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***Investigating Workplace Language Variation within  
Healthcare Profession: Tiaret's ORL, Stomatology, and  
Ophthalmology Hospital.***

*This Dissertation is submitted in Partial Fulfillment of the Requirement for the Degree of  
M.A in Linguistics*

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## Dedication

I dedicate this research to my paternal grandma, who I lovingly refer to as my mother, who will always have a special place in my heart. She raised me, provided me, and made sure I had all I needed to finish my education before she departed from this world. I deeply miss her and wish she could be here with me today. May Allah grant her Jannah Firdaws.

This dissertation is also dedicated to:

- My mother, Khaldi Khadidja, and father, Mezad Boussaad, for their constant support and unending love.
- To every member of my family, for your unwavering support and direction.
- My dear friends, who mean everything to me on this day with their love and support

Nihad MEZAD

I would like to express my gratitude to my parents, Aityahiatene Hamid and Ouali Farida, for their unwavering support. Additionally, I want to thank my brothers and sisters for their companionship on this journey.

Aldjia AITYAHATENE

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## **Abstract**

This research investigates the communication dynamics among doctors in hospitals, focusing on the use of language to ensure safe and transparent interactions without compromising patient safety. A mixed-method approach was used, incorporating both qualitative and quantitative investigations to examine the language behaviors and preferences of doctors in their work environment. The study was conducted at the "Centre Hospitalier d'Orl, Stomatologie et Ophtalmologie," also known as the "Mirgou Clinic," a public facility in Tiaret, Algeria. A diverse group of medical professionals with varying years of experience and specializations participated in the study. Findings indicate a significant positive impact of the Algerian dialect on doctor-to-doctor communication, whereas French, traditionally used in medical education, fails to meet the communication needs of Algerian physicians. The primary research question addressed the impact of the Algerian dialect on hospital medical staff, with results showing a substantial influence. The Algerian dialect's widespread use suggests its potential to become an official language. Additionally, younger generations prefer studying medicine in English due to its global importance, while older generations predominantly use French. The study suggests that adopting English as the official language of communication in hospitals could enhance the efficiency and safety of medical practice.

**Keywords:** Medical jargon; Algerian dialectal Arabic; communication; language

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# *General Introduction*

## *General Introduction*

The differences in how people communicate can create confusion and hinder effective communication, especially in workplaces where people have different ways of speaking due to their regional backgrounds. In the health care sector, doctors and nurses have to communicate well to provide high quality patient care. In Algeria, based on many studies and research conducted in this field, all official or public places rely on one dialect and method of communication, which is the Algerian dialect. This dialect is the most widely used variety in all fields of work, and most importantly, it is used to communicate in a very important field, which is the field of medicine, where it is combined with the technical terminology of medicine or medical Jargon. Medicine in Algeria is studied in French, and many doctors in Algeria acknowledge its importance, but as soon as they begin their medical work, they abandon it. The Algerian dialect contributes greatly to communication in official settings, but in a sensitive field such as medicine it can pose a serious threat because it contains many voids that can only be filled in the appropriate language that has been adopted for the study of medicine.

Therefore, this research aims to track the spread of the Algerian dialect in official places in general and clinics and hospitals in particular, since medicine is a sensitive field and any mistake could result in a number of dire consequences. This research also aims to see the negative and positive impact of the Algerian dialect, and whether this is considered a phenomenon that must be solved and solutions should be provided about it, or whether it is considered a positive point that can be found in Algerian hospitals only. This research focuses on whether it is possible to replace the educational French language for medicine with another language or dialect, and this could contribute significantly to the advancement of this field in Algeria and increase its effectiveness through easy and proper communication.

The focal point of this research is to investigate to what extent the dialect is used in the medical field and to what extent it impacts the healthcare workplace. We will also investigate how do doctors communicate their diagnosis, to patients using this dialect through the opinions of doctors in this clinic in general and through the results of research and interrogations in particular. Two research questions are raised, to investigate this gap.

First, how does the Algerian dialect influence daily communication among doctors, and how are register and jargon used between doctors and between patients?

Second, will the dialect consistently influence official settings and workplaces, remaining a part of important communications, especially in the medical field?

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In order to answer these questions, two hypotheses are suggested. First, The Algerian dialect greatly affects workplaces in the healthcare field, as it has been merged with the medical Jargon, and we have a new branch in the Algerian dialect, and this can have a negative effect as well as a positive effect, but the negative effect is predominant because the Algerian dialect contains large spaces and is considered a rich mixture of different languages. This cannot be a solution, even if the use of this dialect facilitates communication between the team of doctors themselves and between them and the patients. Second, The Algerian dialect will always remain a diaglossic obstacle to attempts to separate it from official workplaces due to its frequent use and diversity. It cannot be abandoned or allocated to specific places or times, and this applies strongly to health care settings.

One clinic in the region of Tiaret was selected, the clinic of Centre Hospitalier d'Orl, Stomatologie et Ophtalmologie to conduct our research study. To collect data a questionnaire and an interview were designed for doctors and an observation in which researchers attended four diagnostic sessions involving two different physicians each day discussing a medical condition.

This dissertation is divided into three chapters. The first chapter revolves around a general overview of the topic being investigated, a detailed explanation of important linguistic terms and how they are used in the medical field. The second chapter deals with research methodology and data analysis, in which data is collected from the research tools that are designed for doctors. The data will be analyzed based on the questionnaire, interview and the observation. In this respect, answers to whether the Algerian dialect is highly used to clarify the medical jargon because of its good impact or it is a phenomenon that needs to be discussed and whether the Algerian dialect will always hinder communication in the healthcare sector are being investigated and analyzed. The last chapter revolves around the discussion of the findings and results, besides the suggested solutions that may help in adopting a fixed official language in this sensitive field to warn against any results that may harm doctors' communication and thus endanger the patient's life.

*Chapter One: Overview of Healthcare  
Language and Its Components*

# ***Chapter One: Overview of Healthcare Language and Its Components***

## **1.1 Introduction**

The workplace is one of the official places that requires a special formal language used by the work staff, and it is usually brief and easy to use for specialists in the same field. Especially in the medical field, where a very specific medical jargon is used, which in turn consists of technical terms and accompanying language. In Algeria, the language that accompanies medical terminology is usually French since it is the most widely used language for hundreds of years, although we do not consider it an official or national language, it takes up space in one of the most important fields, which is medicine. In this chapter, we will analyze the medical language used in a hospital. We will compare the medical language used in this hospital with the medical language taught in universities, and we will see the role of the local dialect and how it is used among co-workers. We will also explain the medical staff's relationship with each other based on the language used between them.

## **1.2 The Algerian dialect**

The Algerian dialect is a mixture of Arabic, Berber, and other languages dating back to historical origins, such as French and Spanish. The Algerian dialect is considered unique due to its ability to introduce a number of different languages and combine them to produce a distinctive dialect that is used in almost all official and informal places, due to its importance and frequent use, according to Britannica magazine, Arabic became the official national language of Algeria in 1990, and most Algerians speak one of several dialects of vernacular Arabic. These are generally similar to dialects spoken in adjacent areas of Morocco and Tunisia. Modern Standard Arabic is taught in schools. The Amazigh language (Tamazight)—in several geographic dialects—is spoken by Algeria's ethnic Imazighen, though most are also bilingual in Arabic. Benrabah, M. (2007). "The language planning situation in Algeria." *Current Issues in Language Planning*, 8(4), 391-415.

## **1.3 Diaglossia**

The coexistence of two separate forms of the same language inside a single speech community, each having different social tasks and bearing varying degrees of prestige, is known as diaglossia, a complicated sociolinguistic phenomena. A high (H) variety and a low (L) variation are frequently involved in this duality. The H variety, which represents language purity and complexity, is generally connected to formal contexts, education, literature,

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religious texts, and official communication. On the other hand, the L variety is less formal and just as important for social contact; it is employed in everyday casual conversation, among family and friends, in the marketplace, and other informal circumstances. Distinguishing between the H and L variants is not only functional but also highly sociocultural; speakers are typically well-aware of the right form for the given context, and their ability to switch between the two might indicate cultural identification, social standing, and educational attainment. In Arabic-speaking nations, regional dialects (the L variations) predominate in ordinary verbal communication whereas Modern Standard Arabic (the H variety) is employed in official writing and speech. These are classic examples of diglossia. In his groundbreaking work "Diglossia," Charles A. Ferguson observed that "the prestige associated with the H variety often leads to efforts to learn and master it, influencing educational policies and literacy rates" (Ferguson, 1959). Similar to this, Standard German (Hochdeutsch) is only used for formal settings and written correspondence, while Swiss German (Schweizerdeutsch) is used in everyday settings. The link between Swiss German and Standard German illustrates how the functional domains of the H and L types are distinct from one another, yet the speakers' ease of navigation between them preserves the fluidity between them.

Diglossia often reflects historical and political dynamics, such as colonization, where the colonizer's language may become the H variety while indigenous languages assume the L role. This phenomenon can also be seen in Greece with Katharevousa (H) and Demotic Greek (L), although recent language reforms have largely merged the two. Joshua Fishman expands on this idea in "Bilingualism with and without Diglossia; Diglossia with and without Bilingualism," stating that "the functional distribution in diglossic communities underscores the inherent power dynamics in language use, where linguistic choices can reinforce or challenge social hierarchies" (Fishman, 1967). The historical conflict between Demotic Greek and Katharevousa in ancient Greece serves as an example of how sociopolitical movements can affect language usage and policy. The prestige attached to the H variety frequently motivates people to study and become proficient in it, which has an impact on literacy rates and educational policies. On the other hand, the L variety's resilience highlights how important it is to preserving cultural legacy and identity, giving people a feeling of continuity and belonging. As speakers negotiate the difficulties of language appropriateness and social expectations, the interaction between the two types can encourage linguistic inventiveness and resilience as well as possible conflicts. Gaining knowledge of diglossia can help one better understand the larger sociolinguistic processes that influence language usage, maintenance,

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and evolution in a variety of contexts. It draws attention to how linguistic boundaries are flexible and how language can change to accommodate speakers' evolving needs and goals. According to Alan Hudson's "Outline of a Theory of Diglossia," "the dynamic interplay between H and L varieties in diaglossic communities is a testament to the adaptability and resilience of human languages" (Hudson, 1977 ). The idea of diaglossia was first established by Charles A. Ferguson in 1959, and Joshua Fishman elaborated on it. These linguistic studies provide a thorough understanding of the coexistence and influence of these language variations. The author of the article "Formal vs."Informal Uses of Language: Diglossia and Related Phenomena," which focuses on language use in various social contexts, delves deeper into the sociolinguistic aspects of diaglossia. Kaye (1978) observes that "the boundaries between formal and informal language use are often fluid, reflecting broader social dynamics."

### **1.3.1 Diglossia in Algeria**

Algeria's diaglossia, which reflects the nation's rich history, sociopolitical dynamics, and cultural variety, is an intriguing example of language dualism. Modern Standard Arabic (MSA) and Algerian Arabic, or Darija, are the two main varieties of Arabic spoken in Algeria. MSA, or the H (high) variety, represents linguistic prestige and formality and is utilized in formal contexts including government, education, the media, and literature. Darija, the L (low) type, is used in the marketplace, in casual conversations with family and friends, and in other non-formal settings. The history and social structure of Algeria are fundamental to this linguistic stratification, in which various dialects have varied roles and statuses. Modern Standard Arabic in Algeria is the language of officialdom and education, taught in schools and used in formal writing and speeches. It represents a unifying language across the Arab world, enabling communication beyond national borders and connecting Algerians to the broader Arab identity. In his groundbreaking work "Diglossia," Charles A. Ferguson observed that "the prestige associated with the H variety often leads to efforts to learn and master it, influencing educational policies and literacy rates" (Ferguson, 1959). In Algeria, the government's emphasis on Arabicization, particularly after independence from French colonial rule in 1962, reinforced the prominence of MSA in public life. This policy aimed to promote a unified national identity and reduce the influence of French, the language of the colonizer.

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On the other hand, the language of the street, the home, and daily life is Algerian Arabic, or *darija*. It is distinguished by an Arabic that has been heavily influenced by French, Berber, and other languages, a reflection of Algeria's extensive historical and cultural exchanges. Despite being more important for social cohesiveness and cultural expression than MSA, *darija* is frequently seen as less respectable.

