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Bilingualism in the Health System: the Catalan Case

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Public Policy and Citizen-Based Practices That Support Social and Health Services for Official and Co-Official Language Minority Communities. An International Perspective: What Has Really Been Achieved and Where Are the Gaps?

Politiques publiques et pratiques citoyennes soutenant les services sociaux et de santé pour les communautés minoritaires de langues officielles et coofficielles. Une perspective internationale : ce qui a été accompli et ce qui reste à faire

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Résumé de l'article

Les citoyens de langue catalane vivant en Catalogne ont le droit officiel d'utiliser leur langue avec toutes leurs administrations régionales. Néanmoins, les informations disponibles sur la connaissance et l'utilisation du catalan par les fonctionnaires montrent que les soins de santé constituent un point faible pour ces administrations en raison de la difficulté à couvrir toutes les spécialités médicales. Plataforma per la Llengua a conduit une enquête auprès d'un échantillon de 1 600 Catalans pour déterminer le niveau de satisfaction quant au respect des droits linguistiques dans le domaine de la santé publique. L'organisme souhaitait également préciser la portée d'une éventuelle politique de promotion linguistique qui obligerait le personnel de santé à toujours entamer la conversation en catalan. Les résultats indiquent certaines limites des politiques régionales actuelles de promotion linguistique en Catalogne. En effet, l'utilisation de la langue catalane dans le système de santé, aussi bien par les patients que par les prestataires, est plus faible comparativement à son utilisation dans d'autres domaines de l'administration publique.



Bilingualism in the Health System: the Catalan Case

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Abstract

Catalan-speaking citizens living in Catalonia have full, formal rights to use their language with all of their region's administrations. Nevertheless, the available information on the knowledge and use of Catalan by civil servants shows that health care is a weak spot for regional administrations, due to the difficulty in covering all medical specialties. Plataforma per la Llengua has undertaken research in the form of a survey with a sample of 1,600 Catalan inhabitants, to ascertain the level of satisfaction with the enforcement of linguistic rights in public health and determine the scope of a potential language promotion policy that would have health care staff initiate conversations in Catalan. Results of government surveys suggest that language use (by both patients and providers) in the health care system, compared with language use in other areas of public administration, demonstrates the limits of the current regional language promotion policies in Catalonia.

Résumé

Les citoyens de langue catalane vivant en Catalogne ont le droit officiel d'utiliser leur langue avec toutes leurs administrations régionales. Néanmoins, les informations disponibles sur la connaissance et l'utilisation du catalan par les fonctionnaires montrent que les soins de santé constituent un point faible pour ces administrations en raison de la difficulté à couvrir toutes les spécialités médicales. Plataforma per la Llengua a conduit une enquête auprès d'un échantillon de 1 600 Catalans pour déterminer le niveau de satisfaction quant au respect des droits linguistiques dans le domaine de la santé publique. L'organisme souhaitait également préciser la portée d'une éventuelle politique de promotion linguistique qui obligerait le personnel de santé à toujours entamer la conversation en catalan. Les résultats indiquent certaines limites des politiques régionales actuelles de promotion linguistique en Catalogne. En effet, l'utilisation de la langue catalane dans le système de santé, aussi bien par les patients que par les prestataires, est plus faible comparativement à son utilisation dans d'autres domaines de l'administration publique.

Resum

Els ciutadans de parla catalana a Catalunya compten formalment amb plens drets de fer servir la llengua en totes les administracions. Tot i això, les dades de coneixement i ús mostren que és un punt feble de les administracions regionals per la dificultat de cobrir totes les especialitats de la medicina. Plataforma per la Llengua ha fet una recerca en forma d'enquesta a 1.600 habitants de Catalunya per conèixer el grau de satisfacció amb lingüística el respecte dels drets lingüístics a la salut pública. L'organització també avalua l'abast d'una eventual política de foment de la llengua que establís que el personal sanitari iniciés sempre les converses en català. En efecte, tal com indiquen les enquestes d'usos lingüístics encarregades per la Generalitat de Catalunya, l'ús del català dins la salut pública, tant per part dels pacients com dels prestadors, és menor que l'ús en altres departaments de l'administració pública regional.

Resumen

Los ciudadanos de habla catalana en Cataluña cuentan formalmente con plenos derechos de usar la lengua en todas las administraciones. Sin embargo, los datos de conocimiento y uso del catalán muestran que la salud es un punto débil de las administraciones regionales por la dificultad de cubrir todas las especialidades de la medicina. Plataforma per la Llengua ha encargado una encuesta a 1.600 habitantes de Cataluña para conocer el grado de satisfacción con lingüística el respeto de los derechos lingüísticos en la salud pública. La organización también evalúa el alcance de una eventual política de fomento de la lengua que estableciese que el personal sanitario iniciase siempre las conversaciones en catalán. En efecto, tal como indican las encuestas de usos lingüísticos encargadas por la Generalitat de Cataluña, el uso del catalán en la salud pública, tanto por parte de los pacientes como de los prestadores, es menor que el uso en otros departamentos de la administración pública regional.

Introduction

Catalan shares official status with Spanish (traditionally known as Castilian) in the Spanish regions where the language is spoken as an autochthonous language (Catalonia, Valencia and the Balearic Islands). Today, Castilian is the most widely spoken native language in these regions and is the only language known by the vast majority of the population. Furthermore, it is the only language that every Spanish citizen must know, according to the Spanish Constitution. Nevertheless, it should be highlighted that receiving service in one's own language in health care has a positive impact on the satisfaction of a cultural community, even if its citizens are able to speak the commonly-used language of health staff (Ng *et al.*, 2007).

Public health in Spain is managed by regional governments, which must plan how to guarantee the linguistic rights of Catalan-speaking patients. Available data on Catalan use in Catalonia show that it is less widely used in public health than in other public services.

The aim of this article is to contribute to improving existing knowledge about different policies in language planning in public health systems and to provide knowledge for public health providers, focusing on three issues: a) required linguistic competence of health staff; b) convenience of establishing linguistic protocols or instructions; and c) public health system user satisfaction.

The correlation between the linguistic competence of health staff and guarantee of linguistic rights is set out by the main authorities. The *European Charter for Regional or Minority Languages* (ECRML)¹ states that “translation or interpretation”, “recruitment and, where necessary, training of the officials and other public service employees required” and “compliance as far as possible with requests from public service employees having a knowledge of a regional or minority language to be appointed in the territory in which that language is used” are the required measures to “ensure that the administrative authorities use the regional or minority languages”.

In Spain, representatives of all the governments of regions with official languages other than Castilian (Catalonia, Valencia, the Balearic Islands, Navarre, the Basque Country and Galicia) issued a joint press release in 2018 (Xunta de Galicia, 2018) in which they stated that “a única maneira de garantir o dereito de opción lingüística” [“the only way of guaranteeing the right of choice of language”] in bilingual areas was to implement “o requisito do coñecemento das linguas oficiais para o acceso á función pública” [“a requirement to know the official languages in order to become a civil servant”]. In other words, to receive proper service, the Catalan-speaking citizens of Spain need to be understood by professionals and must feel confident using their language with public-sector workers, including health service staff.

However, the future replacement of medical staff by Catalan-speaking employees is not guaranteed. Current staff are ageing, and retirement levels will progressively increase from 419 in 2017 to 1,273 in 2027 (COMB, 2017). The medical college of Barcelona has warned that strategic decisions are required.

Furthermore, reasons for discrepancies between the use of a habitually spoken language and its use by health staff do not only lie with the language skills of the latter. The system and its staff may be fully capable of attending to patients in a regional language but, even then, they might not do so in certain situations. In this sense, bilingual speakers are constantly forced to make a decision, which sociolinguists refer to as a language choice, understood as the established code of interaction between one speaker and another (Sorolla, 2015).

1. Council of Europe (1992). *European Charter for Regional or Minority Languages*. European Treaty Series – n° 148.

In an interaction between various patients and one or more health professionals, language choice may depend on factors such as the languages they both know, the perceived vitality of the language group they belong to (Coulmas, 2005, p. 161), the realization that the interlocutor belongs to a particular group, the communication context, the position of power or status of the speakers or the group they belong to, etc.

The fact that speakers make different choices does not mean they face a process of continual decisionmaking. In many cases, the choice is made unconsciously, with a system of learned patterns. De Rosselló and Ginebra (2014) describe these behaviours in the context of habitus theorized by Pierre Bourdieu, which implies that they are learned in the socialization process that we automatically reproduce throughout our lives.

In the Catalan context, one of the most commonly-used concepts to describe the patterns guiding the language choices of different speakers in a situation where Catalan and Castilian come into contact is known as the “rule of language convergence”. De Rosselló and Ginebra (2014) describe this as “catalanoparlants adoptant el català per a les interaccions amb membres del mateix grup lingüístic i el castellà per a les interaccions amb els individus dels altres grups lingüístics” [“Catalan speakers adopting Catalan for interactions with members of the same language group and Castilian for interactions with individuals from other language groups”]. Vila and Galindo (2013, p. 35) confirm the extent and consolidation of this behavioural pattern among Catalan speakers throughout the second half of the 20th century and include a new pattern: cases when a Catalan and a Castilian speaker communicate with each other in their own language without converging towards one another. This situation was perceived as ideal by much of the population (perhaps the one that allows the greatest linguistic freedom), but it rarely occurred, because—in the words of Vila and Galindo (2013, p. 35)—these situations “s’associaven a una actitud negativa del catalanoparlant: parlar català amb els qui en tenien un domini inferior era obligar-los a demostrar incompetència” “were associated with a negative attitude of the Catalan speaker: speaking Catalan with those who did not speak it so well meant forcing them to show incompetence”. In this sense, it must be noted that patterns of convergence towards Spanish have been incentivized by the legal and symbolic inequalities between groups of speakers and the imposition of Castilian in public use promoted by the political authorities since the late 18th century.

The expected role of an authority (including health authorities) in ensuring the use of a regional language differs, depending on whether the aim is to ensure that native speakers of a regional language can use it, or whether it is meant to encourage the use of the regional language among all residents of the region to restore the language to a level of use it may have lost (Tasa & Bodoque, 2016).

