not necessary in some regions to promote the active offer because it is reportedly automatic:

"It is automatic! We are Francophone and bilingual out of necessity."

Such an attitude is not without consequences in terms of access to services in the patient's preferred official language. It is worth noting that Francophone patients often use English when interacting with facilities, thereby risking being served in English even if the use of French would be better for their health and safety:

"The patients are very often bilingual and want to be served in English, which makes things easier!"

In short, both the working language and the linguistic habits of the community being served influence the choice of language in which to communicate with patients. It is apparently more out of habit than out of conviction that the language of service is determined. As a result, we would argue that we are far from an active offer culture.

4. EFFECTIVE MEASURES FOR CHALLENGING ORGANIZATIONAL CULTURE

We have just established that the existing organizational culture — which is focused more on providing services in both official languages than on making the active offer of services in the patient's preferred language — places bilingualism at the core of its values. Our theory is that such an orientation could adversely affect the ACTIVE offer by failing to inform patients of the possibility of accessing services in the language of their choice. It also leads to resistance, or even refusal, from unilingual staff. It is worth noting that we, in no way, dismiss the essential role of bilingualism, but we believe that bilingualism alone is not enough to achieve the ACTIVE nature of offering services in both official languages. We believe it is necessary to move from a culture focused on bilingualism to a culture focused on the ACTIVE offer.

Also, even though the survey results indicate that 76% of participants say they have clear and specific directives for making an active offer within their department, many of the comments received suggest the opposite:

"Hospital directors do not place enough importance on the active offer."

"Lack of direction from the manager."

"Inadequate training, lack of interpreters, lack of support."

"This survey is the first opportunity I have had to hear about the active offer. It would be good to educate employees on this subject at the time of hiring."

"Lack of awareness about the advantages of making the active offer in both official languages."

An important point to note is that manager support should be given first to employees who are having difficulty serving patients in both official languages. Our survey indicates that 70% of respondents who say they receive adequate support from their manager also say they are comfortable serving patients in both languages, whereas unilingual employees — who presumably need their manager's support the most — represent only 30% of those who say they are satisfied with the support they receive from their manager.

Moreover, most of the survey respondents who say they are satisfied with the organizational support they receive seem to consider the following as clear guidelines: wearing a pin, using the phrase "Hello / Bonjour" and bilingualism. As for managers, the vast majority whom we interviewed say they have no clear guidelines or effective tools to encourage their staff to systematically make an active offer.

Based on these findings, we would therefore like to comment on the impact of organizational culture on three practices often seen as key elements of the active offer: having signage and documentation in both official languages; recording patients' preferred official language on their chart; and wearing a pin.

4.1 Signage and documentation

Clearly, communication is a key component of the active offer. Bouchard, Beaulieu and Desmeules (2011) state that available signage and documentation are a means of demonstrating the ability to make the active offer. Also, during our visits to the various sites, we saw that much of the signage is bilingual and that documentation is often available in both official languages.

That said, we found that signage and documentation are not always indicative of an organization's genuine *desire* to make the active offer. Rather, they indicate to patients the availability of both languages, and even the possibility of speaking in their preferred official language, but without guaranteeing that the organization will be able to respond appropriately. In other words, signs advertising the availability of bilingual service is far from guaranteeing the active offer. Most often, it is the patient who must adapt to the language of the employee and not the reverse. However, for there to be a significant effect on the active offer, both the signage and the provision of documents in both official languages must be part of a broader organizational culture that is committed to making the active offer; otherwise these measures will be nothing more than incidental.

