Report on interviews with healthcare providers Northwest and Edmonton

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Summary

This report presents the results of interviews the ACFA conducted with 20 bilingual French-English healthcare providers working in Edmonton and Northwest Alberta. The objective was to better understand their experiences of providing health care in French; the obstacles encountered; and possible avenues for improvement.

The results are divided into two main categories: on the one hand, systemic issues related to governance, funding, and prioritization given to services and designated bilingual positions; on the other, the role of workplaces in supporting healthcare providers, particularly through language twinning, continuing education, workload, and service accessibility.

Discussions with the participants revealed a number of important points, such as the absence of concrete means of identifying bilingual healthcare providers; the difficulty of twinning Francophone patients with bilingual healthcare providers; challenges specific to rural areas like McLennan and Falher; and the heavy workload felt by those who also have to play the role of translator.

Finally, healthcare providers are asking for real support based on better recognition of bilingual work; more training; clear policies; and work conditions that take into account language needs. This study proposes concrete solutions to improve the offer of French-language healthcare services, incorporating tools like telemedicine and interpreting, and strategies like active offer, while placing human relations at the heart of the system.

Introduction

In this report, the ACFA presents the results of a series of interviews conducted with healthcare providers in the Edmonton and Northwestern Alberta regions in 2024-2025. The report comprises a section that deals with the methodology, which includes a description of the professions, demographic information, and the interests of participants, followed by a results section that provides in-depth presentation and analysis of the interviews. The latter section is divided into two parts: the first focuses on governance and systemic changes and the second on the role of health agencies in supporting healthcare providers and increasing the offer of health services in French.

Context

The ACFA chose to carry out interviews for two reasons. First, in the past 25 years, a number of studies conducted throughout Canada have documented the negative impact of language barriers on the quality and results of health services. Linguistic concordance is an essential element in the relationship between patients and healthcare providers[1] in particular for members of Francophone Minority Communities (FMCs).[2] For example, studies show that FMCs face assessment and diagnostic errors due to language barriers.[3] However, available studies focus mainly on provinces like Ontario and Manitoba, where the offer of health services in French is much more developed, which means that sound healthcare data reflecting Alberta's particular reality is not available to Alberta's Francophone Minority Community.

Second, the ACFA led consultations in 2022 with 200 French-speaking community leaders and 520 French-speaking Albertans in order to draw up the Action Plan for Alberta's Francophonie 2023-2028[4]. The objective of this action plan is to identify the priorities of Alberta's Francophonie with regard to governmental services offered or financed by the Government of Alberta. Through these consultations, the offer of healthcare services stood out as the biggest priority for the Franco-Albertan community. Following these consultations, the ACFA and the

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[1] Seale, Emily *et al*., "Patient–physician language concordance and quality and safety outcomes among frail home care recipients admitted to hospital in Ontario", *Canadian Medical Association Journal*, vol. 194, no. 26, 2022, p. E899-E908, DOI: https://doi.org/10.1503/cmaj.212155

[2] Éthier, Alexandra and Annie Carrier, "L'accessibilité des services sociaux et de santé chez les minorités de langue officielle du Canada et les facteurs influant sur leur accès : une étude de portée", *Minorités linguistiques et société / Linguistic Minorities and Society*, no.18, 2022, p. 197–234. DOI: https://doi.org/10.7202/1089185ar

[3] Savard, Jacinthe *et al*., "Strategies to Improve French Language Health and Social Service Continuity for Seniors in Ontario and Manitoba", *Minorités linguistiques et société / Linguistic Minorities and Society*, no. 15-16, 2021, p. 218–247, DOI: https://doi.org/10.7202/1078483ar

[4] ACFA, *Action Plan for Alberta's Francophonie 2023-2028*, adopted 14 October 2022 and revised 28 September 2024, URL: https://acfa.ab.ca/wp-content/uploads/2022/06/Version-mise-a-jour-2024_Plan-daction-FRAB_EN.pdf

Réseau santé Alberta took steps with the Government of Alberta to improve the offer of healthcare services in French. This process led to the awarding of the historic sum of 5.4 million dollars stemming from the Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians (2023-2024 to 2025-2026)[5].