In this sense, it must be highlighted that the language policy that has inspired the various Catalan regional governments (Boyer, 2012) was suggested as a restitution policy², to tackle problems including the minimal presence of the language in the legal sphere, poor levels of Catalan literacy among native speakers after Franco's dictatorship, and the fact that they were governing a society in which the rule of language subordination operated.

Under this rule, people frequently behave preventively by choosing Castilian to begin conversations without knowing the language of the interlocutor, often due to prejudices based on appearance or image leading to the perception that the person is not a Catalan speaker. In the health field, these language prejudices operate among both health professionals and patients.

In this specific sociolinguistic context, the authors present a study by Plataforma per la Llengua, which has undertaken research in the form of a survey with a sample of 1,600 Catalan inhabitants. The survey's aim was to assess the satisfaction of the Catalan-speaking and Castilian-speaking populations with how their languages are used in health care settings. One of the research questions was to determine whether there are differences between each linguistic group's impressions.

The other research question was aimed at determining whether or not a linear association exists between the language used by public health professionals and the language used by patients. The article seeks to assess the effects of language policies, by creating a new indicator: the convergence index, which would allow researchers to estimate the proportion of conversations in Catalan and Castilian, depending on the language used by health staff.

Bilingualism and the health system in Catalonia

According to the most recent official language survey (Direcció General de Política Lingüística, Institut d'Estadística de Catalunya, 2019), Catalan is the mother tongue of 31.5% of Catalan inhabitants, and the habitual language (everyday language) of 36.7% of the population. It is the second most widely-spoken language after Castilian and the most-widely spoken in regions such as Girona and Central Catalonia.

2. Term used to refer to the gradual revernacularization policies in Catalonia.

Table 1
Population of Catalonia Classified
by Mother Tongue, Habitual Language and Language of Identity

| | Mother tongue | Habitual language | Language of identity |
|--------------------|---------------|-------------------|----------------------|
| Catalan | 31.5% | 36.1% | 36.3% |
| Castilian | 52.7% | 48.6% | 46.6% |
| Bilingual (Ca-Sp) | 2.8% | 7.4% | 6.9% |
| Occitan | 0.0% | 0.0% | 0.0% |
| Arabic | 2.2% | 0.9% | 1.8% |
| Other languages | 8.5% | 3.4% | 6.3% |
| Other combinations | 0.9% | 3.0% | 1.5% |
| Not provided | 1.4 % | 0.5% | 0.5% |

Source: Survey of Language Uses of the Population 2018 (Catalonia).

Mother tongue: language spoken with parents **Habitual language:** everyday language

Language of identity: language considered as one's own language

Catalan is understood by 94.4% of the population of Catalonia and 81.2% can speak it, while Castilian is understood by 99.8% of Catalan inhabitants (99.9% of native Catalan speakers) and 99.5% (99.7% of Catalan speakers) can speak it.

Catalan speakers in Spain are divided into four regions: Catalonia, Valencia, the Balearic Islands and Aragon. In the first three regions, Catalan is a co-official language, together with Castilian. This means, in theory, that Catalan speakers in these regions should have maximum recognized rights.

In practice, however, Catalan's official status is hindered by the unequal approach to official languages in Spain which favours a single language group: Castilian speakers (Plataforma per la Llengua, 2020). Like Catalan, Spanish (traditionally known as Castilian in Spain) is the traditional language of some Spanish regions but not others. However, Castile was the largest and most powerful of the Iberian kingdoms and states that would join the dynastic union that came to be known as Spain in the 16th century, and Castilian became the language of the joint monarchy. Following the annexation to Castile of the smaller states after the latter lost the War of the Spanish Succession in the early 18th century, Castilian became official throughout the entire new country, and its use became mandatory for all official business. Meanwhile, the other languages (some of which, as in the case of Catalan, were previously used for official business in their respective native territory) were relegated to informal use and were increasingly seen as a nuisance that should eventually

disappear (Ferrer i Gironès, 1985). Since then, speakers of Castilian have benefitted from greater language rights, both within and outside the regions where it was traditionally spoken (Milian i Massana, 2009).

While bearing in mind this unequal approach, the political system that emerged after Franco's dictatorship grants regions the power to confer co-official status onto their own native languages. However, this status is limited to the language's traditional territory and by the unilingual operation of state institutions (Plataforma per la Llengua, 2018a). From a legal perspective, the inequality is clear in the text of the Spanish Constitution³, with Article 3.1 stating that all citizens must know the Castilian language (Milian i Massana, 2009). This therefore imposes a duty on Catalan speakers to learn Castilian (and prevents them from demanding that statewide institutions also function in Catalan), while Castilian speakers are exempt from knowing Catalan. Castilian is the language of state institutions and is the only language allowed in the lower house of the Spanish parliament. It is also the only language required to obtain Spanish citizenship. Its speakers are therefore the only group in the privileged position of being able to speak their language throughout the country (Segura Ginard, 2019, p. 7-8).

Authors such as Puig Salellas (1990) have called into question the official (or co-official) legal status of the traditional languages of Spain other than Castilian. Salellas describes the status as "double official status", where one of the official languages (Castilian) benefits from a higher status, and its speakers, as a result, have greater linguistic rights. The population affected by this inequality is by no means a tiny minority: as many as 17.6% of the Spanish population are native speakers of one of the traditional languages of Spain other than Castilian (Plataforma per la Llengua, 2019a). The majority of these (11% of all Spanish citizens) are native Catalan speakers. This situation is in stark contrast to other Western multilingual democracies, such as Belgium, Switzerland and Finland (Cagiao y Conde & Payero López, 2019), where languages whose speakers total less than 10% (and sometimes less than 1%) of the population are declared national or official languages.

Since the inception of a unified Spanish state in the 18th century, the legal status has been the most beneficial for speakers of languages other than Castilian, but even now this situation is not guaranteed. Many of the policies put in place to promote Catalan, as well as those that simply attempt to develop its official status, are not the product of consensus within Spanish political forces (Marcet, 2013)⁴. As such, they may be affected by the changing majorities in the state and regional parliaments and the political positions of the parties in the state and regional executives at any given time, as well as the political

3. Constitución Española (Spain), 1978, c. Published in BOE no 311, 29.12.1978. art 3.1.

4. See also the article of Ballester & Marí Mayans in this thematic issue.

leanings of judicial authorities. Various Spanish centre and right-wing parties (PP, C's and Vox) included *re-Castilianization* proposals⁵ in their election platforms for the most recent Spanish elections in 2019.

Decisions about how, in linguistic terms, to attend to speakers of minoritized languages in public health services are not without controversy. The Spanish nationalist right-wing parties have been particularly belligerent over regulations requiring the knowledge of the Catalan language.

These attacks have been encouraged by the difficulties in filling various health care positions in Catalonia, Valencia and the Balearic Islands. While there may be a variety of factors making it difficult to find employees, many of them unrelated to language (*e.g.*, insufficient salaries and unprecedented increases in the cost of housing in Catalonia and the Balearic Islands), these parties have blamed the co-official system and language skills requirement for the shortage of professionals.

Centralist Spanish nationalist opposition parties like the PP (conservative right) and Ciudadanos (reformist right) accuse progressive regional governments of trying to create a problem that did not exist before, claiming that the requirement to know Catalan is placing the attraction of talented professionals at risk (Europa Press, 2018; Redacción Médica, 2019). Some health service trade unions have also requested that language skills measures not be implemented (Cánovas, 2018), and right-wing Spanish nationalist media (Colmenero, 2018) and civic platforms have been particularly confrontational (EFE, 2018)⁶.

Since 2010, Catalan regional restitutive language policies have been threatened (Přibáň, 2015) by the application of a legal doctrine initiated by the Spanish Constitutional Court in the ruling⁷ on the Statute of Autonomy of Catalonia (the charter of regional autonomy). The ruling prevents there from being a duty to know the Catalan language in historically Catalan-speaking regions, in a form of equivalent to the duty established in the Spanish Constitution for all citizens to know Castilian. In this sense, the court established that in the current Spanish constitutional framework there could never be equality of recognition, not even within an historically Catalan-speaking region. It also prevents the Statute from stating that the Catalan language would be preferred for use by the regional public authorities. This ruling has therefore prevented regional governments from developing policies to restore the use of Catalan that had been altered by the unilingual Spanish policy of Franco's dictatorship (Solé i Durany, 2019).

5. Proposals aimed at prioritizing/imposing the Spanish language.

6. See also Ballester & Marí Mayans in this thematic issue.

7. *PP v Generalitat de Catalunya*. Tribunal Constitucional (Spain). STC 31/2010. Published in Boletín Oficial del Estado (Spain) n° 172, 16.07.10, p. 1-491.

Just prior to this ruling, Catalan regional authorities had prepared a measure aimed at rectifying language prejudices, among other things. This was known as the *Model de protocol d'usos lingüístics per a la Generalitat de Catalunya i el sector públic que en depèn* [Language use protocol model for the Generalitat de Catalunya and the public sector that depends on it] (Biblioteca Tècnica de Política Lingüística, 2010), which established that health workers should always begin conversations with patients in Catalan. This was an attempt to reverse the tendency of Catalan speakers to express themselves in Castilian, if the physical features of their interlocutor made them suspect that they were not of Catalan origin. Furthermore, as a measure to promote the regional language, the Protocol asked health workers to use Catalan by default in telephone conversations with users and continue using the language, unless the user explicitly asked them to switch to Castilian. Such a measure would make it possible for many non-native Catalan speakers who have acquired theoretical knowledge of Catalan to have learning experiences where they would be spoken to in Catalan, helping them become truly bilingual. In fact, Estors (2014) explains that many alloglot students realize that the education they have received in Catalan, even as the vehicular teaching language, “no els serveix de res a l'hora de socialitzar-se amb la resta de companys de classe, del barri o amb els ens públics” [“is no use when it comes to socializing with their classmates, in their local district or with public bodies”] because Catalan is used by native Catalan speakers, who are perceived as the outgroup.

This protocol was successfully challenged in the Spanish courts, embodied in a ruling by the High Court of Justice of Catalonia⁸. The highest court in Catalonia (but with statewide powers) struck out the provision of the Protocol that public sector workers should begin conversations in Catalan and continue using this language unless they were asked to speak in Castilian. According to the Court, this would be “forcing the language choice” of patients, which they had a right to make for themselves. It is important to highlight what the cancellation of this provision, combined with the lack of Catalan skills among staff, would mean if applied to an unequal situation in the treatment of Catalan and Castilian. Bilingual health staff would adapt to the patient's language, but health staff able to work only in Castilian would continually force—in the Court's own words—the language choice of Catalan-speaking patients.