Joshua Fishman expands on the concept of *diaglossia* in his work "Bilingualism with and without *Diglossia*; *Diglossia* with and without Bilingualism," highlighting that "the functional distribution in *diaglossic* communities underscores the inherent power dynamics in language use, where linguistic choices can reinforce or challenge social hierarchies" (Fishman, 1967). In Algeria, the use of *Darija* in informal settings provides a sense of belonging and continuity, maintaining cultural heritage and identity amidst the formal dominance of MSA. Furthermore, the persistence of French influence and the existence of Berber languages like *Tamazight* further complicate Algeria's sociolinguistic environment. Along with Arabic, *Tamazight* is acknowledged as a national language and symbolizes the linguistic and cultural legacy of the native Berber people. The interaction of *Tamazight*, *Darija*, and MSA deepens the understanding of the *diaglossic* environment by illuminating the intricate linguistic realities that Algerians deal with on a daily basis. The late Alan Hudson's "Outline of a Theory of *Diglossia*," states that "the dynamic interplay between H and L varieties in *diaglossic* communities is a testament to the adaptability and resilience of human languages" (Hudson, 1977). Algerians are noted for their capacity to adapt, as demonstrated by their ability to *code-switch*—switching between languages and dialects depending on the situation and target audience.

The old colonial language, French, continues to have a significant influence on Algeria, especially in the fields of business, science, and technology. This further complicates the hierarchy of languages because French is frequently perceived as a language of modernity and development. The sociolinguistic aspects of *diaglossia* are examined by Alan S. Kaye in his article "Formal vs. Informal Uses of Language: *Diglossia* and Related Phenomena," which focuses on language use in various social contexts. Kaye observes that "the boundaries between formal and informal language use are often fluid, reflecting broader social dynamics" (Kaye, 1978). The fluidity of Arabic, French, and Berber language use in Algeria draws attention to the intricate interactions between linguistic, cultural, and political elements that influence language use and identity. Gaining knowledge about *diaglossia* in Algeria can help one better understand the larger sociolinguistic processes that influence language usage,



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maintenance, and evolution in a variety of contexts. It emphasizes how linguistic boundaries are flexible and how language may change to accommodate speakers' evolving wants and goals. Through an examination of the intricate interactions among French, Algerian Arabic, Algerian Standard Arabic, and Berber languages, we can acquire a more profound understanding of the societal factors that influence language usage in Algeria.

### **1.3.2 Code switching in Algeria**

Algerian code-switching is a complex language practice that reflects the social, cultural, and historical dynamics of the nation. The interaction of Algerian Arabic (Darija), French, Modern Standard Arabic (MSA), and Berber languages results in a complex linguistic mosaic that fulfills a variety of symbolic and communicative purposes. The language of formal education, the media, and official discourse—Modern Standard Arabic—differs greatly from Darija, the ordinary vernacular spoken by people in conversation. Additionally, Tamazight and other Berber languages are essential to the cultural identity of Algeria's indigenous Berber population, while French, a holdover from colonial control, is still widely spoken in many fields, including business, science, technology, and higher education. As Joshua Fishman argued in "Bilingualism with and without Diglossia; Diglossia with and without Bilingualism," "code-switching can be a marker of social and cultural identity, signaling the speaker's affiliation with different linguistic communities" (Fishman, 1967). When navigating different social circumstances, Algerians frequently transition between these languages, showcasing verbal flexibility that suits the audience, place, and goal of the conversation. For example, an Algerian may speak or write in MSA in official contexts, transition to Darija when interacting with friends or family, utilize French in work or educational environments, and utilize Tamazight in places where Berber language is spoken. The social stratification and identity politics present in Algerian culture are highlighted by this linguistic flexibility, as language use can indicate cultural affinity, educational attainment, and financial standing. The late Alan Hudson's "Outline of a Theory of Diglossia," states that "the dynamic interplay between different language varieties in code-switching communities is a testament to the adaptability and resilience of human languages" (Hudson, 1977). Algerians are a striking example of this adaptability, since they switch between languages with ease to express complex ideas, express identities, and preserve social cohesion. Moreover, political and historical variables have a significant impact on code-switching in Algeria. As Alan S. Kaye discusses in "Formal vs. Informal Uses of Language:

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Diglossia and Related Phenomena," "the boundaries between formal and informal language use are often fluid, reflecting broader social dynamics" (Kaye, 1978), this fluidity is evident as Algerians navigate the linguistic landscape, switching between languages to match the formality of the situation and the interlocutor's expectations. The colonial legacy of French has left a lasting impact on language use, with French frequently perceived as a language of modernity and progress, complicating the linguistic hierarchy. Understanding code-switching in Algeria provides valuable insights into the broader sociolinguistic processes that shape language use in multilingual societies, highlighting how speakers manage multiple linguistic repertoires to fulfill communicative needs and express complex identities. For further reading on the topic, Fishman's "Bilingualism with and without Diglossia," Hudson's "Outline of a Theory of Diglossia," and Kaye's "Formal vs. Informal Uses of Language" offer comprehensive analyses of the mechanisms and implications of code-switching in multilingual contexts.

### **1.4 Register**

Register, in linguistics, refers to the variation in language use based on context, purpose, and audience, encompassing a spectrum of formality, technicality, and stylistic choices. This concept is integral to understanding how speakers adjust their language to suit different situations, ranging from casual conversation to formal presentations, technical discourse, or literary expression. Register can be broadly categorized into formal, informal, and neutral styles, though the distinctions can be much more nuanced depending on the specific communicative setting. As Alan S. Kaye explains in "Formal vs. Informal Uses of Language: Diglossia and Related Phenomena," "the boundaries between formal and informal language use are often fluid, reflecting broader social dynamics" (Kaye, 1978). This fluidity is evident in how speakers intuitively switch registers to align with social norms and expectations, signaling respect, intimacy, authority, or solidarity.

Formal registers are used in professional settings and are distinguished by formal vocabulary, complex sentence structures, and a polished tone. They are important for upholding professionalism and clarity, especially in written documents like reports, academic papers, and official correspondence. Informal registers are used in casual conversations with friends and family and are characterized by colloquial expressions, simpler syntax, and a relaxed tone. The use of slang, contractions, and idiomatic expressions in informal register helps to create a sense of camaraderie and ease among interlocutors. Alan Hudson, in his

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work "Sketch of a Plan for Two-Lingos," points out, "the lively back-and-forth between different ways of using language shows how flexible and tough human languages are" (Hudson, 1977). This ability lets people move smoothly through different social scenes, making sure they communicate well no matter the situation.

Another key point is the use of expert ways of speaking, often found in law, health care, and tech fields.

These registers make use of specialized jargon and terminologies that are common in the professional community and allow for accurate and efficient communication. For example, medical professionals use a technical register that is filled with Latin terms and clinical language that is unintelligible to laypeople but is necessary for clarity and accuracy in the field. Legal papers often use a very formal and old-fashioned way of talking to make sure things are exact and meet legal rules. Joshua Fishman, in his work "Bilingualism with and without Diglossia; Diglossia with and without Bilingualism," points out that "the choice to use particular ways of speaking highlights how language acts as a means to show off expertise and keep up professional lines" (Fishartin. 1967). This way of using language helps to mark out who is who in the professional world and builds trust in certain fields. Register isn't just about how formal or technical language is; it also shows off style choices that highlight culture and who we are. In books, authors may change registers to grow characters, set a mood, or push forward themes. A book might go from a high-tone way of telling a story to the laid-back talk of its characters to make the story feel more real and to add depth to feelings. This mix of styles makes reading more fun, showing how register can shape what we mean and pull in readers. As Hudson writes, "Flexibility of language for variety of occasion is a crucial linguistics skill which allows elegance and fluency," (Hudson, 1977). Which does, in turn, show us much about the bigger societal processes regulating language use and how speakers shift their language around in order to satisfy a variety of different occasions and addressees. This adaptability is an important component of effective communication as we learn to maneuver social ladders, professional situations, and cultural norms.

In-depth examinations of the mechanics and consequences of register variation in multilingual situations may be found in Kaye's "Formal vs. Informal Uses of Language," Hudson's "Outline of a Theory of Diglossia," and Fishman's "Bilingualism with and without Diglossia" for more reading on the subject.

### **1.5 Jargon**

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jargon (linguistics) - a type of language that is used in particular contexts such as formal speech or politics where vocabulary and grammar are sometimes quite different than normal everyday language. While this discipline-based language does allow for more refined and efficient intra-group communication, it may render these conversations obscure or impenetrable to sebyitos. Using jargon is a basic component of the way in which language operates in terms of establishing group identifications, building fealty, transmitting advanced knowledge (so that it can be communicated quickly), etc. I written as Alan S. Kaye states in *Formal vs. Informal Uses of Language: Diglossia and Related Phenomena* that "jargon operates as a linguistic boundary marking who is inside or outside a given community" (Kaye, 1978).

This distinction highlights the jargon's social role. It fortifies unity within the group. It fosters understanding amongst people. It could keep those who aren't familiar with specialist terminology out. Jargon is essential for maintaining accuracy and clarity in work settings. To describe precise and detailed medical disorders, phrases such as "myocardial infarction" and "hypertension" are employed in the medical sector rather than the more broad terms "heart attack" and "high blood pressure". For healthcare practitioners to communicate effectively with one another, this accuracy is necessary. It reduces the possibility of miscommunication. These could have an effect on patient treatment. Comparably, terms like "habeas corpus" and "amicus curiae" are employed in the legal profession. They make reference to particular legal doctrines and practices. This preserves the formality and accuracy needed in legal discourse. Joshua Fishman, in his book *"Bilingualism with and without Diglossia; Diglossia with and without Bilingualism,"* points out that "the use of jargon underscores the role of language as a tool for conveying expertise and maintaining professional boundaries" (Fishman, 1967 ). Within certain fields, this use of specialist terminology aids in defining professional identities and establishing credibility.

Jargon is especially common in science and technology, where new words must be coined to express ideas and discoveries that are being made at a rapid pace. Phrases like "cloud computing," "machine learning," and "big data" are essential to conversations about contemporary technology in the IT sector because they condense complicated concepts into simple language. Professionals are able to keep informed about advancements in their sector and communicate effectively thanks to this specialist language. The late Alan Hudson's *"Outline of a Theory of Diglossia,"* states that "the dynamic interplay between different language varieties and jargon is a testament to the adaptability and resilience of human

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languages" (Hudson, 1977 ). This flexibility is seen by the way jargon changes as science and technology advance, adding new phrases and expressions to the vocabulary on a constant basis. Although jargon is necessary in professional and specialized organizations, it may also make it difficult for others outside the community to grasp. This exclusive feature might give the impression that someone is elitist or obfuscating the truth, especially if they use jargon carelessly or excessively. To promote inclusion and intelligibility, effective communication frequently necessitates striking a balance between the use of jargon and more approachable language. Professionals may need to convert technical terminology into everyday language when speaking with large groups of people. The lines separating specialist and general language usage are frequently blurred, as noted by Alan S. Kaye (Kaye, 1978), reflecting larger societal dynamics and the demand for accessibility. When using jargon, this flexibility makes it necessary to carefully consider the audience and context.

Gaining knowledge of jargon can help one better understand the larger sociolinguistic processes that control language usage by illustrating how specialized vocabularies change over time to fulfill the demands of certain groups. It emphasizes the harmony between accuracy and understandability, demonstrating how language is dynamic and can support both specialist and wide communication. Kaye's "Formal vs. Informal Uses of Language," Hudson's "Outline of a Theory of Diglossia," and Fishman's "Bilingualism with and without Diglossia" provide in-depth examinations of the functions and consequences of jargon in many settings, making them excellent resources for more reading on the subject.

