

Exploration of English Language Program Undergraduate Nursing Students' Attitudes Toward
the Risks of English-French Language Discordance and Their Implementation of the Active
Offer of French Language Health Services in Ontario

Amy Ford

This thesis is presented at the Faculty of Post Graduate Studies to fulfill a partial requirement for
a Masters in Science of Nursing (MSN)

School of Nursing
Faculty of Health Sciences
University of Ottawa

© Amy Ford, Ottawa, Canada, 2018

Table of Contents

Abstract.....	iv
Preface.....	v
Chapter One: Research Context	1
Chapter Two: Literature Review	5
Historical Context	6
Minority Francophone Health Experiences in Canada and Ontario	9
How do Patients Experience Language Discordance?	11
How do Nurses Experience Language Discordance?.....	13
Nurses', Nursing Students' and Nursing Professors' Awareness of Minority Language Challenges and Active Offer.....	15
Does Minority Language Proficiency Increase Active Offer Awareness?.....	18
Strategies to Increase French Language Services From Canadian Nurses	19
Conclusion	20
Chapter Three: Research Problem Statement	21
Research Problem Statement and Purpose	21
Theoretical Framework.....	23
Chapter Four: Methods	25
Design and Setting	25
Sample	25
Sampling Method	25
Sample Size	26
Recruitment.....	27
Ethical Considerations	28
Tool Development	29
Development of the Survey Questions.....	31
Data Collection.....	34
Statistical Analysis.....	35
Conclusion	36
Chapter Five: Results.....	37
Survey Response Rate	37
Sample Demographic Characteristics.....	37

Research Question Survey Results.....	40
Conclusion	53
Chapter Six: Discussion	54
Nursing students' awareness of the patient safety risks of French English language discordance.....	55
Did nursing students learn about FLSA, active offer and how to implement it during their university nursing education?.....	57
Implementation of Basic Active Offer During Clinical Practicums	59
Nursing Students' Attitudes Towards Active Offer in Nursing	61
Study Limitations.....	64
Study Strengths.....	65
Implications for Nursing Education.....	66
Implications for Nursing Practice	68
Implications for Nursing Research	69
Conclusion	70
Chapter Seven: Conclusion	72
References	74
Appendix A Verbal Script.....	85
Appendix B Study Participant Package including Information Sheet and Survey	86
Appendix C Student Email Reminder	97
Appendix D Final Email Reminder for Students	98
Appendix E Ethics Approval.....	99

Abstract

As has been reported in Canadian research on the experiences of Francophone patients and Francophone health professionals, active offer is not common or well performed in the Ontario healthcare system (Bernier, 2009; Boileau, 2016; Bouchard & Desmeules, 2013; Drolet et al., 2014; Hien & Lafontant, 2013). This descriptive quantitative research explored the self-reported awareness and implementation of the active offer concept during clinical placements by English language program 4th year undergraduate nursing students. A total of 69 participants were recruited in April 2017 to complete a paper or online-based survey. The survey consisted of questions on French language abilities, awareness of the patient safety risk of language discordance, communication experiences with Francophone patients and opinions of the role of the nurse, healthcare organizations and universities in the implementation of active offer. The participating nursing students reported little knowledge and training for implementing active offer during clinical settings. Despite the lack of preparation, the majority of them (92%) reported caring for a Francophone patient at least once with 25% doing that eight times or more during their clinical placements. More than 84% reported finding a way to communicate with Francophone patients in French, by speaking to them in French themselves or by asking Francophone colleagues, a professional interpreter or the patients' family to interpret for them. Study recommendations include training nursing students during their undergraduate studies about the patient safety risks of language discordance, active offer and how to implement it. All English program nursing students should also be taught how to access and work with a professional interpreter. Those with French language skills should be encouraged to take healthcare specific language training. New research should be done to explore communication between English language program nursing students and Francophone patients to identify if it is safe and adequate from both the student and the patient's point of view.

Preface

My interest in this research topic stems from my personal experiences with learning French as a second spoken and first written language at a British Columbia public school and nursing Francophone patients and their families in Quebec and Ontario.

I am an Anglophone from western Canada who attended an elementary school for Francophone children, the Programme Cadre in Prince George, British Columbia from 1981 to 1986. My parents and I could not follow much of what my teachers told us for the first whole year of my schooling. In grade one I became fluent in French and completed 5 years of primary school solely in French. In the sixth grade my family moved to Alberta and I entered the English public school system. It was a difficult switch as I had never completed academic work in English before. I had challenges learning how to do mathematics, sciences and even how to spell correctly in English despite being a native English speaker. From 1989 on I spoke French with very few people. That was my linguistic situation until 2006 when I moved to Montreal and took a nursing position at the Montreal Children's Hospital.

After a year of living and working in downtown Montreal I found I could understand, read and speak French again without too much difficulty. I enjoyed offering my nursing skills to my pediatric patients and their families in both French and English. To hold a Quebec nursing practice permit I had to pass multiple French language exams administered by the Québec government. To pass the exams I took university level language classes at my own expense, as I was unable to write more than a brief basic text in French having finished my formal French education at the age of 10 years.

The experience of working in a university level profession and being partially illiterate in an official language increased my empathy and drive to provide excellent communication for all the patients and families I worked with. I tried learning Arabic and Mandarin to greet new immigrant

families and Hebrew to care for some of my frequently admitted patients with chronic conditions. My sensitivity to communication led me to question how patient-centered care could be given to patients and their families without language interpreters. At my hospital interpreters were uncommon. In fact I was often asked to interpret from French to English for various medical personnel in the PICU. I did not observe medical errors due to the language discordance but I know that both the patients' families and I experienced higher levels of stress in the already stressful ICU environment due to my lack of French proficiency.

These experiences of living, studying and working in settings where the language I spoke was not the majority language, first in French and then in English, has made me curious about why language discordance has not been recognized as a major health risk in Canada. I was curious enough to study about how healthcare and official languages federal legislation has changed through the years to reflect the Canadian societies' values. I believe the profession of nursing should view language discordance as a patient safety risk. It should be mitigated during all healthcare encounters with clear and attainable best practice guidelines.

This following thesis contains a preface, a context to the research in Chapter 1, a literature review with historical background in Chapter 2, and a summary of the research purpose, theoretical framework, the research problems and questions in Chapter 3. The research sample, methodology and ethical considerations are found in Chapter 4, and the research results in Chapter 5. A discussion of the research results, strengths and limitations and future research recommendations are in Chapter 6 followed by the conclusion in Chapter 7.

Chapter One: Research Context

The Canadian public healthcare system is a federally funded, provincially administered system that is required under the Canada Health Act (1984) to give equal access to healthcare in either official language French or English to all Canadians. A sense of tolerance and the attempts to respect everyone are Canadian values that likely stems from the Canadian experiences with linguistic duality (Office of the Commissioner of Official Languages, 2016). Still, the Ontario Minister of Health and Long-Term Care, Eric Hoskins wrote in his 2015 discussion paper on patient-centered healthcare, “Franco-Ontarians face challenges obtaining health services in French. To meet their needs we must ensure that the healthcare system is ... readily accessible in French” (Hoskins, 2016). Francophone people living in Ontario access healthcare as a linguistic minority and often encounter language discordance with their healthcare providers (Bernier, 2009; Bouchard & Desmeules, 2011; Bouchard & Vézina, 2009; Gagnon-Arpin, Bouchard, Leis, & Bélanger, 2014).

Discordance is defined here as a lack of agreement or harmony (“Merriam-Webster Dictionary,” 2017). Language discordance is a term currently used in the healthcare research literature to indicate a situation where two people are not proficient in communicating in the same language (Bowen, 2015, Carnevale, 2009). The term “language barrier” was previously used in healthcare research to indicate that a patient was not able to communicate proficiently with their healthcare provider because they did not speak the majority language of the healthcare setting. Both of these terms indicate situations where communication is not clear because of different languages proficiencies.

The term Francophone is used in this study to talk about a person in Ontario belonging to a population using French as its first or most frequently used official language spoken at home and Anglophone is a term used in this study to talk about a person belonging to an English-speaking

population especially in a country where two or more languages are spoken (Forgues, Landry, & Boudreau, 2009; “Merriam-Webster Dictionary,” 2017; Office of the Commissioner of Official Languages, 2001; Offices des affaires francophone, 2009).

Healthcare research from North America, Australia and Europe has shown that people who speak a language that is not concordant with the healthcare setting are at risk for increased rates of medical errors, physical diagnostic testing, longer clinical wait times, decreased access to primary, preventative and mental care and lower levels of satisfaction with their providers and care (Bernier, 2009; Bischoff & Hudelson, 2010; Bouchard & Desmeules, 2011; Bowen, 2015; Flores, 2005; Hien & Lafontant, 2013). In 1983, Medical anthropologist Clark stated that in the case of unresolved language discordance between healthcare provider and patient, veterinary and medical care are nearly identical (Clark, 1983).

As a solution to the risks of language discordance for Francophone patients, the legal requirement of the active offer of all healthcare services in French, was officially recognized by the Ontario government with the passage of the 1986 French Language Services Act (FLSA). This initiative involves the proactive offer of all government services including those provided by third-party healthcare providers in the French language within the 26 French Language Designated Regions of Ontario. A French Language Designated Region as defined as having 10% of the population reporting French as their first language and/or 5000 people reporting French as their first language living in the region (Boileau, 2014; Lalonde, 2017). Ottawa and Toronto are found in the most populous of these designated regions. In Ontario, 4.8% of the population designates French as their first and preferred language of communication. Ottawa is the largest city in the eastern region of the Ontario, 42% of all Franco-Ontarians live in that region (Boileau, 2014; “Over 600,000 Francophones in Ontario,” 2013).

Although the FLSA has been fully implemented in Ontario since 2002, there is still a substantial group of Francophones that report not receiving health care services in French (Bouchard & Desmeules, 2011). In Ontario, 40% of Francophones reported having difficulty accessing health care services in French in 2013. Only 36% of those Francophones reported speaking French with a nurse (Bouchard & Desmeules, 2013). There is research on Francophone patients living in minority linguistic situations detailed in the following literature review which demonstrates that when active offer legislation is not being respected, medical errors and patients' dissatisfaction result (Gagnon-Arpin, Bouchard, Leis & Bélanger, 2014, Hien & Lafontant, 2013). These problems often lead to patient disengagement from or distrust in the healthcare system (Bernier, 2009, Bouchard et al, 2015, Gagnon-Arpin, Bouchard, Leis & Bélanger, 2014, Gauthier et al, 2015, Hien & Lafontant, 2013).

It is suggested that the lack of health services in French is related to a lack of French speaking, Francophone or Francophile health professionals in Canada (Comité consultatif des communautés francophones en situation minoritaire, 2001). In an analysis of Statistics Canada linguistics data of nurses from 2001 to 2006, the number of nurses who spoke French in Canada rose 22.2% and in southeastern Ontario the number of nurses who used French regularly at work rose 22.6% (Statistics Canada & Health Canada, 2009). In Ottawa, the increase was lower at 12.1%. This was below the province-wide average of 16.2% increase. (Statistics Canada & Health Canada, 2009).

Nevertheless, in 2006 the final year of the previous survey period, 87% of Francophones surveyed for the Statistics Canada "Enquête sur la vitalité des minorités de langue officielle" agreed that the principal reason they had difficulty accessing healthcare services in French was a lack of French speaking professionals to provide active offer (Gagnon-Arpin et al., 2014). The

shortage of nurses with French language skills to actively offer healthcare services in French to Ontarians remains a problem (Bouchard, Vezina, & Savoie, 2010). Due to this shortage, Francophone patients risk healthcare complications such as incomplete nursing care, not receiving primary healthcare messages through mainstream media and a dissatisfaction with the communication with their provider in the healthcare setting despite their speaking one of the two official languages of Canada (Beaulieu, 2011; Bowen, 2015; Drolet et al., 2014)

Nurses are the largest group of health professionals in Canada and they work in all healthcare sectors (Canadian Nurses Association & Canadian Association of Schools of Nursing, 2013). The majority of Canadian nurses outside of Quebec are mainly educated in English so there is often the possibility of language discordance between those nurses and French speaking patients (Beaulieu, 2011; Canadian Nurses Association & Canadian Association of Schools of Nursing, 2013). As nurses are called the communicator of the health care system (Cioffi, 2003; Isaacs, Laurier, Turner, & Segalowitz, 2011; Segalowitz & Kehayia, 2011), the concordance of patients' and their nurses' language is a crucial factor in how nursing care will be given in a safe and ethical way (Carnevale, Vissandjee, Nyland, & Vinet-Bonin, 2009).

Therefore this study will focus on if nursing students in English language program at the University of Ottawa know of the patient safety risks of English-French language discordance and if they are aware of the French Language Services Act and active offer. It will also explore if and how they implement basic active offer into their nursing practice in clinical placements. Finally, it will inquire about their attitudes towards health care providers responsibilities to provide active offer.

Chapter Two: Literature Review

This literature review followed a PICO search of P (for Population) = francophone minority patients in Ontario, I (Intervention) = French language concordant speaking nursing students/nursing professors, C (Comparison of Interest) = nurse patient language discordant pairs O (Outcome) = improved communication, lower rates of medical errors and patient satisfaction (Fineout-Overholt & Johnston, 2005). The purpose of this review was to identify research literature that addressed how minority Francophones experience their health and the healthcare system in Ontario, what knowledge do Anglophone and Francophone nurses, nursing students and professors have about language discordance in clinical practice, and what strategies can contribute to increased awareness of and a positive attitude towards of active offer among all nurses in Ontario.

The literature search was conducted from January 15 2016 to February 2017 on CINAHL, ProQuest and Medline databases with search terms of “Francophone minority and health care”, “active offer and nurse”, “language minority and health care”, “bilingual health care”, “language discordant”, “health care interpreters”, “cultural competency and language”, “Canada bilingual nurse” for publications and theses from 2000 to present. Google Scholar was searched with the same search terms as used in the databases and citation trails were followed. Érudit and Consortium national de formation en santé (CNFS) publications were searched, and citation trails were followed for French language publications. French language key articles and citations trails of those articles were hand-searched as well. Exclusion criteria for all the searches were publication dates of 2000 and earlier, studies with no healthcare subjects, terms that included knowledge translation as it confounded the search.

A brief literature review of historical research on the experience of the Franco-Ontarian population, lifestyle, minority experience and healthcare from 1863 to 2010 was done to view the

research problem within a wider societal context. This historical background information is important as it frames the legislative changes that introduced the concept of active offer into the Ontario healthcare system and into the clinical practices of all Ontario nurses today.

Historical Context

A minority group may be labelled as deficient by a majority group if they are judged to be unable to function independently in the dominant culture and if their point of view or voice is not being heard and acknowledged in the popular discourse (Barnard, 2016; Spiers, 2000).

From the 1860s origins of the province of Ontario the majority Anglophone group discriminated against the minority Francophone community in formal ways. The education law, Ruling 17 in 1912 forced all Ontario school to deliver lessons in English only. This was after the previous 40 years of French, English, Gaelic and bilingual schools being publicly funded (Martel, 2005). The Ruling 17 was implemented as a formal measure to assimilate Francophone children into mainstream Anglophone culture. It was a result of Irish Catholic priests pressuring the Anglo-Saxon Protestant majority provincial government for formal Francophone assimilation (Martel, 2005). Francophone schools across Ontario were closed and specifically those in the Sudbury and Timmins areas were not replaced until 1927 when the law was changed to allow for bilingual public schools (Martel, 2005). Throughout this period Francophone teachers in the Ottawa area in the eastern provincial region with a large Francophone population continued to clandestinely teach in French and defy authorities who tried in multiple ways to enforce the English only laws (Martel, 2005).

The use of French in Ontario judicial courts was not given official status until 1984, almost a decade after the Canadian Human Rights Act of 1977 which called for equality and non-discrimination in provision of government services (Gouvernement of Canada, 1985; Lalonde,

2017). The French Language Services Act of Ontario of 1986 was instituted to ensure that agencies that received funding to provide mandatory public services such as healthcare deliver those services in French and English in the 26 regions of the province. Unfortunately for Francophone patients, the healthcare administrators across the province used the fact that the Local Health Integration Networks (LIHNs) could be legally classified as third-party funding providers and therefore were not responsible to the rules of the Language Services Act and continued to refuse to support French language healthcare services (Boileau, 2014). The refusal to support French language healthcare came to a head in the proposed closure of the Montfort hospital a minority Francophone hospital in Ottawa in 1997. The Francophone community led by Gisele Lalonde protested the proposed closure. After a period of time, she was able to prove to the Divisional Court of Ontario that the community had a right to healthcare in a “truly francophone environment” with medical education facilities at the Montfort Hospital under the French Language Services Act which was based on the Canadian Constitution. The hospital was then named an institution that preserves the identity of the Francophone minority (Ontario Justice Education Network, 2016).

The Francophone community that defended and defends the Montfort hospital to this day are a unique part of Ontario healthcare system. This minority voice speaks with volume in defense of its place of pride in that system. It is interesting to note that the risks to the Francophone patient of language discordance were not the focus of the protests to maintain the Montfort hospital in 1997. Instead the Montfort defense group emphasized their historical and legislated right to equal access to healthcare in French (Ontario Justice Education Network, 2016; Thériault, 2005).

It took another 20 years for that discriminatory legal loophole to be closed with the Local Health System Integration Act of 2006, which named the LIHNs as designated public services agencies under the French Languages Act (Office of the French Language Service Commissioner, 2013).

Where had all this Anglophone drive for French language assimilation and discrimination in healthcare come from? After the turn of the 20th century Francophone families in Ontario were large and poverty was common (Baillargeon, 2002). Infant mortality rates for Francophone counties in Quebec were higher than for English counties and in 1921-25 the Quebec infant mortality rate was 53% higher than in Ontario (Baillargeon, 2002). In the 1920s French Canadian nationalism was struggling with the tension of the draw of upward economic mobility, first wave feminism versus traditional rural, Catholic family centered values. There was a late uptake of public health practices among Canadian Francophone communities. In, 1940 Dr Jean Gregoire attributed that lag in public health practices to the independent Francophone nationalist spirit of the time coupled with a profound attachment to the collective French Canadian history and a wariness towards all advice from Anglophones (Baillargeon, 2002).

Across the country, the anti-immigrant and social hygiene movements of the 1920s were focused on assimilating through public health practices, children from families who did not subscribe to the lifestyles of the Anglo-Saxon politically and economically advantaged class (Gleason, 2002). With this history of language discrimination it comes as no surprise that the Francophone community turned inward for healthcare or assimilated into the Anglophone community to access equal resources (Bernier, 2009; Hien & Lafontant, 2013).

This analysis sheds light on some of the historical reasons why the active offer of healthcare services in French has not been a priority in Ontario healthcare policy today. Discussions about

disparities in French language services serve as a reminder of the minority French voice in Canadian healthcare and greater Canadian society. These discussions can engage unilingual Anglophone people to contemplate another way of experiencing life and the universal healthcare system in Canada (Boileau, 2014; Comité consultatif des communautés francophones en situation minoritaire, 2001; Ontario Justice Education Network, 2016; Thériault, 2005).

Minority Francophone Health Experiences in Canada and Ontario

Francophones living in minority language situations outside of Quebec in Canada make up a group of approximately a million people according to the 2011 Canadian census data. In 2013, Bouchard used a qualitative cartographic study to explore the basis of healthcare services available to the Francophone minorities in Canada. The study was done by asking participants to respond to and discuss in focus groups the research question of, “When you think of the future of healthcare services in French what do you think? (translation) (Bouchard, 2013). The participants of the study (n=72) were recruited from Société Santé en Français (SSF) groups across Canada. The emerging themes were around the isolation of rural Francophone communities from other Francophone communities, the specific language needs of those communities including the lack of data on personal healthcare, the right to have quality services in French, the minority experience and concerns about assimilation, the need for active offer and the lack of bilingual staff available in all settings (Bouchard, 2013). In 2015, Bouchard et al., found that being an elderly Francophone in a Canadian language minority situation has a negative impact on an individuals’ education and income levels, both of which are determinants of health.