Despite this situation, the Basque government (Osakidetza, 2013) continues to have a similar protocol. While not all Basque medical staff are required to speak Basque, all of them must know a few basic sentences to start conversations. If a health professional is unable to speak the language, they must start the conversation with these basic sentences and refer Basque-speaking patients to a bilingual professional.

8. *Impulso Ciudadano v Generalitat de Catalunya*. TSJC (Spain). STSJC 772/2015.

The Valencian government also has a less ambitious protocol (Plataforma per la Llengua, 2018b). Without indicating a language to start conversations, the text establishes that if anyone “expresses” the right to speak “only” in Valencian and the professional interacting with them is not “Valencian-speaking”, another “Valencian-speaking” physician with the same specialty will be sought to assist them, a physician with another specialty will be sought to act as interpreter, or the patient will be given another appointment.

Public and health services in Catalan: An ongoing challenge for regional authorities

Powers over health in Spain fall within the purview of the regional authorities. In Catalonia, 30.5% of the regional government’s expenditure budget is dedicated to health (Generalitat de Catalunya, 2017). While the right to be medically insured by the public system (social security coverage) is linked to employment, in 2019, 99.4% of the Catalan population were covered by the public system (CatSalut, 2019).⁹ The Catalan population is allowed to combine public coverage and private insurance. In 2019, 33.1% of Catalan inhabitants were medically insured by private companies (GastroDex, 2019).¹⁰

The Catalan public health system provides all insured individuals with coverage but, depending on place of residence, health services may be provided by a public or a publicly-funded private or mixed company.

According to the Catalan public health department, half of the expenditure budget goes to the largest public company (49.4%), the ICS (Institut Català de la Salut). The other half goes to health care for public system users provided by other companies. These may be private companies, foundations or consortia; and the consortia may be owned by public administrations (a combination of city councils and supralocal administrations), or combinations of public and private entities.

All staff providing public health services have a collective labour agreement,¹¹ but they can be hired by the ICS or other publicly-funded health care suppliers. ICS staff are hired in the same way as other regional government employees. They are considered statutory and become part of the civil service following entrance examinations. The staff of other publicly-funded health suppliers are contracted according to their own rules and, depending on the ownership of these companies, foundations and consortia, they may be considered public sector or private employees.

9. 7,570,452 of 7,619,494.

10. 2,525,544 of 7,619,494.

11. *RESOLUCIÓ TSF/446/2019, de 30 de gener, per la qual es disposa la inscripció i la publicació del segon Conveni col·lectiu de treball dels hospitals d'aguts, centres d'atenció primària, centres sociosanitaris i centres de salut mental, concertats amb el Servei Català de la Salut (codi de conveni núm. 79100135012015). DOGC nº 7823 - 5.3.2019*

Regardless of which supplier provides health care, in Catalonia, knowledge of Catalan is required of all health workers by regional authorities. This requirement is set out in Art. 42 of Act 17/1985, of 23 July, on the Public Function of the Catalan Government Administration¹². It should also be highlighted that the Catalan Language Policy Act establishes that public companies or those running public services must use Catalan “in communications and notifications”¹³.

However, public health is the area in which regional authorities have most difficulty ensuring that there are enough linguistically competent staff to attend to Catalan-speaking citizens. The shortage of physicians, particularly for certain specialities, is especially acute, not least because salaries and other benefits for health professionals in Spain are not as high as in other European states, and many Catalan physicians emigrate in search of better conditions (Metges de Catalunya, 2019).

It is worth mentioning that physicians in all Spanish regions, regardless of their native language, must work for period as a MIR (*meer*, equivalent to a house officer in the UK), for which places are awarded in a country-wide competitive application process.¹⁴ The only language requirement for this is knowledge of Castilian. Medical staff are integrated into regional health authority teams, but do not have to understand instructions given to them in the local language, and this can influence the language behaviour of many public health service units in Catalonia. This clearly affects relationships with patients, since the language used must often be Castilian, while Catalan and other languages considered regional are excluded from the system.

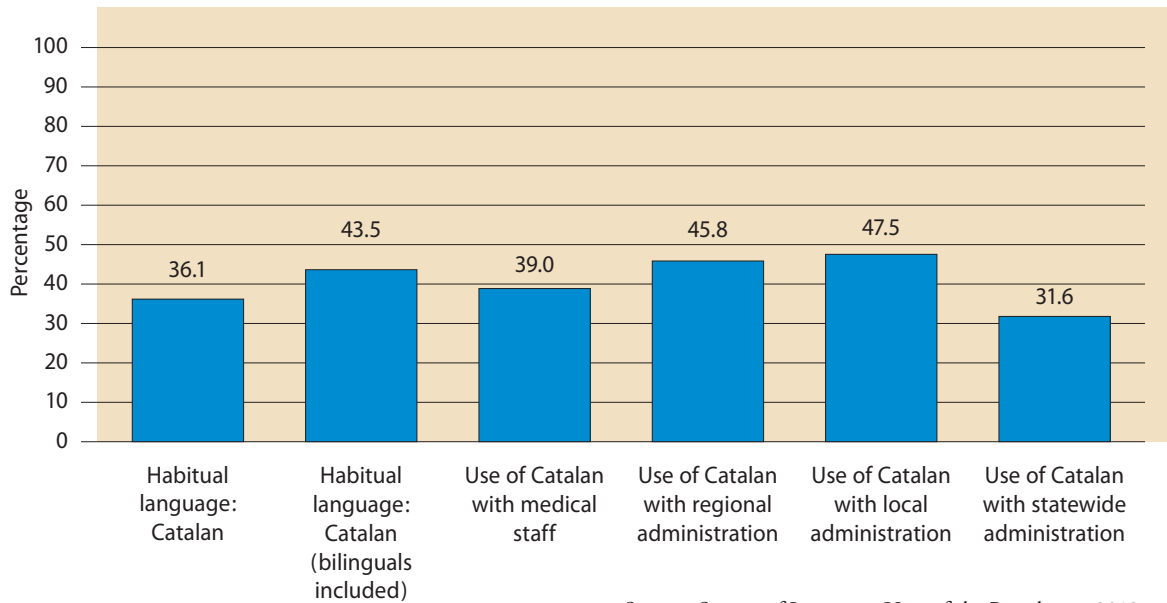
According to Catalan statistics, there is room for improvement in health care in Catalan. Data suggest that Catalan is used more often with medical staff (who are generally regional) than with state administration staff in Catalonia (who do not require any knowledge of Catalan). However, the language is used less often with medical staff than with non-health-related administrative bodies in the local and regional administrations. Given that health staff, regardless of their administrative status, work for a regional body, it should be highlighted that the use of Catalan with medical staff in Catalonia (39.0%) is 6.8 points lower than in the rest of the regional administration (45.8%).

12. *Llei 1/1998, de 7 de gener, de política lingüística*, L. Published in DOGC nº 2553, 09.01.1998.

13. *Llei 17/1985, de 23 de juliol, de la funció pública de l'Administració de la Generalitat*, L. Published in DOGC nº 569, 31.07.1985.

14. See also Montes Lasarte, Arauzo & Zarate Sesma in this thematic issue.

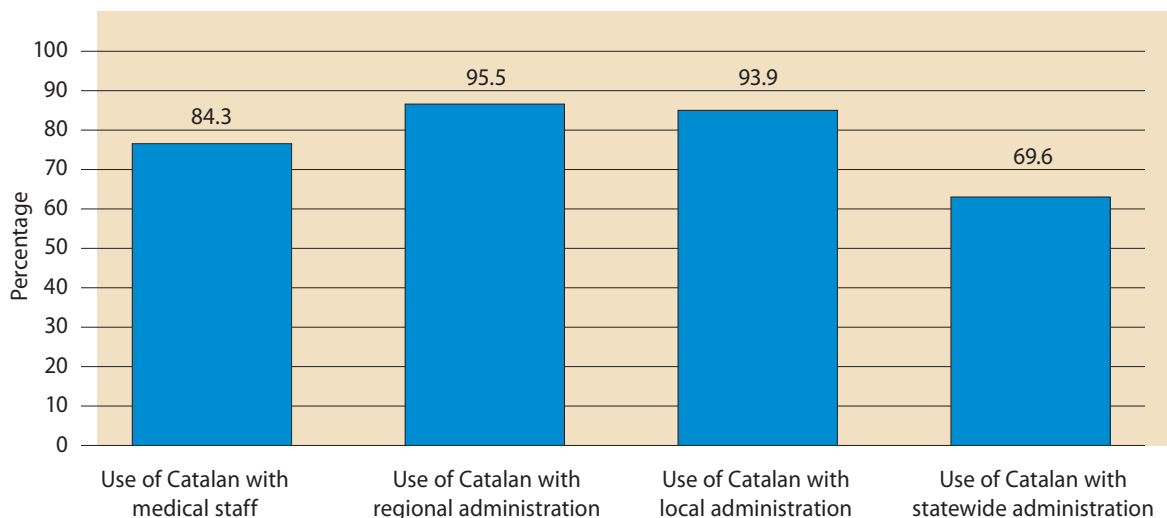
Figure 1
Use of Catalan in Relations with Authorities: Catalan Population



Source: Survey of Language Uses of the Population 2018.

If we only focus on the language group that states that it habitually speaks Catalan (exclusively), we can see that the difference is still greater. As shown in Figure 2, 95.5% use Catalan (exclusively or predominantly) in their relations with the Catalan regional government administration, but only 84.3% do so with medical staff, representing a drop of approximately ten points.

Figure 2
Use of Catalan in Relations with Authorities: Catalan-Speaking Population



Source: Survey of Language Uses of the Population 2018 (Catalonia). Lost values (don't know/no answer) have not been counted.

Furthermore, the most recent evaluation report from the Committee of Experts (Council of Europe, 2019) of the European Charter for Regional or Minority Languages has identified health care as a weak spot in the provision of public services to Catalan speakers. The report considered that the commitment undertaken in Article 13.2.c (“ensure that social care facilities such as hospitals, retirement homes and hostels offer the use of Catalan”) was only “partly fulfilled”, which has worsened from the previous evaluation report, in which the Committee of Experts considered the undertaking fulfilled.