### **1.5.1 Medical jargon**

In the medical field, competent care is largely provided by medical professionals who are focused on giving their patients the most effective medical care possible. But it depends on how well people communicate. There is a widespread misperception that every specialization, profession, and occupation has its own unique vocabulary and jargon, which is merely another language variation, according to a linguist (Fromkin et al., 2007). Jargon is only one type of language variety. Medical jargon has been defined as a second language used by healthcare workers to expedite and facilitate communication, according to Pacific University Libraries. According to Study Smarter UK, medical jargon is the particular vocabulary that medical practitioners use to explain various medical problems, treatments, drugs, devices, and other things. It enables medical professionals to clearly and concisely explain complicated health issues. To put it succinctly, medical jargon, also known as medical

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technical language, is a collection of illness diagnoses, condition names, and pharmaceutical names that are shortened from Latin terms to make it easier to explain the complexities of medicine and to communicate with medical professionals. It can also be thought of as a language used exclusively for doctor-to-doctor communication. However, this medical language is not taught apart from general education languages like English, French, or Spanish; in fact, these languages should not be separated from one another because they complement one another, particularly in this delicate field. The significance of this element is explained by heart surgeon Dr. Ahmed Marzouk, who states: "Our use of medical terminology enhances common understanding and reduces the possibility of errors."

Furthermore important to cultural and social identity is jargon, especially in subcultures and specialized societies. For example, in the gaming community, phrases like "grinding," "loot," and "NPC" are part of a specialized vocabulary that helps players feel like they belong and have a common understanding. The community's cultural identity is established and reinforced by this usage of jargon, which serves as a language shorthand for intricate concepts and experiences that are exclusive to the group. According to Alan S. Kaye's theory, "jargon can serve as a cultural marker, reflecting the values, norms, and experiences of a particular group" (Kaye, 1978). In many subcultures, where language plays a crucial role in the formation and expression of group identity, jargon serves a cultural purpose.

Jargon usage is not without its detractors and difficulties, though. Jargon's exclusive character may cause miscommunication and alienation, especially when it's employed excessively or incorrectly in larger public discourse. This is particularly relevant in domains like technology, law, and health where public comprehension and confidence depend on transparent and understandable communication. Jargon misuse or abuse can lead to misunderstandings, obfuscation, and the maintenance of an exclusive or unapproachable feeling. Hence, in order to ensure that their message is received by a variety of audiences, effective communicators must strike a balance between the accuracy of jargon and the need for inclusivity and clarity. According to Alan S. Kaye, "a nuanced understanding of its role and impact is required for the effective use of jargon to ensure that it enhances rather than hinders communication" (Kaye, 1978).

### **1.5.2 The educational language of medicine**

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The language used to teach medical terminology is known as the educational language of medicine, and it is frequently chosen based on the strength of the nation where it is spoken. Latin eventually replaced Arabic as the primary language of instruction in medicine during the Arab cultural hegemony, when all sciences and medicine were taught in Arabic. However, as English is currently the most widely used language, medical jargon and medicine are now taught in a variety of languages. because, along with other languages that are descended from Latin, such as French and Spanish, it has come to be used in science and technology.

Despite the fact that French is not an official language nor a national language, medicine is taught in Algeria in particular. This is because of historical and political reasons. French is also regarded as the right language for medicine in many nations. The goal is to have a French medicine program because France enjoys medical advancement and the use of modern technologies, according to Sada El Balad channel, which reported that Mahmoud El-Ntini clarified during a phone call on the "This Morning" program, which was aired on the "Extra News" satellite channel, today, Tuesday. He continued, saying, "We want our children to have all the skills and experience from every corner of the world."

### **1.5.3 Language used in Algerian medical settings**

Hospitals utilize a variety of medical languages, including French, English, Spanish, and other languages, along with specialized medical words. Because it is the language of the elder generation and has a strong relationship to Algerian history in general, French is unquestionably the language associated with technical words in Algeria. The French language is heavily used by Algerian doctors, and it follows them from their time in school to the point of employment, when we can discover the gap or issue we are going to look at. These include the following: Do medical students utilize French as a communication tool at work and do they do so even after they begin working? All Algerian doctors have received instruction and training in French, according to Belaskari of Dr. Moulay Taher University, which makes them feel more comfortable using the language while discussing patients' conditions or symptoms and making diagnoses. The usage of French at one of Algeria's hospitals, in the state of Tiaret, is segmented based on years of service, experience, and generations. For instance, physicians from the older generation tend to use more French while diagnosing patients and communicating with colleagues, whereas doctors from the younger generation tend to use more dialect and use French less frequently. This is due to the fact that this generation speaks English well and does not use the French language, as well as their dislike of it. In one of its

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online articles, Elaph magazine notes that, prior to the late 1990s digital revolution, the general consensus was that French was the language of the upper class and the elite at the time of independence.

However, as the world moved toward using English as the primary language for business and finance, learning the language became increasingly important. Because there are so many English-language references on the Internet, it has also surpassed other languages in the field of scientific study. Because of this, the elite in Algeria now have to follow the current trend, which regards Shakespeare's English as the language of the world. It's possible that the days of French being the primary language in Algerian medicine are drawing to an end. This is because there may not be many French-speaking doctors in the younger generation, which could negatively impact effective communication between the two generations of doctors and, ultimately, the standard of care given to patients.

### **1.6 The influence of ADA on medical terminology**

Different countries have different effects of dialect on the official language used in the workplace; nevertheless, in Algeria, the difference could be negligible. In both official and informal settings, including television, government offices, academic institutions, parliaments, and gathering spots for influential state figures, the Algerian dialect is frequently spoken. However, we did not anticipate that the dialect would spread to healthcare environments and contaminate conversations between physicians and specialists, increasing the difficulty of communication. One of the elements of the country and one of the most significant foundations of its identity is language, which is an efficient instrument for documenting legacy, according to a memo drawn from student memoirs at the University of Muhammad Al-Siddiq Bin Yahya in the Algerian city of Jijel. It would become necessary to have a single and united language in order for individuals of one nation to communicate and comprehend one another, yet this is not possible. This, with the exception of a small number of situations brought about by changes in time, migrations, conventions, and traditions, is what led many societies—including Algeria—to accept the idea that linguistic duality exists. In Algeria, linguistic duality permeated not just political, cultural, and social behaviors but also the educational system. When lectures were presented and discussed in a combination of formal Arabic and colloquial dialect, the school was forced to deal with linguistic duality.

The dialect has a significant impact on how physicians and specialists interact with each other and with patients in this clinic. It also impacts how they communicate with one



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another and share diagnosis. We've reached an odd conclusion—that is, the unique blend of the Algerian dialect and the Jargon—that has us wondering if the Algerian dialect will ever become standardized or if it will be used as the language of instruction in the medical field. The dialect's negative effects in health care settings might result from the linguistic shift from medical educational language to the dialect, which can explain some things incorrectly and endanger the patient's health. In the medical area, which is the most delicate, accurate communication is crucial as miscommunication can have a fatal outcome for a patient. The significance of effective communication in the healthcare industry is covered on the Answer website. Specifically, it is discussed how better communication within the medical team fosters mutual understanding and improved teamwork, which improves collaboration and harmony at work and helps patients receive the best care possible.

### **1.7 Healthcare Sector Code Transition Challenges**

The act of switching between two or more languages during a communication between two people is known as code switching. Fluent speakers of many languages or those living in multilingual communities frequently experience this linguistic phenomena. Code-switching happens for a variety of reasons, such as to show support for a specific group, to send ambiguous messages, or just out of habit. The process of changing one linguistic code (language or dialect) to another based on the social setting or conversational context is known as code-switching, according to Britannica magazine. Symbol interchange is a topic of interest to sociolinguists, social psychologists, and identity researchers because it helps people, especially those from ethnic minorities, create and preserve a feeling of identity and community. The process by which native Spanish speakers move from Spanish to English and vice versa was first investigated in the context of second language acquisition in the United States. The circumstances that caused members of a speech community to switch between their home tongue and the language of the majority population typically pique the interest of sociolinguists like John J. Gompers.

In our situation, it is important to note that although the local Algerian dialect, which is derived from classical Arabic, is frequently not recognized as official, its extensive usage—particularly in official settings—has led some to believe that it may eventually become so. The most significant finding is the overlap between this dialect and medical vocabulary learned in French, a second language of instruction. According to Salah Belaid's definition of linguistic overlap, "interference" typically refers to the contact a user makes between two or

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more languages in any given circumstance. This is exactly what occurs in Tiaret's medical clinics: doctors find it difficult to use the educational language used to study medicine because of the dialect's frequent usage, which has caused them to forget it. At times, the dialect even causes problems when defining certain terms, leaving them in a linguistic void.

### **1.8 Conclusion**

Due to language barriers, doctors and other healthcare professionals frequently have communication issues. As is well known, Algerians are bilingual, which is extremely beneficial but may also make it difficult for medical professionals to communicate effectively because the area of medicine is delicate and requires great accuracy and nuance when transitioning between languages. 99% of the physicians working at this clinic indicated that they would like to study medicine in English. Despite the fact that they often use the Algerian accent into their medical vocabulary. The English language is definitely the most widely used language in the field of science and technology, according to an English language doctor from King Faisal University; As English has got the common qualities, it has been accepted as the global language among the speakers of thousands of different languages. Since science and technology is progressing, there are tremendous changes taking place in the lives of the human beings everywhere in the world. As a result, the whole world has become a global village and the people have to maintain good relationship with the others. But if this language is adopted in Algeria in the field of science, will it be the official language in important places such as clinics? Will it be merged again with the Algerian dialect?

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### **2.1 Introduction**

The context of the workplace has a big impact on how well people communicate with one another. In contrast to hospitals, where there is a kind of separation between the private or official language and the dialect used generally, employees in departments, particularly in the state of Tiaret, have almost no official language and primarily rely on the Algerian dialect for communication, information exchange, and even administrative orders. This is because medical professionals are highly precise in their work and are eager to employ specialist terminology that makes it easier for them to understand difficult medical concepts and convey information in an accurate and straightforward manner. This chapter will address how language is affected by the workplace in this example, the hospital and how much of an impact it has on language usage. We shall also ascertain the cause of the variation in language usage amongst workplaces based on specialization.

### **2.2 Workplace Language Dynamics**

The degree of formality in communication is set by the workplace, and shortcuts are frequently created there to make communication easier. While startups could prefer a more casual tone, corporate contexts might necessitate more official language. The vocabulary used in the workplace is becoming more inclusive as diversity and inclusion become more widely recognized topics. This entails speaking gender-neutrally and refraining from using words that can offend certain groups. Because individuals in the workplace frequently come from various cultural backgrounds, words, and linguistic patterns from other languages and cultures are commonly incorporated. The Chief Medical Officer, Dr. Emily Patterson, asserted that excellent and transparent communication is essential to patient safety and high-quality medical care. Furthermore, linguistic innovation can occur in the workplace when new words or phrases are created and then adopted by a larger audience. For instance, the phrase "Googling" gained traction after emerging from Google's workplace, demonstrating how workplace culture shapes people's language usage. Language in the workplace is dynamic and always changing due to societal trends, industry-specific demands, cultural changes, and technological advancements. The way people communicate in the workplace and larger social contexts is shaped in part by this ongoing growth. Some people also believe that since language is influenced by the workplace and the workplace can influence thought, the workplace itself may directly shape thought since people who work in the same environment tend to think and act similarly.

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The impact of the workplace varies depending on the field. Since the health field is the most significant and accurate, as we have previously stated, proper communication, handling of language, and analysis of language used in the field are more crucial. Furthermore, and perhaps more significantly, this field influences the way physicians and other healthcare professionals think. To prevent medical errors and provide proper care, precise and comprehensive terminology is essential. For instance, physicians and nurses record patients' conditions and offer the required direction using unambiguous clinical notes. To guarantee adherence to rules and regulations, language used in the healthcare industry also incorporates legal and regulatory terminology. In the healthcare industry, language is crucial to facilitating successful communication between medical staff and patients. To precisely identify diagnoses and explain medical operations, depends on the use of specialized terminology, which aids in the delivery of the right therapy. Furthermore, it's important to speak with patients in simple, uncomplicated English to make sure they comprehend their condition and any directions from the doctor.

To prevent medical errors and provide proper care, precise and comprehensive terminology is essential. To ensure efficient coordination and collaboration in the provision of treatment, it is also crucial to communicate with members of the medical team using language that is easily understood. Medical linguistics specialist Dr. Michael Chen said that accuracy in language is not only desirable to have in healthcare, but also necessary because it directly affects treatment effectiveness and diagnosis accuracy. The use of regulatory and compliance terminology is crucial to complying with health laws and regulations since the healthcare industry is subject to legal risks and obligations. Expert language plays a vital role in the efficient education and training of medical professionals, guaranteeing the advancement of their abilities and raising the standard of care. The truth about this differs depending on the nation. We will therefore talk about its applicability in the Algerian medical field because of the ongoing interference with the Algerian dialect, which has created a distinct phenomenon around attempts to integrate the dialect with medical jargon—which may or may not have been intentional—and because it shows how the dialect still rules even in the most precise fields that are known to exist. Language and culture researcher Amira Said that although dialects are a reflection of cultural identity, their use in the medical field demands caution to preserve accuracy and clarity in medical communication.