In order to pursue conversations with the Government of Alberta, and conscious of the lack of data to reflect the reality of Francophones in Alberta, the ACFA chose to undertake a vast three-year study, financed by Health Canada and the Société Santé en français, to better understand the primary health care needs of Alberta's Francophones, at home and palliative, in French, specifically in Alberta. In parallel, the ACFA also conducted individual interviews with bilingual healthcare providers, which enabled us to capture their experiences and realities with regard to service delivery in French. These interviews were important to better understand both the issues that affect Francophone healthcare providers working in the Albertan healthcare system, and their perspectives.

I. Methodology

As part of this series of interviews, the ACFA contacted a total of 52 healthcare providers by e-mail between 2 December 2024 and 28 March 2025. This process made it possible to conduct 20 interviews, 11 of which in person and nine (9) virtually. Particular effort was made to ensure a diverse selection of participants, in terms of the professions represented; the number of years' experience in the healthcare sector; and the region, with the goal of collecting a rich and representative array of viewpoints from the health sector.

[5] Government of Canada, *Canada-Alberta Agreement to Work Together to Improve Health Care for Canadians (2023-2024 to 2025-2026)*, https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/working-together-bilateral-agreements/alberta-improve-care.html

1.1. Profile of participants

Of the 20 participants, 14 practice in the Edmonton region and six (6) in the Northwest, or more specifically, five (5) in McLennan and one (1) in Peace River. The participants came from diverse groups in terms of gender, age and workplace. Each participant's occupation is presented in Table 1 below.

Table 1: Occupation of participants from the Edmonton and Northwest regions

Occupation	**Number of participants**
Family doctor	3
Dosimetrist	1
Radiotherapist	1
Healthcare aide	2 (1 specializing in dementia)
Medical specialist	1 (neonatology, internal medicine)
Nurse	12, with several specializations: - 2 service coordinators - 1 director of psychiatric care - 1 acute care and post-partum - 2 emergency and surgical - 1 public health

1.2. Priority themes according to the participants

To facilitate result analysis, the ACFA opted for a quantitative and qualitative discourse analysis. This mixed method made it possible to identify, in the first instance, the priority issues, and second, each theme's nuances.

For the discourse analysis, a grid (Table 2) was developed to enable analysis of the relative importance of each theme discussed. Each interview was recorded and transcribed in order to codify the themes in accordance with the importance given to them by participants.

The score was attributed according to the following methodology: A point is given for each positive mention of a theme by a participant; no point is given for a nuanced or neutral mention; and a negative point is given for a negative mention. Only one point can be given for the same theme in a single conversation.[6]

Table 2: Priority themes according to participants

Theme	**Score**
Resources and documentation for patients in French	12
Internal reference system and lists	12
Resources for professionals in French	8
Professional development in French	8
Awareness-raising	7
Identification of the patient's language	6
Bilingual French/English positions	6
Telemedicine	5
Cafés de Paris	3
Publicly available resource directory in French	3
Interpreting	- 1

The above themes represent diverse measures to facilitate access to health care in French. Although all these measures are useful, some are deemed less practical than others. For example, simultaneous interpreting services are generally considered less useful in practice. Indeed, though professionals generally have a good experience with Interpreter on Wheels,

[6] The questions asked and the evaluation-grid variables are available in the appendix.

telephone interpreting services are deemed difficult to use due to sound quality and the impossibility of reading lips. Therefore, several participants have had a negative experience with telephone interpreting services, resulting in a much less positive perception of the tool. The table also shows that participants have a positive perception of the usefulness of translated material, both for patients and professionals.