Finally, it is important to highlight that there will be fewer Catalan-born medical staff within the medical body in the future (COMB, 2019). According to the most recent report from the medical college of Barcelona (whose members represent more than 80% of Catalan medical staff), Catalan-born physicians account for 61% of the current body while 19% were born in the rest of Spain and 20% were born outside Spain (78.7% of them in Latin America and the Caribbean). As mentioned above, retirement levels will increase until 2027 and those newly recruited are essentially born outside Catalonia. In 2018, only 33% of new physicians were born in Catalonia, while 23.9% were born in the rest of Spain and 43.1% outside Spain¹⁵.

Methodology

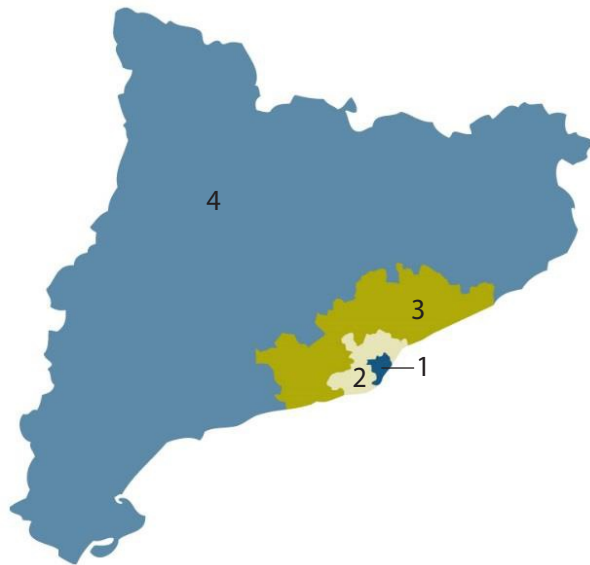
To take an in-depth look at the sociolinguistic situation in the field of health, Plataforma per la Llengua commissioned a polling firm—Gabinet d’Estudis Socials i Opinió Pública (GESOP)—to carry out a quantitative study analyzing the use of languages in the Catalan health system.

The research used a sample of 1,600 people, aged 16 and over, with a margin of error of $\pm 2.5\%$. The sample consisted of 400 people from each of the four areas and the results were weighted by population. These areas, defined by GESOP, are in line with the Catalan sociolinguistic map (Departament de Cultura. Direcció General de Política Lingüística i Institut d’Estadística de Catalunya, 2019) as shown in Figures 3 and 4.

GESOP set up an omnibus survey through which different researchers ask a few key questions, meaning that those surveyed were asked other questions, in addition to the ones from this study. An omnibus survey is particularly useful in dealing with controversial issues (such as that of language use), because the variety of questions prevents people from becoming defensive. The field work was carried out between April 24 and May 3, 2018. Some of the results are published in Catalan in a short report (Plataforma per la Llengua, 2019b). This article provides more details on how the results were used.

15. See also Pere Mas (2020) in this thematic issue.

Figure 3
Research Sample Areas



| Area | Population (2017) |
|-----------------------------|-------------------|
| 1 Barcelona (capital city) | 1,620,809 |
| 2 Metropolitan area | 1,626,472 |
| 3 Rest of metropolitan area | 1,830,514 |
| 4 Rest of Catalonia | 2,478,035 |
| Catalonia (total) | 7,555,830 |

Figure 4
Habitual Language of the Population
Proportion of Catalan Speakers
(Including Bilinguals)

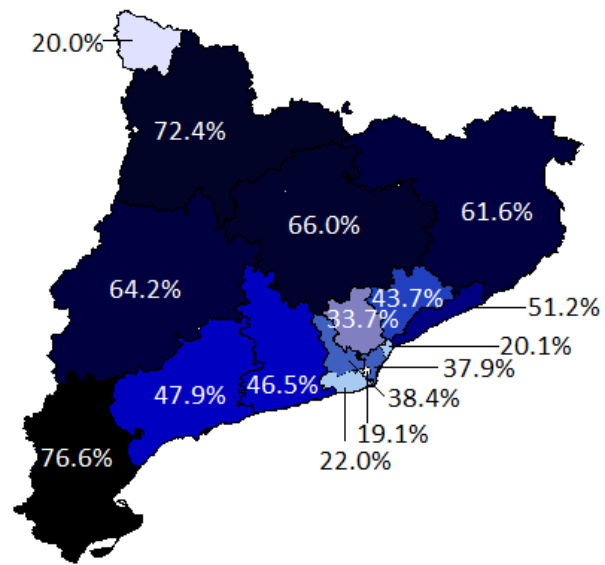


Figure 3 source: GESOP omnibus survey.

Figure 4 source: Survey of Language Uses of the Population 2018 (Catalonia).

The study compared several variables to observe the different impressions of each linguistic group and the differences between population groups. The chosen independent variables were:

- Sex
- Age group (16-29, 30-44, 45-59, 60 or older)
- Education level
- Habitual language¹⁶

16. Official language surveys in Catalonia provide results classified by mother tongue, habitual language and language of identity. This study chose habitual language (everyday language) because it is the indicator most closely connected with current language use. The research sample represented a distribution of language groups in proportions similar to those from the last official survey. Research sample: Catalan speakers, 38.1%; Spanish speakers, 47.7%; Catalan-Spanish bilinguals, 13.6%; other languages, 0.6%. Official survey sample: Catalan speakers, 36.1%; Spanish speakers, 48.6%; Catalan-Spanish bilinguals, 7.4%; other bilinguals (including Catalan or Spanish), 3.0%; other languages 4.4%; Not provided, 0.5%.

- Nationality (Spanish, foreign)
- Residence area
- Municipality size (< 10,000, 10,000-100,000, 100,000-500,000, > 500,000)
- Public or private health user¹⁷

According to the research questions, the dependent variables were:

- Rating of the situation of Catalan and Castilian in the public health system (very good, good, bad, very bad)
- Comments on rating
- Proportion of conversations in Catalan and Castilian depending on the language used by health staff

To find out about this final variable, the Catalan speakers surveyed were asked: “When someone at your health centre (physicians, nurses, receptionists) speaks to you in Castilian, what do you normally do?” and the answers were coded as: A. I speak to them in Catalan; B. I speak to them in Castilian; C. It never or hardly ever happens; D. It depends on the situation; E. I use either language /I don’t know; and F. I speak to them in both Catalan and Castilian. The Castilian speakers surveyed were asked about a hypothetical reverse situation where the health staff spoke to them in Catalan to find out whether they converged towards the physician’s language. Bilingual people or speakers of other languages were asked about the language other than the one they had selected for answering the survey.

This allowed us to establish a new variable: an educated prediction of the language that would be used to communicate with health professionals, if they always spoke Castilian or Catalan. The creation of this convergence index and the groups of responses showing who would speak Catalan and who would speak Castilian with health staff are shown in Tables 2 and 3.

Therefore, in the first case, when medical staff spoke only in Catalan, habitual speakers of Catalan and bilinguals who answered the survey in Catalan were classified as people who would speak Catalan with health staff, with the addition of the habitual Castilian speakers, bilinguals and speakers of other languages who answered the survey in Castilian and who answered “Catalan” for the variable referring to the language they would use with health staff who spoke to them in Catalan.

In the case of health staff using only Castilian (see Table 3), the same reasoning was used, and those who would speak to health staff in Castilian were determined to be habitual speakers of Catalan, bilinguals and speakers of other languages who answered the survey in Castilian, as well as the speakers of Catalan, bilinguals and speakers of other languages who

17. People were asked “What do you use most: public health care or private health care?”.

answered the survey in Catalan and who answered “Castilian” for the variable referring to the language they would use with health staff who spoke to them in Castilian.

Table 2
Creation of the Convergence Index to Catalan if Health Staff Spoke Catalan

| Variable 1 Would speak Catalan if health staff spoke to them in Catalan | | | |
|--|--------------------|--|-------------------------|
| Habitual language | Reference language | Language when health staff speak Catalan | Outcome |
| Catalan | | | Would speak Catalan |
| Catalan and Castilian | Catalan | | Would speak Catalan |
| | Castilian | Catalan | Would speak Catalan |
| | | Castilian | Would not speak Catalan |
| Castilian | | Catalan | Would speak Catalan |
| | | Castilian | Would not speak Catalan |
| Other | Catalan | | Would speak Catalan |
| | Castilian | Catalan | Would speak Catalan |
| | | Castilian | Would not speak Catalan |

Source: Plataforma per la Llengua (2019); *Reanimar el català. Dades i propostes per a millorar la situació de la llengua en l'àmbit sanitari a Catalunya* [Revive Catalan. Data and proposals to improve the situation of the language in the health field in Catalonia].

Table 3
Creation of the Convergence Index to Castilian if Health Staff Spoke Castilian

| Would speak Castilian if health staff always spoke to them in Castilian | | | |
|---|--------------------|--|---------------------------|
| Habitual language | Reference language | Language when health staff speak Castilian | Outcome |
| Catalan | | Catalan | Would not speak Castilian |
| | | Castilian | Would speak Castilian |
| Catalan and Castilian | Catalan | Catalan | Would not speak Castilian |
| | | Castilian | Would speak Castilian |
| | Castilian | | Would speak Castilian |
| Castilian | | | Would speak Castilian |
| Other | Catalan | Catalan | Would not speak Castilian |
| | | Castilian | Would speak Castilian |
| | Castilian | | Would speak Castilian |

Source: Plataforma per la Llengua (2019); *Reanimar el català. Dades i propostes per a millorar la situació de la llengua en l'àmbit sanitari a Catalunya*. [Revive Catalan. Data and proposals to improve the situation of the language in the health field in Catalonia].