4.2 A note on the patient's chart: inconsistent practices

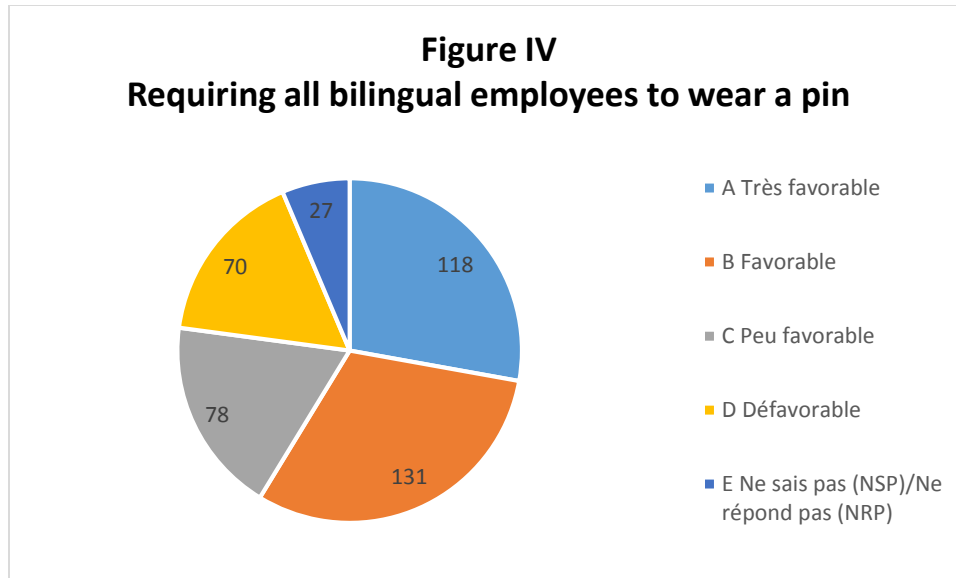
Making note of the patient's preferred official language on their chart can certainly contribute to an active offer of health services. However, we see a great disparity in practices between facilities, and even between departments in the same facility. Although in some departments this information is recorded on labels affixed to orders, charts or bracelets, in many other departments, employees do not take the time to record this information.

Sometimes mistakes are even made in identifying the patient's language. For example, during registration, a Francophone patient who communicates in English, which is common, could be identified as Anglophone on their chart. Similarly, a Francophone patient with an English-sounding name might be served in English if the employee does not check their chart first.

Once again, it is clear that employees are unaware of the importance of the language of communication. Adding a new checkbox specifying the patient's preferred language will not be enough to change past habits if this measure is not accompanied by a culture of active offer, practices and working methods that make the patient's preferred official language a priority for safe and quality care.

4.3 Wearing a pin

Similar to the above two methods, wearing a pin can be considered to be an action that promotes the active offer. When we ask the question: "*Are you in favour of requiring all bilingual employees to wear a pin indicating their language skills?*" most of survey respondents say they are in favour (31%) or very much in favour (28%). Yet there is still a significant proportion of respondents who are less in favour of it (18%) or even against it (17%). Surprisingly, 55% of those who say they are less in favour of or against requiring employees to wear of a pin are respondents who feel comfortable serving patients in both official languages.



We believe that this result could be explained, in part, by the fact that some bilingual employees prefer not to display their bilingualism for fear of being called upon as interpreters and, in turn, an overload of work rarely recognized by the employer. If employees are not recognized, particularly by managers, for the extra work they do, there is a risk of under-utilizing bilingual staff and, in turn, limiting the ability to make an active offer. Once again, the wearing of a pin must be supported by an organizational culture that values language skills and shows staff that this contribution is essential to the safety of care and quality of services for both patients and the entire staff of the facility or department.

5. COURSES OF ACTION FOR PROMOTING THE ACTIVE OFFER

Based on the findings of the study at hand, we feel we are in a position to propose certain actions that could be productive for managers and staff with an interest in the safety of care and quality of the services offered to both official-language communities in New Brunswick. Although we do not claim to have the perfect solution, we believe we can contribute to achieving the principles of the active offer. The actions we have identified fall into four categories: organizational culture, organization of services, human resources management, and training and awareness.

5.1 Acting on organizational culture

5.1.1 Strengthening the value of the active offer in healthcare facilities' organizational culture

According to Bénabou (2008), an organization's culture is strong when the majority of

employees adopt that organization's dominant values. It is consequently important for senior management to explicitly incorporate the active offer into the organization's dominant values. The organization needs to make patient safety a priority concern by giving patients the choice of which language they wish to be served in. It would benefit from promoting the active offer among employees, ensuring that they understand what it means, gathering their feedback and ideas, and involving them more in fostering an organizational culture that is based on the active offer (American Medical Association, 2006). We need to agree with leaders on the most highly operational and detailed definition possible, one that clearly sets out the resulting benefits in terms of safety and quality of care for both patients and healthcare professionals. Managers should be focusing on what brings people together (e.g. safety and quality of care) rather than on what divides people (e.g. requiring the use of "Hello, Bonjour"). Leaders will need ongoing support if they are to assist in rallying the great majority of employees around the practice of making the active offer.

