I) Introduction

Proper communication is essential in the field of health-care. Factors that hinder clear communication, such as linguistic differences, between the health-care professional and the patient could lead to medical errors, less patient contentment and, consequently, impact the quality of received care. Canada is a bilingual country; thus, linguistic disparities exist in almost every domain.

- **Objective:** The purpose of this study is to compare satisfaction with received health-care among francophone and anglophone across Canada.

II) Methodology

Data obtained from the 2007 Canadian Community Health Survey (cycle 4.1), which includes information gathered by Statistics Canada about the national rating of health-care quality and satisfaction with care received, was analyzed using the software SPSS Statistics to produce confirming results. Cross-tabulations were run using various variables provided by the above-mentioned survey. The following tables depict an example of the cross-tabulation process.

III) Results

A) The titles of the four graphs indicate the questions chosen for this study. In total, there were 131061 respondents to these questions.

B) For the first question (rating of quality of health-care in all provinces of Canada): 38793 individuals gave their ratings, 106 individuals (~3%) were francophone, of those francophone 83% rated the quality of health-care received as excellent or good, the other 17% provided a rating of fair or poor; the red bars are the responses of the counterpart anglophone patients.

C) For the second question (same idea as the first question, but this time it is for communities within Canada’s provinces): 38164 patients participated, 103 patients (~3%) were francophone, of those francophone 80% reported excellent or good quality of health-care and 20% reported fair or poor; the red bars are the responses of the counterpart anglophone patients.

D) Third and fourth questions were chosen to expand and fortify the results.

E) For the third question: 1822 total responses, 44 (~2%) francophone individuals, 95% of the francophone answers were excellent or good; in contrast, 85% of the anglophone answers were excellent or good.

F) For the final question: 1814 individuals involved, 43 (~2%) were francophone, 7% of the francophone reported somewhat dissatisfied or very dissatisfied, whereas 12% of the anglophone reported the same response.

IV) Conclusion

The proposed hypothesis states that the Canadian francophone population are less satisfied with health-care services. However, the results indicate that the francophone population are more satisfied with health-care services than the anglophone population. This is surprising because there are significantly less francophone individuals in Canada than anglophone individuals; almost 22% of the Canadian population is francophone whilst 58% anglophone (Census 2006, Statistics Canada), meaning that the majority of the Canadian population is less satisfied than the minority. However, the results need further investigation as they might be statistically insignificant.

Future research on similar or identical topic should focus on statistically confirming the results and suggest effective interventions to equalize the satisfaction levels among Canadians.

References

Statistics Canada. (2007). *Canadian Community Health Survey 2007, cycle 4.1*


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