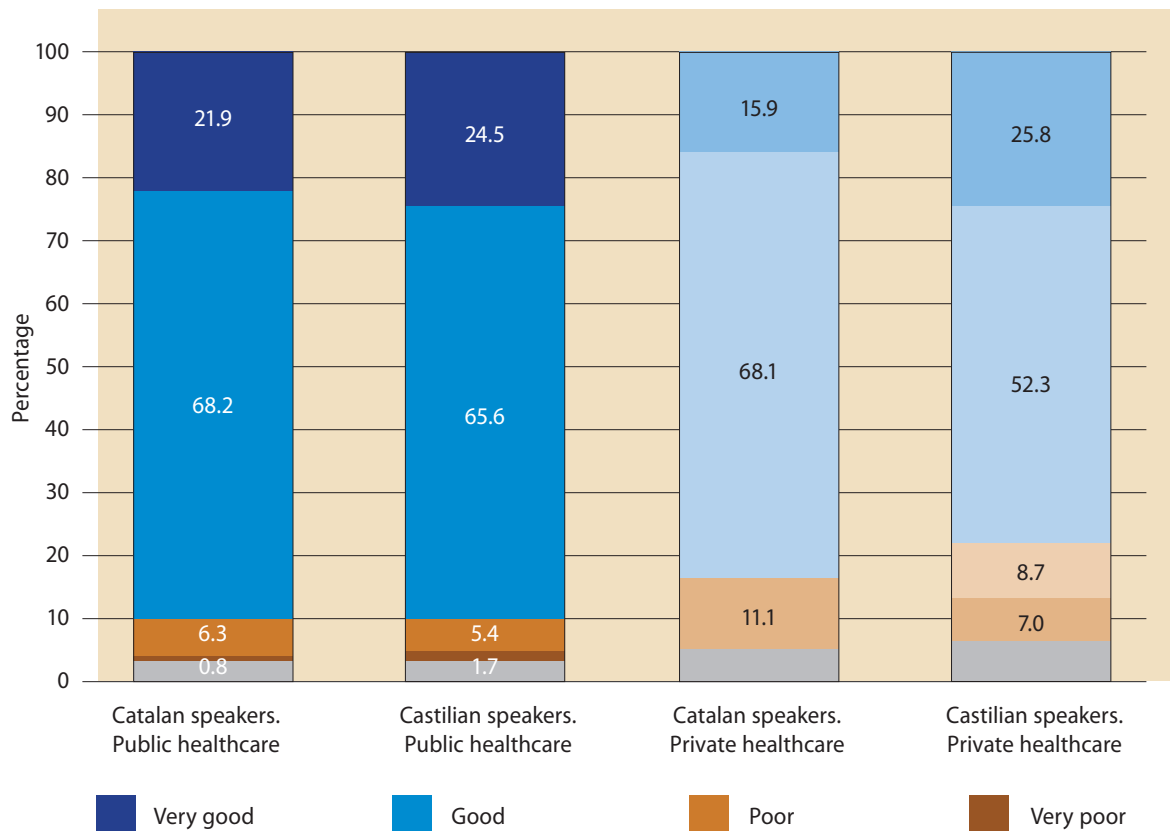
The cases when the variable “Language with health staff” showed options other than “I speak to them in Catalan” or “I speak to them in Castilian” are interpreted as “Other situations”.

Main results

As shown in Figure 5, the survey revealed that over 90% of both Catalan speakers and Castilian speakers were satisfied with the way they were dealt with in their language.

Dissatisfaction does not appear to be a short-term problem in a society where more than 80% of the inhabitants are able to speak both Catalan and Castilian. Furthermore, public health care is better rated than private health care by both Catalan speakers and Castilian speakers.

Figure 5
Satisfaction with Health Care in Catalan or Castilian in Catalonia.
Results Classified According to the Habitual Language of the Population



However, the reasons given by the two language groups in an open-ended question about why they are satisfied/dissatisfied with health care in their official language show significant differences between what the two dissatisfied minorities were demanding. In the Castilian-speaking group, most unsatisfied patients were unhappy because the sector and professionals preferred to use Catalan; in the Catalan-speaking group, they were concerned with language skills, claiming that there were problems being understood in their own language. The report even indicates that a minority of Catalan speakers are satisfied simply because they are understood.

Table 4
Reasons for Dissatisfaction with Health Care in Catalan or Castilian in Catalonia.
Results Classified According to the Habitual Language of the Population

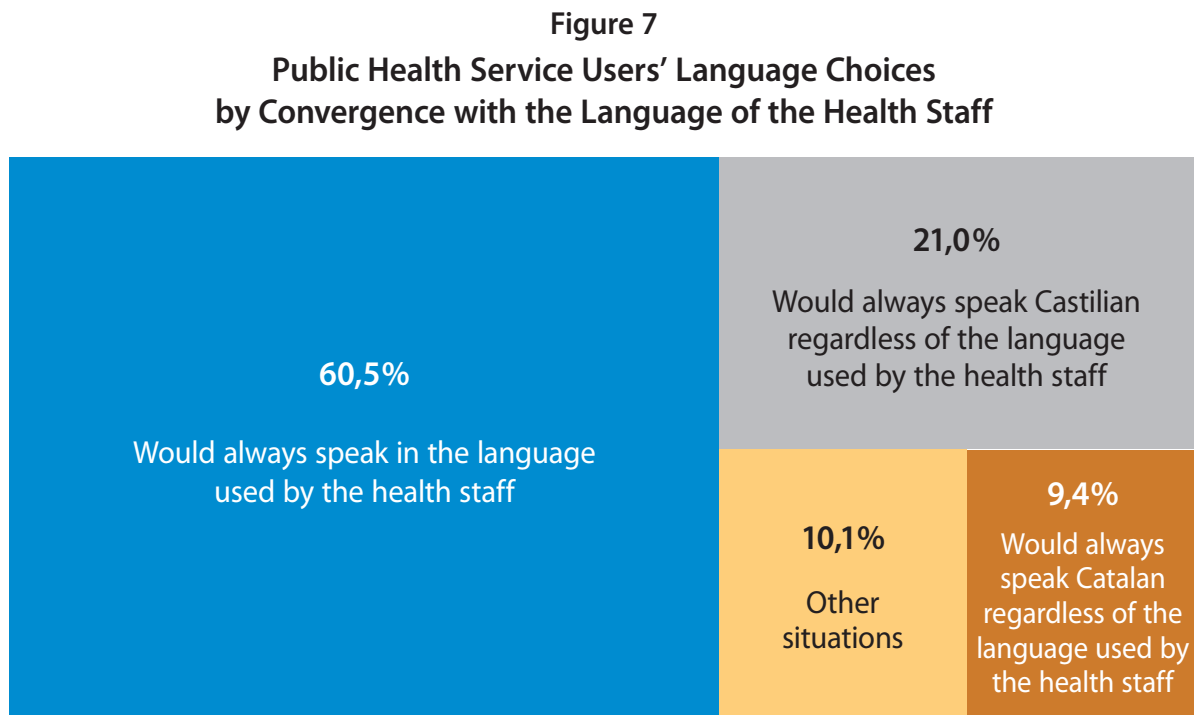
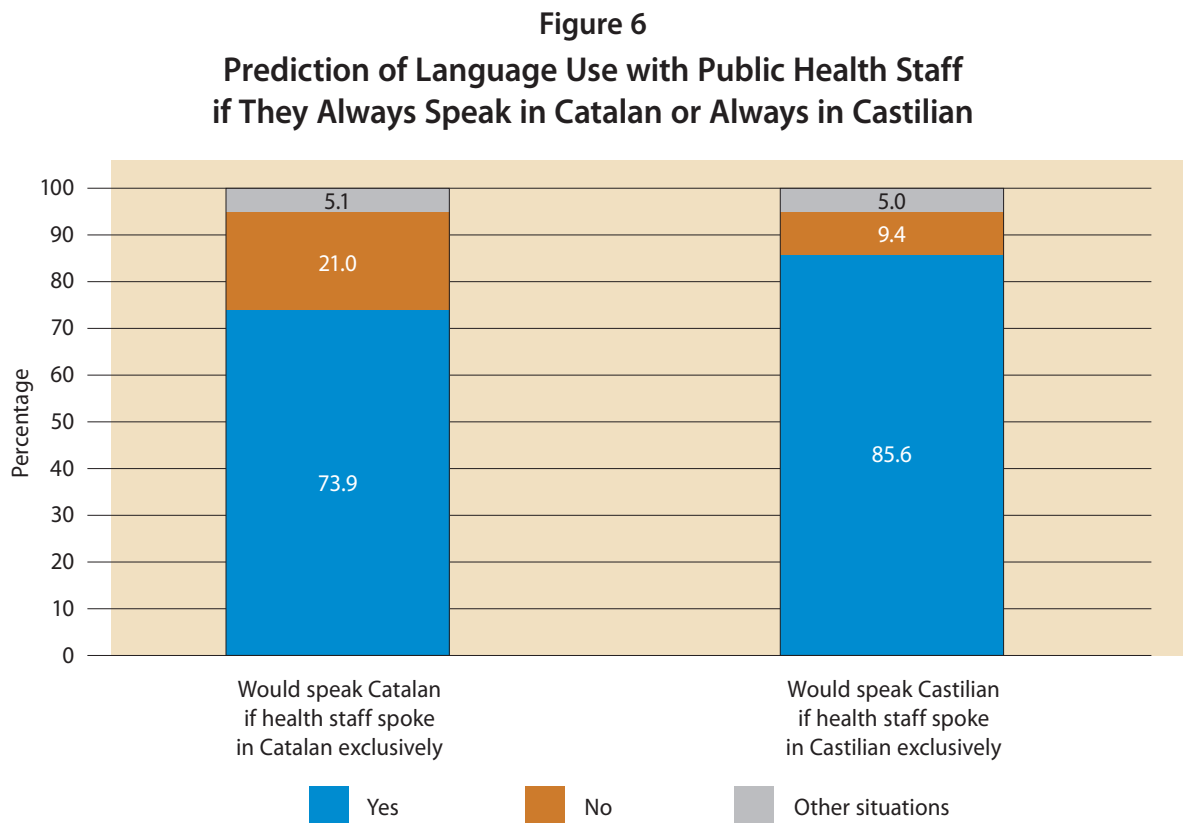
| | Public | | Private | |
|---|---------|-----------|---------|-----------|
| | Catalan | Castilian | Catalan | Castilian |
| There are people who do not speak my language | 49.6% | 9.6% | 58.7% | 12.7% |
| There are interlocutors who speak to me in the other language | 43.6% | 54.9% | 35.8% | 45.0% |
| The centre's information is not in my language | 0.0% | 2.0% | 0.0% | 21.1% |
| For political reasons | 0.0% | 23.0% | 5.5% | 17.2% |
| Other | 6.8% | 10.5% | 0.0% | 4.1% |

Source: Plataforma per la Llengua (2019); *Reanimar el català. Dades i propostes per a millorar la situació de la llengua en l'àmbit sanitari a Catalunya* [Revive Catalan. Data and proposals to improve the situation of the language in the health field in Catalonia].