Although most Francophones in Ontario have English language skills, illness and distress are known to diminish the second language abilities of bilingual people (Bouchard et al., 2015; Bowen, 2015). Okrainec, Miller, Holcroft, Boivin and Greenaway (2014) studied the question of

how nurses asked in different ways about a patients' language preference in ER and outpatient clinic in Montreal gave different answers to the question of the patient needing a professional healthcare interpreter for French or English. They found that patients' reported language of preference was important to take into account in emotional discussions but a patients' ability to communicate in a language beyond basic questions was the best indicator of requiring interpretive services or not (Okraïneç, Miller, Holocroft, Boivin, & Greenaway, 2014). Results from the Statistics Canada study called L'Enquête de santé dans les collectivités canadiennes from 2009 were that 88.9% of Francophones and 90.4% of Anglophones in Ontario had a family doctor but only 52% of Francophones reported speaking French with their doctor while 93.8% of Anglophones spoke English with their doctor (2009). An analysis of the same study data from the Statistics Canada, found that Francophones reported higher levels of daily stress, more daily exposure to second-hand smoke, higher body weights and consuming diets with fewer fruits and vegetables than their Anglophone counterparts in Ontario (Gagnon-Arpin et al., 2014).

A qualitative study done with 32 Francophone patients and their families from northeastern Ontario asked questions about their perception of health and accessing to the healthcare system in French (Bernier, 2009). On the whole the participants were most concerned with having difficulty travelling long distances to access specialists in cities because of their rural location. The participants with post-secondary education said that they wanted services in French because they had a right to those services under Ontario law. The participants with less than a secondary education wanted services in French because they reported they were unable to understand English. Some participants brought up the idea that the government should be obliging health organizations to provide services in French at all times and that the responsibility for active offer should not fall on the shoulders of each individual provider. One respondent reported that she did

not like the services she was offered in French but also did not want to complain officially about them because she felt the nurses and doctors were doing the best they could with the resources available to them (Bernier, 2009).

How do Patients Experience Language Discordance?

The language of the health-care system in Canada outside of Quebec and New Brunswick is English by default (Giguère & Conway, 2014). Patients who speak French within that system in Ontario are in a language minority who risk poor outcomes from medical errors due to the language standardization (Boileau, 2016; Gagnon-Arpin et al., 2014).

An excellent early example of minority patients experiencing majority language standardization is the study done by Eckhardt, Mott, and Andrew (2005). They examined the experiences of German speaking minority language geriatric surgical patients in Australia and found that nurses gave equal care in English to all of their patients and did not recognize that the language needs of their minority patients were part of their scope of care. All nursing care was standardized for the English majority. The minority patients were made to feel like they should assimilate and were solely responsible hurdling the language barrier by learning English if they wanted to benefit from that nursing care (Eckhardt, Mott, & Andrew, 2005).

Francophone immigrants in Sudbury interviewed about their minority language experiences by Hien and Lafontant in 2013 also reported that the French/English language barrier had a similar assimilating effect. Some participants said they took up speaking English because otherwise they were treated as “illiterate” and lost their place on waiting lists if they requested healthcare services solely from Francophone professionals (Hien & Lafontant, 2013). This was in spite of the French language services guaranteed to them as Sudbury is in a designated French language services region in Ontario.

Francophones in Calgary interviewed in 2012, reported that friends and family were often asked by healthcare professionals to ad hoc translate. If they weren't available then nurses were asked to ad hoc translate as one participant was told, "because it is only French."

(Ngwakongnoni, Hemmelgarn, Musto, Quan, & King-Shier, 2012) Others expressed their desire that the healthcare professional charged with their care would recognize their need to be understood in French when answering questions and for professional medical interpreters (Ngwakongnoni et al., 2012).

The French Language Commissioner of Ontario, François Boileau presented two examples of Franco-Ontarian patients who had experienced medical errors due to language discordance in his speech to the Ontario Legislature Standing Committee on Bill 41 in November 2016. The first patient was a Francophone child who was over sedated in a surgical recovery room by a nurse who did not understand that he was asking for his mother in French in a coherent manner. The nurse reported the patient was babbling incoherently in their justification for the administration of additional sedation despite their knowledge of the patient's French only language status. The second example was of a Francophone adult who was sent for a consult with cardiologist. The patient was given a prescription for medication that he began self-administering incorrectly because the medication teaching by the cardiologist had only been in English. The administration error was only discovered by a Francophone nurse practitioner in a follow-up appointment when the patient reported that he was using his prescribed "nitro pump" only as needed and not on a regular basis as prescribed (Boileau, 2016). Both of these examples show the danger to the patient of language discordance and these experiences led to distrust of the healthcare system on the part of the patients and their families.

Some larger studies on language discordance and medical errors were done in the United States after the Title VI of the Civil Rights Act of 1964 that stated that the denial or delay of medical care because of language barriers constitutes legal discrimination. It requires that recipients of Medicaid or Medicare funds to provide adequate language assistance to patients with limited English proficiency (Flores, 2005).

Failano, Adams, Neumeister and Chang (2011) found in their quantitative study of an American emergency department that when the nurse and patient in a critical event did not speak the same language, the rate of code blue calls was roughly double the control group of language concordant nurse patient pairs (Failano, Adams, Meumeister, & Chang, 2011). Flores found a 31% translation error rate when interpreters were used by English speaking nurses and doctors to talk to Spanish speaking parents of pediatric patients in hospital outpatient clinic (Flores et al., 2003). Of those errors, 19% were of clinical consequence such as omitted drug allergies, omitted or incorrect drug dosages or frequencies, and incorrect drug routes of administration. Ad hoc interpretation by family members or other health professionals accounted for 77% of the rate of errors with clinical consequences while professional medical interpreters accounted for 53% of the errors with clinical consequences (Flores et al., 2003).

How do Nurses Experience Language Discordance?

Nurses commonly report a stress reaction to a language barrier with a patient (Bernard et al., 2006; Cioffi, 2003; Drolet et al., 2014; Nailon, 2006). Bernard et al. (2006) found that a reaction of extreme stress due to a language barrier was reported by nurses at a rate of 33% versus 3% of physicians in the same hospital practice setting.

When unilingual English emergency department (ER) nurses studied by Nailon (2006) made initial assessments of unilingual Spanish patients' needs based solely on presenting behaviour,

they expressed concern that they could not verify that assessment with the patient as the hospital prioritized their budget for interpreter fees for medical interactions only. Unilingual nurses also report higher levels of stress due to their lack of training on how to access and work with on call professional medical and telephone interpreters (Gerrish, Chau, Sobowale, & Birks, 2004).

Faced with similar language discordance challenge unilingual primary nurses in a United Kingdom (UK) study reacted by not choosing to access professional interpreters. They used many ad hoc interpreters such as the patient's families or untrained bilingual community members in spite of their knowledge of the risks to their patients with those types of communication modes (Gerrish et al., 2004). Qualitative studies on acute care and ER nurses in Australia and American settings often resorted to ad hoc family interpreters and body language instead of professional interpreters to explain nursing care. They would wait for bilingual nursing staff members to be available only to ad hoc interpret assessment questions and discharge instructions (Cioffi, 2003; Nailon, 2006).

Bilingual nurses are often asked to provide interpretive and translation services without additional training and support in that role. This action leads to stress and adds to the risk of communication errors as the nurse is acting in an ad hoc role (Drolet et al., 2014; Flores, 2005; Hseih, 2015). The accuracy of ad hoc interpretation by bilingual nurses has not been studied specifically but has been reported as a concern by bilingual nurses. They feel unprepared for the interpreter role and pressured into interpreting even if they do not feel proficient in the required language (Bouchard & Vézina, 2009; Hseih, 2015).

A study of bilingual medical staff untrained in interpretation found that 1 in 5 had insufficient interpretation skills (Moreno, Otero-Sabogal, & Newman, 2007). A systematic review of studies of language discordance in pediatrics setting found that staff ad hoc interpretation resulted in

many clinical communication errors, instilled a false fluency and an unwarranted confidence in communication between healthcare professionals and families (Flores, 2005). These results lend support to the idea that the nursing assessments of their patients' behaviour and needs are critically inhibited when language discordance is present.

Drolet et al. (2014) qualitative research on the experiences of 43 Francophone healthcare and social services professionals was set in eastern Ontario. The group of professionals, which included nurses, social workers, and occupational therapists, were interviewed in focus groups about the challenges of working in a bilingual work setting and what they felt could be done to improve the healthcare services offered in the minority language, French. The study research found that the professionals changed their level of language from formal to colloquial with local slang and Anglicisms to accommodate their Francophone clients who had at times limited education and spoke colloquial French. Secondly, the professionals had challenges and felt stress when attempting to refer Francophone clients to other healthcare services as there was a shortage of French language services even in designated French language regions. Finally, the Francophone professionals were often overwhelmed by their workload as they were considered to be a rare French language resources in agencies mandated to provide bilingual services (Drolet et al., 2014).

Nurses', Nursing Students' and Nursing Professors' Awareness of Minority Language Challenges and Active Offer

There is some Ontario-based research indicating that Francophone healthcare professionals are aware that their Francophone patients face challenges accessing healthcare services and that active offer is important to them (Bouchard & Vézina, 2009; Drolet et al., 2014; Savard, Casimiro, Benoît, & Bouchard, 2014). These workers reported that they are most often a small

linguistic minority in their healthcare organization and that their awareness and concern for their Francophone patients led them to increase their workload to best serve them in French (Drolet et al., 2014; Savard et al., 2014). They also reported that they often communicated in English in their workplace because their organization did not fully support French communication (Bouchard et al., 2010; Savard et al., 2014). They had co-workers who did not understand French so they felt pressure to use English as they themselves were almost always bilingual (Bouchard & Vezina, 2009, Drolet et al, 2014). They were also unsure of how to pursue professional continuing healthcare education in French in their specialized fields (Bouchard & Vézina, 2009; Drolet et al., 2014; Savard et al., 2014).

Francophone healthcare professionals, including nurses and nursing educators report that their work in providing French language services to Francophone minority communities is meaningful but also overwhelming as there are often few French resource employees in their organization (Benoît et al., 2015; Drolet et al., 2014). They are aware of active offer but report the employer organization policies often leave the responsibility of implementation of active offer to each Francophone employee individually (Dubouloz, Savard, Drolet, Benoît, & Casimiro, 2015).

The Consortium national de formation en santé (CNFS) is the national consortium for healthcare training in the French language to serve francophone minorities in Canada which was formed in 1999 and grew as part of the 2003 Health Canada action plan. The CNFS funds French language healthcare education programs and research for Francophone students and practicing professionals across Canada (2012). They provide educational materials in French and English on how to implement the active offer of healthcare services in French for all Canadian healthcare professionals. The University of Ottawa is part of the CNFS which supports Francophones

studying in college and university health sciences programs to become future professionals who provide active offer for minority Francophones communities.

Bouchard and Vézina studied the knowledge and implementation of active offer among Francophone health professional graduates, including nurses of French language university programs for the CNFS. They found that newly graduated Francophone students were almost always French English bilingual and often spoke only English at work to appear competent to their majority Anglophone co-workers and managers (Bouchard & Vézina, 2009). Those who did speak French with their Francophone patients felt overworked as they were often the only health professional those patients could communicate comfortably with (Bouchard & Vézina, 2009). This study underlined the need for organizational support so that new health professionals can learn about and deliver active offer.

Another Canadian study done for the CNFS reported the results of a survey of professors, teachers and program coordinators in French language health sciences, nursing and social services university and college programs (n= 123). It focused on their techniques for teaching about caring for Francophone communities in minority situations and their attitudes about that teaching task (Benoît et al., 2015). Among the results was that 69% of participants had not received formal training in the active offer of services in French recently, this despite the fact that survey responding professors identified French as their mother tongue and the language of their academic career. Some noted that they were not tasked with teaching active offer in their course load or already felt competent to teach the subject and did not foresee themselves needing any additional training to teach active offer. The participants reported that 50% of the time the teaching of active offer to students was spread throughout a number of courses in the healthcare programs and was included in clinical practicums, 43% of the time. The participants cited

patient-centered care, communication and leadership as the key points to be emphasized in active offer teaching (Benoît et al., 2015).

Does Minority Language Proficiency Increase Active Offer Awareness?

This literature review has uncovered a few different ways to look at the problem of raising the level of awareness of the need of actively offering healthcare in a minority language by healthcare professionals regardless of their language skills in a setting.

A scoping study on establishing bilingual provisions in nursing education focused on English Welsh bilingual nurses' attitudes towards offering healthcare services to minority language speakers (Roberts, Irvine, Tranter, & Spencer, 2010). This study was a thematic analysis of policy documents, empirical and theoretical papers and included telephone interviews with a group of 312 English Welsh bilingual nursing students, lecturers and clinical mentors. The findings were that external influences of professional bodies, funding contracts, and government policies had a positive influence on how much minority language was taken into account when planning for bilingual education for nurses in Wales (Roberts, Irvine, Tranter & Spencer, 2010). We will look again to the English Welsh bilingual country of Wales where a mixed methods study was conducted on the minority language awareness and attitudes among 1042 nurses and midwives. The researchers found a strong positive correlation between nurses' or midwives' language proficiency and attitude towards the use of Welsh by patients and providers in public healthcare (Roberts et al., 2007). This positive correlation was found even among participants who reported a medium to limited proficiency in spoken Welsh (Roberts et al., 2007).

The use of a minority language by a provider with limited proficiency as a greeting in a language discordant situation is a way of acknowledging the minority language speakers challenges and can be a way of establishing rapport (Diamond & Jacobs, 2009). Roberts et al.

(2007) established that even nurses with a limited proficiency in their second language (L2) of Welsh had a positive attitude towards its use in healthcare and understood that actively offering the Welsh language was a task that was to be shared throughout their public system.

Strategies to Increase French Language Services From Canadian Nurses

As a measure to take some of the responsibility for active offer of French language services from the Francophone nurses who feel overwhelmed by the needs of the Francophone community could Anglophone nurses be of help? In Canada linguistics researchers, Segalowitz & Kehayia published a research agenda that presents possible solutions to the shortage of bilingual English French speaking nurses to care for French speaking patients in Canada and more specifically for Francophone patients in Ontario. They identify that there is a group of Anglophone nurses already employed in Ontario with latent L2 French language skills acquired from Canadian French immersion schooling, family, travel and social interactions (Segalowitz & Kehayia, 2011). These nurses have language skills that could be capitalized on and strengthened with well focused and discrete French language instruction periods (Beaulieu, 2011; Segalowitz & Kehayia, 2011).

Second language speech tasks needed for successful nurse patient interactions in a linguistic minority setting have been studied in Alberta, a French minority language setting (Beaulieu, 2011). The participating nurses were mainly French as a second language learners enrolled in the bilingual nursing program at the University of Alberta. The research explored the differences between the academic French the nurses were taught in their courses and the colloquial French they learned in their Francophone clinical practicum settings. The results were that the nursing students felt they were better able to serve the minority Francophone community of Alberta when their education prepared them with oral skills that allowed them to establish rapport with

their patients (Beaulieu, 2011). This result is an interesting basis for improving second language proficiency for nursing specific communication.

Conclusion

To conclude, this literature review found that Francophone people in minority language communities are dissatisfied with their access to and the quality of French health care and services to have been receiving. The nurses and healthcare workers who care for those in minority language communities face many challenges, some that differ depending on if they are in a language concordant or discordant dyad with their patients. The majority of the research on active offer in Canada has focused solely on the experience of language concordant Francophone providers from the minority community but some international nursing and Canadian linguistic research may provide an interesting new nursing research path into minority second language training for Anglophone nurses. To note, there is limited data collected consistently on the official language proficiencies of healthcare providers and patients in Canada on a provincial or federal level (SSF, 2015). Therefore, although there is literature on the Francophone health and access to healthcare in French in Canada , “almost no research has been conducted on quality and safe care for official language minorities” (Bowen, 2015). This review yielded few research results into Canadian or Ontario based Anglophone nurses’ or nursing students or nursing professors’ attitudes towards active offer of French language services. This is a gap in healthcare research because English is the majority language in Canada and the most common language of university nursing education in Canada (Canadian Nurses Association & Canadian Association of Schools of Nursing, 2013; Giguère & Conway, 2014).

Chapter Three: Research Problem Statement

Research Problem Statement and Purpose

Although there are institutional active offer policies in place in the Ottawa region and other designated regions of Ontario, Francophone patients and their families continue to report that active offer is not being delivered in all healthcare settings (Boileau, 2016; Bouchard et al., 2015; Bouchard & Desmeules, 2013; Gangon-Arpin et al., 2014). French English bilingual healthcare professionals in Ontario have been working to deliver active offer to Francophone patients but some report challenges in keeping pace with demand and a lack of support from their non-bilingual colleagues and healthcare organizations (Bouchard & Vézina, 2009; Drolet et al., 2014).

One of the pioneering language discordance and patient safety researchers in Canada, Sarah Bowen, wrote in 2015 in her report on the Impact of Language Barriers on Patients Safety and Quality of Care for the Société Santé en Français that,

“Current approaches to addressing the risks of language barriers rely on the dedication and insight of individual providers rather than implementation of effective, evidence-informed strategies at the system level. This is not acceptable in light of current knowledge of effective approaches to patient safety.”

Therefore the purpose of this study is to explore what a group of health professionals from the majority language group in Ontario know about the challenges of these aforementioned language barriers. More precisely, it will explore if English language program 4th year nursing students in the University of Ottawa undergraduate nursing program know about the patient safety risks of French English language discordance and the active offer concept in Ontario

healthcare. It will also explore if they report implementing basic active offer and their attitudes towards active offer. The results of this study will add to the evidence that could inform strategies to address the risks of language barriers on the undergraduate education level from a nursing perspective.

This study focused on answering the following questions:

1. Are 4th year University of Ottawa English language program nursing students aware of the patient safety risks that arise from French English language discordance in healthcare settings?
2. Do the students report learning about the FLSA legislation and active offer and how to implement it during their undergraduate nursing training?
3. Do the students report implementing basic active offer during their clinical practicums?
4. What are the students' attitudes towards active offer and the safety risks of French English language discordance in nursing?

There is no Ontario based research that has shown that English program nursing students have been formally taught about the patient safety risks of French English language discordance, the FLSA legislation and how to implement active offer. Research is available to show that even French language program healthcare students have not had significant education on these subjects

Looking at the experiences of Francophone patients in the Ontario healthcare system outlined in the previous literature review, we can see that active offer is not universally offered to patients (Bernier, 2009; Boileau, 2016; Bouchard et al., 2015; Bowen, 2015; Hien & Lafontant, 2013). As the FLSA has been in place for more than a decade now, what is hindering the delivery of active offer to Francophone patients? Could it be the historically negative

attitudes towards the Francophone community seeking healthcare in Ontario (Boileau, 2014; Martel, 2005; Thériault, 2005) or an indifferent attitude towards the safety risks of French English language discordance among healthcare professionals (Bowen, 2004, 2015; Ngwakongnoni et al., 2012)?

Theoretical Framework

This study is guided by the learning framework put forth by Lortie and Lalonde (2012) on behalf of the Consortium national de formation en santé (CNFS) for the training of future health professionals to provide the active offer of French language health services. This learning framework was selected because it clearly addresses how a newly graduated health professional can incorporate active offer into their clinical practice regardless of the type of healthcare setting (Lortie & Lalonde, 2012).

The framework consists of three components that a future health professional must have training in to be equipped to deliver active offer in their clinical practice. The components are acquiring knowledge, acquiring skills and adopting positive attitudes towards active offer. This research focuses on the acquiring knowledge component as it consists of the future professionals learning about patient-centered care, active offer and the challenges Francophone people face when seeking healthcare in a minority language context (Lortie & Lalonde, 2012).

Figure 3.1 Learning Framework for the Future Health Professional: The Future Professional Must Acquire Knowledge (Lortie & Lalonde, 2012)

patient-centered approach
active offer to improve the quality of health services
health determinants, particularly language and culture, which make French-language services an

issue of safety, quality, legitimacy and ethics
the realities, challenges and rights of Francophone minority communities
the characteristics of working in healthcare in a Francophone minority context

Chapter Four: Methods

Design and Setting

This descriptive quantitative study was done within the School of Nursing (SON) at the University of Ottawa (U of O) during April 2017. The underlying research epistemology was a pragmatic approach. This research design was chosen over other types of design because there was no available data on the context of English language program nursing students assigned to care for Francophone patients during their clinical placements in the Ottawa area. The quantitative methodology allowed for a large sample to be questioned within the time constraints of this masters thesis project. The research ethics board defined risks for coercion and time commitment issues for the large group of undergraduate students also influenced the methodological choice.