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In Algerian hospitals, the Algerian dialect is an integral part of the nation's rich cultural legacy and everyday existence, embodying the essence of Algeria's old culture. Algerian dialect is a language deeply ingrained in the collective consciousness of the Algerian people, reflecting the range of cultures and peoples the country has encountered over the millennia in its history and development. When referring to health care, the Algerian dialect works well for communication between medical staff and patients since it helps patients feel less stressed, more confident, and comforted because they recognize their identity and traditions in it. It is important to remember that the Algerian dialect serves as a mirror reflecting not only the reality of life in Algeria but also its culture and popular traditions. This allows medical professionals to better understand their patient's needs and use the language that is consistent with their values and beliefs. Furthermore, the Algerian dialect fosters a sense of community and social connectivity in the medical setting by placing patients and healthcare professionals in a setting where they are both a part of the same language, culture, and history. Effective communication in healthcare transcends linguistic barriers, as stated by Medical Director Sarah Ahmed, guaranteeing patient safety and high-quality care.

In the medical area, there are certain risks related to it, despite its significance in improving communication and fostering trust in the setting. One of these challenges is that medical terminology or instructions could be misunderstood due to a misunderstanding when translating from the Algerian dialect into French, which is the secondary language used in Algerian medical education. This uncertainty could result in patients misinterpreting disease diagnoses or recommended therapies, which could have a major negative impact on their health. Additionally, some patients from diverse backgrounds may find it challenging to speak with others due to the Algerian dialect, which could have a severe impact on the standard of treatment provided and the patient's capacity to comprehend and adhere to medical instructions. Language has a crucial role in the provision of healthcare, according to pediatrician Dr. Ahmed Boumediene. "Differences in language can either help or hinder communication with patients." Doctors and other healthcare professionals communicate extensively using medical lingo, or jargon. While this terminology helps professionals communicate with one another, it can also be a hurdle when speaking with patients who are not specialists. As general surgery specialist Dr. Mohamed Belkacem notes, "Using medical terminology can be a double-edged sword." While it helps doctors understand one another, it could make things more difficult when speaking with patients.

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This is the only benefit because, depending on the circumstance, there is a significant understanding gap created when medical terminology and the Algerian dialect are combined. There are instances when using medical language and the Algerian accent can be detrimental. According to psychiatrist Dr. Fouad Bin Abdel Rahman, "when the local dialect is used excessively, patients may feel confused or stressed, especially if they are not familiar with medical terminology." However, using medical terminology and local language can improve communication and foster a sense of confidence between medical professionals and patients. According to Dr. Laila Hammadi is a general practitioner, "Using the local language helps patients feel more at ease and confident, which speeds up the diagnosis and treatment process." The effect of language on communication in the medical workplace has been the subject of numerous research. Researchers at the University of Algiers discovered that "using the local language in medical communication can improve treatment outcomes and reduce misunderstandings between doctors and patients" in one of their studies. According to linguists, if handled appropriately, linguistic diversity in the medical workplace can be advantageous. "Continuous training is necessary for doctors to effectively communicate with a diverse range of patients, as linguistic diversity can improve that ability." to guarantee precise and efficient communication,". Says Dr. Youssef Abdelkader, a linguistics professor at the University of Algiers. The medical workplace may be different from other workplaces in that it places a greater emphasis on language use and its function in accomplishing professional objectives. Language plays a critical role in medical settings to guarantee the provision of high-quality healthcare and efficient communication amongst all parties. According to sociologist Dr. Khaled Sabry, "Language can be a tool for general communication in other work environments, but in medical settings, it takes on a crucial and vital nature to ensure the health and safety of patients." The health sector is distinct from other sectors in that it places a strong emphasis on communication accuracy and speed. Hospital director Dr. Khaled Zubaidi adds, "The health sector requires accurate and quick communication, which may not be as important in other sectors." Effective communication between physicians and medical staff is essential in Algerian hospitals, particularly at the "Centre Hospitality d'ORL," to guarantee the provision of high-quality healthcare. The variety and complexity of this communication are shown in the employment of French, Algerian dialects, and classical Arabic, among other languages. For example, doctors and nurses frequently employ the Algerian dialect to expedite decision-making and simplify daily communication, particularly in emergencies that need speedy responses. General practitioner Dr. Leila Bennani states: "Our everyday communication is made easier by the Algerian

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dialect, particularly in emergencies." However, due to the historical impact of the French colonial era, the French language is widely used in the Algerian healthcare system. This effect also extends to medical education, where a large number of medical disciplines are taught in French, leading to the daily usage of many medical words in French. "Many medical terms are still used in French, which reflects the influence of education and training in the French language," says pediatrician Dr. Mustafa Hamroush in explaining this issue.

Additionally, to guarantee accuracy in communication between physicians and nurses and lower the possibility of medical errors, the usage of specific medical terminology and medical terminology is essential. These terminologies make it easier to communicate complex information precisely and swiftly, which improves the productivity of medical professionals. The significance of this element is explained by heart surgeon Dr. Ahmed Marzouk, who states: "Our use of medical terminology enhances common understanding and reduces the possibility of errors." Even though there are many advantages to employing local vernacular and medical jargon, doctors nevertheless encounter difficulties when interacting with patients who may not be familiar with this terminology. Patients may experience confusion or loneliness as a result of this. A psychiatrist named Dr. Youssef Kaddour highlights this difficulty by stating, "Complex language can increase patients' feelings of isolation and anxiety." To guarantee the delivery of thorough and efficient medical care, health professionals in Algeria therefore try to strike a balance between the use of expert language and language that patients can understand. Furthermore, the significance of timeliness and precision sets the health sector apart from other industries in terms of communication. In the medical field, a patient's life may depend on the outcome of a few seconds, so prompt and efficient communication is essential. Hospital director Dr. Khaled Zubaidi adds, "The health sector requires accurate and quick communication, which may not be as important in other sectors." This increases the pressure on medical professionals to guarantee that communications are always straightforward and unambiguous. Alongside these difficulties, there are continual initiatives to raise the standard of communication in Algerian hospitals by providing health professionals with ongoing training in effective communication techniques and utilizing contemporary technologies to streamline the exchange of medical information. According to a study by "The health, sector requires accurate and quick communication, which may not be as important in other sectors," according to hospital director Dr. Khaled Zubaidi, experiments conducted in this context demonstrate that improving communication skills can positively reflect on the quality of health care provided to patients.



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### **2.3 History of Algerian Medicine**

Archaeological sites all around the region include traces of early medical activities, demonstrating the long history of medicine in Algeria. Numerous civilizations have impacted Algeria over the ages, each with a unique influence on the nation's medical practices. The rich history of medicine in Algeria will be discussed in this essay, spanning from prehistoric times to the present. The ancient Berber tribes who once lived in Algeria are the source of the first records of medical practices in the country. The Berbers were adept at treating a wide range of illnesses and wounds with medicinal plants and herbs. They used a mix of herbal and spiritual treatments to treat illness because they trusted in the healing power of nature. Greek and Roman medical traditions continued to impact medical treatment in the region after the Romans arrived in Algeria in 146 BC. Building on the knowledge of the Berbers, Roman physicians brought cutting-edge surgical methods and medicinal treatments to Algeria, resulting in a more complex medical system.

In the eighteenth and fourteenth centuries, Algeria developed as a hub for medical innovation and knowledge during the Islamic Golden Age. Arabic translations of classical Greek and Roman medical books, as well as advancements in the fields of anatomy, pharmacology, and surgery, are among the many medical achievements accomplished by Islamic academics and practitioners. The physician Al-Zahrawi dubbed the "father of surgery," was one of the most important men in Algerian medical history and lived in the tenth century. Al-Zahrawi penned the renowned medical work "Al-Tasrif," which described procedures and therapies in depth and had a long-lasting effect on Algerian and other medical practices. Western medical practices were brought to Algeria during the French colonial era, which paved the way for the development of contemporary hospitals and medical educational institutions. By fusing Western medical knowledge with customary Algerian practices, French physicians were instrumental in forming Algeria's healthcare system. The government worked to fortify the healthcare system and increase everyone's access to medical treatment after Algeria gained its independence in 1962. The nation started a drive to increase the number of healthcare professionals in training and to construct additional clinics and hospitals with an emphasis on public health and preventative care. Algeria now has a state-of-the-art healthcare system that incorporates Western and traditional medical practices. Algeria is home to several

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famous medical schools and research institutes, and its doctors are well regarded for their proficiency in a broad spectrum of medical specializations.

The school system in Algeria is a major factor in determining one's skill in French. Early schooling exposes students to French, which is used as the primary language of instruction for several courses, particularly in higher education. However, there might be differences in the quality of French schooling, especially between rural and urban areas. Students perform better in urban schools because they usually have access to greater resources and have more qualified teachers. On the other hand, poorer competence levels are often the consequence of a lack of resources and qualified French teachers in rural schools. A greater focus has been placed on enhancing French language instruction in recent years. The main goals of educational reforms have been to improve learning resources, update curricula, and train educators. Notwithstanding these initiatives, issues including cramped classrooms restricted access to technology, and regional differences in the standard of education still exist. Even with so much exposure, there are still several difficulties with speaking and comprehending French. It's typical to flip between French and Arabic throughout a discussion, a behavior known as "code-switching." Although this indicates a rudimentary level of French proficiency, it frequently draws attention to areas of incomplete linguistic competency. Furthermore, there may be challenges due to the distinction between spoken French in daily conversation and academic or formal settings. While many Algerians may be able to understand written or formal French, they often find it difficult to understand the slang and colloquialisms used in French daily conversation. Accent and pronunciation are other difficulties. The French accent of Algerians can vary greatly from that of native French speakers, which can occasionally cause miscommunication or communication difficulties. For people who speak Arabic at home, learning French might be challenging due to its intricate grammar and syntax. The government has alternated between advocating for Arabization and preserving French as a functional language. The Arabization policy, which reflected a post-colonial assertion of identity, sought to replace French in government and education with Arabic. However, given the importance of the French language around the world and its deep-rooted position in the Algerian system, the policy's practical difficulties have forced Algeria to adopt a more balanced stance in recent years. These days, bilingualism is pragmatically accepted, with an understanding of the importance of being fluent in both Arabic and French. The significance of multilingualism has been highlighted by recent language initiatives. The government has started programs to improve French language instruction, in addition to

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bolstering Arabic and fostering Berber languages. This multipronged strategy seeks to preserve Algerian identity while providing Algerians with the language proficiency required for global engagement.

### **2.4 Dialectal Communication Dynamics**

Language and dialect interactions have a significant influence on communication dynamics in Algeria, especially in the healthcare industry. The languages of Algerian Arabic (Darija), French, Berber, and Modern Standard Arabic are all part of the nation's diverse linguistic fabric. Darija is the most commonly spoken of these and serves as the main language in day-to-day communication. This intricacy affects how medical information is communicated, comprehended, and used, which in turn defines the interaction between physicians and patients. This section explores the impact of dialects, specifically Darija, on patient outcomes, diagnosis, and communication in the healthcare sector. Building a relationship between the patient and the physician is the first stage in every medical consultation. In Algeria, Darija is a great help in this procedure. Due to the comfort and cultural significance of the dialect, patients are more ready to divulge private health information. In a culture that values interpersonal relationships and trusts greatly, this is essential. General practitioner Dr. Leila Bouchareb notes that her patients in Darija open up more readily when she speaks to them. She practices in Algiers. A proper diagnosis depends on their perception that I comprehend their situation and their issues. But the dialect serves a purpose more important than just comfort. It acts as a link between the lived experiences of patients and medical experts. For example, Darija-specific idioms and expressions can disclose underlying social or psychological variables affecting a patient's health. The everyday familiarity and emotional resonance of Darija are lacking in more formal languages like French or Modern Standard Arabic, which frequently lose this cultural nuance. Physicians can better comprehend their patients' illnesses and provide more effective, individualized care by learning and using the dialect. In Algeria, the diagnostic process usually uses a combination of professional medical terminology and Darija. In Darija, doctors first consult with patients to establish a rapport and get preliminary information. This stage is essential for identifying symptoms that patients might be reluctant to mention otherwise. In Darija, for instance, talking about pain or discomfort enables patients to explain their experiences in everyday language, giving medical professionals richer, more comprehensive data. Utilizing Darija also makes it easier to interpret contextual elements and nonverbal clues

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that could have an impact on a patient's health. A patient's description of their living situation, place of employment, or eating routine, for example, can be understood and transmitted more correctly in the dialect. For a comprehensive diagnosis, this all-encompassing strategy that includes both verbal and nonverbal communication is necessary. Problems frequently occur, nevertheless, when transferring from Darija to medical terminology. Many patients may not fully grasp French or Modern Standard Arabic, which is the language used to teach and record medical jargon. Physicians now have a communication vacuum to fill. The neurologist Dr. Karim Benyahia observes, "When translating medical terms into Darija, we have to be very careful." Finding appropriate language is only one aspect of the problem; another is making sure the severity and significance of the illness are appropriately expressed.