5.1.2 Planning and organizing activities for promoting values and objectives

An organization's culture, values and models are what influence awareness levels and methods of organizing resources and services. If an organization makes improving the active offer of health services in both official languages one of its core values, the challenges associated with implementing that value will become less cumbersome. Regional health authorities and healthcare facilities need to:

- incorporate the active offer into their vision, mission, values and objectives statements; and
- organize biennial information and awareness sessions on organizational culture and the active offer of services in both official languages. Healthcare facilities and their leaders need to partner with researchers and experts in this area to refine the most effective approach at the organizational culture level.

5.1.3 Signage: Clarifying the message

An organization's guiding values are expressed through numerous indicators, including signage and posters, which convey to the public the healthcare facility's stance in this regard. We find that the message conveyed through this medium needs to be clearer, more specific and more directly oriented towards the option of being served in one's preferred official language and the corresponding benefits.

As we stated earlier in this report, in most New Brunswick healthcare facilities, signage is generally posted in both official languages. However, the messages being sent on such signs do not clearly indicate that patients can receive service in their language of choice. Does bilingual signage systematically make it clear to patients that service is available to them in their language of choice? If a healthcare facility truly seeks to embrace the active offer, it must communicate

more directly through messages that effectively convey the institution's values and beliefs to employees and patients alike.

Insofar as research has shown that potential users are not always aware of the availability of service, of their right to service or of how to gain access to service in the official language of their choice (Société Santé en français, 2007), an organizational culture conducive to the active offer needs to increase the visibility of this active offer through more specific, direct and positive signage.

For example, we find messages such as the following to be more effective:

- French or English: In which language do you wish to be served?
- Your health is safe when YOU choose the official language in which you wish to receive health services, so don't hesitate to state your preference!
- For your safety and ours, please ask for health services in the official language of your choice!
- For your safety (quality of care, effectiveness of care, etc.) and ours, we offer health services in the official language of your choice!
- Don't forget to indicate your preferred official language on your health records and ask for service in that language!

Developing more visible signage and posters featuring these types of messages would constitute a significant communication effort and create a channel for sharing the facility's values, not only with the general public but also with its own employees. If the active offer of service in both official languages is to be incorporated into the organizational culture, policies governing service in both official languages must be clearly defined, implemented and upheld by all employees and employers (Bouchard *et al.*, 2012).

5.1.4 Communication and awareness plan

To achieve full compliance by all actors with the active offer of services in both official languages, Gauthier (2012) writes that it is essential to demonstrate the importance that the facility places on the active offer of services in both official languages. In our study, we found that managers tend to automatically associate the active offer with bilingualism. This amply justifies the need to develop an effective communications plan on the topic starting with the formulation of a detailed, operational definition that sets out the benefits to patients, employees and the facility as a whole. It is time to move beyond good intentions and allocate more space and visibility to the

active offer in the vision, mission, values and objectives of networks and facilities alike.

When employees begin systematically making the active offer at work, they will be doing so freely, viewing it not as a burden but as a skill of great value helping to improve the safety of care and quality of services.

"To me, it's a question of habit. During the hiring process, I don't think they say enough about the importance of being bilingual in the public service in New Brunswick."

Managers should ensure that they hold meetings where they discuss the importance of the active offer and the facility's professional and legal obligations. They need to make sure their staff recognize the extent to which the active offer is part of their professional responsibilities in terms of safety of care, quality of services and professional ethics. How employees come to perceive the active offer will depend on how it is presented to them and will also determine their degree of engagement.

5.2 Adapting how services are organized

5.2.1 Determining organizational requirements and expectations, and supporting them with clear directives

An organization must ensure that all of its employees clearly understand the organization's commitment to the active offer and compliance with the corresponding standards and measures. The organization's task in this regard involves ensuring that employees are aware of their legal and professional obligations with respect to the language of service and that they have the resources required to fulfil these obligations.

The commitment of the directors is critical in order to send employees a clear message about the strategic importance of focusing on the management of linguistic diversity with a view to improving the active offer.