Sample

The inclusion criteria for participation for the study was being a 4th year undergraduate nursing student enrolled in the English language Bachelors of Science nursing program offered in the SON at the U of O in April 2017.

Sampling Method

The sampling method selected for this study was consecutive sampling which involved recruiting all people from a population who meet the research inclusion criteria over the sampling period (Polit & Beck, 2012). This method was selected because the specificity of the population to be studied in the research questions. By inviting all of the members of the population that meet the inclusion criteria to participate in the study over the period of the study time the risk of sampling bias is reduced (Polit & Beck, 2012). The consecutive sampling

involved attempting to recruit all of the 132 people who were enrolled as 4th year undergraduate nursing students in the English language program in April of 2017.

Sample Size

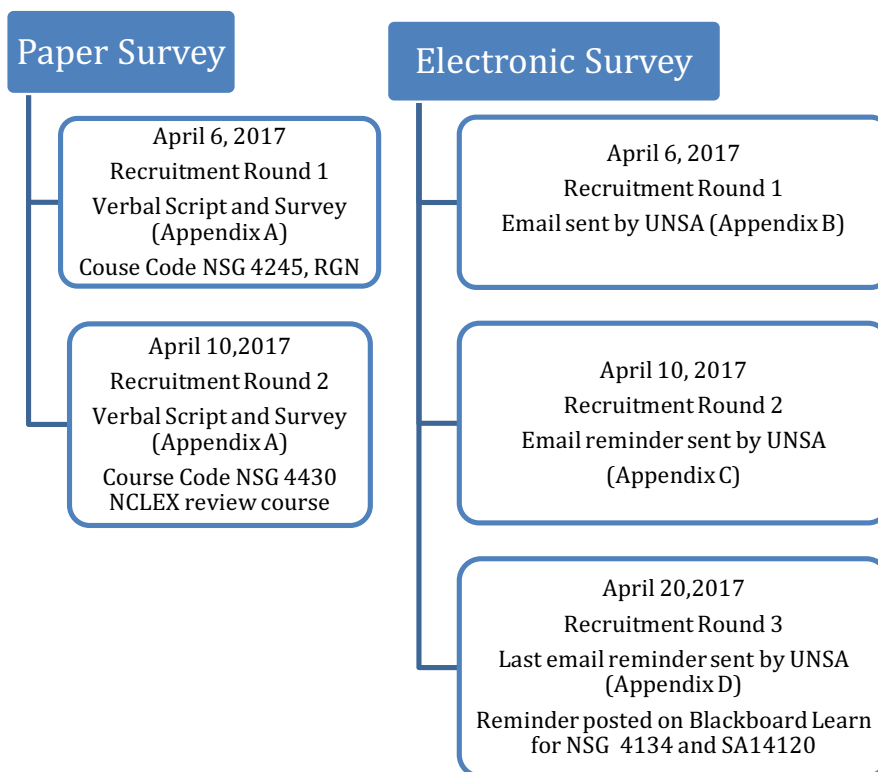
To minimize the sample biases caused by not reaching all potential participants due to a mismatch in survey method delivery (Dillman, 2000; Nutly, 2008; Richardson, 2005) or the systematic differences in attitudes and behaviours between all survey respondents and non-respondents (Richardson, 2005) a calculation to determine the minimum sample size was done. The calculation done from Dillman (2000) tailored design method work that suggests that for social science survey student sample sizes, “the liberal conditions should be set for a plus/minus 10% sampling error, variation for yes/no questions predicted to be 50:50 and to accept assuming a 95% confidence interval”. This yields a required sample size of 56 participants for a population of 132 students for this study (Dillman, 2000).

Nulty (2008) looked at what student teaching evaluation survey response rates were needed to get data that could be generalized to university classes for teaching feedback. He suggested that to determine the minimum student sample number the conditions should be the same as Dillman (2000) with a change to the confidence interval to be set at 80% instead. This difference is because minimum sample size is 34 for teaching evaluations because the conditions can be set with a 70:30 ratio for yes/no question variation because student answers skew towards the positive or the right side of the curve (Nutly, 2008). As this study uses a student survey which includes some evaluative curriculum questions, a sample size of greater than 21 participants with a larger goal of 56 participants was set. A sample of 56 participants out a potential sample group of 132 nursing students yields a response rate of 42% which is considered above the average of 30% response rate for online student surveys (Margo, Prybutok, & Ryan, 2015).

Recruitment

To maximize participant response rates, three strategies were considered (Figure 4.1). The first strategy included the delivery of a paper format only survey with the principal investigator introducing the study and recruiting participants during a nursing class in the final semester of their undergraduate program. As student attendance was not guaranteed, an online survey was developed as well. Therefore, the second strategy was to make the survey available in both identical paper and electronic formats. The Survey Monkey platform was chosen to develop a user-friendly and an attractive survey. This newer format allowed nursing students to complete the survey at their convenience during a busy time in their academic year. The third strategy used to increase survey response rate was to have the research project introduced and an invitation to participate was sent to students using different modes of communication. The potential participants heard about the research project in person from the principal investigator in class, from their U of O email account and on BlackBoard Learn.

Figure 4.1 Recruitment Strategies



Ethical Considerations

This study was approved by the University of Ottawa Research Ethics Board (protocol number H 10-15-16) in April 2017 (Appendix E). The major ethical consideration of this study was that the potential participants were members of a vulnerable, frequently recruited undergraduate student population. Special consideration had to be paid to data anonymity, the potential participants' ability to withdraw from the study and secure data storage. Data was randomly numbered and the surveys were stored in a locked filing cabinet in the locked office of

one of the thesis supervisors at the SON site. Electronic data i.e. SPSS files were stored on a password-protected USB key in the same location.

The participant demographic questions were designed to ask for none identifying data. No names, specific ages or geographic locations of previous schooling were asked for in the survey. There was a withdrawal protocol explained in the participant's information sheet attached to each electronic and paper survey. Participants who completed the paper survey could withdraw their data by emailing the principal investigator the randomly assigned number on their participant information sheet. The survey with the matching number on it would then be withdrawn from the data set and destroyed. Participants who completed the electronic version of the survey did not have the option to withdraw as their survey could not be identified. Prior to completing the electronic version information about how to obtain the paper version of the survey was posted at the first page of the SurveyMonkey link for all participants to read. No participants contacted the principal investigator to withdraw from the study. None of the investigators including thesis committee members for the study taught any of the potential participants in the fourth year of their nursing program therefore the risk of coercion to participate in the survey was judged to be low.

Tool Development

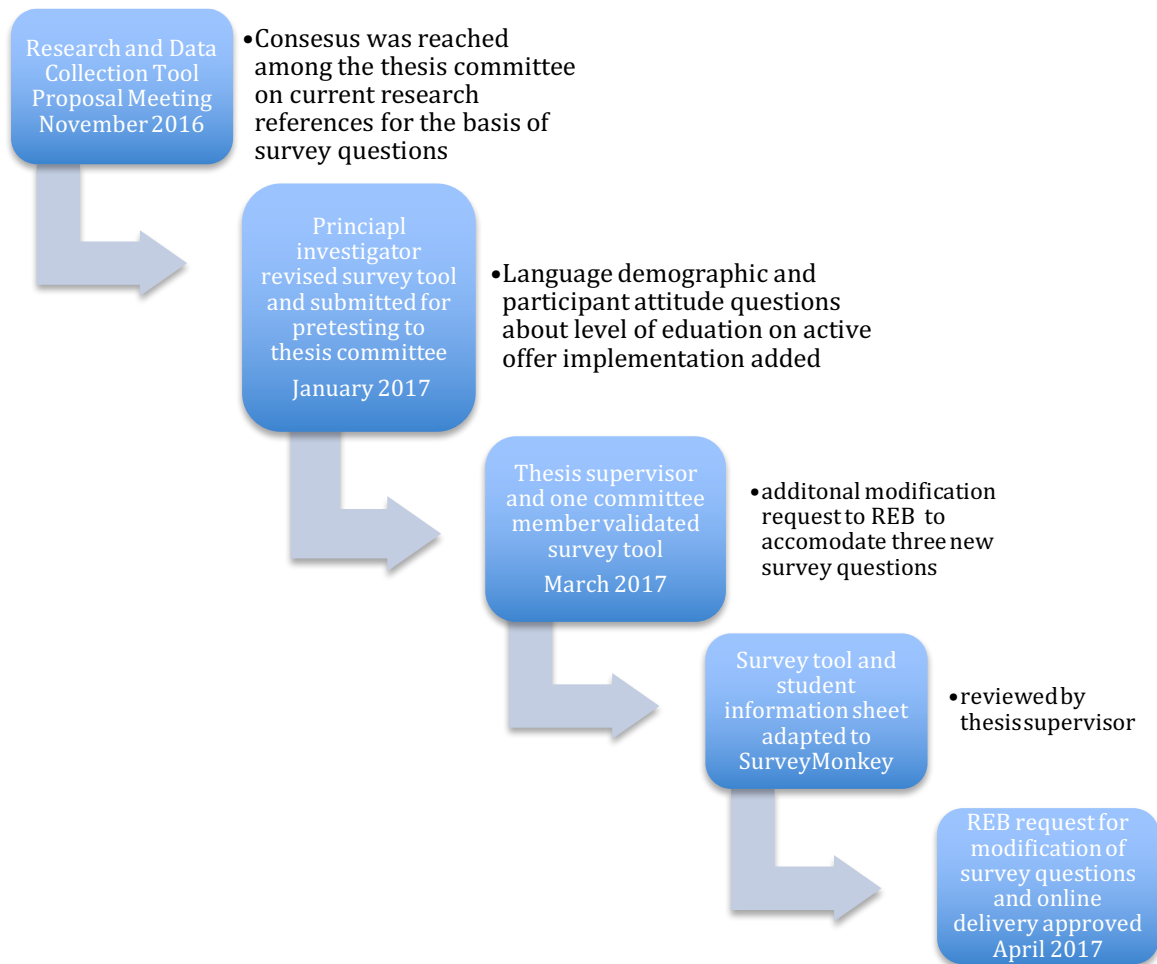
A survey was developed to collect data on English language program students' experiences with and attitudes towards French language use in Ontario healthcare settings. This topic has been shown in the historical literature review to be a sensitive one for the participant population (Bouchard & Desmeules, 2011; Comité consultatif des communautés francophones en situation minoritaire, 2001). The use of surveys particularly ones that readily collect identifying information on participants offer the possibility of complete anonymity which can

result in more candid responses to questions on sensitive topics (Polit & Beck, 2012). There were only a few data collection tools found during the literature review of this thesis. The tools found were targeted at samples of university nursing professors in French language programs in Canada, recent graduates of French language healthcare professional programs in Canada and English speaking nurses providing care to Welsh speaking patients in Wales (Bouchard, Vezina, et al., 2010; Roberts et al., 2007). Since the research questions for this thesis were about the English language program undergraduate nursing student population at the end of their academic programs, none of the previously published tools could be used to collect data without large adaptations.

The decision was made to develop a new data collection tool for this research based on CNFS theoretical framework from Lalonde and Lortie (2012) and the need to learn more about the current clinical practice of the research sample. The survey questions were developed with the goal to collect data that could be compared to the existing research.

The timeline of the development of the survey questions and the validation are presented in Figure 4.2. Three members of the thesis committee, trained in conducting statistical analyses, were consulted multiple times during the development of the survey questions.

Figure 4.2 Timeline of Survey Question Development



Development of the Survey Questions

Demographic questions were developed to collect information on the participants that would be individually anonymous but give a clear picture of the cohort's languages of education both informal and formal, official languages of preference and reported French language competencies. The research agenda on exploring the determinants of language barriers in healthcare written by Segalowitz and Kehayia in 2011 recommended collecting data on latent French language skills among Anglophone nurses to identify if they could contribute to active

offer. Data from demographic questions about the participants' official language preferences and abilities would be analyzed to understand if that is the case for this study sample.

The principal investigator of this research was also interested in testing the results of Roberts et al. who found a positive correlation nurses with even a limited proficiency in their second language (L2) of Welsh and a positive attitude towards its use in the healthcare system in Wales versus nurses who reported no proficiency in Welsh. Inferential statistical analysis of this study data on self-reported French language proficiency and attitude towards the need for healthcare organizations to support nurses communicating with their patients in the patients' preferred official language will be done to enrich the discussion on study findings.

Some of the survey questions were direct rewording of the research questions such as if participants have heard of the French Language Services Act of the concept of active offer in healthcare in Ontario. One multiple choice question was designed based on the research of Flores, 2003, Hsieh, 2014 and Bowen, 2015 to test the participants' knowledge of the patient safety, confidentiality and legal risk of using ad hoc interpretation when a nurse patient language barrier is present. This question was based on a commonly reported scenario found in the literature review on the risks of language discordance (Bischoff & Hudelson, 2010; Bowen, 2004; Carnevale et al., 2009; Diamond & Jacobs, 2009; Flores et al., 2003; Ngwakongnoni et al., 2012). The other multiple-choice question was designed to test participants' knowledge of the historical experiences of, and the current challenges reported by Francophones seeking active offer of healthcare services in French in Ontario. That question was based on the information presented in the research and publications by Bernier (2009), the Bowen for the CNFS (2015), and the Office of the French Language Service Commissioner (2013).

The CNFS theoretical framework was the basis of all the questions about the nature of the participants' communication strategies with Francophone patients they encountered during their clinical placements. The questions about the participants' attitudes towards various statements around various levels of the healthcare system supporting healthcare delivering in the preferred official language of each patient were based on the publications of Bouchard et al. (2015) and Gagnon et al. (2014).

To increase the possibility of participant recruitment and ease the time burden placed on potential participants, brevity of the survey was paramount. This key factor spurred the creation of a survey question organization system based on themes. This system was used to identify which potential survey question addressed each of the four research questions. The principal investigator sought to allocate an equal number of survey questions to each of the four research questions. This equalization was used so that sufficient data on each research question could be collected for statistical analysis, Figure 4.3.

Figure 4.3 Student Survey Questions Grouped into Main Research Questions and Themes

<u>Research Questions</u>	<u>Themes</u>	<u>Survey Questions</u>
	Socio-demographic Information	<ul style="list-style-type: none"> • Questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 19
Are students aware of the safety risks of language discordance?	Self- Reported Awareness	<ul style="list-style-type: none"> • Questions 15, 21
Do students report learning about FLSA and active offer and how to implement it during their university nursing	Self-reported Knowledge	<ul style="list-style-type: none"> • Question 10, 11, 12, 13, 14

education?		
Do students report implementing basic active offer?	Self-Reported Behaviours	<ul style="list-style-type: none"> • Question 18, 20, 21
What are students' attitudes towards active offer and language safety risks?	Self-reported attitudes	<ul style="list-style-type: none"> • Question 16, 17, 22, 23, 24, 25

The final versions of the survey, paper and electronic, were 25 questions long in total with 3 questions that if the participant answered no to, they were told to skip a total of 4 questions therefore making the survey shorter. The time to complete the survey was estimated to be 10 minutes. The participant research package consisted of an information letter which outlined the contact information of the researchers, the purpose of the study, the risks and benefits of participating in the study, information on participant anonymity, secure survey data storage and information on how to access more information on the study and to request another paper copy if desired in addition to the survey (see Appendix A). In the case of the paper study the information sheet was also outlined in the recruitment speech given in class by the principal investigator (Appendix B). In the case of both the paper and electronic surveys, implied consent to participate was obtained when the students chose to participate and fill out the survey, therefore consent forms were not required.

Data Collection

After the University of Ottawa Research Ethics Board approval was obtained, 4th year nursing undergraduates were approached with permission from the course instructors by the principal investigator during the final clinical course class (n=6 groups) on April 6, 2017. The principal investigator read the REB preapproved verbal recruitment script in class (Appendix B).

Then the packages including the study information sheet and paper survey (Appendix A) were distributed to all the students for them to read and complete if they desired before or after class. The principal investigator waited for the end of each class to retrieve the completed surveys and answer questions.

The information about accessing the same survey online on the Survey Monkey platform was sent out electronically following initial recruitment on April 6, 2017, to all 4th year English nursing students by a representative of the U of O Undergraduate Nursing Student Association (UNSA) who had permission and access to the @uottawa.ca list serve (Appendix C). On April 1st, the principal investigator met with the same group of students prior to their NCLEX preparation lecture and paper surveys were made available again at that time. The USNA also sent out a first recruitment reminder with the electronic survey link that week on April 12th. In the third week on April 20th, there was a final email reminder sent out by the USNA (Appendix D) and the electronic survey link was also posted on the BlackBoard learn pages for the final lecture courses of NSG 4134 and SA14120, by the professors teaching those classes. The survey was removed from the Survey Monkey platform on April 30th. See Figure 4.1 for recruitment strategies timeline.

Statistical Analysis

Data from the student surveys was compiled and analyzed using the Statistical Package for the Social Sciences (SPSS) software (Version 24 for Windows). The statistical approaches used were descriptive for percentages of the total sample and non-parametric tests to look at bivariate correlations (Morgan, Leech, Gloeckner, & Barrett, 2013). Since the data produced from the survey questions was of ordinal level data and some of that data was skewed the assumptions to calculate parametric Pearson statistic were violated and only a non-parametric Spearman rho

statistics could be calculated and reported (Morgan et al., 2013). Correlations were calculated between the following variables: 1) reported spoken French skills and reported confidence of caring for Francophone patients in the future, 2) spoken French skills and the frequency of asking patients their preferred official language during clinical practicums, and 3) the frequency of caring for Francophone patients and the frequency of asking patients their preferred official language during clinical practicums. The preset alpha was less than .05 and the effect size was determined by Morgan et al (2013) strength of relationship table.

Conclusion

To summarize, this chapter described the methods used to conduct this descriptive quantitative study. The research sample was identified as 4th year undergraduate nurses in the English language program at the U of O. The study tool was a survey of multiple choice questions based on the research presented in the literature review which addressed the thesis research questions. After ethics approval was obtained potential participants were recruited in person and via email to complete the survey in either a paper or electronic format. Data collected was analyzed with descriptive and bivariate correlational statistics.

Chapter Five: Results

This chapter discusses the results of the previously presented survey questions. They are organized according to the research question that they address.

Survey Response Rate

Out of a cohort of 132 U of O fourth year English nursing students, 51 participants completed a paper survey and 18 submitted an electronic survey between April 6th to April 30th, 2017. The total of 69 participants was above the 52 participants goal required from the previous Dillman calculation (Dillman, 2000). Details of the participant recruitment are found in Figure 5.1. The survey response rate was 52 % (n=69). Of these 69 surveys, only 3 were incomplete (i.e. skipped questions). All the data from questions that were answered was included in the data analysis.

Sample Demographic Characteristics

Most of participants (84.1%) were between the ages of 18 to 25 years. However, 10.1% of participants were 26 to 35 years old, 4.3% were 36 to 45 years old and 1.4% were over 45 years old.

As shown in Figure 5.2, English was the most commonly reported first language spoken at home (78%) and the most commonly reported language of secondary school education (78.3%). Other language spoken at home were French and English together (10%), other languages such as Farsi, Mandarin, Russian, Cantonese and Filipino (8.7%) and French alone (2.9%). The most commonly reported languages of secondary school education after English were French immersion (both French and English) (11.6%), followed by French alone (8.7%) and Russian (1.4 %). All participants (100%) selected English as their preferred official language for verbal communication, reading and writing.