Because of Algeria's colonial past and the ongoing impact of French education, most of medical terminology in the nation is drawn from French. Consequently, many medical professionals are fluent in French and use it for paperwork and technical discussions. They frequently have to interpret these phrases into Darija, which can be intricate and subtle, when speaking with patients. Cultural adaptation is necessary during the translation process in addition to linguistic conversion. For example, "hypertension" in French may be translated into "high blood pressure that can lead to serious heart problems" in Darija, which would describe the condition's symptoms. This method guarantees that patients comprehend the word and its consequences for their overall health. Despite these efforts, there are still some medical ideas that require inventive explanations because they lack exact parallels in Darija. To describe illnesses and treatments, doctors may employ relatable examples or analogies. One way to describe diabetes, for instance, would be to liken the body's requirement for insulin to how a car needs fuel to operate. For patients with less formal education or who are not familiar with technical words, these kinds of analogies help make difficult medical topics easier to understand. Although speaking Darija improves communication, there are a few drawbacks. The possibility of misinterpretations or oversimplifications is one important problem. Medical terminology frequently has exact definitions that can be challenging to communicate in a dialect lacking in precise language. This may result in misconceptions or insufficient comprehension of the gravity of a condition or the need to adhere to a treatment plan. Furthermore, communication can be hampered by the differences in Darija between Algeria's various areas. In rural areas, a term or expression that is widely accepted in Algiers may not be known. Physicians who practice in various geographic areas need to be skilled at identifying and adjusting to these language variances. This calls for cultural sensitivity and

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awareness in addition to language proficiency. Furthermore, depending too much on Darija occasionally gives the impression that professionalism is lacking. Some patients may prefer consultations in Modern Standard Arabic or French, particularly those who are better educated or accustomed to formal medical settings. People may connect these languages with more authority and accuracy in medicine. Hence, physicians have to strike a balance when using Darija to uphold their professional reputation and satisfy all of their patients. There is a language gap between the training doctors get and the language they use with patients in Algeria, where French is the primary language of instruction for medical professionals. This disparity emphasizes how crucial it is to include dialect instruction in medical education. Medical schools increasingly recognize the critical need to equip aspiring physicians with effective communication skills in Darija for successful patient care. More programs are offering courses on cultural competency and medical Darija. Medical students learn how to interact with patients from different cultural backgrounds and how to interpret scientific terms into understandable language in these courses. Future physicians are better equipped to overcome the language and cultural barriers they will face in the field by incorporating these skills into their education.

### **2.5 Diagnostic Practices and the Impact of Dialects**

A vital function of Darija in the Algerian healthcare system is its usage in patient diagnosis. By relating to patients personally through dialect, clinicians can promote candid communication about symptoms and concerns. This rapport is especially crucial in a cultural setting where relationships with others and trust are highly valued. The neurologist Dr. Karim Benyahia highlights that "if we relied solely on formal medical terminology, we might overlook subtle details about a patient's condition that can be revealed through dialect in consultations." To make sure patients understand their condition, doctors frequently use a combination of medical terminology and Darija during the diagnostic procedure. For example, while describing the basic nature of a disease and its symptoms, a doctor may speak Darija; for specific medical phrases and procedures, they may use Modern Standard Arabic or French. By using this bilingual method, people can receive accurate health information without being overtaken by technical language. However, this approach also draws attention to the drawbacks and dangers of using languages in medical contexts. Darija can facilitate more accessible medical interactions, although it might not have the exact vocabulary needed for some diagnoses. As such, medical professionals have to continuously switch between

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languages to offer complete care. This linguistic juggling act can occasionally result in miscommunications or insufficient explanations, especially if the patient does not understand French or Modern Standard Arabic well or if the doctor does not speak the patient's dialect fluently.

Dialects have a major impact on the healthcare industry, influencing every encounter between patients and healthcare providers in Algeria, where linguistic diversity is not only a feature but a cornerstone of cultural identity. The healthcare environment has difficult challenges because of the intricacy of Algerian Arabic (Darja) and the rich tapestry of Berber languages, including Kabyle and Chaoui. Fundamentally, the language mosaic creates walls where conversation ought to flow, creating strong obstacles to efficient communication. This verbal contradiction becomes more than just a minor annoyance in the professional context; rather, it poses a serious barrier to precise diagnosis and comprehensive patient care. Language barriers that prevent patients from receiving correct information about their symptoms, medical histories, and treatment plans can cause miscommunication and misunderstandings that can skew diagnosis and endanger patient safety. Further compounding these difficulties is the dearth of specific medical vocabulary in Algerian dialects, which leaves medical practitioners struggling with language gaps when trying to explain intricate medical procedures or concepts. The inability to communicate essential medical information due to a language barrier also undermines patient autonomy by denying people the ability to understand and actively participate in their healthcare decisions. As a result, the consequences of this language conflict ripple across the healthcare system, impairing patient outcomes, therapeutic effectiveness, and diagnostic precision. Nevertheless, Amid the complex maze of language barriers, the healthcare field holds immense potential for revolutionary shifts and enhanced cultural awareness. Healthcare organizations may move beyond tolerance and toward true inclusivity and cultural competence by realizing and appreciating the inherent benefits of linguistic diversity. An effective way to bridge the language gap and promote clear, succinct communication between patients and healthcare providers is to invest in interpreting services staffed by bilingual individuals fluent in both Algerian dialect and medical terminology. Moreover, developing a more profound comprehension of the cultural subtleties incorporated in Algerian dialects helps medical practitioners skillfully and compassionately handle the complexities of patient care. Healthcare professionals can establish trusting and cooperative relationships based on mutual respect and understanding by recognizing and honoring patients' cultural beliefs, customs, and healthcare-seeking habits.

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Essentially, Algerian dialects have an impact on the healthcare industry that goes beyond simple language obstacles and affects all aspects of the patient-provider relationship. However, the furnace of linguistic variety also contains the furnace of opportunity: a chance to break down barriers, develop empathy, and create a healthcare environment that honors the diversity of linguistic and cultural history. Algeria may move towards a future where linguistic diversity acts as a bridge, promoting empathy, comprehension, and recovery for all, through an emphasis on language inclusivity, cultural sensitivity, and equal accessibility to healthcare resources.

### **2.6 The Influence of Dialects on Medical Terminology**

In Algeria, the interaction between medical language and Darija greatly influences the patient-doctor dynamic. Although the majority of medical literature and training is written in French, local dialect adaptation is frequently necessary for the practical application of this knowledge. The understanding and application of medical words in daily practice may change as an outcome of language shift. Translating intricate medical concepts into Darija without sacrificing the precision and specificity necessary for successful therapy is a challenge that many physicians face. "Medical terminology doesn't always have direct equivalents in Darija, so we often have to explain conditions using descriptive language that patients can relate to," notes cardiologist Dr. Nadia Boukhalfa. "The goal of this practice is to establish a common understanding that combines cultural relevance and medical accuracy. Many French medical phrases have become commonplace in Algerian Arabic due to the impact of French but with modified pronunciations and usage. For instance, words like "diabetes" and "infection" are frequently used in their French versions and occasionally altered to match Darija's phonetic structure. Although this hybrid language facilitates communication between medical professionals and patients more easily, it also demands a high degree of linguistic adaptability from them. Furthermore, the perceived authority and reliability of medical information might be impacted by the usage of dialects. Patients may find that explanations in Darija are more approachable and reliable in certain situations, but they may prefer the formality and accuracy of Modern Standard Arabic or French. To preserve trust and clarity in the face of this dual perspective, physicians must be aware of their patients' preferences and modify their language accordingly. "The Influence of Dialects on Medical Terminology" explores the complex relationships that exist between linguistic variation and the creation, use, and communication of medical terminology in the context of healthcare. Dialects function as archives of cultural

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identity in a variety of linguistic contexts. They do this by preserving particular grammatical subtleties, colloquial idioms, and specialized vocabulary that are indicative of local habits, values, and behaviors. Language diversity within the healthcare domain poses a range of challenges and opportunities, significantly influencing the development and application of medical terminology. Fundamentally, the way dialects have influenced medical terminology is evidence of the dynamic interaction between language and culture. Medical terminology is infused with a rich tapestry of linguistic influences in linguistically diverse societies like Algeria, where Algerian Arabic (Darja) and various Berber languages like Kabyle and Chaoui coexist. These terms combine native linguistic elements with borrowed terms from Arabic, French, and other languages. This language hybridity is a reflection of the complex web of historical legacies and cultural exchanges that have molded the region's linguistic landscape. The diversity of dialectal forms, however, presents serious obstacles to the standardization and adoption of medical language, undermining initiatives to support linguistic coherence and guarantee accuracy and clarity in medical communication. Healthcare workers deal with linguistic ambiguity and variability in the absence of established frameworks, traversing a maze of dialectal variances that make it more difficult to accurately transmit and interpret medical information. This linguistic disparity jeopardizes patient safety, treatment efficacy, and diagnostic accuracy in addition to making it more difficult for healthcare professionals and patients to communicate effectively. Furthermore, dialects have an impact on medical terminology that goes beyond simple language variance to encompass the pragmatic and semantic aspects of healthcare discourse. The terminology used in a clinical environment reflects deeper sociocultural processes, such as power differentials, cultural norms, and institutional procedures, rather than just being a question of linguistic preference. Thus, language ideology, social hierarchy, and institutional authority are some of the complex sociolinguistic elements that influence the acceptance and distribution of medical terminology. Aware of the crucial role language plays in guaranteeing fair access to healthcare services, attempts to standardize medical terminology and improve linguistic coherence within the healthcare sector have gained steam in response to these problems. The development of terminological resources, including dictionaries, glossaries, and electronic databases, is an endeavor that aims to address dialectal disparities, facilitate communication, and advance linguistic diversity in the healthcare sector. Moreover, the incorporation of technology, such as natural language processing algorithms and machine translation, has the potential to surmount language barriers and promote interlanguage communication in multicultural healthcare environments. To appreciate linguistic diversity and cultural plurality,



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however, as well as the inherent significance of dialectal variance as a monument to the multiplicity of human expression, one must temper the pursuit of linguistic uniformity. Healthcare organizations should promote linguistic tolerance and celebrate linguistic diversity as a means of promoting mutual understanding and cultural enrichment, rather than attempting to homogenize language patterns. The healthcare industry can steer towards a future where language acts as a bridge rather than a barrier, facilitating communication, promoting cultural competence, and advancing the principles of equitable healthcare for all, by recognizing the impact of dialects on medical terminology and adopting a pluralistic approach to linguistic diversity.