It is also essential to provide the senior management team and department managers with the support they require to implement realistic, appropriate measures concerning the active offer. For example, to support senior management and department managers, the regional health authority needs to clearly define its expectations concerning the active offer so that each facility and department can act accordingly and be accountable. The statement of these expectations must be accompanied by concrete tools to assist in developing the skills of senior management, department managers and staff. This could include training, implementation of a support process for employees or identification of the principles around which services related to the active offer are organized.

The development of such management policies would not only incent employees to systematically make the active offer but also facilitate recognition of each person's contribution in this regard.

5.2.2 Reorganizing shifts

Although bilingualism is not enough to ensure provision of the active offer, it is a crucial component. It is also essential to identify the language skills of every employee and organize work teams based on these skills.

It is important to assemble and build diversified teams with the required number of bilingual employees working each shift to uphold the active offer.

5.2.3 Establishing an action plan for all

After demonstrating the need for the active offer to healthcare professionals, it is important to set out specific guidelines for them in terms of how to achieve this objective. Support should be provided to employees who question their ability to take part in the active offer due to their language skills. They need to know their role and be reassured concerning the appropriate procedures (e.g. knowing to whom to refer a patient) for ensuring that service is delivered within a time frame comparable to that for patients from the majority community. Procedures must be clear, known and easy to follow. The contributions of bilingual staff must also be recognized and their workloads adjusted accordingly. This will ensure their involvement without overburdening them.

Additionally, a document listing certain key phrases in both languages could be posted so that employees can refer to it whenever necessary. A demonstration of the pronunciation of certain words would be another effective way of helping staff feel more at ease. To this end, simulated interactions where staff are required to follow an action plan could also be used to provide context for unilingual employees.

In short, healthcare professionals, unilingual and bilingual alike, should always have a defined action plan in place for offering quality service at all times to patients from either linguistic community. Action plans serve as effective means not only of making the work easier for healthcare professionals but also of avoiding compromising the safety of care and quality of services provided to patients.

5.2.4 Measuring and assessing performance

Every organization needs to measure and assess its performance on a regular basis with a view to improving its services and continuing to provide quality care to the public. People also need to

be kept informed about their right to service in the official language of their choice in accordance with guidelines for the quality and safety of care. By facilitating a complaint process, organizations also demonstrate their openness to improving their practices. If it has not already done so, each facility should ensure that it provides the general public access to a visible and practical complaint process.

It is also important to forward the content of all complaints to department managers so that they can adjust certain aspects of staff management or organization of services. Healthcare facilities also need to incorporate the linguistic component into their measurement of departmental performance (e.g. measuring patient satisfaction and needs with a breakdown of results by language) through the use of tools such as interviews, focus groups and surveys. Next, it is essential to measure and assess progress made to date in terms of certain predetermined indicators (Government of Quebec, 2010). These performance assessments would help reveal, and enable the correction of, any shortcomings in the organization of services affecting provision of the active offer.

5.3 Rethinking human resources management

We find it crucial to clearly define the linguistic requirements of each position by determining the types and frequency of tasks to be performed in French and English. To help in maintaining sound labour relations and preventing conflicts with unions, it would be essential to engage in constructive dialogue concerning the values associated with the active offer with a focus on professional responsibility, ethics and safety of care. It would be important to clearly document the requirements of all bilingual positions in this regard. The determining factors behind linguistic requirements for holding certain positions have to be clarified and, above all, upheld.

- Develop a tool for assessing language skills with a view to improving the staffing process and making it uniform for positions designated as bilingual.
- Define the requirements of bilingual positions and be sure to provide sufficient grounds to union groups in order to gain their support and facilitate the incorporation of a skills assessment tool into the hiring process.
- Ensure that an adequate number of positions are designated as bilingual to uphold the safety and quality of care for patients.
- Ensure that positions designated as bilingual are staffed by bilingual candidates by developing an appropriate recruitment and staffing process.

We find that the staffing process currently lacks stringency and uniformity, which could impede the introduction of practices to support the active offer. It is felt that systematic

implementation of a tool for measuring language skill levels would help to identify a greater number of employees with the required linguistic aptitudes. Evaluating language skills through the use of this type of tool would assist managers in ensuring that positions designated as bilingual are filled by candidates with the language skills required to provide the active offer and in planning work shifts accordingly.

Once again, it is important to maintain open communication with union groups concerning the rationale for this type of tool in order to gain their support and facilitate the tool's use. Similarly, we find it would be advantageous for each manager to have access to a full inventory of the language skills of his or her staff so that the active offer can be coordinated effectively.