Figure 5.1 Study Participant Flow Diagram

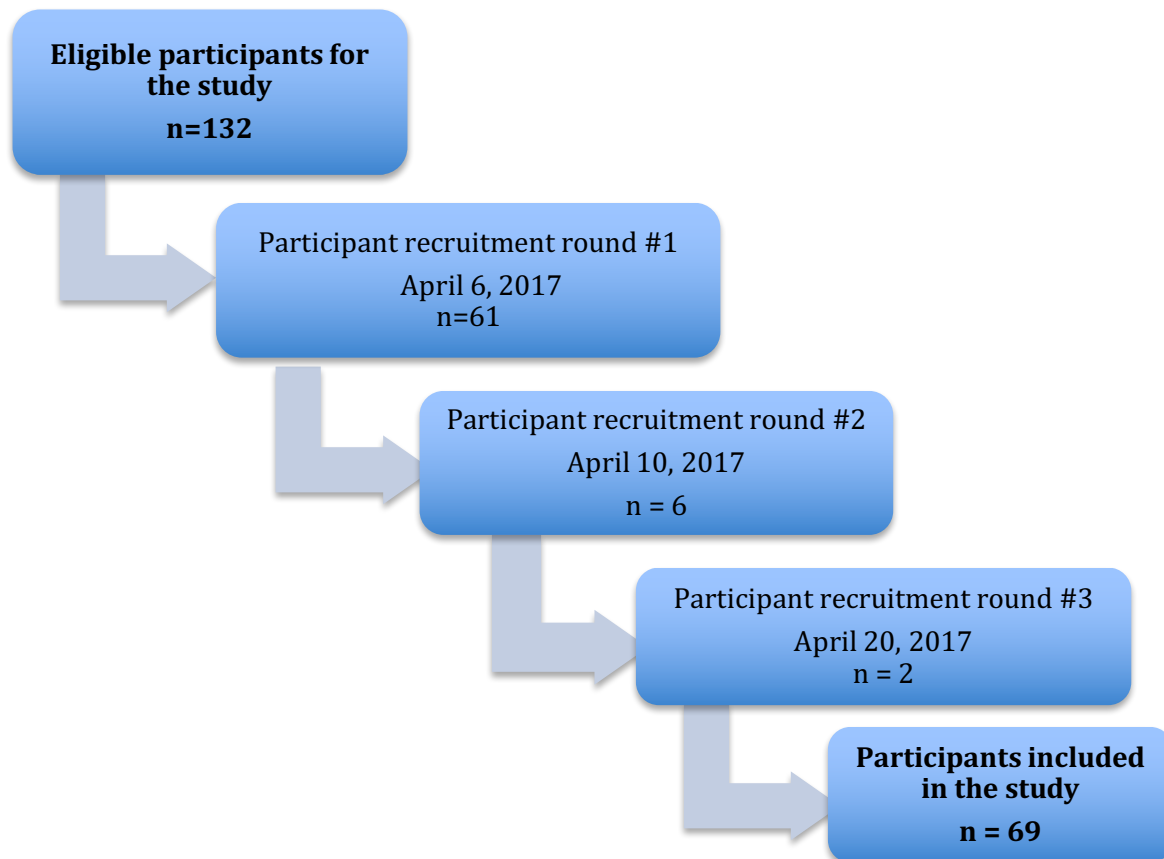
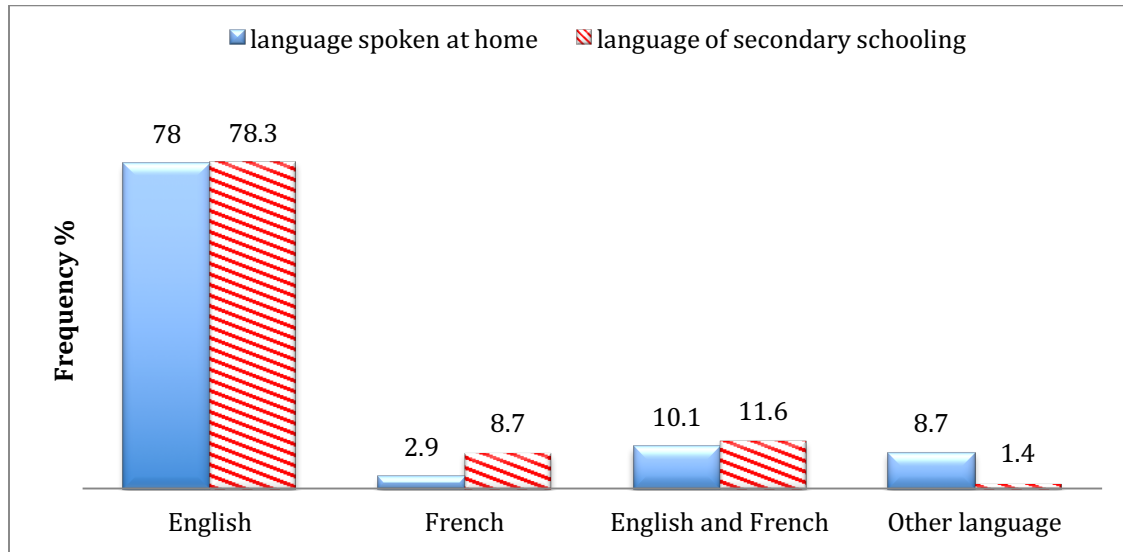
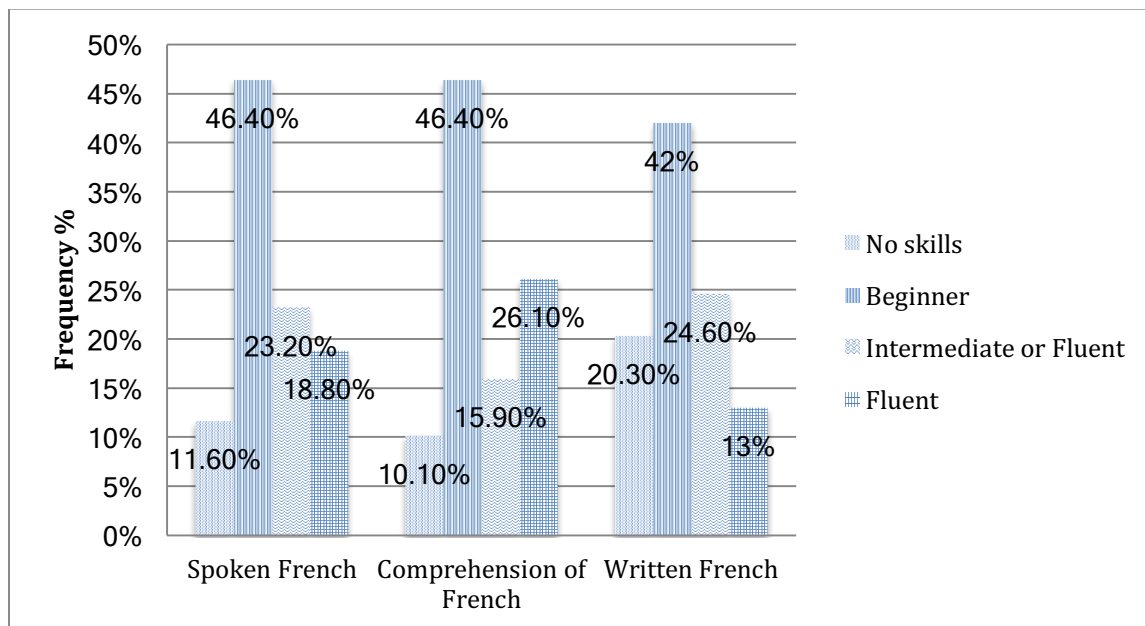


Figure 5.2 Languages First Spoken at Home and of Secondary Schooling (n=69)



The participants reported a diversity of French language abilities, as illustrated in Figure 5.3. Almost half of participants rated themselves as a beginner in French comprehension (46.4%), speaking (46.4%) and writing (42%). A little over a quarter of the participants rated themselves as fluent in French comprehension (26.1%).

Figure 5.3 Self-Reported French Language Abilities (n=69)



Research Question Survey Results

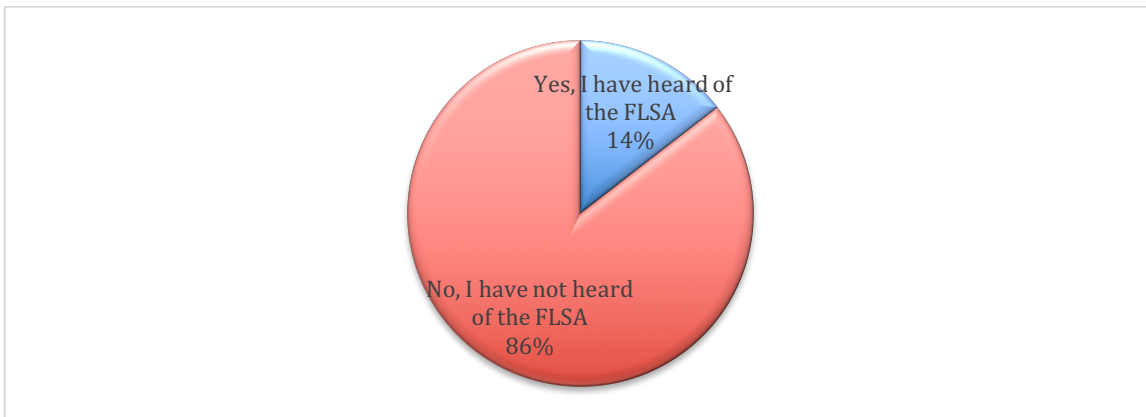
Research Question #1: Are students' aware of the safety risks of language discordance?

On the multiple-choice knowledge question about safe nursing communication with a patient when there is French English language discordance, question #15 as presented below, 73% of the participants (n=69) chose the right answer. Which was that asking a family member to interpret is not a safe, confidential way to communicate or a legal way to obtain informed consent from a patient.

Research Question #2: Do students report learning about FLSA and active offer and how to implement it during their university nursing education?

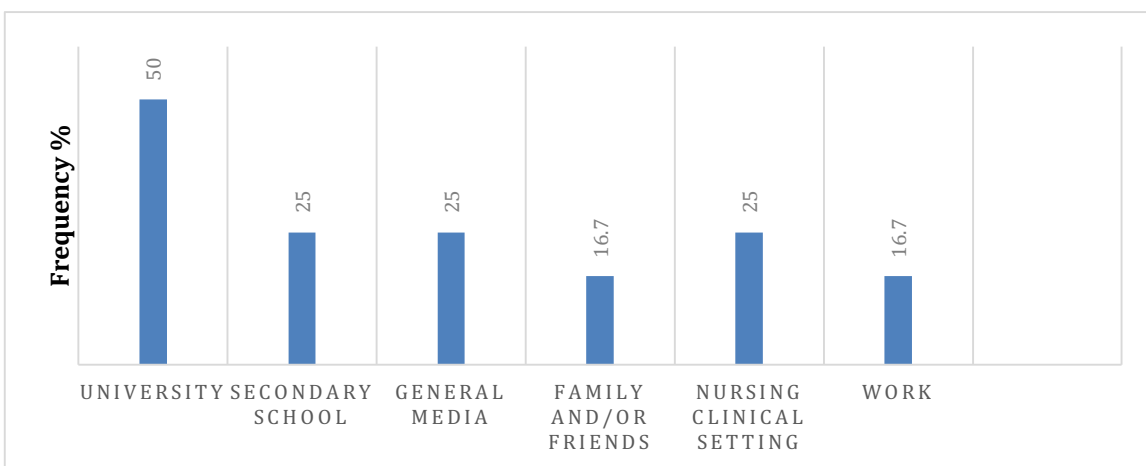
On the survey question # 10 “Have you heard of the French Language Services Act (FLSA) of Ontario which guarantees the rights of Franco Ontarians to judicial, educational and healthcare services in French, prior to recruitment for this survey?”, most the participants, (85.5%) answered no (Figure 5.4).

Figure 5.4 Participants Who Have Heard of the French Language Services Act (FLSA) of Ontario (n=69)



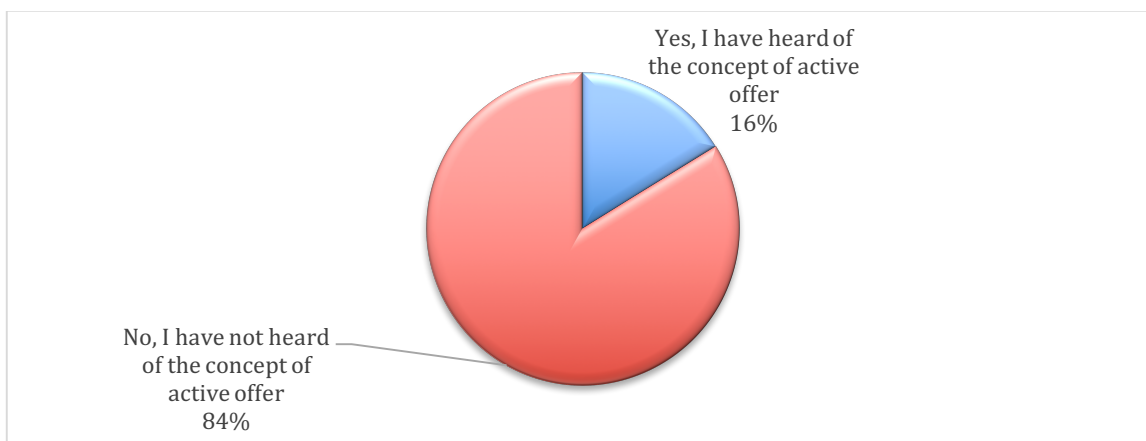
Of those who had heard of the FLSA previously (n=12), half (50%) had heard of it at university, 25% had heard of it at secondary school, 25% had heard of it from the media, 25% had heard of it in a nursing clinical setting, 16.7% had heard about it from family and friends, 16.7% had heard about it at work and 8% had heard of it from another source (Figure 5.5).

Figure 5.5 Where Participants Heard about the French Language Services Act (n=12)



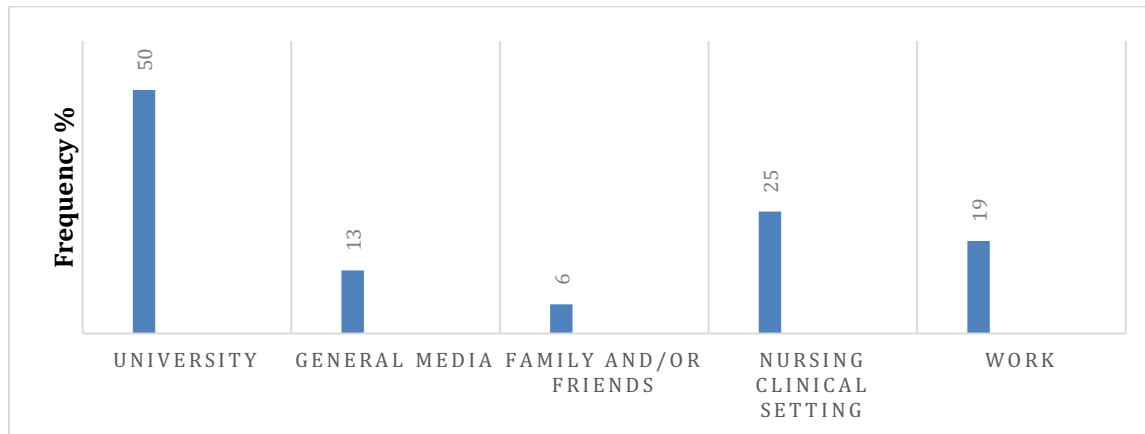
When participants were asked if they had heard of the concept of active offer prior to this study (question # 12), the majority of them (82.6%) responded no. (Figure 5.6).

Figure 5.6 Participants Who Have Heard of the Concept of Active Offer (n=69)



Of those participants who responded yes to the previous question (n =16), half had heard of it at university, 25% from nursing clinical practicum, 13% at secondary school, 13% from the media, 13% chose to comment on other sources they had heard about active offer from working in the federal public service, 6% from family and or friends and 6% from work. This data is illustrated in Figure 5.7.

Figure 5.7 Where Participants Have Heard of the Active Offer Concept (n=16)



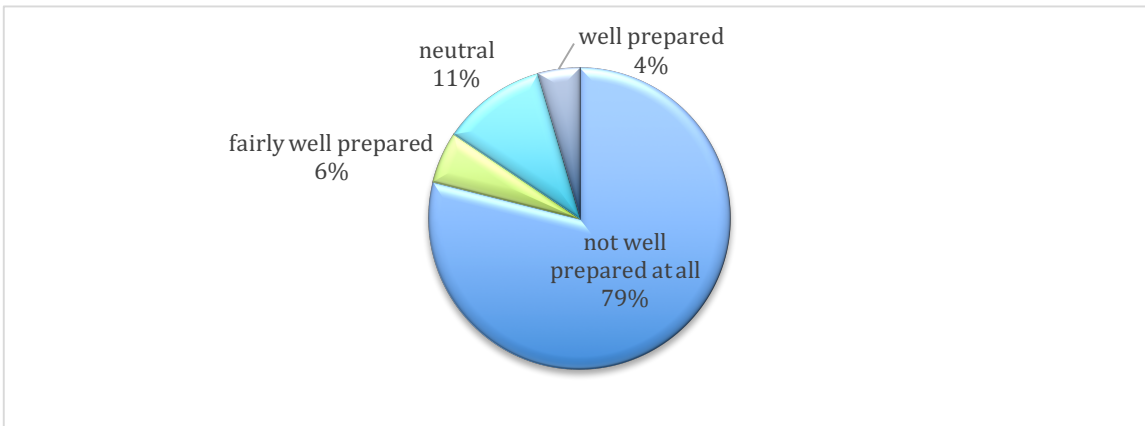
On the multiple-choice knowledge question testing participant's knowledge of the historical and legal reasons for the proactive part of providing active offer to Francophones in Ontario (question # 14 as presented below), 70% of the participants who did not skip this question (n=20) selected the correct answer.

The proactive offer component of the active offer concept is important for potential Francophone users of healthcare services in French in Ontario because:

- a) the Francophone users may not be aware that they have a right to healthcare services in French in Ontario
- b) the majority of Francophones in Ontario do not speak or read in English
- c) historically healthcare services were not available in French in Ontario, so Francophone patients are unaware that those are now currently available.
- d) A and C
- e) A and B

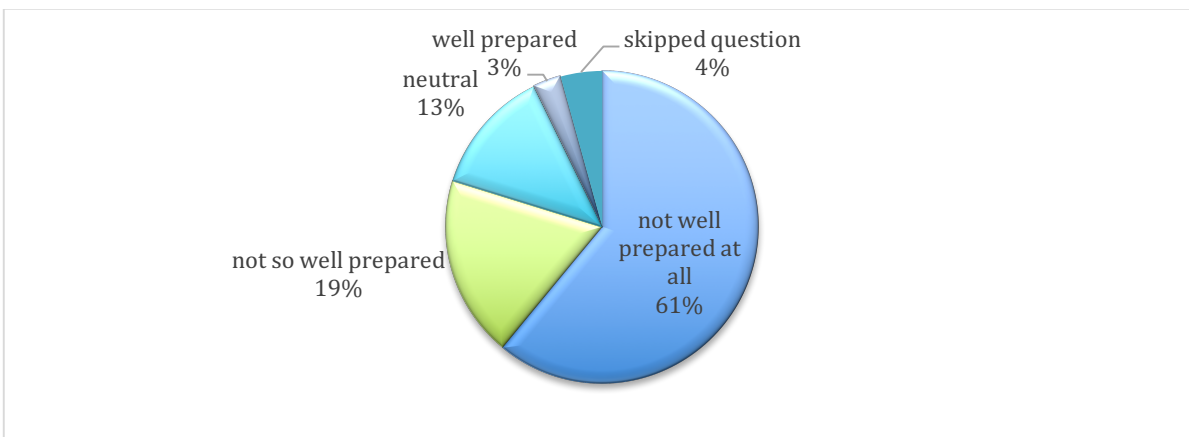
On the question of how the participants felt the University of Ottawa Bachelors of Science in Nursing program prepared them for implementing active offer based on a Likert scale, almost the majority (79 %) chose not well prepared at all (Figure 5.8).

Figure 5.8 Participants Opinions on How the U of O Has Prepared Them to Implement Active Offer (n=66)



On the question of how the participants felt the University of Ottawa Bachelors of Science in Nursing prepared them to identify and mitigate the patient safety risks of French English language discordance on a Likert scale, more than half of the participants (60.9%) reported feeling not well prepared at all (Figure 5.9).