### **2.7 Linguistic Diversity in Algerian Healthcare**

We were attracted by the linguistic diversity found during our endeavour in a hospital, where the widespread use of Algerian Arabic (Darja) in clinical settings uncovered the usual clash between language, culture, and healthcare delivery. We were impressed by the role of Darja as a basic bridge for empathy, cultural authenticity, and communication as we made our way through the busy hospital hallways and interacted with both patients and medical staff. We saw a subtle but ubiquitous dependence on Darja in routine clinical contacts, despite the fact that official medical discourse is primarily spoken in French. This suggests a deeply ingrained relationship between language and identity. In fact, we have discovered a complicated dialectic between linguistic competence and cultural authenticity through discussions with physicians, nurses, and patients. This tension is embodied by the contrast between the official language of medicine and the common language of the populace. Patients welcomed the comfort and familiarity of their mother tongue, seeing Darja as a means of expressing their worries, fears, and hopes, while healthcare providers complained the limitations of colonial imposition and yearned for linguistic autonomy. We observed healthcare professionals battling the conflict between language ability and cultural identification, and we were moved by their silent struggle, which spoke to our own need for comprehension and compassion. We have learned so much about the transforming power of language in healthcare, trust, and meaningful connections between people from different linguistic and cultural backgrounds via our interactions with patients. We discovered a microcosm of the larger sociolinguistic dynamics at work in the hospital's hallowed halls: a dynamic interplay between cultural authenticity and institutional compliance, as well as between linguistic heritage and colonial history. As our study journey comes to a close, we

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have a deeper understanding of the human spirit's tenacity, the ability of language to break down boundaries, and the necessity of promoting linguistic diversity in healthcare settings. We are reminded of the ongoing heritage of Darja in our pursuit of fair, patient-centered care—a language of resiliency, resistance, and cultural reclamation—a language that speaks to the core of our common humanity and the universal search for healing, dignity, and compassion. As we continue our investigation into the Algerian hospital, we must acknowledge the wider ramifications of our findings for global healthcare delivery systems. The intricate relationship that exists between language, culture, and healthcare emphasizes how important it is to provide patient care that is culturally sensitive, recognizing the intrinsic worth of linguistic diversity and appreciating the depth of cultural history. We are called upon to review current paradigms of medical education, training, and practice, with a renewed emphasis on language inclusion and cultural competence, as we face the challenges posed by linguistic assimilation and cultural hegemony. By implementing focused measures like immersion programs, training in cultural sensitivity, and creating multilingual healthcare materials, we can work toward a healthcare system that is more accessible and equitable while respecting the linguistic and cultural identities of all people. The principles we acquired from studying the Algerian hospital—a symbol of fortitude, resistance, and cultural reclamation in the face of linguistic hardship—serve as a roadmap for us as we work toward revolutionary change. We are unwavering in our resolve to advance the values of compassionate, patient-centered care for everyone, linguistic diversity, and cultural understanding as we continue to negotiate the challenging landscape of healthcare delivery. “Language is not simply a means of communication; it is a vehicle for cultural identity and social integration. In healthcare, recognizing and respecting linguistic diversity is fundamental to providing patient-centered and equitable care.” Noam Chomsky, "Language and Mind," 2006.

Algeria's varied geographical environment provides a unique mix of opportunities and problems for linguistic diversity in healthcare. With Arabic, French, and Berber (Tamazight) among its many languages, Algeria is a country that reflects a wider cultural diversity that is both a historical legacy and a modern reality. This language variety has a major impact on public health outreach, medical education, and patient-provider communication, among other aspects of healthcare delivery. Speaking Arabic as the official language and French frequently in scientific and medical situations, Arabic and French are the most widely spoken languages in the northern coastal districts. This dichotomy is evident in hospitals and clinics, where patient consultations, official documentation, and medical records may alternate between

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Arabic and French according on the region's population makeup and the particular healthcare environment. This bilingual foundation isn't, however, universally applicable throughout the nation. Tamazight, for instance, is well-known in the Kabylie area. Tamazight has been acknowledged as a national language since 2002 and as an official language since 2016. Its integration into the public domain, encompassing the healthcare industry, has been a vital step in achieving linguistic and cultural legitimacy. However, there have been practical obstacles to Tamazight integration in healthcare systems, including the requirement for medical practitioners to speak the language fluently and the creation of Tamazight-language medical terminology and educational materials. An additional level of complexity is introduced by the southern regions of Algeria, which are typified by extensive deserts and sparsely populated areas. In addition to Arabic and French, there may be other Berber dialects spoken here. Healthcare professionals must be multilingual, which emphasizes the value of specialized training programs that give them the language abilities needed for their particular locations. In Algeria, the relationship between language and healthcare goes beyond simple, everyday communication to include questions of trust and identity. When using language in consultations, a patient's comfort level and degree of trust in their healthcare professional can be greatly affected. "Patients often feel more at ease and understood when they can express their concerns in their native language," says medical practitioner Dr. Nour El Houda in Algiers. It establishes the rapport needed for a diagnosis and course of treatment to be successful. This sentiment is prevalent across many locations, emphasizing the necessity of a linguistically inclusive healthcare system. There is continuous work being done to address these language barriers. Algerian medical schools are gradually adding language instruction to their curricula. Programs aimed at helping aspiring medical professionals become more fluent in Arabic, French, and Tamazight are considered essential steps toward bettering healthcare delivery. In order to guarantee that health education reaches a wider audience, bilingual public health campaigns are frequently incorporated into community health projects. To optimize outreach and efficacy, vaccination campaigns and maternal health education initiatives, for instance, often employ all three languages. These initiatives have not closed all the gaps. There is a dearth of healthcare resources available in Tamazight, and efforts to standardize medical terminology in this language are still ongoing. Furthermore, inconsistent patient treatment may result from healthcare providers' differing levels of linguistic competency. Exacerbating already existing healthcare disparities, people in certain rural locations may have to travel great distances in search of a clinician who knows their language. In such a multilingual setting, the involvement of community health workers and interpreters becomes

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essential. Interpreters serve as a bridge in areas where the healthcare system is unable to match patients and providers linguistically directly.

### **2.8 Language's Influence on Algerian Doctors**

In Algerian healthcare settings, doctors' language has a big impact on how they behave, which affects everything from clinical decision-making to patient interactions. The complex linguistic environment of Algeria, where Arabic, Berber (Tamazight), and French coexist and each contributes unique cultural and social subtleties, is the source of this effect. Within the hospital setting, language influences not just interpersonal dynamics and cognitive processes but also communication. Because each language has various cultural meanings and professional standards, a doctor conducting consultations in Arabic, for example, can exhibit different behaviors and attitudes than when they switch to French or Tamazight. Research have demonstrated that a doctor's empathy, focus, and diagnostic precision can all be impacted by their language. According to a University of Algiers study, physicians in the Kabylie region were thought to be more sympathetic and understanding when they talked Tamazight with their patients than when they spoke Arabic or French. This is partially due to the fact that conversing in the patient's native tongue helps foster a feeling of familiarity and trust, both of which are critical elements in developing a solid doctor-patient relationship. A different study that was published in the "Journal of Multilingual and Multicultural Development" showed that physicians who spoke French well tended to rely more on written medical literature and protocols, which are primarily available in that language. This could have an impact on the way that physicians practice medicine and make decisions. Given that the majority of their training and ongoing education was done in French, the study found that these doctors frequently demonstrated greater adherence to internationally accepted criteria. Furthermore, the terminology employed in medical school has a significant impact on how physicians behave in their professional capacities. As a holdover from the colonial era, French is the primary language of instruction at Algerian medical schools. As a result, there is now a generation of doctors that are more accustomed to reading medical literature and terminology in French. As a result, these physicians may encounter difficulties when trying to convey complicated medical concepts in Arabic or Tamazight to patients who live in areas where these languages are widely spoken, which could have an adverse effect on the standard of care. Translation difficulties might result in oversimplification or misunderstandings, which can have an impact on patient outcomes. According to research by the Algerian Ministry of

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Health, physicians frequently have trouble effectively communicating medical information to patients in rural areas where Arabic or Tamazight is more widely spoken. This can result in miscommunications and decreased patient adherence to treatment regimens. Nonverbal communication is also influenced by language in terms of conduct. Studies reveal that physicians who speak to their patients in their mother tongue are more likely to exhibit good nonverbal cues, such as maintaining eye contact and displaying suitable body language, which are essential for successful communication. For instance, doctors who spoke the regional Berber dialects were more likely to utilize gestures and expressions that were appropriate for the culture, which improved their relationship with patients, according to a study looking at doctor-patient interactions in the southern parts of Algeria.

### **2.9 Conclusion**

The relationship between language and healthcare in Algeria highlights the significant influence that linguistic diversity has on a range of aspects of the healthcare system, including workplace dynamics, historical development, communication tactics, medical terminology, diagnostic procedures, and healthcare providers' behavior. The language used by healthcare staff members is influenced by professional culture and regional language preferences in the setting of workplace dynamics. As a result, there is a multilingual atmosphere where Arabic, French, and Berber (Tamazight) are spoken together

***Chapter Three: Research Methodology  
and Data Analysis***

### **3.1 Introduction**

As medical workers manage the considerable shift from the French language of their medical education to the local Algerian dialect utilized in daily contact, the linguistic environment in Algerian hospitals has become more complex and hard. This study aims to investigate how the communication dynamics within medical teams are affected by this language shift and how it affects the quality of patient care. This research aims to identify the underlying communication difficulties and their implications for the provision of healthcare by addressing the subtleties of language use in clinical settings. This chapter provides a thorough grasp of the study's conclusions by detailing the research process and offering a thorough analysis of the data gathered.

### **3.2 Methodology**

The collaboration and support of the participating clinic, especially the help from the committed doctors, was crucial to the accomplishment of this study. Comprehending the subtle contextual aspects of the clinic was essential to setting up data collecting there. As a result, this chapter will open with a thorough synopsis, seeking to place the clinic in the context of its environment, communication styles, and unique features. The chapter aims to clarify the environmental and interpersonal aspects that might have affected the data collection method and, in turn, the study's findings by offering this thorough background.

#### **3.2.1 Research methodology and procedures**

We used a mixed-method approach to our research, doing both qualitative and quantitative investigations. This study investigated the language behaviours and preferences of doctors in their work environment using both quantitative and qualitative methodologies. Through statistical analysis, quantitative data were obtained that showed the frequency of particular languages or dialects spoken by doctors both in their professional and educational settings. To comprehend the fundamental causes of doctors' use of dialects and medical jargon in conversations, qualitative data were gathered from doctors who all attended medical school in the same language and were not obliged to switch dialects. A semi-structured interview, observations, and a questionnaire were used to get detailed data. Doctors were given the questionnaire and interview according to their availability and preferences, and in-depth observations were made to document their interactions and communication styles. The

questionnaire's main goal was to shed light on the nature of communication in healthcare environments. There were two phases to the data collection procedure. Gender and medical specialization were among the demographic details covered in the first segment. The views of physicians regarding language use were investigated in the second section, and the effects of language on the doctor-patient relationship were looked at in the third. The linguistic dynamics in medical practice were thoroughly understood thanks to this mixed-method approach.

### **3.2.2 Context**

The study was carried out at the "Centre Hospitalier d'Orl, Stomatologie et Ophtalmologie," often known as the "Mirgou Clinic," a public facility in Tiaret, Algeria. The clinic is across from "Palestine Street" (Rue de La Palestine), which is close to Ibn Badiss. To engage in this study, a varied group of medical professionals with varying years of experience and specializations were chosen.

### **3.2.3 Sampling**

30 doctors made up the sample for our qualitative study. Based on the collected data, the sample was made up of 10 % ophthalmologists, 7 % general practitioners, and 13% dentists. These were the only physicians we could speak with and get information from. Due to their busy schedules, the remaining physicians were unable to take part, hence the final sample consisted of 40% of the clinic's medical personnel. Notably, there are fewer male doctors in the sample than there are female doctors

## **3.3 Data Analysis**

In this section, we are going to introduce the findings of the doctor's survey.

### **3.3.1 Questionnaire**

For this investigation, a sample of 30 physicians was chosen from the large group of physicians at the Centre Hospitalier d'Orl, Stomatologie et Ophtalmologie in Tiaret. There are 11 items in the administered questionnaire, with a combination of closed- and open-ended questions. The doctors' general language preferences and demographic data are covered in the first section. The second piece uncover their perspectives regarding language selection and how appropriate they think it should be for patient encounters. The purpose of the



questionnaire is to give the researcher an understanding of these experts' viewpoints on language use in clinical diagnosis and communication. Interestingly, the sample consists of 22 female doctors and 8 male doctors; the gender classification of the doctors is shown in Figure 3.3.1.