- Make lists of bilingual employees and their contact information available so they can contribute to the active offer's implementation.
- Encourage managers to maintain an updated inventory of their staff's language skills in order to make most effective use of these individuals as part of the active offer.

5.4 Incorporating the active offer through awareness and training

Everyone acknowledges the crucial role of training and awareness in relation to the quantity of health services. As a result, any cultural change within an organization calls for training and awareness initiatives!

Based on feedback from the managers we interviewed, the comments of respondents to our survey and the current state of the culture, the identified needs fall mainly into the category of language training. That said, the most frequent reaction to this solution is significant frustration among both managers and their employees, who criticize the lack of access to this training. Further criticism is directed toward the lack of funding for language training and the challenge of replacing staff who must take time off to participate in such training.

"I would love to take one of the French courses (as I took French Immersion for grade seven to twelve) to brush up on it and maybe be able to be bilingual, but I am unable to afford to lose two weeks of work to take these courses as we do not get paid for them."

In addition, 55% of survey respondents say they are in favour of making second-language training mandatory for current employees. Interestingly, the great majority (77%) of healthcare professionals in favour of second-language training also stated that they felt comfortable serving patients in both official languages. It can be concluded from this that the majority of respondents interested in making second-language training mandatory already have the required language skills, which indicates that they would prefer to have training directed toward improving the

language skills of their unilingual colleagues so that the latter can assist in delivering services in both official languages. That said, it would be unrealistic to aim for all employees to be bilingual.

It has to be acknowledged that second-language training tends to be very costly in terms of both the expense of the training and the expense of replacing the staff designated for training. In addition, it can take adults years to develop language skills to the point of defining themselves as bilingual.

We consequently find that a targeted recruitment and staffing strategy holds greater promise in this regard. Where possible, the language skills of healthcare professionals should be gauged at the time of hiring following a formal process. As indicated in section 5.3, access to bilingual staff will depend on the use of recruitment practices founded on compliance with clearly established linguistic requirements that are acknowledged by all.

However, it is still important to provide individuals the opportunity to acquire basic skills so that they can interact to some degree with patients. For this reason, we find it preferable to:

- Provide access to basic second-language training through an electronic (e-learning) platform; and
- Offer staff opportunities to improve their language skills by organizing exchanges between employees in their second language, for example, during breaks. These conversation groups (e.g. get-togethers over coffee) could explore the advantages of the active offer and provide opportunities for employees to practise their language skills, thereby improving their ability to make the active offer in both official languages.

Beyond this basic second-language training, training in the workplace should, in our opinion, focus more on provision of the active offer and the prescribed procedures, independently of the language skills issue.

We consequently find that the priority should be placed on awareness initiatives concerning the values related to the active offer listed in section 5.1. Training should include modules on the impact that communicating in the patient's language has on their health and safety in order to convey the importance of adopting a workplace culture conducive to the active offer, reducing resistance to it and helping to rally staff around the practice.

This awareness training on the active offer would be more affordable and feasible from a financial perspective than language training in that it could be administered internally using existing resources and would likely have significant impact on the quality of services offered in both official languages.

In light of the evident fact, based on the survey and interview findings, that people understand more or less what making the active offer means, we find it important to take action promptly to begin providing all staff, including managers, training in this area. It is important to demonstrate how to make the active offer in various situations so that all staff have the same grasp of the concept.

Any number of other suggestions for training could be explored to promote provision of the active offer of health services in the patient's preferred language, such as:

- During general orientation, incorporating training sessions on the topic of making the active offer and its importance to the quality and safety of health services.
- Clarifying the distinction between active offer and bilingualism.
- Garnering the commitment and participation of senior management in implementing training programs on the active offer.
- Addressing other topics relating to the active offer during training sessions, including the impact of language on health, cultural competencies and the reality of minority communities (Bouchard and Vézina, 2010).

Employee awareness concerning the importance of the active offer as a health determinant and determining factor in the quality of services and compliance with linguistic rights can be improved significantly through presentations, memos, posters, internal newsletters, promotional campaigns and more.

It is also important to work with the various professional associations in health care to gain their recognition of training on the active offer as an essential component in maintaining professional certification.