Figure 5.9 Participants Opinions on How the U of O Prepared Them to Identify and Mitigate the Risks of French English Language Discordance (n=66)



The nature of the survey questions on awareness of the FLSA and the active offer concept are that they produced nominal level data only. That is to say the participants could only choose to answer the question with a yes or a no response. The survey question that asked how, on a Likert scale, the participants felt the University of Ottawa Bachelors of Science in Nursing program prepared them to implement the concept of active offer produced ordinal level data that was skewed to the left.

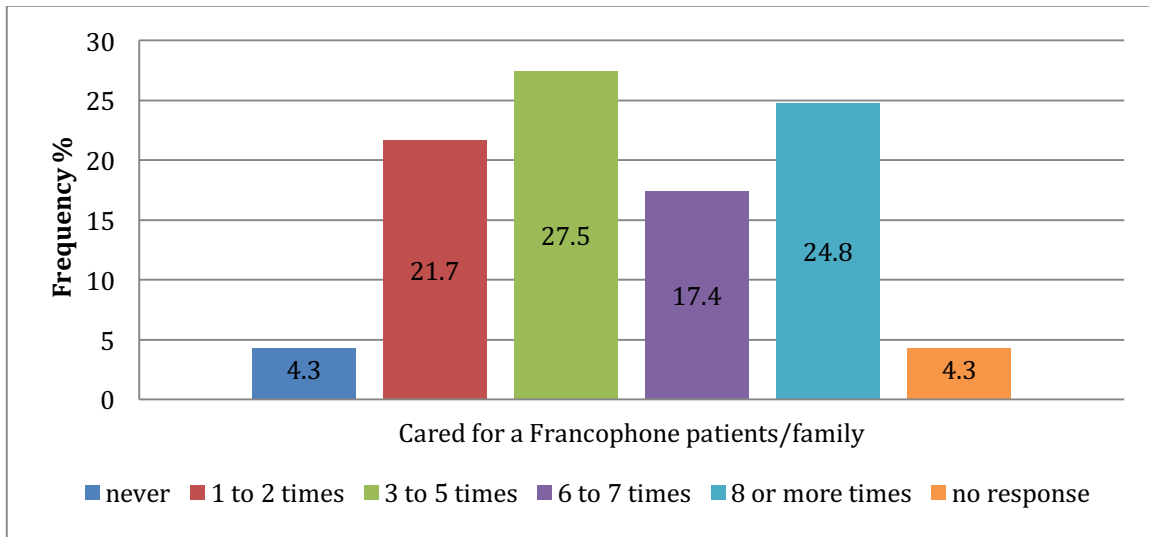
To understand if participants had learned about the patient safety risks of French English language discordance at the U of O in an indirect way without the official concept of active offer being introduced these two results were examined together. To investigate if there was a statistically significant association between the data from question # 16 (how the participants felt the University of Ottawa Bachelor of Science in Nursing program prepared them to implement active offer) and the data from question # 17 (how that program prepared them to identify and mitigate the patient safety risks of French English language discordance), a correlation was computed. The Spearman rho statistic was calculated $r(64) = .613, p = .003$. The results from that question were positively correlated in a statistically significant way (correlation is significant for alpha less than 0.05 level). This lends support to the hypothesis that the students did not learn how to implement active offer or how to identify and mitigate the risks of French English language discordance at the U of O.

Research Question # 3 Do the students report implementing basic active offer during their clinical practicums?

On the question asking how often the participants cared for a Francophone patient/family during all of their clinical placements, approximately 92% of participants reported caring for a

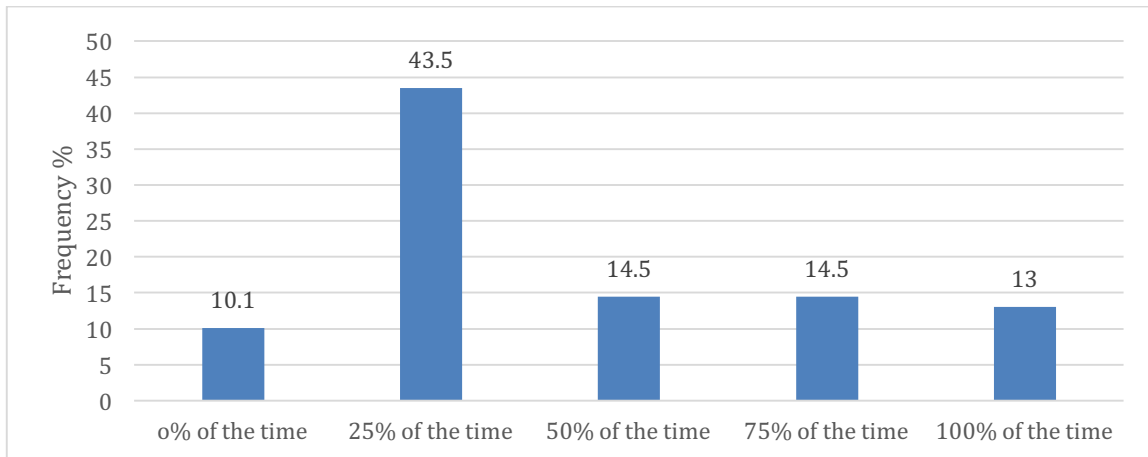
Francophone patient at least once, while 70% reported doing that 3 times or more (Figure 5.10).

Figure 5.10 Participants Self-Reported Frequency of Caring for Francophone Patients During Clinical Placements (n=66)



When participants were asked to select at which frequency they asked their patients about their preferred official language of choice in the clinical setting, 43% (n=29) reported asking their patients about their preferred official language at least 50% or more of the time, while 10% (n=7) reported never asking at all (Figure 5.11).

Figure 5.11 Participants Self-Reported Frequency of Inquiring about Their Patients' Preferred Official Language During Clinical Placements (n=66)

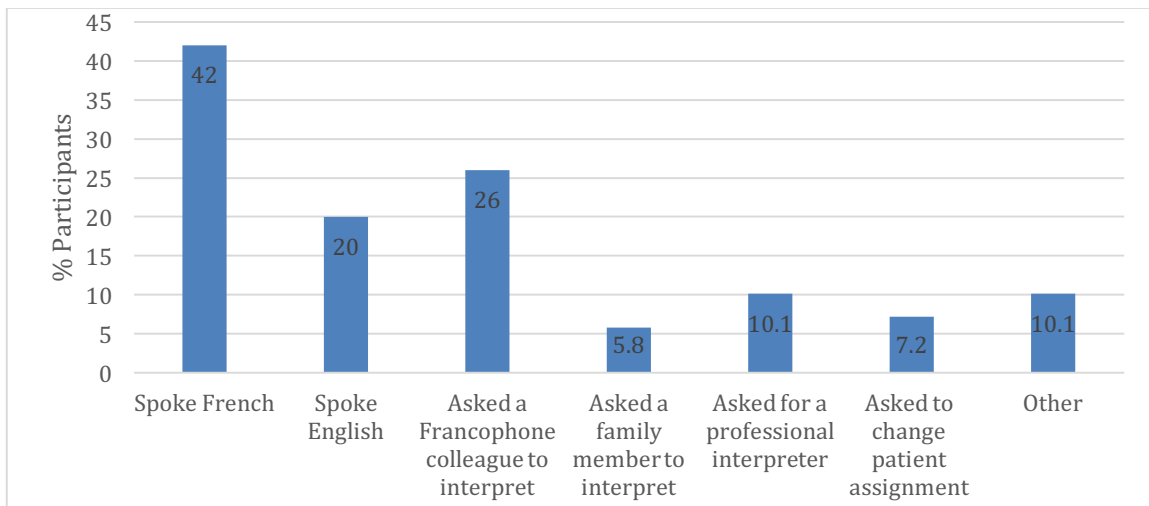


In response to the question of what was the most common communication strategy used with Francophone patients, the majority of participants, 68% (n=45) chose forms of basic active offer, such as speaking French with their patients, using a professional interpreter, asking French speaking colleagues to interpret or asking to change patient assignments which is also a form of active offer as the participants recognized that their inability to communicate with the patient in French (Figure 5.12). There were 21% of participants (n=14) who reported that their most common communication strategy with Francophone patients was to speak English with them. Unfortunately, it is unclear if this was the participants' or the patients' decision. Only a few (5.8%) reported asking the patient's family to interpret.

Some participants (10.1%) reported choosing another way of communicating with Francophone patients, which they commented on in the survey. The comments are summarized into three themes which were 1) speaking both French and English to Francophone patients based on what the patient was speaking, 2) using translation apps or requesting interpretation assistance, and finally 3) speaking English only to the patient because the patients spoke

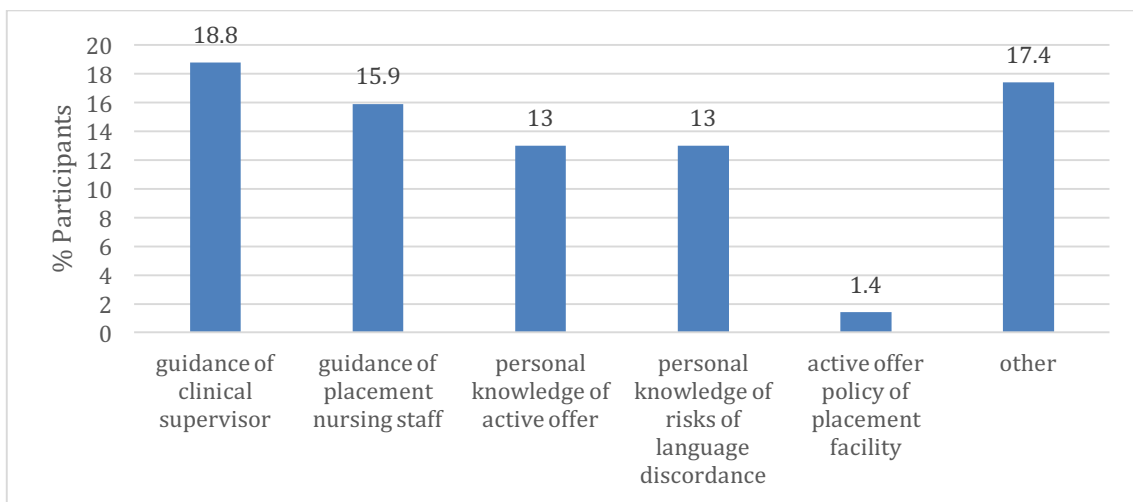
English as well as French.

Figure 5.12 Most Common Communication Strategy With Francophone Patients (n=66)



The participants were also asked to select the principal factor that guided their choice of communication strategy. These are illustrated in Figure 5.13.

Figure 5.13 Principal Factor That Guided Participants' Communication with Francophone Patients (n=66)



The written comments that followed the choice of "other" in the survey indicated that some participants chose to speak French because they wanted the Francophone patients to be

comfortable or they knew speaking French was best practice (i.e. confidentiality). Other participants commented on the fact that they were unable to speak French and that is why they spoke English to their Francophone patients.

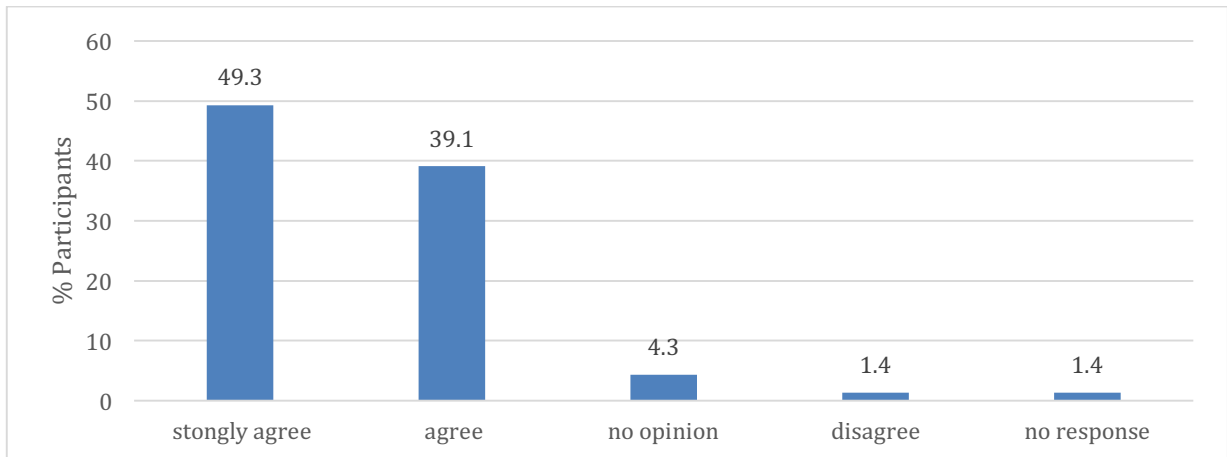
To investigate if there was a statistically significant association between a participant's self-reported ability level of spoken French and the self-reported frequency that the participants asked their patients about their preferred official language a correlation was computed. As the scores from both questions are ordinal level data a Spearman rho statistic was calculated $r(67) = .32, p = .01$ (correlational is significant for alpha less than 0.05). This result means that participants who reported a higher level of spoken French reported a higher frequency of asking their patients about their preferred official language and vice versa.

These results show that the students do report providing basic active offer to their patients. They indicate that 43% of the participants asked their patients about their preferred official language at least 50% of the time. Also, 44% of participants reported speaking French to Francophone patients and another 26% asked their Francophone colleagues to interpret for them. When making decisions about active offer, 19% of them reported choosing their communication strategy based on the guidance of their clinical practicum supervisor.

Research question #4 What are the students' attitudes towards active offer in nursing?

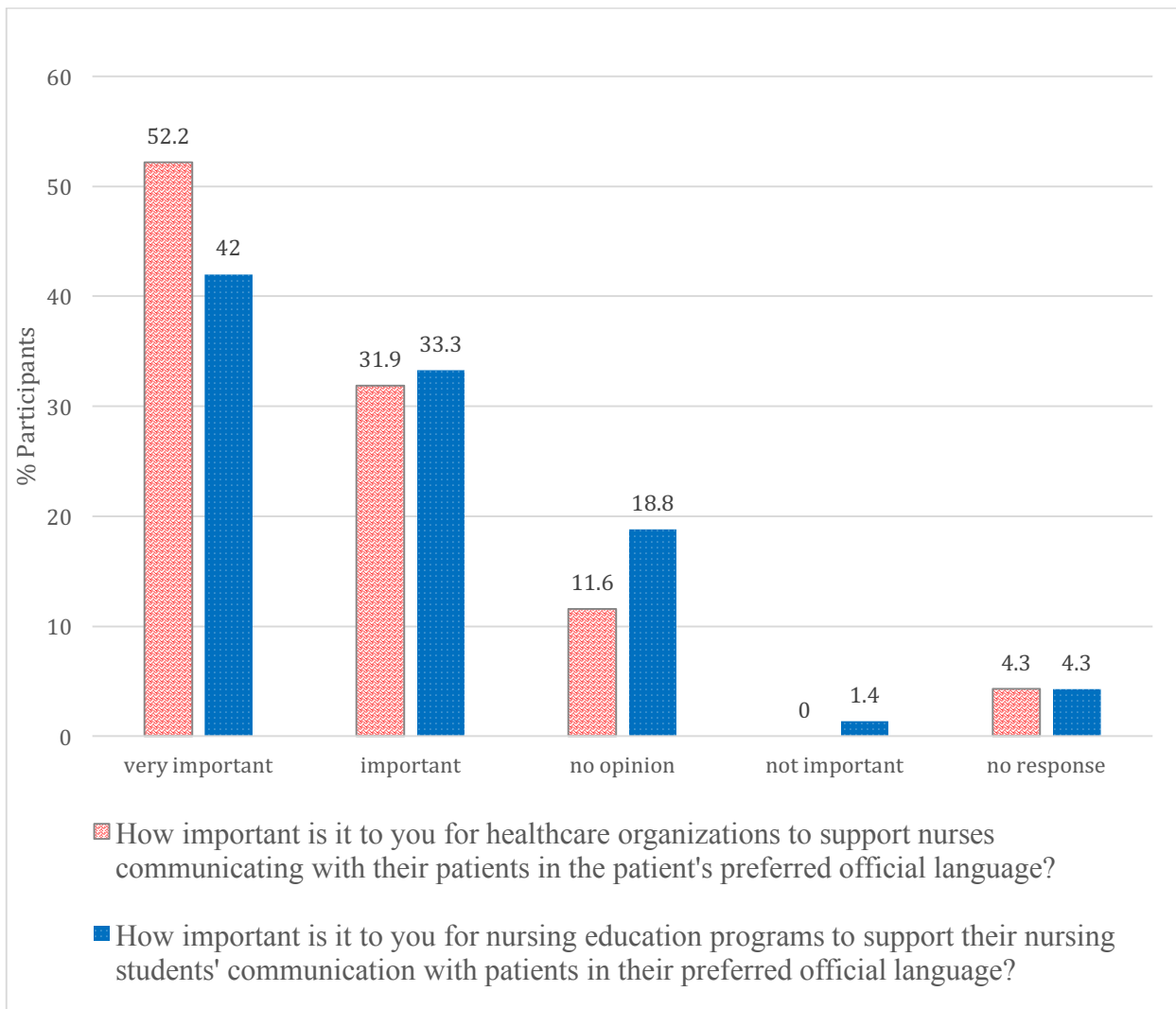
There were three statements made about active offer and language safety risks to explore participants attitudes towards these. The first statement was, "to provide patient-centered care, a nurse should take all possible measures to ensure their patients are cared for in their preferred official language". To that statement, 88% of participants strongly agreed or agreed (Figure 5.14)

Figure 5.14 For Patient-Centered Care a Nurse Should Ensure a Patient is Cared for in Their Preferred Official Language (n=69)



The second statement was, "how important is it for healthcare organizations to support nurses communicating with patients in their preferred official language?". To that statement, 84% agreed it was important or very important, 12% reported themselves to have no opinion and 4% did not respond to the question. The third opinion statement was, "how important is it for nursing programs to support nursing students' communication with patients in their preferred official language?". To that statement, 75% agreed it was important or very important, 18.8% chose no opinion and 1.4% not important and 4.3% did not respond (Figure 5.15).

Figure 5.15 Self-Reported Importance of Healthcare Organizations and Education Programs Supporting Nurses Communicating with their Patients in their Preferred Official Language



These results indicate that the participants have an overall positive attitude to active offer. The data shows that 75% or more of the participants think that it is important or very important for nurses, healthcare organizations and nursing education programs to support active offer.

The final question of the survey was about the participants' attitudes towards their own ability to care for Francophone patients in their future nursing practice. Since the survey was completed at the end of their nursing student experience, it asked them to reflect on what they would be doing in the future. More specifically, the survey question was "how confident do you feel about

meeting Francophone patients' needs in your future healthcare employment location?". About 39% of participants responded that they were confident or very confident, 21.7% were neutral, 23.2% were somewhat confident and 13% were not confident. 4.3% chose to skip the question.

To investigate if there was a statistically significant association between participants' opinion on how confident they felt meeting Francophone patients' needs in their future healthcare employment location (survey question # 25) and the self-reported frequency of caring for Francophone patients/families in clinical placements (survey question # 19), a correlation was computed. As both survey questions produced ordinal level data and the first variable is skewed to the right so the non-parametric Spearman Rho statistical test was calculated $r(64) = .406$ $p = .001$ (correlation is significant for alpha less than 0.05 level). This is a statistically significant relationship with an effect size that is larger than typical.

Participants were also asked at the end of the survey to write in any comment they had about the topic. Collected comments on the survey are as follows:

French classes should be mandatory instead of elective fluff like determinants of health
Does Francophone equate no understanding of English and no ability for the patient to communicate in English? This is unclear. I am not informed on what definition to use.
I had no idea this was even a thing. I am used to always offering bilingual service.
space in the nsg curriculum for FLS (french as a second language) classes
Question 21 does not reflect that a bilingual student in the English program will switch languages naturally to provide care to a Francophone patient.

Conclusion

The results in this chapter show a number of interesting findings highlighted below:

- 42% of the participants reported intermediate or fluent spoken French abilities;
- 86% of participants had not heard of FLSA and 84% of participants had not heard of active offer;
- 69% of participants did not feel the SON had prepared identify and mitigate the patient safety risks of language discordance and 79% of them did not feel the SON had prepared them to implement active offer;
- 92% of participants reported being assigned to care for a Francophone patient at least once or twice, while 70% had a Francophone patient assignment 3 times or more during their undergraduate student nursing clinical placements;
- Participants reported using a range of strategies to communicate with Francophone patients, the most common include speaking French (42%), asking a French-speaking colleague to interpret for them (26%) and speaking English (20%);
- 88% of participants agreed that, to provide patient-centered care, a nurse should take all possible measures to ensure their patients are cared for in their preferred official language.