As shown in Figure 6, the newly created variable for predicting language use in hypothetical situations showed that public health patients were highly likely to use the same language as health staff, both when these staff always expressed themselves in Catalan and in the opposite case.

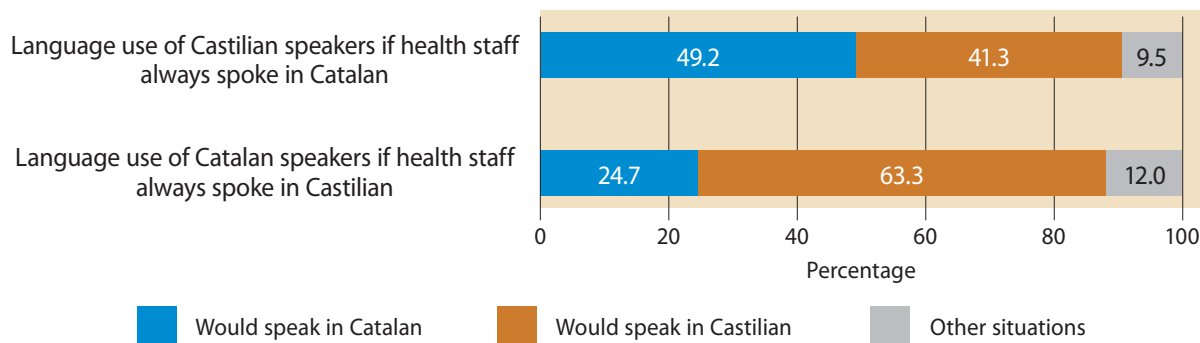
Therefore, in the scenario where the public health staff spoke exclusively in Catalan, 73.1% of the population would do the same whereas, if they spoke in Castilian, up to 85.6% would answer in that language.

The research therefore defines three possible profiles: those who would always speak in the language of health staff (60.5%); those who would always speak Castilian regardless of the language used by health staff (21.0%); and those who would always speak Catalan regardless of the language used by health staff (9.4%). The percentages are shown in Figure 7.



These results can be better understood if the behaviour of each language group is observed (see Figure 8). Catalan speakers would have a greater tendency to use Castilian than Castilian speakers would have to use Catalan: 63.3% of Catalan speakers state that they would choose Castilian if health staff spoke to them in that language, while only 49.2% of Castilian speakers would linguistically converge with the health staff if they always spoke in Catalan.

Figure 8
Public Health Service Users' Language Choices
if Always Spoken to by Health Staff in Catalan or Always in Castilian.
Results Classified by Language Group



The research shows age to be a key factor in understanding language convergence. As shown in Figure 9, the younger population group has the highest percentage of people who would use the same language as the health staff, regardless of whether they exclusively used Catalan or Castilian.

The tendency towards language convergence is accentuated with age, both among the population whose habitual language is Catalan and for those who habitually speak Castilian. As shown in Figure 9, the sole exception are Catalan speakers aged over 60, who show a greater level of language convergence towards Castilian than the members of their language group aged 30-44 or 45-59. However, this is lower than in the youngest group (16-29). This difference may be due to generation-related reasons rather than age-related reasons (*e.g.*, people aged over 60 were socialized during the Francoist dictatorship).

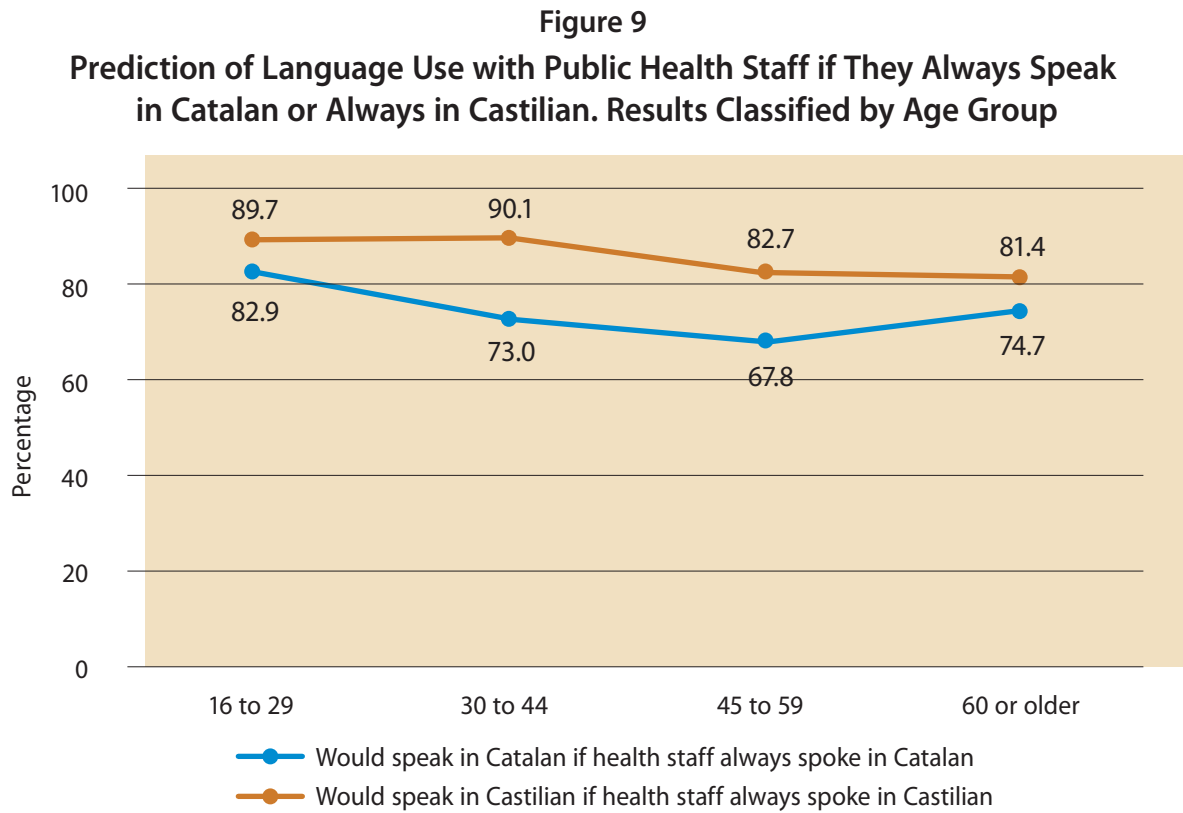
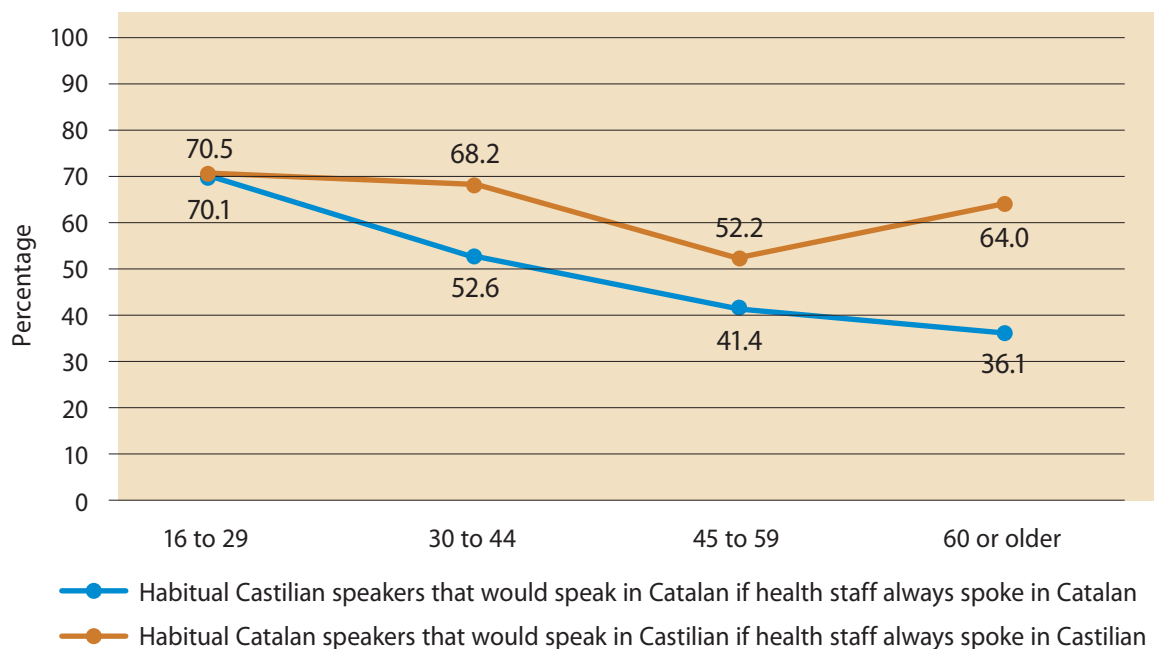


Figure 10
Language Choices of Catalan-Speaking and Castilian-Speaking Public Health Service Users if Always Spoken to by Health Staff in the Official Language That is not Their Habitual One. Results Classified by Age Group and Habitual Language



However, level of education has a significant effect on language convergence only in Castilian speakers. As shown in Figure 11, when public health staff use Catalan, Castilian speakers with a higher education level would use Catalan significantly more than less educated speakers. On the other hand, when public health staff use Castilian, a significant relationship between education and use of Castilian in Catalan speakers would not be seen. It could be related to the Catalan language competence of Castilian speakers, but also the fact that Catalan could be perceived as a well-positioned language among most educated Catalan inhabitants. As shown in Figure 11, Catalan inhabitants with a bachelor's degree or higher are the only group that shows a greater level of language convergence towards Catalan than Castilian. It could be caused not only by language choices, but also by a large demographic presence of Catalan speakers in higher education levels (see Figure 12). More than two thirds of habitual speakers of Castilian with a bachelor's degree or higher would speak in Catalan if health staff always spoke to them in Catalan (see Figure 13).