Numerous other activities could be organized to raise awareness among staff and obtain their buy-in of the moral and ethical responsibilities associated with the active offer of services and equal quality of care, including:

- Recognition and appreciation of bilingual staff
- Engagement of all staff in the shared vision and mission of the patient-centered approach and the active offer of services in the patient's language of choice
- Creation of spaces for reflection and dialogue to assist in identifying challenges and success stories relating to achievement of the active offer
- Creation of opportunities for exchange between employees on topics relating to official languages and cultures, whether through a buddy system, lunch-and-learn sessions or other means (Lortie and Lalonde, 2012)
- Making awareness and promotion of the active offer a standing agenda item at all levels of the organizational structure to promote engagement among employees and leaders alike

- Creation of a video in conjunction with employees to promote the importance of making the active offer; this video could be published on the intranets of the various regional health authorities
- Distributing messages and videos regularly to employees via e-mail about the importance of the active offer
- Discussing the importance of the active offer at annual performance evaluations
- Continuing to develop the "Boîte à outils" ("toolbox") of the Consortium national de formation en santé (CNFS) (www.offreactive.com) and making it available in both official languages.

Consideration should also be given to incorporating training modules on the active offer into various healthcare training programs offered across Canada, whether in English or French. Educational institutions need to include content in their training programs for healthcare professionals that reflects the reality of minority official-language communities. This will help to better equip these future professionals and prepare them to provide true leadership in regard to embracing the active offer of safe, quality health services in the patient's language of choice (Lortie and Lalonde, 2012). Multiple partners need to work together to facilitate access to bilingual human resources. To accomplish this, communities, educational institutions, health care institutions and governments need to develop a common strategy targeting a strong healthcare system in both official languages (Gauthier and Reid, 2012).

In addition to the importance of staff awareness about the active offer, it is necessary to promote the active demand and education of communities concerning their rights and to encourage people to avail themselves of services in their preferred official language (Bouchard and Vézina, 2009). The goal of awareness initiatives is to educate people about the fact that services are available in both official languages and they have access to these services (Bouchard and Vézina, 2009). These initiatives should be community-based to ensure that people truly believe that the services are available and that they can and should be using these services (Lortie and Lalonde, 2012). Mobilizing communities to become fully engaged in developing services adapted to local needs, particularly with respect to services in people's language of choice, is necessary for the successful implementation of these changes (Lortie and Lalonde, 2013). Regional health authorities could organize an awareness campaign among the general public based on the use of posters, brochures and a variety of other advertising tools to promote the availability of services in a patient's preferred official language.

CONCLUSION

Through the research at hand, we have successfully confirmed the extent to which provision of the active offer depends on each of the factors studied (staff awareness and training, access to resources, organizational and management approaches, organizational culture). To ensure that all staff have a clear understanding of what the active offer means, it is important to develop training activities to raise employee awareness about the importance and scope of their roles and to equip employees to incorporate the active offer into their daily practices and engage in offering safe, quality, ethical and equitable health care to members of minority communities.

Organizational adjustments also need to be made in most departments to make them more conducive to the active offer. Shift scheduling, development of an action plan to support unilingual employees and recording patients' preferred language on their charts are all potentially effective options for improving provision of the active offer in both official languages. Managers need to develop guidelines and supply tangible tools to their staff to encourage them in recognizing the importance of the active offer and providing it more systematically.

We have also observed the considerable impact of organizational culture on the quality of the active offer of services in both official languages. This culture sets the standard for healthcare professionals' incorporation of values associated with the active offer into their work practices. In other words, to be successful, the active offer must be embraced as part of an organization's culture so that staff and patients understand that the choice of official language is more than a patient's right: it is a professional obligation for which each employee is responsible.

It is essential that healthcare professionals be able to distinguish between the "active" offer and the offer of service so as not to confuse this practice with bilingualism. Once again, it is important to remember that although bilingualism is an essential part of the active offer, it is not sufficient on its own. Only by offering health services in both official languages without the patient's having to ask for it can we ensure equitable access to safe, quality health services, both for patients and for healthcare professionals. In order to respond effectively to requests from patients, our healthcare institutions need to prepare appropriately by taking concrete measures in terms of the organization and management of health services.

In short, we need to foster an organizational culture whose values are developed around the active offer, that recognizes the role of the active offer in the safety of care and quality of services and that views the active offer as not merely an expense but rather an investment generating positive returns for both healthcare professionals and patients as well as for the entire health care system.