These results will be discussed and placed within the existing research literature in the following chapter.

Chapter Six: Discussion

This study explored if English language program 4th year nursing students in the University of Ottawa undergraduate nursing program know about the patient safety risks of French English language discordance and the active offer concept in Ontario healthcare. It also explored if they reported implementing basic active offer during their clinical placements and asked about their attitudes towards the roles of nurses, healthcare organizations and educational institutions in implementing active offer in the healthcare system.

The Statistics Canada census data from 2011 showed that 4.4% of the Ontario population identified themselves as Francophone with a concentration of those people living in the Ottawa region but prior to this study it was not known how often the English language nursing students would be assigned to Francophone patients during their clinical placements in the Ottawa area. That type of data was needed to begin to address the thesis research questions.

The English program nursing student participants have confirmed via this research survey that they were assigned to care for Francophone patients so the questions about if they were aware the patient safety risks of language discordance and the implementation of basic active offer are quite relevant (Bowen, 2015; Lortie & Lalonde, 2012)

The survey data showed that only 4.3% of participants reported never caring for a Francophone patient during any of their clinical placements. This means that 92% had cared for a Francophone patient at least once, with 26% of them reported caring for eight or more times.

In this results chapter, the data from the surveys will be discussed in terms of existing research. Then the limitations and strengths of the study will be highlighted. Finally, the implications of the findings of this study will be considered for nursing practice, education and future research.

Nursing students' awareness of the patient safety risks of French English language discordance

A large group of participants (72%) responded correctly to the multiple-choice question testing their knowledge of the risk of having a family member interpret for a Francophone patient. The participants who chose the correct answer showed an understanding that asking a Francophone patient's family member to interpret for a non-French-speaking nurse is not a safe way to provide care. Nor is it a way to maintain patient confidentiality, or a legal way to obtain informed consent in healthcare (Bowen, 2015; Flores, 2005; Segalowitz & Kehayia, 2011). This result is different previous research about the reported and observed behaviour of healthcare staff in hospital settings and community clinic settings where patients from linguistic minority groups were present (Cioffi, 2003; Flores et al., 2003; Flores, 2005; Hseih, 2015; Ngwakongnoni et al., 2012). In some of the research, the nurses reported awareness of the patient safety risks of language discordance but persisted in asking family members to interpret instead of seeking professional interpretation services (Gerrish et al., 2004; Hseih, 2015; Nailon, 2006). Many also reported asking other nursing colleagues with minority group language skills to ad hoc interpret for them instead of using professional interpretation services (Bischoff & Hudelson, 2010; Hseih, 2015; Nailon, 2006).

In this study's survey, a question was asked about what was the most common communication strategy that participants had used during their clinical placements to communicate with Francophone patients. Those results showed that 26% of the student nurses self-reported asking a Francophone colleague to interpret for them and 5.8% asked the patient's family/friend to interpret for them. These self-reported behaviour results are more in line with the self-reported and observational data of nurse patient language discordance found in

previously published research (Bischoff & Hudelson, 2010; Bowen, 2004; Cioffi, 2003; Eckhardt et al., 2005; Hseih, 2015; Nailon, 2006).

The student nurses' correct responses to the theoretical case of language discordance differed from some of their self-reported behaviours when faced with a French English language discordant situation in reality. This result is similar to what was found in a study of medical residents who were not proficient in the minority language of their patients (O'Leary, Federico & Hampers, 2003). Those medical residents reported that they believed that using a professional interpreter was far better for the patient than asking a patient's family to interpret for them. Still when it came to actual behaviours they self-reported using a patient's family to interpret 50% of the time and professional interpreters only 22% of the time. At least 50% of them also reported asking their minority language proficient colleagues to interpret for them, "often or everyday".

It appears that the student nurses in this research study understood there is a theoretical patient safety risk when French English language discordance is present but that they might have had no understanding of how to quantify that risk. Illogically they persisted in using a communication strategy they knew was unsafe. If they did not understand or speak French, they could not assess how comprehensively the Francophone colleague or the patient's family member ad hoc interpreted for them. This is where the patient safety risk lies when ad hoc interpretation is used for communication. The interpretation tool, the ad hoc interpreter, is not standardized or tested prior to use (Diamond & Jacobs, 2009; Flores et al., 2003; Hseih, 2015; Moreno et al., 2007).

Did nursing students learn about FLSA, active offer and how to implement it during their university nursing education?

Only 14% of participants reported hearing about the FLSA and 15% of participants reported hearing about the concept of active offer prior to recruitment for this research. These results are difficult to compare to previous healthcare research because the questions have not been directed at non-Francophone populations before. However, healthcare professors teaching French language programs have been asked if they have taught active offer to their students before. Their responses varied from active offer was taught directly to students, to it was only spoken about as an afterthought in class because it was assumed that Francophone students had learned about the concept elsewhere (Benoît et al., 2015; Dubouloz et al., 2015). In other research, recent Francophone healthcare graduates were asked how they deliver healthcare with active offer but not how they learned about the active offer concept or about the FLSA (Bouchard, Vézina, & Savoie, 2010).

The participants were asked one multiple choice question to test their understanding of why the proactive component of the active offer concept is a crucial part of the delivery French language healthcare services in Ontario. Only 14% of participants (n=20) answered this multiple-choice question because they had indicated having heard of the active offer concept prior to recruitment for the study. The other participants, who had never heard of active offer before, followed the survey instructions to skip the question. In the group of participants (n=20) who answered the multiple-choice question, 70% chose the right answer to the skill testing question on why the proactive component a crucial part of active offer of healthcare in Ontario.

In other words, only 14 participants could show knowledge of the historical and current reasons why Franco-Ontarians may need the proactive offer of active offer in healthcare. This lack of knowledge of the realities and challenges that Francophones face when accessing the healthcare shows that there is still learning required from the participants to achieve the CNFS knowledge part of the Learning Framework (Lortie & Lalonde, 2012).

Since the awareness of the active offer concept and the knowledge of why it exists have not been studied before among non-Francophone healthcare professionals, it is difficult to place this last result directly into current research. Indirectly, it may be possible to get a glimpse of the awareness levels of non-Francophone healthcare professionals through their actions both experienced and reported by their Francophone patients who have tried to obtain active offer in the healthcare system in Ontario (Bernier, 2009; Boileau, 2016; Hien & Lafontant, 2013; Hoskins, 2016). Through this mirror approach we can see that obtaining active offer from non-Francophone healthcare professionals active offer is difficult (Boileau, 2016; Hien & Lafontant, 2013), but not impossible (Bernier, 2009) in Ontario. On the whole the English speaking majority of workers in healthcare seem to be largely unaware of active offer as a concept which was also illustrated by these survey results (Bowen, 2015).

When asked how well they felt the U of O SON had prepared them to implement active offer, 79% of the participants responded feeling not prepared or not prepared at all. This is perhaps because their professors were not required to preparing them because the SON had not included it in the curriculum. A previous study on health sciences professors in the French language programs at the U of O found that those professors had not previously included the teaching of active offer formally into their course materials (Dubouloz et al., 2015). These professors recommended that English language program professors be taught about active offer,

and how to implement active offer. Then it should be integrated into the English undergraduate nursing program.

From this result, it is clear those recommendations have not been implemented by the SON at the U of O into the final two years of the nursing undergraduate program. In view of the fact that the U of O is a bilingual university situated within a designated region under the FLSA, it is key that the concept of active offer and how to implement it to be taught to all nursing students regardless of language program. The curriculum should be examined to free up space in both theory and practical classes to include active offer training at multiple times during the undergraduate program. The CNFS partnership with the French language programs of the U of O Health Sciences, Medicine and Social Sciences faculties should be leveraged to extend support and teaching resources to the English language nursing program. English language program nursing professors need to be familiarized with the patient safety risks of English French language discordance, the active offer concept and how to teach about strategies to implement active offer in a clinical setting.

Implementation of Basic Active Offer During Clinical Practicums

Many of the English language undergraduate nursing students (42% or n=29) reported offering basic active offer to their Francophone patients by speaking French with them. This is a brand new research finding. It is interesting because there was a small group of participants (13%) reported speaking French at home as a first language or concurrent first language with English but 100% of participants (n=69) reported a current preference for speaking, writing and reading in English over French. If the French as a first language individuals are put aside for a moment we can see that possibly 20 Anglophone nursing students spoke French to their Francophone patients as their primary means of communication during their clinical placements.

Another 18% of the students (n=12) provided active offer by using either a professional interpreter or asking for a change in patient assignment. Those communication strategies are recommended most often in healthcare research for managing language discordance risks in the short term (Bowen, 2015; Diamond & Jacobs, 2009; Hseih, 2015). According to the CNFS Learning framework used in this study, participants have acquired some knowledge of the need for active offer when providing patient-centred care (Lortie & Lalonde, 2012). Unfortunately, the findings of the study do not explain how they have acquired that knowledge.

The study results on how many participants (20% or n=13) chose to speak English to their Francophone patients demonstrate a lack of understanding and concern for the patient safety risk of French English language discordance. The themes to those participants' comments showed that either, they spoke English to the Francophone patients either because they themselves could not speak French or because the patient spoke both French and English the participants cared for them in English. It is concerning that the students were not aware that it is risky for the patient to be the one making accommodations for the language discordance (Bowen, 2004, 2015; Diamond & Jacobs, 2009; Failano et al., 2011; Hien & Lafontant, 2013; Okrainec et al., 2014).

It is also concerning that 26% of participants (n=17) reported asking their Francophone colleagues to interpret for them. This is immediately risky for the patient because many minority language speakers have a sense of fluency that is not complete in a healthcare setting. This is because they have not been trained to be healthcare professionals in that minority language or how to interpret correctly (Hseih, 2015; Moreno et al., 2007). In the long term, there is a risk of professional burnout for Francophone colleagues who are overworked when called on to

interpret in addition to their regular professional workload (Bouchard, Vézina, et al., 2010; Drolet et al., 2014).

The majority of participants (60%) took into account the need for basic active offer despite (85%) reporting having no knowledge of the official concept. These interesting results show initiative on the part of the undergraduate nursing students because they provided basic active offer without much previous formal nursing education or system-wide support on how to implement active offer. It is disquieting that the students and not the U of O took responsibility for finding communication strategies with Francophone patients in the other official language of the U of O. The students were learners who should have been experiencing the best practices of nursing during their clinical placements.

A portion of them (19%) reported that the guidance of their clinical placement supervisor was the principal factor in their decision to communicate with their Francophone patient in the way that they did. Unfortunately, the survey question did not give the students a way to indicate if the clinical placement supervisors guided the students to provide active offer or not. In fact, the students could have been guided to speak English with the patient or to ask a French speaking colleague or the patient's family to interpret. Nevertheless, as learners the students were right about following the guidance of their U of O mandated clinical placement supervisors.

Nursing Students' Attitudes Towards Active Offer in Nursing

The results of the survey show that the participants had an overall strongly positive attitude towards the statements about active offer, the need for the nurse, healthcare organizations and the nursing education programs to support patients' right to receive healthcare in their preferred official language. The participants' opinions show a strong knowledge of the health determinant of culture and language as identified by Lalonde & Lortie (2012) for the

CNFS Learning Framework as an issue of ethics and legitimacy. In particular, 50% strongly agreed with the statement, “To provide patient-centered care a nurse should take all possible measures to ensure their patients are cared for in their preferred official language” and 84% chose that it was important or very important to them “for healthcare organizations to support nurses communicating with their patients in the patients’ preferred official language”.

It is unclear if these two attitude questions were susceptible to social desirability response bias (Polit & Beck, 2012). Although there were no extreme negative results, the extreme positive ones could be a sign of what is known in survey research as “yea or nay saying” which are forms of response bias that are difficult to control for in self-administered surveys (Nutly, 2008; Polit & Beck, 2012). Despite the possibility of response biases, these findings are new ones for the Canadian nursing literature.

However, these opinion findings are similar to a number of United States based qualitative research findings about nurses expressing concern that their Spanish speaking patients were at risk due to language discordant situations (Bernard et al., 2006; Hsieh, 2015; Nailon, 2006). Those nurses also agreed that patient-centered care included the patient and the nurse communicating in the same language with assistance of a medical interpreter (Bernard et al., 2006; Hsieh, 2015; Nailon, 2006). A study from Wales concluded that nurses from the English speaking majority who had some self-reported ability to speak and understand the minority Welsh language had more positive attitudes towards the rights of Welsh speaking patients to be cared for in their preferred language (Roberts et al., 2007).

Interestingly, 39% of the participants (n=26) reported that they felt confident or very confident in meeting the needs of Francophone patients in the future but less than half that many participants (15% or n= 10) had heard of the concept of active offer before. There was a

statistically significant ($p = .001$) correlation relationship found between the frequency that participants cared for Francophone patients and how confident they felt in caring for Francophone patients in their future healthcare employment. Perhaps the repeated opportunities to practice communicating with Francophone patients increased the participants' awareness of the communication strategies they could use in each clinical placement setting.

Repeated exposure to the same French language challenges where the participants succeeded could have established a level of confidence in their ability to care for Francophone patients in French. It is important to note that confidence in using language abilities for interpretation in a healthcare setting should be tempered with the knowledge of the concept of "false fluency" (Flores et al., 2003; Moreno et al., 2007). The development of a scale to test nursing specific communication in French is needed to assess nurses French language skills so that their confidence in their own language skills can be based on communication that will be clear and safe for all Francophone patients (Bowen, 2015; Isaacs et al., 2011; Segalowitz & Kehayia, 2011).

It is important to note that safe communication involves not only a nurses' ability to speak French to a Francophone patient. The variances of the French language driven by different cultural, economic and geographical groups also need to be considered. In 2011, Beaulieu reported on the challenges that French as a Second language undergraduate nurses in a French language nursing program in Alberta faced speaking French with Francophone patients there. That study focused on the colloquial French speech language tasks that the students needed to learn to provide safe and culturally appropriate care to minority group Francophone patients.

Teaching nurses about the challenges and their role in thinking critically about clear communication with a patient speaking an unfamiliar variance of French is important for safety.

Study Limitations

Like any research, this study has limitations which will be outlined and discussed in this section. A focus group with participants similar to the study sample was not done to test the validity and reliability of the data collection tool. The survey questions were developed through a process that included a literature review and multiple feedback sessions with experienced researchers in the study subject field (Figure 4.2). A study wide definition of the key term, Francophone, was not provided to the participants in the study information letter or in the survey.

The study was not introduced to all 4th year nursing students in person as two classes were dismissed prior to the principal investigators' arrival during recruitment round #1 however, with the email invitations, reminders and messages posted on the BlackBoard Learn all potential participants should have heard about the survey. In future research with this potential participant group, the use of two research team members during participant recruitment round #1 would allow for all the classes to have the study introduced to them in person. Having a larger number of participants could have allowed for more variance and limited the skewness of the data (Morgan et al., 2013).

There was a possibility of sample bias because participation in this research was not mandatory for all the potential student participants. Those that chose to participate may have been the ones in the 4th year student cohort who had positive attitudes towards active offer. Those who did not chose to participate may have chosen not to because of social desirability bias. They may have held negative attitudes towards active offer which they did not want to express.

As participants were not identified in any way, there is a possibility that participant

duplication may have occurred. All the electronic surveys were submitted at disparate times over many days, therefore the possibility of a participant submitting multiple surveys is low. All survey responses were compared to eliminate any complete duplications.

Given these limitations, the results from this study should only be used to represent the experience of the participants and should be generalized with caution. To enrich the results of this study the SON curriculum committee, the U of O English language program nursing professors and the College of Nurses of Ontario (CNO) should be consulted in future studies on what active offer content they feel should be delivered to undergraduate nursing students.

Study Strengths

This study also presents several strengths that are worth highlighting here. The study research questions are a unique way of looking at a well-documented problem and the participant recruitment for this study yielded a much higher than average response rate for a student self-administered survey (Boileau, 2014; L. Bouchard & Desmeules, 2011; Bowen, 2015; Dillman, 2000; Hoskins, 2016; Margo et al., 2015; Nutly, 2008). The idea of looking to future nurses from majority language group to truly assist in a practical way in providing equitable healthcare to a linguistic minority group is new in Canadian nursing research.

Prior to this study, there was no research to show if Anglophone nursing students, the largest and newest group of healthcare professionals, in Ontario knew the risks of French English language discordance, active offer legislation and how they were implementing this in their clinical placements. In fact, we did not even know if nursing students from the English language program were caring for Francophone patients as their clinical placements were largely at the “English” hospitals in Ottawa. We did not know if they knew about the Ontario French Language Services Act which governs part of the all hospital operating budgets in Ontario and

therefore nursing staffing budgets of where the participating nursing students will be soon seeking nursing positions. This study contributes all this new knowledge to Ontario nursing education and to barriers to access healthcare for Francophone patients in Ontario.

The survey response rate of 52% (n=69) was above what was predicted from the calculation based on the Tailored Design method (Dillman, 2000). This was probably due to the concerted efforts made to recruit participants through the three-week period of speaking to the students in person, sending out reminder emails and asking professors to post information about the study on the BlackBoard learn pages (Figure 4.1). It is also possible that this research topic was timely and interesting for the nursing students as they have reported some understanding and experience with French English language discordance.

Implications for Nursing Education

After learning that 92% (n= 63) of the participating English language program nursing students at the U of O reported caring for a Francophone patient at least once during their clinical placements, it is imperative for the topics of active offer and how to implement it in a safe way be formally included in the undergraduate nursing curriculum. Given that the students reported they were not well prepared by their nursing education to identify and mitigate language discordance risks and they have reported engaging in unsafe communication with Francophone patients, this is a current patient safety matter that cannot be pushed aside on the excuse that the nursing curriculum is already too full (Bouchard & Vézina, 2009; Dubouloz et al., 2015). In view of the status of French English bilingualism at the U of O and the FLSA, it appears that the U of O has a responsibility to ensure that the nursing programs educate students to be sensitive to the need for active offer across healthcare environments.

According to the socio-linguistic data, there was a cohort of 42% participants (n=29) who reported speaking French with their Francophone patients and 42% participants who rated their spoken French to be intermediate or fluent. This could mean that a portion of English nursing students do speak French and with active offer education and support could be part of the solution of the research problem by providing healthcare and services to Francophone populations and lightening the burden on other bilingual nurses in Ontario (Drolet et al., 2014; Segalowitz & Kehayia, 2011). Healthcare organizations need to fully support, as required by the FLSA, the language learning needs of these new nurses as they move into the workplace. The new nurses require additional language training so that they are able to use the correct healthcare terminology with their Francophone patients and colleagues (Diamond & Jacobs, 2009; Drolet et al., 2014; Moreno et al., 2007; Segalowitz & Kehayia, 2011). The risks of “false fluency” should also be taught and standardized language testing based on nursing communication speech tasks should be administered to this type of cohort (Isaacs et al., 2011; Moreno et al., 2007; Segalowitz & Kehayia, 2011).

The other 58% participants (n=40) rated their level of spoken French to be no skills or beginner. Perhaps these are the participants who spoke English with their Francophone patients along with those who requested a Francophone colleague to interpret or a patient assignment change. It is important for this group to have clear education on how to access professional interpretation services in their clinical placement or in their new places of employment. They also need education on the patient safety risks of asking a family member or friend to ad hoc interpret. Sensitivity training on why asking Francophone colleagues to interpret is a burden would also be useful and possibly welcomed by their future Francophone colleagues.

Both cohorts should have continuing education on what active offer is and how to implement in their healthcare work environments. The continuing education may be quite well received by this group of new nurses as they have already reported highly positive attitudes towards caring for their patients in the patients preferred official language (Drolet et al., 2014; Dubouloz et al., 2015; Lortie & Lalonde, 2012).

Education about the risks and tested tools to mitigate language discordance need to be made by healthcare organizations to be available to nurses and student nurses now. Nurses should lead the way in developing experience based education scenarios that focuses on using professional interpreters and language translation software.