Figure 11
Prediction of Language Use with Public Health Staff if They Always Speak in Catalan or Always in Castilian. Results Classified by Education Level

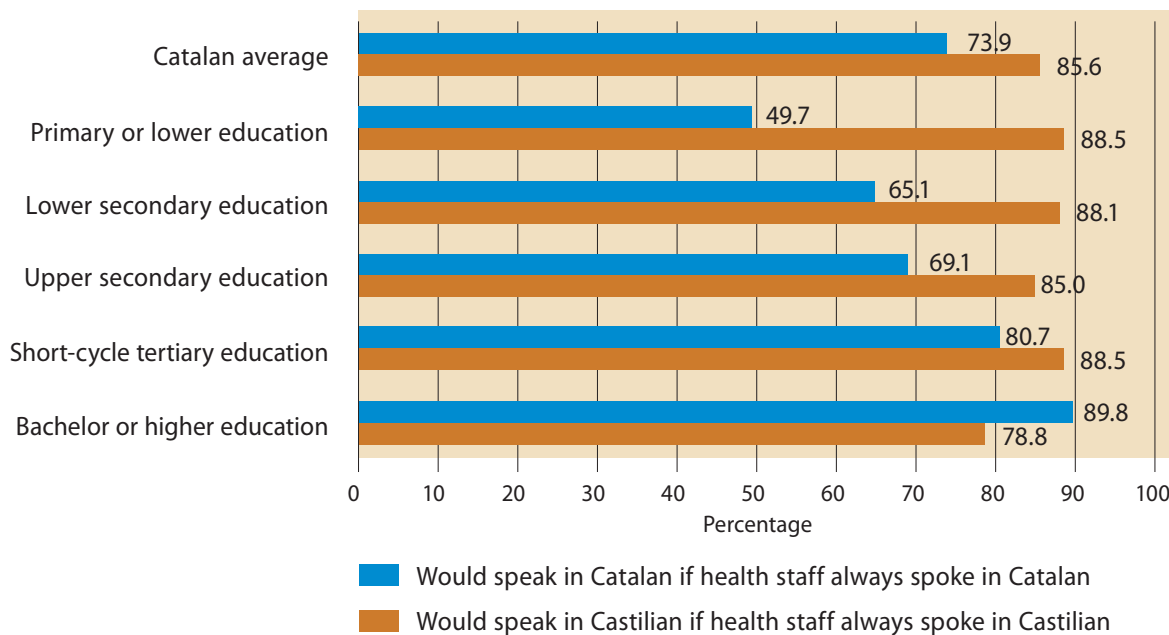


Figure 12
Habitual Language of Catalan Population. Results Classified by Education Level

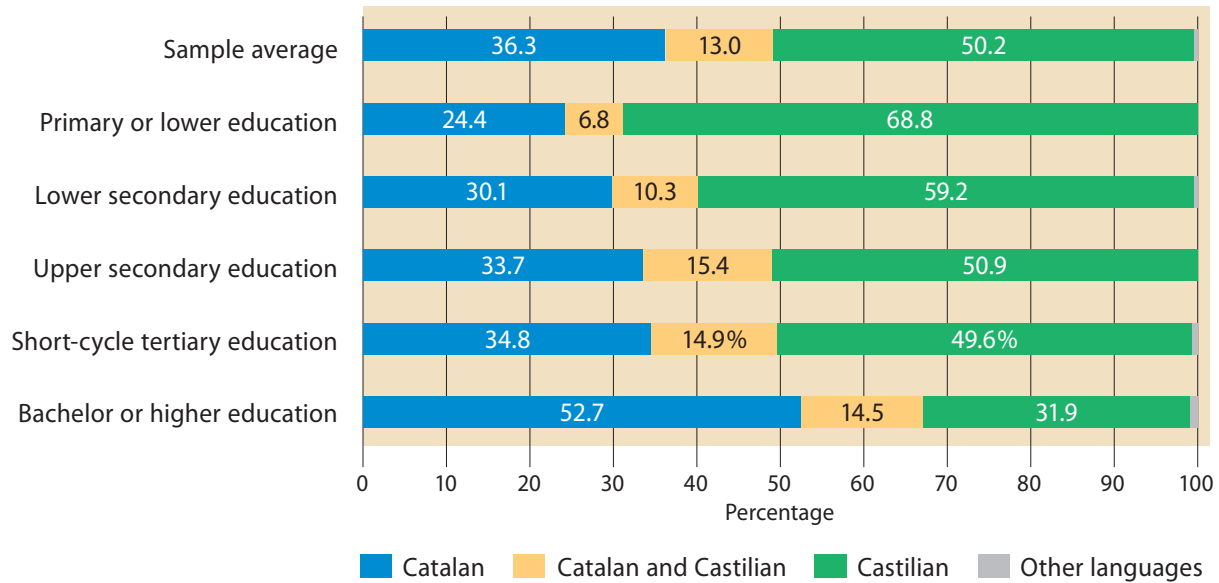
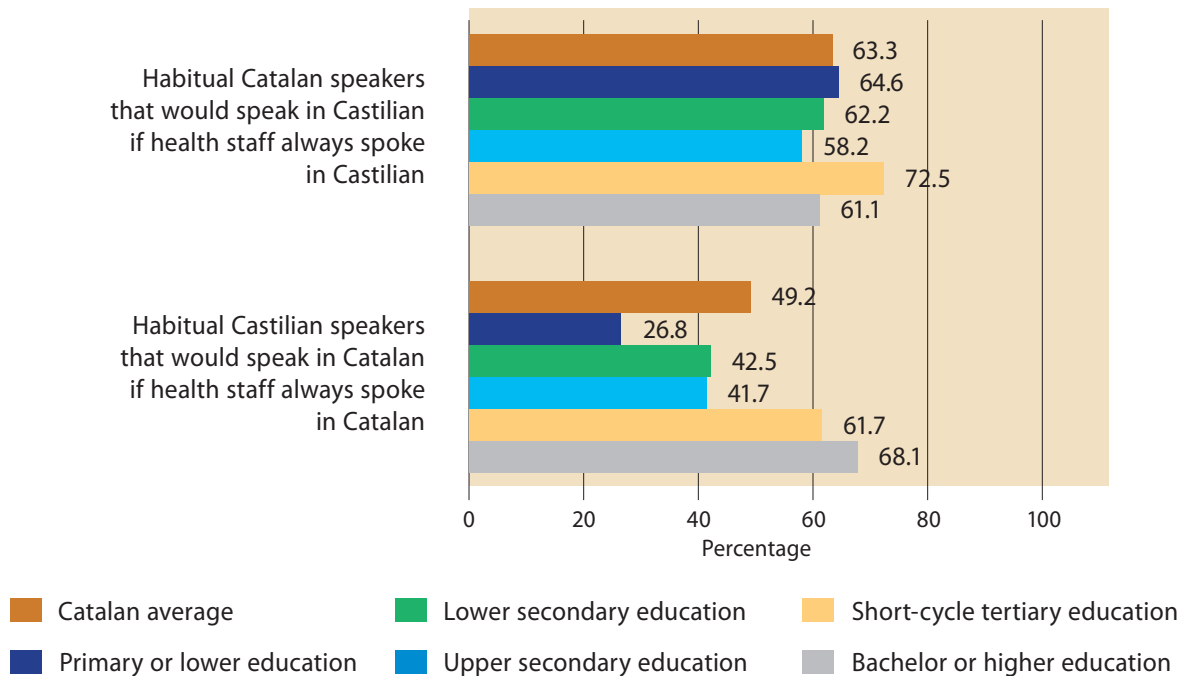


Figure 13
Language Choices of Catalan-Speaking and Castilian-Speaking Public Health Service Users if Always Spoken to by Health Staff in the Official Language That is not Their Habitual One. Results Classified by Education Level



We can rule out any significant relationship between sex and language use (see Figure 14). Instead, there is a slight relationship between language use by Catalan speakers with public health staff who speak to them in Castilian. Catalan speakers living in regions (Seoane, 2019) with more Castilian speakers (especially the Barcelona metropolitan area), use their language less often when they are addressed in Castilian by public health staff (See Figures 15 and 16).

Figure 14
Language Choices of Catalan-Speaking and Castilian-Speaking Public Health Service Users if Always Spoken to by Health Staff in the Official Language That is not Their Habitual One. Results Classified by Sex

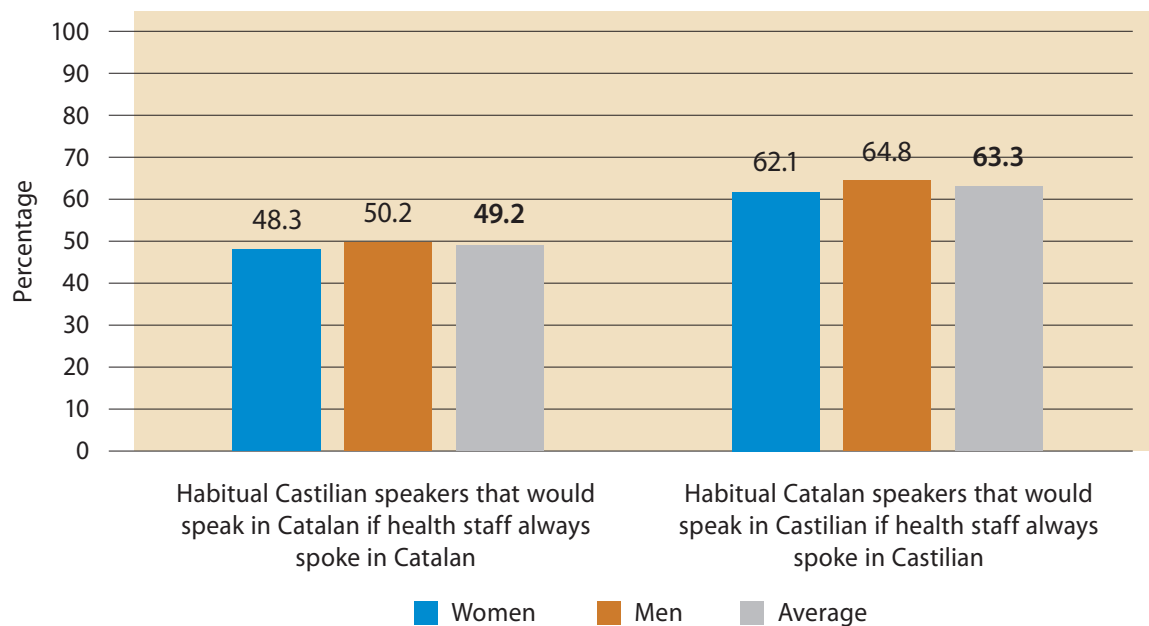


Figure 15
Prediction of Language Use with Public Health Staff if They Always Speak in Catalan or Always in Castilian. Results Classified by Catalan Region