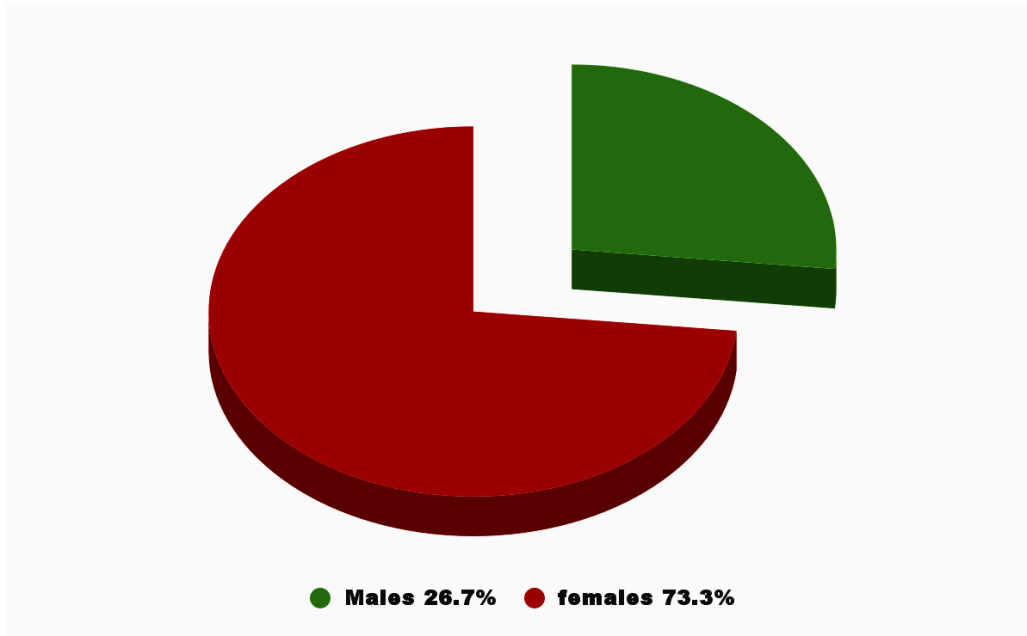


Figure 1: Compilation of doctors by gender

It appears that women make up 73.3% of doctors, while men make up 26.7% of the profession.

Participants' Gender

**Objective:** This inquiry seeks to effectively collect data on gender and examine each gender's opinions from a qualitative research approach.

Tableau 1: Distribution by Gender

Option	Distribution by Gender %
Males	26.7%
Females	73%

The proportion of women in most medical areas is higher than that of men. There are noticeably more female doctors than male doctors in this particular facility.

**Question 2:** What is your area of medical specialization?

**Objective:** The purpose of this inquiry is to ascertain each doctor's area of expertise that we dealt with.

Medical specialization	Numbers	Percentage
Dentists	11	13.8%
Ophthalmologists	9	11.3%
General practitioners	10	18.5%

*Tableau 2: Medical specialization*

Since medicine is such a broad field, every specialty has its own specialized vocabulary and set of accepted communication protocols. We aim to investigate how these elements affect doctors' professional relationships by examining each doctor's mental processes and communication clarity within their respective specializations. In the clinic, these three specialties are the most well-known and prevalent. Notably, the dentistry field is the biggest, drawing in the greatest number of patients and encouraging more interactions between medical professionals and patients. In addition, compared to other specialties, we had more opportunity to interview dentists.

**Question 3:** In what language did you study medicine?

**Objective:** We included this question to reinforce our supposition, even though it is obvious that all doctors who studied in Algeria pursued their medical education in French. We took into account the remote likelihood that certain physicians had educated abroad.

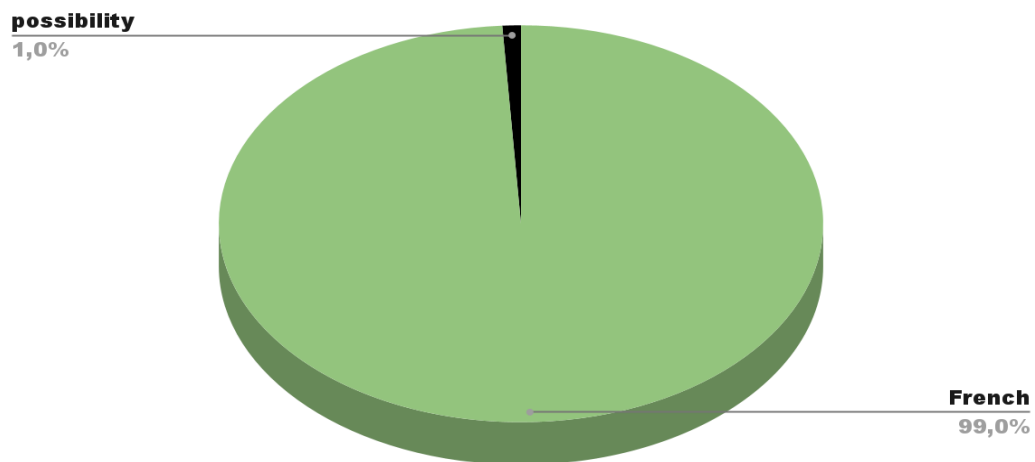


Figure 2: Language of Medical Education

All the doctors with whom we dealt studied medicine in French, as the accompanying figure illustrates. We did allow for some leeway, though, as we did not deal with every doctor. It is anticipated that the standardization of language will improve communication, especially when mixed with medical terminology.

**Question 4:** What language do you think it would have been most helpful for studying medicine?

**Objective:** This survey aims to find out which language doctors prefer to study and use in their field of expertise. **would want to study medicine in**, as well as whether they feel comfortable using French now or whether they would prefer to use a different language.

Choices	Number	Percentage
French	20	30%
English	12	21%
Arabic	10	17%

Tableau 3: Doctors' Language Preference

Every doctor opted for a language, though some decided that learning medicine would be best in two or three languages. Thirty percent of the respondents said that French is still their preferred language, while English ultimately prevailed, with 21% of doctors choosing it.

This is a reflection of the fact that more and more doctors are learning English as a worldwide language. French is still widely spoken, especially among senior, experienced physicians. Remarkably, the majority of doctors who favoured French also selected English, with only 7% choosing French alone. It is interesting to note that 17% of physicians chose Arabic, either as a stand-alone choice or in conjunction with English and French, demonstrating its significance and admiration within the medical profession

**Question 5:** In your opinion, which language is most relevant for the medical field?

Objective: The purpose of this open-ended question was to ascertain physicians' rational viewpoints, irrespective of their inclinations, and to obtain detailed justifications for their conviction that a specific vocabulary is the most pertinent for the medical domain. This question, in contrast to the previous one, prompted physicians to think about the matter from a professional perspective, indicating a change in their decisions.

Language	Number	Percentage	Explanation
French	14	23.7%	<ul style="list-style-type: none"> <li>-French is the language we have been familiar with since childhood.</li> <li>- It includes many medical terms used in medical jargon.</li> <li>- French is the standard language for medical education in Algeria.</li> <li>-It is the language we studied medicine in.</li> <li>-French is also the second language used by people in Algeria.</li> <li>-Most medical research is conducted in French.</li> </ul>

<b>English</b>	<b>16</b>	<b>26.2%</b>	<ul style="list-style-type: none"> <li>-English is the global language, and most medical documents in France are in English.</li> <li>-English is the language of this era, facilitating easy access to medical information.</li> <li>- It is the most widely used language in the medical field, particularly in developed countries. It enables easy updates in the medical field.</li> </ul>
<b>Arabic</b>	<b>3</b>	<b>6.3%</b>	<ul style="list-style-type: none"> <li>-Arabic is our native language and facilitates easier communication.</li> <li>-Learning medicine in one's mother tongue is simpler.</li> <li>-Most Algerians converse in Arabic, making communication with colleagues and especially patients very straightforward.</li> </ul>

Tableau 4: Key Language for Medicine

This represents a change in the views of physicians when asked explicitly which language is best for learning medicine. They put aside their personal inclinations and started considering which language would be most useful to the medical industry as a whole. Compared to the preceding question, the highest percentage of doctors—26%—selected English this time.

**Question 6:** Did you face any difficulties with the language used in your medical studies and the medical terminology?

**Objective:** The purpose of this inquiry is to ascertain whether Algerians, and notably doctors, find the French language simple. We added this inquiry since we noticed that they hardly ever use French and frequently speak in an Algerian dialect.

<b>Options</b>	<b>Number</b>	<b>Percentage</b>
<b>Easy</b>	<b>15</b>	<b>13.0%</b>
<b>Difficult</b>	<b>6</b>	<b>5.7%</b>
<b>Only difficult at first</b>	<b>9</b>	<b>8.3%</b>

Tableau 5: French language difficulty in medical studies

The majority of doctors we spoke with, or 13.0%, felt the French language to be simple and did not have any difficulties, as the table illustrates. On the other hand, 5.7% found it challenging and frequently combined it with jargon and medical terms. These respondents, who were mainly from the younger generation, seemed unfamiliar with and uncomfortable speaking French. which begs the question of how medical communication will develop in Algeria over the next ten years. Furthermore, 8.3% of respondents said they had trouble speaking French at first but eventually, they got used to it. This shows that French was initially tough for them, prompting us to ask if they would prefer to study medicine in a different language if given the chance.

**Question 7:** What language do you use when communicating with your colleagues in the context of diagnosis?

**Objective:** Finding the most common language in this important subject and determining whether linguistic codes are changing are the objectives of this topic.

<b>Language</b>	<b>French</b>	<b>Arabic (ADA)</b>	<b>French+Arabic (ADA)</b>
<b>Number</b>	<b>9</b>	<b>4</b>	<b>17</b>
<b>Percentage</b>	<b>8.3%</b>	<b>3.8%</b>	<b>14.5%</b>

Tableau 6: The predominant language

Roughly 14.5% of physicians reported using a mixture of French and Algerian Dialectal Arabic (ADA) for conversations. My observations suggest that all other communication is done in ADA, with French being used mainly for medical terminology that is immutable. 3.8% of physicians also reported utilizing Arabic in addition to medical terminology for diagnosis and communication, which is similar to what was reported by the previous group. Taking everything into account, our data show that approximately 18.3% of the physicians in this clinic that we polled use the ADA in their diagnosis and communication. The lowest percentage of those who choose French among the available languages is the remaining 8.3%.

**Questions 8:** Do you find it difficult to explain the patient's medical situation and diagnosis to them?

**Objective:** This inquiry seeks to ascertain whether physicians have trouble transitioning from traditional medical vocabulary to ADA. It also acts as a subtle test for whether translating medical terms from French or Latin into the American Medical Dictionary is feasible.

	Faced difficulties	Didn't face difficulties	Sometimes
<b>Number</b>	<b>6</b>	<b>17</b>	<b>7</b>
<b>Percentage</b>	<b>5.7%</b>	<b>14.5%</b>	<b>6.5%</b>

Tableau 7: Challenges communicating with patients

The majority of doctors (14.5%) said they have no trouble discussing medical conditions to people, probably because they are used to utilizing the ADA. They said there are no difficulties when transferring medical jargon because of their familiarity, which makes it easy for them to explain and switch between languages. Conversely, 6.5% of physicians said they occasionally had trouble explaining, and the remainder of physicians—who speak French primarily—said they had trouble explaining at all.

**Question 9:** Has the frequent use of ADA affected the language you used for learning medicine and medical jargon?

**Objective:** This study's main goal is to evaluate how much the ADA has impacted this delicate area.

Choices	Yes	No
<b>Number</b>	<b>12</b>	<b>18</b>
<b>Percentage</b>	<b>10.7%</b>	<b>15.3%</b>

Tableau 8: The influence of ADA on the medical language

The answers to this query are really fascinating. According to the majority of doctors (15.3%), the material and studies they are exposed to repeatedly cause them to remember the

terminology they used when studying medicine. Nonetheless, a sizable portion of medical professionals—10.7%—states that the ADA makes them forget the fundamental language of medicine. This is not a small quantity, and given the possible outcomes, there could be a risk in this delicate field since it could result in multiple blind spots.

**Question 10:** Do you face challenges in translating medical jargon into ADA to explain the patient's condition?

**Objective:** This inquiry aims to ascertain whether the ADA has an impact on medical language and to learn how physicians address this matter.

Choices	Yes	No
Number	21	9
Percentage	17.4%	8.3%

Tableau 9: The difficulties of translating the Jargon in ADA

17.4% of doctors reported that they had trouble explaining medical jargon to their patients. On the other hand, 8.3% had no trouble explaining it. Such challenges are expected given that The Algerian Dialectal Arabic (ADA) vocabulary is not perfect, leaving gaps that make it difficult for medical professionals to discover definitions for technical terms. Conversely, individuals who have not faced any obstacles seem to manage this problem with ease.