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Interview Template

Definition of active offer:

An active offer consists of informing the public, upon first contact, of the option to receive services in the official language of their choice, without their having to request it. The active offer is successful when the services are of equal quality in both official languages, available in a timely manner and accessible (without the need to travel for them).

1. It has been generally observed that the active offer of health services in both official languages poses a major challenge for many institutions. What is your point of view on this?
2. Why is it that the linguistic dimension of service delivery appears to be a sensitive issue for people?
3. How conducive to the active offer of health services in both official languages is the culture at your organization? Please explain.
4. Would you say that your employees are aware of the role of language in the quality and safety of care? Why or why not?
5. In your opinion, what actions should be implemented to ensure that employees are taking part in making the active offer?
6. Do you find that the administration of your institution provides adequate support to achieve your objectives in relation to the active offer?
7. What resources (human, financial, material) would you require to be able to meet your linguistic obligations?

8. What challenges have you been encountering in terms of human resources management concerning the active offer in both official languages?

9. Based on your experience, how should a service be organized to promote the active offer in both official languages?

10. If your superiors asked you for advice on how to make your job easier with regard to making the active offer of health services in both official languages, what suggestions would you make?

APPENDIX 2

Survey

*An **active offer** consists of informing the public, upon first contact, of the option to receive services in the official language of their choice, without their having to request it. The active offer is successful when the services are of equal quality in both official languages, available in a timely manner and accessible (without the need to travel for them).*

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / No answer
1. Is a practice I am already familiar with					
2. Is important to me					
3. Seems to be important for my institution					
4. Is one of the major values promoted within my department					
5. Is encouraged within my department					
6. Leads to delivery of higher-quality services					
7. Enhances the safety of care provided to patients					
8. Increases the cost of health care					
9. Creates tension among my colleagues					
10. Is one of my responsibilities					
11. Is a staff responsibility					
12. Is a management responsibility					

As a healthcare professional, the active offer of health services in both languages:

Indicate the extent to which you agree with each of the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / No answer
20. I have access to the resources I need to contribute to the active offer					
21. My organization provides the support I need to contribute to the active offer					
22. Each individual's role in relation to the active offer is clearly defined within my department					
23. My manager encourages me to make the active offer					
24. The active offer is always made within my department					
25. I learned the importance of the active offer as part of my studies					
26. My employer has given me access to training on the active offer					
27. The active offer was covered at the general orientation session when I was hired					
28. Clear guidelines concerning the active offer are set out for us within my department					
29. I understand prescribed guidelines concerning the active offer within my department					
30. Steps are taken to ensure that staff within my department comply with these guidelines					
31. Our manager reminds members of my team about their responsibilities with regard to making the active offer					
32. Shifts are scheduled to take into account the language skills of individual staff members					
33. On my work team, there is always at least one member capable of working with patients in their official language of choice					
34. Each patient's preferred language is clearly indicated					
35. Optimal use is made of the language skills of bilingual staff within my department					

36. Staff have been offered an adequate number of training/information sessions on the active offer					
37. The number of bilingual professionals using their language skills is too high within my department					

Indicate the extent to which you agree with each of the following suggestions for improving the active offer of health services in both official languages.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / No answer
50. Raise awareness among all members of my team about the importance of the active offer in both official languages in terms of the quality and safety of health services					
51. Schedule shifts to ensure staffing of adequate numbers of individuals capable of providing services in both official languages					
52. Make second-language training mandatory for current employees					
53. Designate a greater number of positions as bilingual					
54. Provide access to interpretation services					
55. Require all bilingual employees to wear a pin indicating their language skills					
56. Make documentation for patients available to them in both official languages at all times					
57. Adopt guidelines for the use of signage and posters in both official languages					
58. Indicate each patient's preferred language using a bracelet or other device					

In your opinion, what are the main reasons why the active offer is not always made?

Profile

	Male	Female
Sex		

	Under 30	30 – 39	40 – 49	50 years and up
Age				

	French	English	Both	Other (please specify)
Mother tongue				

	French	English	Both
Language(s) used with coworkers			

	French	English	Both
I feel comfortable serving my patients in:			

	Bathurst	Moncton	Campbellton	Miramichi	Fredericton	Saint John
Facility						