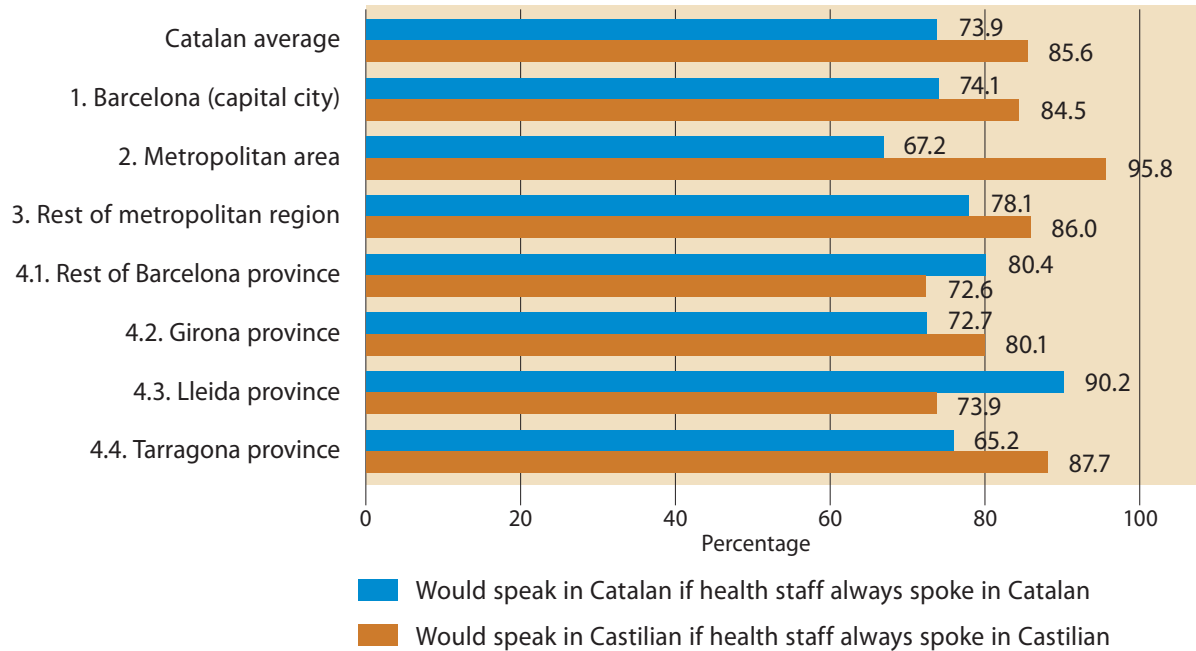
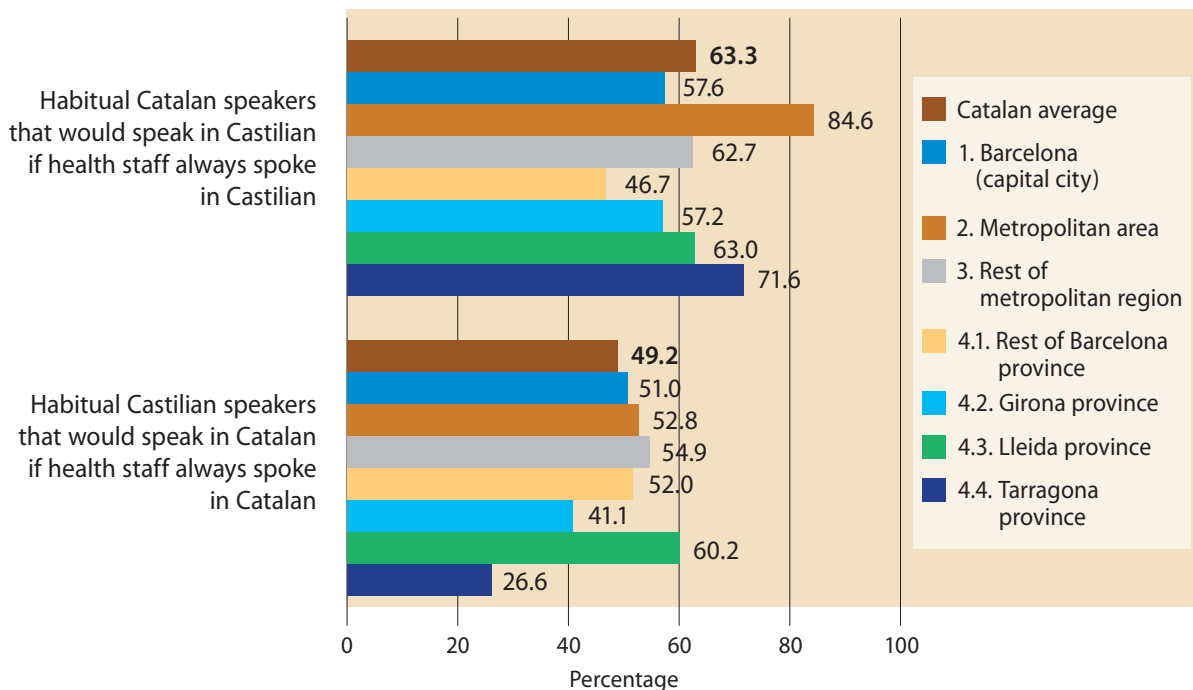


Figure 16
Language Choices of Catalan-Speaking and Castilian-Speaking Public Health Service Users if Always Spoken to by Health Staff in the Official Language That is not Their Habitual One. Results Classified by Catalan Region



Conclusions

Spanish legislation concerning language rights in a situation where there are co-official languages is clear: authorities must ensure that service is provided in all official languages, including the sphere of public health care.

However, Catalan speakers use their language less with public medical staff than with other administrative bodies. The study of language use in the health system and comparison with its use in other dealings with public administration have shown the limits of the current regional language promotion policies in Catalonia. What works in other environments does not apply to the health sector.

The Catalan government and public health suppliers are not finding enough Catalan-speaking physicians, and this could become even more difficult in the coming years. Widespread retirement of physicians is expected for the 2020-2027 period. Thirty-nine percent of current medical staff and 67% of new physicians are born outside Catalonia. When they arrive, they can provide care to patients in Castilian but not Catalan.

Moreover, these Castilian-speaking (or Castilian-competent) physicians arrive in a multilingual state where institutions operate unilingually, and a single language group (Castilian speakers) is favoured through the imposition of a duty to learn Castilian. They are also aware that all Catalan speakers are able to speak Castilian and that they do so when they speak to a foreigner.

In light of this, researchers from *Plataforma per la Llengua* planned to assess the effects of the current situation on the perceptions of people. Furthermore, their aim was to provide new knowledge for public health providers studying the correlation between the language use of health staff and patients.

Research data suggest that future Catalan and Castilian speakers living in Catalan-speaking regions will probably have an increasing tendency towards the indiscriminate use of Catalan and Castilian and language convergence with health staff. The high level of bilingual proficiency of much of the population may make it difficult for health staff to determine linguistic affiliation, if a language choice has not been expressed (either explicitly or implicitly). The limitations associated with the lack of bilingual skills and possible attitudes of linguistic resistance will be restricted to a minority of the population.

This population, however, will coexist with some medical staff who are able to assist patients in Castilian, but not Catalan. In the absence of language policy directives, it is reasonable to assume that these groups of health staff will foster greater use of Castilian among patients, reducing the use of Catalan in the health system to levels lower than in other regional administration branches where insufficient Catalan language skills among staff is not currently such a problem.

It should also be highlighted that, for many years, staff will be called on to assist groups of speakers with different behaviour, with Catalan speakers converging much more towards Castilian than vice versa. It will be important to prioritize new ways of overcoming the prejudices of Catalan speakers that lead them to give up their right to speak their own language and fight against the system of symbolic inequality maintaining convergence towards Castilian. This would make them true participants in the health sector.

According to the study, this limitation is not likely to be seen as a problem for the majority of current Catalan speakers, whose language choices are made unconsciously and easily converge towards Castilian. Only a minority of highly motivated people continue to use Catalan, regardless of whether health staff can express themselves in the language. This minority may find themselves in situations where their rights are infringed upon, or where health staff do not understand them, and their relationships with health authorities may sometimes be tense.

The Valencian regional government has proposed to prevent uncomfortable situations for these people, by creating language protocols for health staff targeting interactions with this motivated minority, involving unprecedented solutions, such as using medical staff with language skills as impromptu interpreters for medical staff without these skills. If strictly applied, this protocol may create new tensions when addressing problems and could lead to Catalan speakers being stigmatized as a group for whom receiving assistance in their own language is seen as a whim rather than a right or asset to be protected.

There is ongoing debate on how to adapt training for health workers and the demand for staff and how to retain native talent with Catalan language skills. Above all, short-term measures are needed for health staff (especially medical staff) who lack Catalan language skills. If they truly believe in co-official status and the equality of language groups, authorities must make it understood with health staff that Catalan is the language of the administration. Staff must be encouraged to respect the language rights in place and be made aware that this respect is a job retention requirement within the health authority.

The different health authorities will have to decide (within the limitations to which the promotion of regional languages is subject in Spain) whether to direct their linguistic attention in Catalan to an aware, militant minority, or implement a language policy for all, making the health system an environment where Catalan is used naturally. Since members of the Catalan-speaking group are difficult to detect in some age groups, there are two possibilities in terms of moving away from focusing on the highly motivated group: either patients need to be asked to make a language choice in advance and are then referred to health staff with the appropriate language skills (a measure that would be entirely new for Catalan regional authorities)¹⁸ (DiGiacomo, 2001), or a policy is required for the pre-establishment of the use of Catalan when providing care to all patients.

18. Catalan political parties, which have been part of regional government, have rejected policies that could be associated with any kind of linguistic segregation, especially in education policies. As DiGiacomo (2001) explains, the goal of these policies has been to blur the line between a native group and a foreign, Spanish-speaking group.

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