Implications for Nursing Practice

The newest Statistics Canada census (2016) data, published after this thesis research was conducted, showed that only 61% of the Ottawa population reported English only is their mother tongue. Another 14% of the population of Ottawa reported French as their mother tongue and 22% of the population reported a non-official language as their mother tongue. Many of these people will be seeking healthcare services in Ottawa where the majority language is English and the patient safety risk of language discordance and the need for active offer is not well recognized outside of special interest French language.

The results from this study have shown that 36% of the participant nurses chose to communicate with Francophone patients in the way they did based on the guidance of either the nursing staff or the clinical placement supervisor during their clinical placements. This means that all nurses potentially have an impact on how a nurse communicates with a Francophone patients even if they are not directly assigned to that particular patient.

In the past, nurses' communication with language discordant patients was trivialized and

interpreter was prioritized for doctors only (Bernard et al., 2006; Cioffi, 2003). Now, more than ever, health organizations and the directors of nursing services within those organizations need to recognize the role of nurses' communication with patients in positive health outcomes and in the mitigation of language discordance risks. Nurses should lead the way in mitigating those risks, not only because they are obliged to provide active offer according to the FLSA of Ontario, but also because their professional associations require them to act in an ethical way towards all their patients. Nursing leaders involved in healthcare organizational policy in Ottawa could use the results from this research as a reason to develop communication strategies supporting Francophone patients and nurses in language discordant situations.

Implications for Nursing Research

In further research, it would be interesting to look at how, without formal preparation the participants of this study were able to identify that asking a family member to interpret is not safe. Where are these English language program nursing students learning about the language discordance risks and how to mitigate them? Is it from previous experiences in healthcare outside of their nursing education? Where do they and their patients experience those risks in their clinical placements? Research using a different methodology such as qualitative interviews to ask about the nursing students previous experiences with language discordance could yield data on the first two questions. The work of Cioffi (2003) and Nailon (2006) used this type of approach to learn more about practicing nurses' experiences with language discordance.

A mixed method approach with qualitative interviews or reflective journals and field observation of majority language group nursing students communicating with minority language group patients could yield data to explore the last question. Information about where the nursing students and the patients report the patient safety risks could be compared to each other in the

transcripts of their interactions. The results could bring more insight into what type of communication tasks nursing students are faced with and where to focus language and professional interpreter use education. Patient feedback into if “false fluency” exists in these interactions would also be invaluable for setting language training goals for bilingual or new French as a second language nursing students (Isaacs et al., 2011).

Conclusion

This chapter was a discussion of the results and their implications for nursing practice, education and research in terms of existing evidence of the topic. Key points discussed were that the students showed a theoretical knowledge of the patient safety risk of French English language discordance. Also, few participants had an awareness of the FLSA or active offer and the majority felt the U of O had not prepared them to mitigate the patient safety risks of language discordance or to implement active offer. Despite the lack of awareness and education on active offer, 60% of the students reported implementing a form of active offer for Francophone patients during clinical placements. They also showed overall positive attitudes towards statements about the nursing, healthcare organizations and universities roles in supporting and implementing the active offer of communication with patients in their preferred official language.

The limitations of the study were that the survey tool was not validated by a focus group prior to distribution and there was a group of potential participants who were not recruited in person during recruitment round #1. To have further enriched the results of this study the SON curriculum committee, English language program professors and the CNO should have been included to have additional information on their views on active offer education. The strengths of the study were the unique approach to the research question, asking English language program nursing students about a problem that has been traditionally the exclusive domain of

Francophone patients and health professionals and the above average participant survey response rate.

Three main recommendations are directed to the U of O School of Nursing. First, all students in the English language program should be formally taught about the patient safety risks of language discordance, the reasons for the need for active offer and how to deliver it in both theory classes and clinical placements. Second, all students should be taught about the risks and consequences of asking a colleague or a patients' family member to ad hoc interpret in a language discordant situation and how to communicate with a patient through a professional interpreter. Finally, the bilingual or French as a second language nursing students who are in the English language program should be strongly encouraged to seek nursing specific French language training so they will be able to safely care for their Francophone patients in the future. The recommendation for nursing practice based on the study results is that nursing leaders should recognize, illuminate and champion the fact that all nurses have a role in mitigating the patient safety risks of English French language discordance. They should also remind their employers, healthcare organizations, of the organizations' legal responsibility to support and educate nurses to overcome language challenges with their Francophone patients in Ontario. Finally, the recommendation for nursing research is that the communication between English language program nursing students and Francophone patients should be studied further with different methodologies to get more information on where they feel the problems occur are during their communication.

Chapter Seven: Conclusion

As has been reported in Canadian research on the experiences of Francophone patients and Francophone health professionals, active offer is not common or well performed in the Ontario healthcare system (Bernier, 2009; Boileau, 2016; L. Bouchard & Desmeules, 2013; Drolet et al., 2014; Hien & Lafontant, 2013). This study was developed on the premise that the majority of the healthcare professionals in that system were most likely unaware of or uninterested in the research that shows there is a patient safety risk when French English language discordance is present (Bowen, 2015). They may also have been unaware of or uninterested in the historical reasons why the concept of active offer exists and so use active offer infrequently as a solution to the patient safety risks of language discordance.

The study results show that French English language discordant situations were frequently found among English language program undergraduate nursing students at the U of O in their clinical placement settings with Francophone patients. The students reported being largely unaware of the concept of active offer, though a cohort of them reported delivering a basic version of it by speaking French to and asking for interpretation for their Francophone patients during their clinical placements.

These actions undertaken by nursing students, future nurses in Ontario, show that there is an underlying understanding by all people that language discordance in a healthcare setting is risky. The students were not taught about the risk to their Francophone patients but still they made attempts to avoid it by attempting to care for them in French themselves. The fact that the FLSA and the active offer concept were not taught to the nursing students by the SON at the U of O, a bilingual university in a designated region, is distressing. In the future, research should be

conducted to find out why this omission has occurred and if it occurs at universities across Ontario in English language nursing programs.

Each nurse, from students to nursing administrators, should be well aware of the patient safety risks of French English language discordance, the FLSA, the active offer concept and how nurses should implement basic active offer into their nursing practice regardless of the healthcare setting. It is very encouraging to know that the student nurses in this study reported positive attitudes towards providing active offer as part of patient-centered care. It is with great hope that research into the attitudes of the SON English language program professors and the clinical instructors is suggested. If this type of research reveals similarly positive results, then the CFNS Learning Framework should be implemented for all U of O SON students regardless of French language abilities. Students who have French language skills should be taught how to use them safely and those without should be taught how to access and work with professional interpreters.

References

- Baillargeon, D. (2002). Entre la Revanche et la Veillée des berceaux: Les médecins québécois francophones, la mortalité infantile et la question nationale, 1910-40. *Canadian Bulletin of Medical History*, 19(1), 113–137.
- Barnard, D. (2016). Vulnerability and Trustworthiness: Polestars of Professionalism in Healthcare. *Cambridge Quarterly of Healthcare Ethics*, 25, 288–300.
<https://doi.org/10.1017/S096318115000596>
- Beaulieu, S. (2011). Norme pédagogique et infirmières bilingues en milieu francophone minoritaire. *Canadian Modern Language Review*, 67(4), 508–535.
<https://doi.org/10.3138/cmlr.67.4.508>
- Benoît, J., Dubouloz, C.-J., Guitard, P., Brosseau, L., Kubina, L.-A., Savard, J., & Drolet, M. (2015). La formation à l'offre de services en français dans les programmes de santé et de service social en milieu minoritaire francophone au Canada. *Minorités Linguistiques et Société*, 6, 104–130. <https://doi.org/10.7202/1033192ar>
- Bernard, A., Whitaker, M., Ray, M., Rockich, A., Barton-Baxter, M., & Barnes, S. L. (2006). Impact of Language Barrier on Acute Care Medical Professionals Is Dependent Upon Role. *Journal of Professional Nursing*, 22(6), 355–358.
<https://doi.org/10.1016/j.profnurs.2006.09.001>
- Bernier, C. (2009). Citoyens de deuxième classe ? Perceptions de la santé et du système de soins chez les francophones du nord-est de l'Ontario. *Francophonies d'Amérique*, 28, 115–138.
<https://doi.org/10.7202/044985ar>
- Bischoff, A., & Hudelson, P. (2010). Communicating With Foreign Language–Speaking Patients: Is Access to Professional Interpreters Enough? *Journal of Travel Medicine*, 17(1), 15–20. <https://doi.org/10.1111/j.1708-8305.2009.00314.x>

- Boileau, F. (2014). Annual Report 2013-2014: Rooting for Francophones. Toronto, Ontario: Office of the French Language Services Commissioner of Ontario. Retrieved from http://csfontario.ca/wp-content/uploads/2014/07/annual_report_2013-2014.pdf
- Boileau, F. (2016). Speech for the Standing Committee of the Ontario Legislative Assembly on Bill 41. Office of the French Language Services Commissioner of Ontario. Toronto, Ontario. Retrieved from http://csfontario.ca/wp-content/uploads/2016/11/Allocution-pour-le-comit%C3%A9_23-novembre-2016_-Projet-de-loi-41_EN_Finale.pdf
- Bouchard, L. (2013). La cartographie conceptuelle des représentations de l'avenir des services de santé en français en situation linguistique minoritaire. *Revue Canadienne de Santé Publique*, 104(6 (Suppl.1)), S60–S64. <https://doi.org/10.17269/cph.104.3454>
- Bouchard, L., Batal, M., Imbeault, P., Sedigh, G., Silva, E., & Sucha, E. (2015). Précarité des populations francophones âgées vivant en situation linguistique minoritaire. *Minorités Linguistiques et Société*, 6, 66–81. <https://doi.org/10.7202/1033190ar>
- Bouchard, L., & Desmeules, M. (2011). Minorités de langue officielle du Canada. Égales devant la santé? Presse de l'Université du Québec.
- Bouchard, L., & Desmeules, M. (2013). Les minorités linguistiques du Canada et la santé. *Healthcare Policy*, 9(Special Issue), 38–47. <https://doi.org/2927/hcpol.2013.23589>
- Bouchard, P., & Vézina, S. (2009). L' outillage des étudiants et des nouveaux professionnels : un levier essentiel pour l'amélioration des services de santé en français:Rapport final de recherche. (p. 70). Moncton, New Brunswick: Consortium national de formation en santé. Retrieved from https://cnfs.net/wp-content/uploads/2015/06/Rapport_final_de_recherche.pdf

- Bouchard, P., Vézina, S., & Savoie, M. (2010). Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire. (p. 44). Ottawa, Ontario: Consortium national de formation en santé. Retrieved from http://www.reseaudumieuxetre.ca/wp-content/uploads/2014/11/Rapport_du_Dialogue_2010.pdf
- Bouchard, P., Vezina, S., & Savoie, M. (2010). Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire. Consortium national de formation en santé. Retrieved from http://www.reseaudumieuxetre.ca/wp-content/uploads/2014/11/Rapport_du_Dialogue_2010.pdf
- Bowen, S. (2004). Language Barriers Within The Winnipeg Regional Health Authority: Evidence and Implications (p. 64). Winnipeg, Manitoba. Retrieved from http://torontohealthequity.ca/wp-content/uploads/2013/02/Language_Barriers_within_the_Winnipeg_Regional_Health_Authority_Evidence_and_Implications.pdf
- Bowen, S. (2015). The Impact of Language Barriers on Patient Safety and Quality of Care. Final Report (p. 53). Société Santé en français. Retrieved from <https://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study.pdf>
- Canadian Nurses Association, & Canadian Association of Schools of Nursing. (2013). Registered Nurses Education in Canada Statistics 2011 - 2012 Registered Nurse Workforce, Canadian Production: Potential New Supply (p. 65). Ottawa, Ontario. Retrieved from https://cna-aiic.ca/~media/cna/files/en/nsfs_report_2011-2012_e.pdf

- Carnevale, F. A., Vissandjee, B., Nyland, A., & Vinet-Bonin, A. (2009). Ethical Considerations in Cross-Linguistic Nursing. *Nursing Ethics*, 16(6), 813–826.
<https://doi.org/10.1177/0969733009343622>
- Cioffi, R. J. (2003). Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experiences. *International Journal of Nursing Studies*, 40(3), 299–306. [https://doi.org/10.1016/S0020-7489\(02\)00089-5](https://doi.org/10.1016/S0020-7489(02)00089-5)
- Clark, M. M. (1983). Cultural context of medical practice. *The Western Journal of Medicine*, 139(6), 806–810.
- Comité consultatif des communautés francophones en situation minoritaire. (2001). Improving Access to French-Language health Services (p. 147). Fédération des communautés francophone et acadienne du Canada. Retrieved from
http://www.fcfa.ca/user_files/users/40/Media/Pour%20un%20meilleur%20acc%C3%A8s%20%C3%A0%20des%20services%20de%20sant%C3%A9%20en%20fran%C3%A7ais%20-%20EN.pdf
- Diamond, L., & Jacobs, E. (2009). Let's not contribute to disparities: The best methods for teaching clinicians to overcome language barriers. *Journal of General Internal Medicine*, 22(Suppl. 2), 189–93. <https://doi.org/10.1007/s11606-009-1201-8>
- Dillman, D. (2000). *Mail and Internet Surveys The Tailored Design Method (Second Edition)*. New York: John Wiley & Sons.
- Drolet, M., Savard, J., Benoît, J., Arcand, I., Savard, S., Lagacé, J, Lauzon & Dubloulouz, C-J. (2014). Health services for linguistic minorities in a bilingual setting: challenges for bilingual professionals. *Qualitative Health Research*, 24(3), 295–305.
<https://doi.org/10.1177/1049732314523503>

- Dubouloz, C.-J., Savard, J., Drolet, M., Benoît, J., & Casimiro, L. (2015). Implantation et évaluation d'un programme de formation à l'Offre active de services en français auprès des futurs professionnels de la santé et des services sociaux à l'Université d'Ottawa. Rapport de recherche (p. 23). Ottawa, Ontario: Groupe des recherche sur la formation professionnelle en santé en contexte francophone minoritaire. Retrieved from <http://cnfs.net/wp-content/uploads/2015/06/DUBOULOZ-et-GREFOPS-rapport-formation-offre-active-2015.pdf>
- Eckhardt, R., Mott, S., & Andrew, S. (2005). Nursing for the masses: Is it an effective way to provide care to non-English speaking patients? *Clinical Effectiveness in Nursing*, 9(1), 62–68. <https://doi.org/10.1016/j.cein.2006.01.001>
- Failano, R. M., Adams, J. M., Meumeister, I. R., & Chang, C. (2011). Exploring Differences in Rapid Response Team (RRT) and Code Blue Occurrence Rates Within the Context of Nurse-Patient Linguistic Compatibility. *Hispanic Health Care International*, 9(4), 194–198. <https://doi.org/10.1891/1540-4153.9.4.194>
- Fineout-Overholt, E., & Johnston, L. (2005). Teaching EBP: asking searchable, answerable clinical questions. *Worldviews on Evidence-Based Nursing*, 2(3), 157–160. <https://doi.org/10.1111/j.1741-6787.2005.00032.x>
- Flores, G. (2005). The impact of medical interpreter services on the quality of health care: a systematic review. *Medical Care Research and Review*, 62(3), 255–299. <https://doi.org/10.1177/1077558705275416>
- Flores, G., Laws, M. B., Mayo, S. J., Zuckerman, B., Abreu, M., & Medina, L. (2003). Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics*, 111(1), 6–14. <https://doi.org/10.1542/peds.111.1.6>

- Forgues, É., Landry, R., & Boudreau, J. (2009). Qui sont les francophones? Analyse de définitions selon les variables du recensement. Moncton, New Brunswick: Consortium national de formation en santé. Retrieved from http://cnfs.net/wp-content/uploads/2015/06/Definitions_des_francophones_12_09_.pdf
- Gagnon on-Arpin, I., Bouchard, L., Leis, A., & Bélanger, M. (2014). Accès et utilisation des services de santé en langue minoritaire. In *La vie dans une langue officielle minoritaire* (pp. 195–219). Québec: Presses de l'Université Laval.
- Gauthier, A., Timony, P., Seresse, S., Goodale, N., & Prpic, J. (2015). Quelques stratégies susceptibles d'améliorer les services de santé en français. Le point de vue de médecins de famille du nord-est de l'Ontario. *Canadian Family Physician*, 61(8), 382–90.
- Gerrish, K., Chau, R., Sobowale, A., & Birks, E. (2004). Bridging the language barrier: The use of interpreters in primary care nursing. *Health & Social Care in the Community*, 12(5), 407–413. <https://doi.org/10.1111/j.1365-2524.2004.00510.x>
- Giguère, L., & Conway, B. (2014). Le potentiel d'offre et de demande de services médicaux dans la langue de communautés minoritaires : où se situe le français en Colombie-Britannique? *Reflète: Revue d'intervention Sociale et Communautaire*, 20(2), 52–82. <https://doi.org/10.7202/1027586ar>
- Gleason, M. (2002). Race, Class, and Health: School Medical Inspection and “Healthy” Children in British Columbia, 1890 to 1930. *Canadian Bulletin of Medical History*, 19(1). <https://doi.org/http://dx.doi.org/10.3138/cbmh.19.1.95>
- Gouvernement of Canada. Canadian Human Rights Act (1985). Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/h-6/page-1.html#h-2>

- Hien, A., & Lafontant, J. (2013). Iniquités de santé en milieu minoritaire : diagnostic de la situation chez les immigrants francophones de Sudbury. *Revue Canadienne de Santé Publique*, 104(6 (Suppl.1)), S75–S78. <https://doi.org/10.17269/cph.104.3454>
- Hoskins, E. (2016). Patients First: Proposal to Strengthen Patient-Centred Health Care in Ontario. Discussion Paper (p. 24). Ontario Ministry of health and Long-Term Care. Retrieved from http://www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf
- Hseih, E. (2015). Not Just “Getting by”: Factors Influencing Providers’ Choice of Interpreters. *Journal of General Internal Medicine*, 30(1), 75–82. <https://doi.org/10.1007/S11606-014-3066-8>
- Isaacs, T., Laurier, M. D., Turner, C. E., & Segalowitz, N. (2011). Identifying Second Language Speech Tasks and Ability Levels for Successful Nurse Oral Interaction with Patients in a Linguistic Minority Setting: An Instrument Development Project. *Health Communications*, 26(6), 560–570. <https://doi.org/10.1080/10410236.2011.558336>
- Lalonde, M.-F. (2017). Government services in French. Get services from the provincial government in French. Retrieved from <https://www.ontario.ca/page/government-services-french>
- Lortie, L., & Lalonde, A. J. (2012). Reference framework: Training for active offer of French-language health services. (p. 28). Ottawa, Ontario: Consortium national de formation en santé. Retrieved from http://cnfs.net/wp-content/uploads/2015/06/Reference_Framework_CNFS_Training_for_active_offer_of_French-language_health_services.pdf

- Margo, M., Prybutok, V., & Ryan, S. (2015). How survey administration can affect response in electronic surveys. *Quality & Quantity*, 49(5), 2145–2154.
<https://doi.org/10.1007/s11135-014-0098-4>
- Martel, M. (2005). Usage du passé et mémoire collective franco-ontarienne : le souvenir du Règlement 17 dans la bataille pour sauver l'hôpital Montfort. *Mens : Revue d'histoire Intellectuelle de l'Amérique Française*, 6(1), 69–74. <https://doi.org/10.7202/1024256ar>
- Merriam-Webster Dictionary. (2017). Retrieved from https://www.merriam-webster.com/dictionary/discordance?utm_campaign=sd&utm_medium=serp&utm_source=jsonld
- Moreno, M. R., Otero-Sabogal, R., & Newman, J. (2007). Assessing Dual-Role Staff-Interpreter Linguistic Competency in an Integrated Healthcare System. *Journal of General Internal Medicine*, 22(2), 331–335. <https://doi.org/10.1007/s11606-007-0344-8>
- Morgan, G., Leech, N., Gloeckner, G., & Barrett, K. (2013). *IBM SPSS for introductory statistics: Use and interpretation* (5th ed.). New York: Routledge.
- Nailon, R. (2006). Nurses' Concerns and Practices With Using Interpreters in the Care of Latino Patients in the Emergency Department. *Journal of Transcultural Nursing*, 17(2), 119–128.
<https://doi.org/10.1177/1043659605285414>
- Ngwakongnoni, E., Hemmelgarn, B., Musto, R., Quan, H., & King-Shier, K. (2012). Experiences of French Speaking Immigrants and Non-immigrants Accessing Health Care Services in a Large Canadian City. *International Journal of Environmental Research and Public Health*, 9(10). <https://doi.org/10.3390/ijerph9103755>

Nutly, D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education*, 33(3), 301–314.