**Question 11:** How do you typically communicate with your medical assistant, and do you encounter any challenges in conveying information to them?

**Objective:** Every physician at this clinic, particularly those practicing dentistry, has a personal medical assistant. Usually, these medical assistants set up instruments for the physicians and take care of other duties that the physicians are unable to complete. In their line of work, some seasoned assistants even support physicians. Hence, the objective of our inquiry is to examine the interaction between physicians and their assistants, enabling us to assess the healthcare team in its whole.

Choices	Number	Percentage
Arabic	7	6.5%



<b>French</b>	<b>10</b>	<b>9.1%</b>
<b>Both</b>	<b>13</b>	<b>11.5%</b>

Tableau 10: The Language with the medical assistants

	<b>Find difficulties</b>	<b>Don't find difficulties</b>
<b>Number</b>	<b>9</b>	<b>21</b>
<b>Percentage</b>	<b>8.3%</b>	<b>17.4%</b>

Tableau 11: Challenges in communicating with medical assistants

According to the results of this survey, 11.5% of physicians said they speak Arabic and French with their helpers. Furthermore, 17.4% of physicians stated that they had no trouble interacting with their assistants, which makes sense given that they use the ADA.

### **3.4 Observation**

Researchers can confirm verbal and nonverbal expressions, identify interlocutors and their interactions, check for delinquent behavior in the questionnaire and interview, and even confirm or disapprove term usage by using observation as a data collection tool (Kawulich, 2005). We also examined the respondents' conversation as part of our observation. At this clinic, we interviewed thirty doctors and created an observation grid with a focus on particular components. This grid assists in reducing the possibility of outside factors interfering with our study objectives. It demonstrates how the researcher watches doctors communicate as a participant observer. But as Driscoll (2011) points out, it's critical to recognize that all research methods, including observation, have limitations, such the possibility of bias.

Observations	Interpretations
<p>A general practitioner came up to a colleague's desk at about 11:30 PM to talk about a patient's diagnosis. They spoke in general terms rather than medical jargon most of the time, only using technical phrases when more straightforward terms were not clear enough.</p>	<p>The two doctors mentioned that they typically communicate in French with their colleagues. Over time, the use of dialect has become unintentional, resulting in its more frequent usage.</p>
<p>From what I've seen, doctors and patients get along well and seem to have a lot of experience communicating with each other.</p>	<p>The ADA plays a crucial role, particularly in this complex field, ensuring the well-being of patients.</p>
<p>The senior physician we spoke with was more formal, spoke mostly in French, and used a more authoritative tone. The younger generation of doctors, on the other hand, spoke more freely and informally, mostly in dialect, and gave honest answers.</p>	<p>The field of medicine is evolving, influenced by both the new generation of doctors and the ADA. This new generation tends to prefer English and is increasingly inclined to learn and use it over time.</p>
<p>Our findings show that doctors interact in ADA with their colleagues, helpers, and patients, including medical terminology into their speech. Still, upon questioning, most of them said that they spoke French alone.</p>	<p>This suggests that clinicians are uninformed of the ADA's use and, as a result, its importance in this sector.</p>
<p>The majority of physicians ignore Arabic, believing it to be irrelevant, particularly in the field of medicine. However, only a tiny minority comprehend its relevance. In the scientific sphere, they underline the value of French and English</p>	<p>They frequently implement Arabic, incorporating both Modern Standard Arabic and Algerian Dialectal Arabic, and they constantly look for Arabic equivalents for medical jargon.</p>

Tableau 12: The research observation

### **3.5 Conclusion**

In order to validate our findings across many tools, we used the triangulation method in conjunction with three research instruments to gather data in this chapter. This strategy was helpful in discovering the flaws in every research method because every tool has drawbacks of its own that can be fixed with complementing methods. To ensure a thorough examination of the data gathered, we gave interpretations for the open-ended questions and percentages for the closed-ended ones.

# *General Conclusion*

## *General Conclusion*

### **General Conclusion**

The purpose of the current study was to investigate how doctors communicate and use language. According to our research, medical professionals frequently use medical jargon combined with the Algerian Dialectal Arabic (ADA) while speaking with patients. Because of the regular use of ADA alongside with specific medical terms, a distinct hybrid language has developed, to which doctors are now accustomed. This hybrid language has shown to be incredibly useful for promoting clear communication amongst medical personnel as well as when interacting with patients. It's interesting to note that although doctors frequently choose to speak French, there is almost any real usage of the language. Rather, doctors prioritize and favor English over French by a wide margin. Contrary to our initial expectations, the use of ADA have not resulted in any significant communication barriers or misunderstandings. On the contrary, it has enhanced the ease and clarity of communication among doctors, assistants, and patients. This linguistic adaptation underscores the dynamic nature of medical communication in Algeria, where the integration of ADA with medical jargon and the prioritization of English serve to streamline and improve the overall effectiveness of information exchange within the medical community.

In Algeria, where the diglossic situation generally the coexistence of two dialects or languages within a community is practically nonexistent, particularly in workplaces, this phenomena is well known. This observation has been verified by our investigation. Given their sensitivity and high level of specialization, hospitals and clinics need to communicate clearly and in detail. In spite of this requirement, doctors' interactions are primarily in ADA. Our research indicates that this approach is really rather advantageous. Doctors that use the ADA are able to communicate more effectively, which leads to better communication outcomes and a clearer exchange of information. This method appears to help clinicians

## *General Conclusion*

communicate important information more effectively by bridging the gap between technical medical terms and ordinary language.

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# *Appendices*

## Appendices

Annexe 01 :

### إستفتاء حول اللغة التي تستعمل داخل إطار العمل في المجال الطبي

\* Indique une question obligatoire

1. Question sans titre \*

*Une seule réponse possible.*

Option n° 1

2. الجنس \*

*Plusieurs réponses possibles.*

ذكر

انثى

3. المهنة \*

4. \* حسب علمك ماهي اللغة التي درست بها تخصصك في كلية الطب؟

5. \* ماهي اللغة التي كنت تفضل الدراسة بها وتساعدك أكثر في مجالك الطبي

*Plusieurs réponses possibles.*

الفرنسية

الإنجليزية

العربية

لغة أخرى

Autre :

6. \* حسب رأيك ما هي اللغة المناسبة لدراسة المجال الطبي و لماذا؟

---

7. \* هل كنت تجد صعوبات في فهم اللغة التي كنت تدرس بها تخصص الطب عامة و المصطلحات التي تخص مجالك الطبي؟

---

8. \* أنت كطبيب(ة) ما هي اللغة التي تستعملها مع زملائك عند التكلم عن حالة مرضية تخص المريض؟

*Plusieurs réponses possibles.*

الفرنسية

العربية

النوع بينهم

لغة أخرى

Autre : \_\_\_\_\_

9. \* أنت شخصيا كطبيب (ة) هل تجد صعوبات في شرح الحالة المرضية للمريض بغض النظر عن إختلاف اللغة التي درست بها و اللهجة التي يستعملها المريض؟

10. \* في رأيك هل لغتك الحالية أو اللهجة التي تستعملها مع المريض أثرت على نسيان اللغة التي درست بها خاصة مع تعاملك الكثير مع المرضى؟

11. \* هل تجد صعوبة في ترجمة مصطلحات الطبية إلى اللغة العربية او الدارجة كي يفهمك المريض؟

Annexe 03 :

12. ماهي اللغة تستعملها مع مساعدك الطبي وهل تجد صعوبات في التعامل معه في مجالك وفهمه لك ؟

Ce contenu n'est ni rédigé, ni cautionné par Google.

Google Forms

## الملخص

يهدف هذا البحث إلى النظر في كيفية تواصل الأطباء في بيئة المستشفيات الحساسة والمعقدة، مع التركيز بشكل خاص على كيفية استخدام اللغة لضمان تفاعلات آمنة وشفافة لا تعرض سلامة المرضى للخطر. لقد نظرنا في مدى قدرة الأطباء على التنقل بين اللغات والصعوبات التي يواجهونها في التوصل إلى المصطلحات المناسبة. أظهر بحثنا التأثير المفيد القوي لل لهجة الجزائرية على العلاقات بين الطبيب والطبيب. ومن ناحية أخرى، تم اكتشاف أن متطلبات التواصل للأطباء الجزائريين لا يمكن تلبيتها باللغة الفرنسية، والتي تم استخدامها منذ فترة طويلة في التعليم الطبي. كان سؤال بحثنا الرئيسي هو: ما هو تأثير اللهجة الجزائرية على الطاقم الطبي في المستشفى؟ أظهرت دراستنا بشكل لا لبس فيه تأثيرها الكبير. نظرًا لاستخدامها وحاجتها الواسعة، لا تزال اللهجة الجزائرية سائدة في السياقين الرسمي وغير الرسمي وقد تصبح في النهاية لغة رسمية. ومن الجدير بالذكر أن الأجيال الشابة تفضل دراسة الطب باللغة الإنجليزية بسبب أهمية هذا المجال في جميع أنحاء العالم، ولكن الأجيال الأكبر سنا تتحدث الفرنسية في كثير من الأحيان. وتشير نتائجنا إلى أن المستشفيات يجب أن يكون لديها لغة رسمية للتواصل، مثل اللغة الإنجليزية، والتي يدعمها العديد من الأطباء الذين تحدثنا معهم. وهذا من شأنه تحسين كفاءة الممارسة الطبية وسلامتها مع تبسيط الاتصالات.

**الكلمات المفتاحية:** المصطلحات الطبية؛ اللهجة الجزائرية العربية؛ تواصل؛ لغة



## Résumé

Cette recherche vise à examiner la manière dont les médecins communiquent dans le cadre délicat et complexe des hôpitaux, avec un accent particulier sur la manière dont le langage est utilisé pour garantir des interactions sûres et transparentes qui ne mettent pas en danger la sécurité des patients. Nous avons examiné dans quelle mesure les médecins peuvent passer d'une langue à l'autre et les difficultés qu'ils rencontrent pour trouver la terminologie appropriée. Nos recherches ont démontré la forte influence bénéfique du dialecte algérien sur les relations entre médecins. D'autre part, il a été découvert que les besoins de communication des médecins algériens ne pouvaient être satisfaits par le français, utilisé depuis longtemps dans l'enseignement médical. Notre principale question de recherche était : quel impact l'accent algérien a-t-il sur le personnel médical hospitalier ?

Notre étude a montré sans équivoque son influence significative. En raison de son utilisation et de sa nécessité étendue, le dialecte algérien est toujours répandu dans les contextes formels et informels et pourrait éventuellement devenir une langue officielle. Notamment, les jeunes générations préfèrent étudier la médecine en anglais en raison de l'importance mondiale de ce domaine, mais les générations plus âgées parlent plus souvent le français. Nos résultats impliquent que les hôpitaux devraient avoir une langue officielle de communication, comme l'anglais, ce que soutiennent de nombreux médecins avec lesquels nous avons parlé. Cela améliorerait l'efficacité et la sécurité de la pratique médicale tout en rationalisant la communication.

**Mots-clés :** Jargon médical ; arabe dialectal algérien ; communication ; langue

## Summary

This research aims to examine how doctors communicate in the sensitive and complex environment of hospitals, with a particular focus on how language is used to ensure safe and transparent interactions that do not jeopardize patient safety. We investigated the doctors' ability to switch between languages and the challenges they face in finding the appropriate terminology. Our research demonstrated the strong beneficial impact of the Algerian dialect on doctor-to-doctor relationships. On the other hand, it was found that the communication requirements of Algerian doctors cannot be met with the French language, which has long been used in medical education.

Our main research question was: What is the impact of the Algerian dialect on the medical staff in the hospital? Our study unequivocally showed its significant influence. Given its widespread use and necessity, the Algerian dialect remains dominant in both formal and informal contexts and may eventually become an official language. It is worth noting that younger generations prefer to study medicine in English due to the global importance of this field, while older generations often speak French.

Our findings suggest that hospitals should have an official language for communication, such as English, which is supported by many of the doctors we spoke with. This would improve the efficiency and safety of medical practice while simplifying communications.

**Keywords:** Medical jargon; Algerian dialectal Arabic; communication; language