<https://doi.org/10.1080/02602930701293231>

Office of the Commissioner of Official Languages. (2001). *Our Official Languages: As a Century Ends and a Millennium Begins*. Minister of Public Works and Government Services Canada. Retrieved from http://www.ocol-clo.gc.ca/html/annivers_e.php#CON

Offices des affaires francophone. (2009). *Redéfinition de la population francophone* (communiqué de presse). Ontario. Retrieved from

<https://news.ontario.ca/ofa/fr/2009/06/redefinition-de-la-population-francophone.html>

Okraïnec, K., Miller, M., Holocroft, C., Boivin, J., & Greenaway, C. (2014). Assessing the need for a medical interpreter: Are all questions created equal? *Journal of Immigrant and Minority Health*, 16(4), 756–760. <https://doi.org/10.1007/s10903-013-9821-9>

O'Leary, S., Federico, S., & Hampers, L. (2003) The truth about language barriers: One residency program's experience. *Pediatrics*, 111,(5), e569-e573. Retrieved from <http://pediatrics.aappublications.org/content/111/5/e569>

Ontario Justice Education Network. (2016). *THE MONTFORT HOSPITAL CASE LALONDE v. HEALTH SERVICES RESTRUCTURING COMMISSION (ONTARIO)*. Retrieved from <https://ojen.ca/wp-content/uploads/Montfort-English.pdf>

Over 600,000 Francophones in Ontario. (2013, April). Retrieved from <http://csfontario.ca/en/articles/3196>

Polit, D., & Beck, C. (2012). *Nursing Research Generating and Assessing Evidence for Nursing Practice* (Ninth Edition). Lippincott Williams & Wilkins.

- Richardson, J. (2005). Instruments for obtaining student feedback: A review of the literature. *Assessment & Evaluation in Higher Education*, 30(4), 387–415.
<https://doi.org/10.1080/02602930500099193>
- Roberts, G., Irvine, F., Jones, P., Spencer, L., Baker, C., & Williams, C. (2007). Language awareness in the bilingual healthcare setting: A national survey. *International Journal of Nursing Studies*, 44(7), 1177–1186. <https://doi.org/10.1016/j.ijnurstu.2006.03.019>
- Roberts, G., Irvine, F., Tranter, S., & Spencer, L. (2010). Identifying priorities for establishing bilingual provision in nurse education: A scoping study. *Nurse Education Today*, 30(7), 623–630. <https://doi.org/10.1016/j.nedt.2009.12.011>
- Savard, J., Casimiro, L., Benoît, J., & Bouchard, P. (2014). Évaluation métrologique de la Mesure de l'offre active de services sociaux et de santé en français en contexte minoritaire. *Reflets : Revue d'intervention Sociale et Communautaire*, 20(2), 83–122.
<https://doi.org/10.7202/1027587ar>
- Segalowitz, N., & Kehayia, E. (2011). Exploring the Determinants of Language Barriers in Health Care (LBHC): Toward a Research Agenda for the Language Sciences. *The Canadian Modern Language Review*, 67(4), 480–507.
<https://doi.org/10.3138/cmlr.67.4.480>
- Spiers, J. (2000). Vulnerability and Trustworthiness: Polestars of Professionalism in Healthcare. *Journal of Advanced Nursing*, 31(3), 715–721.
- Statistics Canada, & Health Canada. (2009). Health Care Professionals and Official-Language Minorities in Canada (No. 91–550–X) (p. 58). Demography Division. Retrieved from http://publications.gc.ca/collection_2009/statcan/91-550-X/91-550-x2008001-eng.pdf

Thériault, J. (2005). L'institution en Ontario français. Mens : Revue d'histoire Intellectuelle de l'Amérique Française, 6(1).

Statistics Canada (2017) Mother Tongue (10), Language Spoken Most Often at Home (10), Other Language(s) Spoken Regularly at Home (11), Knowledge of Official Languages (5) and Age (7) for the Population Excluding Institutional Residents of Canada, Provinces and Territories, Census Divisions and Census Subdivisions, 2016 Census - 100% Data. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm>.

Appendix A Verbal Script

Hi I am Amy Ford and I am a Masters of nursing student here at the University of Ottawa. I am here today to speak to you about the research project that I am pursuing as principal investigator for the Masters of Science in Nursing thesis program. It is titled: An Exploration of Undergraduate Nursing Students' Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario.

This project is supervised by Dr Julie Chartrand and Dr Marie-Claude Thifault from the University of Ottawa, School of Nursing within the Faculty of Health Sciences.

The purpose of this study is twofold, to determine the awareness of active offer of French language health policies and services in Ontario among 4th year undergraduate nurses in the English stream and to determine how active offer is being implemented in clinical practicum settings.

The inclusion criteria for research participation is being a student nurse in their fourth year of the undergraduate nursing program in the English stream of this academic year.

Participation in the project involves completing an electronic or paper survey of about 20 questions. The link for the electronic survey is on the board and I have the paper copies of that survey here with me now. The survey should take no more than 10 minutes to complete. Your participation in the survey is entirely voluntary and has no bearing on your relationship with the University of Ottawa. Unfortunately, there is no participant compensation with this project.

In closing, I would like to thank you and professor.....for listening to this research request. I will leave the surveys here. If you choose to fill it out, please remove the Student Participation Information sheet on the front and keep it for your records, then place your completed survey in the brown envelope when you have finished. I will pick them up after class. I will also be available then to answer any questions you may have about participating in this research project.

Thank you for your time.

Amy Ford RN BScN MScN student

Appendix B Study Participant Package including Information Sheet and Survey



Université d'Ottawa
Faculté des sciences
de la santé

École des sciences
infirmières

University of Ottawa
Faculty of Health
Sciences

School of Nursing

Implied Consent Form

Study Information Sheet

Title of the study: Exploration of English Program Undergraduate Nursing Students' Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario

Principal Investigators (supervisors):
Julie Chartrand, RN, PhD
Assistant Professor
School of Nursing, University of Ottawa

Marie-Claude Thifault, RN, PhD
Full Professor
School of Nursing, University of Ottawa

Co-investigator (student):
Amy Ford, BScN, RN
Student, Masters of Science in Nursing

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Amy Ford, BScN, RN and supervised by Julie Chartrand, RN, PhD and Marie-Claude Thifault, RN, PhD, School of Nursing, University of Ottawa.

Purpose of the Study: The purpose of the study is to determine the University of Ottawa undergraduate nursing students' and professors' awareness of the active offer initiative. It also aims at exploring the students' implementation of active offer during their clinical placements.

Participation: My participation will consist of filling out a 25-question paper survey on my awareness of active offer and my experience caring for Francophone patients during my nursing clinical placements along with my language demographic information.

Risks: My participation in this study will entail that I volunteer information about my language use in nursing practice and my awareness of active offer, this may cause me to feel uncertain about my proficiency in oral French. I have received assurance from the researchers that every effort will be made to minimize this risk by having available information about French as a second language training at the

613 562-5473
613 562-5443

451 Smyth
Ottawa ON K1H 8M5 Canada

University of Ottawa Official Languages and Bilingualism Institute olbi@uottawa.ca.

Benefits: My participation in this study will benefit those people speaking a French as a minority language when seeking health care. The data collected can be used to influence how nursing communication with language discordant patients is taught.

Confidentiality: I have received assurance from the researcher that the information I will share on the paper copy survey will remain strictly confidential. I understand that the contents will be used only for the study named above and that my confidentiality will be protected removing all identifiers from the data, storing the data in a password protected USB drive that will be stored in a locked filing cabinet, in a locked office. In order to minimize the risk of security breaches and to help ensure my confidentiality if I choose to fill out the electronic version of the survey (via Survey Monkey), the researchers recommend that I use standard safety measures such as signing out of my account, closing my browser and locking my screen or device once I have completed the survey. The researchers have informed me that Survey Monkey, being an American based software, is subject to the Patriot Act, therefore the confidentiality of the data collected may not be guaranteed.

Anonymity will be protected by not collecting my personal information aside from age, preferred language and language of education.

Conservation of data: The data collected by survey will be stored in a locked filing cabinet in a locked office and will therefore be kept in a secure manner. Data will be destroyed after the University of Ottawa required retention period of 5 years.

Compensation: There will be no compensation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be destroyed on the date of my withdrawal.

If you have any questions or require more information about the study itself, you may contact the researcher or his/her supervisor at the numbers mentioned herein.

If you have any questions with regards to the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, tel.: (613) 562-5387 or ethics@uottawa.ca.

Please keep this form for your records.

Thank you for your time and consideration.



uOttawa

Faculté des sciences de la santé
Faculty of Health Sciences

Exploration of Fourth Year Undergraduate Nursing Students' Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario

Student Participant Information

Invitation to Participate: I am invited to participate in this research study conducted by the principal investigator, Amy Ford, BScN, RN under the supervision of Julie Chartrand, RN, PhD and Marie-Claude Thifault, RN, PhD, School of Nursing, University of Ottawa. PLEASE NOTE: To print a copy of this letter to consult during the survey press print on your browser window now. If you would like a paper copy of the survey to complete and/or for your records please contact

Purpose of the Study: To explore the University of Ottawa English program undergraduate nursing students' awareness of the active offer initiative and the students' implementation of active offer during their clinical placements.

Participation: My participation will consist of filling out a paper or online survey of approximately 20 questions on my awareness of active offer and my experience caring for Francophone patients during my nursing clinical placements along with my language demographic information. The participation time required of me is approximately 15 minutes.

Risks: My participation in this study entails that I volunteer information about my language use in nursing practice and my awareness of active offer, this may cause me to feel uncertain about my proficiency in French. I have received assurance from the researchers that every effort will be made to minimize this risk by having available information about French as a second language training at the University of Ottawa Official Languages and Bilingualism Institute olbi@uottawa.ca.

Benefits: Participation in this study will benefit those people speaking a French as a minority language when seeking health care. The data collected could influence how nursing communication in language discordance is taught.

Confidentiality: I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that the contents will be used only for the study named above and that my confidentiality will be protected removing all identifiers from the data, storing the data in a password protected USB drive that will be stored in a locked filing cabinet, in a locked office. My anonymity will be protected by not collecting my personal information aside from age, preferred language and language of education.

Conservation of data: The data collected by survey will be stored in password protected USB drive in a locked filing cabinet in the Faculty of Nursing and will be kept in a secure manner. Data will be destroyed after a 5 year retention period post publication of this research.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the paper survey based part of the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw I will send the serial number printed at the top of this sheet it corresponds with the

serial number of the survey I have filled out. The principal investigator, Amy Ford will withdraw the data from that survey and destroy it. If I complete the survey online the data cannot be withdrawn. I am however under no obligation to complete the survey online. There is no compensation for participation.

If you have any questions about the study itself, you may contact the researcher or her supervisors at the numbers mentioned herein.

Principal Investigators (supervisors): Julie Chartrand, RN PhD School of Nursing Faculty of Health Sciences University of Ottawa.

Marie-Claude Thifault, RN PhD School of Nursing Faculty of Health Sciences University of Ottawa.

Any questions with regards to the ethical conduct contact ext 5387 or ethics@uOttawa.



uOttawa

Faculté des sciences de la santé
Faculty of Health Sciences

Exploration of Fourth Year Undergraduate Nursing Students' Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario

1. What is your age group (years)?

- 18-25
 26-35
 36-45
 46+

2. What was your first language spoken at home?

3. What was the language of your secondary school education?

4. What is your preferred official language of verbal communication?

- English
 French

5. What is your preferred official language for reading?

- English
 French

6. What is your preferred official language for writing?

- English
- French

7. Please rate your spoken French

- No skills
- Beginner
- Intermediate
- Fluent

8. Please rate your comprehension of verbal French

- No skills
- Beginner
- Intermediate
- Fluent

9. Please rate your written French

- No skills
- Beginner
- Intermediate
- Fluent

10. Have you heard of the French Language Services Act (FLSA) of Ontario which guarantees the rights of Franco Ontarians to judicial, educational and health care services in French, prior to this recruitment for this survey?

- Yes
- No, please skip to question 12

11. Please specify where you heard of FLSA in Ontario

- At university
- At secondary school
- Through the general media
- From family and/or friends
- In a nursing clinical setting
- At work
- Other (please specify)

12. The concept of active offer of healthcare in Ontario is defined as the proactive offer of health services in either official language, that are of equal quality and are available on a permanent basis throughout all health care settings. Have you heard of this concept prior to your recruitment for this survey?

- Yes
- No please skip to question 15

13. Please specify where you heard about the active offer of French Language healthcare services

- At university
- At secondary school
- Through the general media
- From family and/or friends
- In a nursing clinical setting
- At work
- Other (please specify)

14. The proactive offer component of the active offer concept is important for potential Francophone users of healthcare services in French in Ontario because:

- a) the Francophone users may not be aware that they have a right to have health care services delivered in French in Ontario
- b) the majority of Francophones in Ontario do not speak or read in English
- c) historically healthcare services were not available in French in Ontario, so Francophone patients are unaware that those are now currently available
- d) A and C
- e) A and B

15. Asking a family member of a Francophone patient to interpret from French to English to communicate with a healthcare professional who does not speak French:

- a) is a safe way to provide healthcare services in French to the patient
- b) is a good way to maintain patient confidentiality
- c) is a legal way of obtaining informed consent from the patient
- d) all of the above
- e) none of the above

16. How do you feel the University of Ottawa Bachelors of Science in Nursing program prepared you to implement the active offer of French language healthcare services among Francophone patients in your nursing clinicals?

- Not well prepared at all
- Fairly well prepared
- Neutral
- Well prepared
- Very well prepared

17. How do you feel the University of Ottawa Bachelors of Science in Nursing program prepared you to identify and mitigate the patient safety risks of French English language discordance?

- Not well prepared at all
- Not so well prepared
- Neutral
- Well prepared
- Very well prepared

18. In your clinical practicums how often did you ask your patients about their preferred official language?

- 0% of the time
- 25% of the time
- 50% of the time
- 75% of the time
- 100% of the time

19. How often did you care for a Francophone patient/family during all of your clinical placements?

- Never, please skip to question 22
- Once or twice
- 3 to 5 times
- 6 to 7 times
- 8 times or more

20. If you cared for Francophone patients/families during any of your clinical placements, what was your most common communication strategy with them?

- I spoke French with the patient
- I spoke English with the patient
- I asked the patient's family/friends to interpret for me
- I asked a Francophone colleague to interpret for me
- I requested a professional healthcare interpreter
- I asked for the patient assignment to be changed due to language incompatibility
- Other (please specify)

21. What was the principal factor that guided your decision to communicate with the Francophone patients/families in the way you did?

- Your knowledge of active offer
- Your knowledge of the patient safety risk of French English language discordance
- The active offer policy of the healthcare facility of your clinical placement
- The guidance of your clinical supervisor
- The guidance of the nursing staff in the healthcare facility
- The patient requested your action
- Other (please specify)

22. Please give your opinion on the following five questions: To provide patient centered care a nurse should take all possible measures to ensure their patients are cared for in their preferred official language.

- I strongly agree
- I agree
- I have no opinion
- I disagree
- I strongly disagree

23. How important is it to you for healthcare organizations to support nurses communicating with their patients in the patients' preferred official language?

- Very important
- Important
- I have no opinion
- Not important
- Not important at all

24. How important is it to you for nursing education programs to support their nursing students' communication with patients in their preferred official language?

- Very important
- Important
- I have no opinion
- Not important
- Not important at all

25. Finally, how confident do you feel meeting Francophone patients' needs in your future healthcare employment location?

- Very confident
- Confident
- Neutral
- Somewhat confident
- Not at all confident

26. Please feel free add any comments you have on the content of this survey now

Appendix C Student Email Reminder

Reminder for 4th Year English Program Nursing Students to Participate in MScN
Research on Active Offer

www.surveymonkey.com/r/activeoffer

Hello, I am Amy Ford and the principal investigator for a research project as part of my Masters of Science in Nursing Masters thesis program. I have spoken to many of you already during your consolidation reflection sessions about the project titled: An Exploration of English Program Undergraduate Nursing Students' and Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario. The project is supervised by Dr Julie Chartrand and Dr Marie-Claude Thifault from the School of Nursing at the University of Ottawa in the Faculty of Health Sciences.

The purpose of this study is twofold, to determine the awareness of the active offer of French language health policies and services in Ontario among 4th year undergraduate nursing students in the English program and to determine how the active offer is being implemented in clinical practicum settings.

I am asking you to participate in this study because you have been identified by the Undergraduate Nursing Students Association as meeting the research inclusion criteria of students who are in their fourth year of the English nursing program in the 2016-2017 academic year.

Participation in the project involves completing an online survey consisting of approximately 20 questions. The surveys are hosted on SurveyMonkey, the link is www.surveymonkey.com/r/activeoffer. The survey should take no more than 10 minutes to complete. There is a paper copy of this survey available if you prefer to receive it via internal university mail or through Canada Post. Please send an email to Amy Ford for a paper survey.

Thank you for your time.
Amy Ford RN BScN MScN c

Appendix D Final Email Reminder for Students

Final Reminder for 4th Year English Program Nursing Students to Participate in MScN
Research on Active Offer
www.surveymonkey.com/r/activeoffer

Hello 4th year Nurses,

I have spoken to many of you during your consolidation reflection sessions and NCLEX prep session about my research project titled: An Exploration of English Program Undergraduate Nursing Students' and Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario, supervised by Dr Julie Chartrand and Dr Marie-Claude Thifault at the University of Ottawa.

This is a final reminder to let you know that I am still looking for 22 more participants. I have only collected from 59 out of a possible 135 4th year student participants and would like to have a participation rate of 60%. All participants should be students who are in their fourth year of the English nursing program in the 2016-2017 academic year.

Participation in the project involves completing a brief online survey consisting of approximately 20 questions. Please check out the survey at www.surveymonkey.com/r/activeoffer. It should take no more than 5 minutes to complete. There is also a paper copy of this survey available from [Amy Ford](#)

Thank you for your time and to those who have already participated,

Amy Ford RN BScN MScN(c)

Appendix E Ethics Approval



Université d'Ottawa University of Ottawa

Bureau d'éthique et d'intégrité de la recherche Office of Research Ethics and Integrity

Health Sciences and Science Research Ethics Board

APPROVAL OF MODIFICATIONS

April 06, 2017

Amv Ford

Julie Chartrand
 School of Nursing
 Faculty of Health Sciences
 University of Ottawa

Marie-Claude Thifault
 School of Nursing
 Faculty of Health Sciences
 University of Ottawa

RE: Exploration of Undergraduate Nursing Students' and Professors' Awareness and Implementation of the Active Offer of French Language Health Policies and Services in Ontario (H 10-16-15)

Dear Ms. Ford, Professors Chartrand and Thifault,

The Health Sciences and Science Research Ethics Board has examined your request for ethics approval of the following modifications to your research project:

- Participants are not recruited in the supervisors' classes.
- The survey will be with 23 questions.
- The research questions have been changed:
- The survey will be available on paper and online.

Your request has been accepted. The ethics approval granted on March 16, 2017 and valid until March 15, 2018 covers these modifications.

During the course of the study, any further modifications to the protocol or forms may not be initiated without prior written approval from the REB. You must also promptly notify the REB of any adverse events that may occur.

If you have any questions, please do not hesitate to contact me at extension 5387.

Sincerely yours,

Germain Zongo
 Protocol Officer for Research Ethics
 For Daniel Lagarec, Chair of the Health
 Sciences and Sciences REB

550, rue Cumberland Ottawa (Ontario) K1N 6N5 Canada
 550 Cumberland Street Ottawa, Ontario K1N 6N5 Canada
 (613) 562-5387 • Téléc./Fax (613) 562-5338
<http://www.research.uottawa.ca/ethics/index.html>