A number of factors explain these preferences. First, the non-invasive nature of these measures. Indeed, translated material does not add to the workload of already overworked health professionals or require additional effort on their part, as opposed to training or awareness-raising activities. Second, a lot of information already exists in French in Canada. However, it is not accessible in a centralized way in Alberta on the Alberta Health Services site. Making this material more easily available would reduce the workload of some professionals and help reassure Francophone patients.

Professionals also consider it equally important to take the language variable into account, particularly when it comes to referring a patient to a medical specialist. However, some participants point out that they prefer to refer at their discretion and at the request of the patient. Indeed, some believe that to automatically divide up patients on the basis of language would not be realistic due to the lack of Francophone professionals in certain regions and hospital units. Furthermore, as this participant mentions: “There are a lot [of Francophones] who prefer to be served in English, because all their medical care all their life has always been in English.” Therefore, the participants prefer, rather, to have the tools to be able to easily refer patients, since several professionals must do the research by themselves on non-governmental databases or make contact themselves, with preference given to a case-by-case basis.

Finally, measures that are perceived as adding to the workload, such as professional development, the Cafés de Paris French-language spaces, and awareness-raising, have a more mixed score. Although no professional opposes the existence of these measures or making them accessible, they do not necessarily want them to be imposed. According to participants, participation should be on a voluntary basis. However, some doubt that participation in them would be high, due to the workload of medical professionals. Furthermore, some fear that forcing professionals to take awareness-raising training would have the opposite effect, as this participant mentions: “Awareness-raising [trainings] are all well and good, but at a certain point, you say to yourself, OK now, sometimes it has the opposite effect. When you hit people over the head with things, it can make them a bit reticent to do it, because they get annoyed.”

II. Results

Interview results can be divided into two categories:

- Governance, policies and systemic structures
- Agencies: workplace and professional practices
    a. Organizational support and professional development
    b. Language accessibility and service adaptation

1.1. Governance, policies and systemic structures

The following category includes four sections: (1) systemic change, (2) funding, (3) prioritization of services, and (4) designated bilingual positions. Through these analytical approaches, the category deals more broadly with governmental decisions, institutional policies, and potential avenues for lasting change in the healthcare system. It highlights the importance given by providers to adequate negotiation with stakeholders and the government, concerning increased service delivery in French in Alberta, as well as the role that health agencies must play in the offer of services in French.

1.1.1. Systemic change

Some providers have indicated that it is crucial to develop a strategic and systemic approach to improve access to health care in French. According to three (3) participants, this strategy should not be limited to the addition of French-language or bilingual services, trainings and staff, but should also include the development of clear guidelines for health facilities and centres in the province. These guidelines will have an impact at different levels: on recruitment, visibility, and direct care for patients. They will promote a more sustainable and organic approach by identifying key issues and treating them systematically rather than resorting to isolated solutions, such as the addition of a bilingual position in a place with a large Francophone population. The lack of leadership in the project's governance hinders any long-term improvement, according to one of the participants. To meet this need, one of the participants proposed identifying "champions" or key people who would be responsible for ensuring the continuity of these changes on a long-term basis, thus avoiding a lack of progress caused by frequent changes in staff or restructuring. "These champions will be there, and we can count on having these people around for at least 5 to 10 years, and we will see how the situation develops."

In summary, systemic change to improve the offer of services in French in Alberta requires more than one-off measures. A long-lasting, strategic and integrated approach would make it possible to ensure continuity of efforts and concrete results in the long-term.

1.1.2. Funding

Most participants also highlighted the need to increase funding in several areas related to health in French. For example, several mentioned the importance of increasing resources for interpreting services and postsecondary education to train more bilingual healthcare providers. One participant said:

> "Yes to the translation of documentation. I think it's a question of a lack of funding. That is, we just don't have the resources to do this translation. So, often we end up depending on our staff to do this translation or even to translate the plans we give to families."

1.1.3. Prioritization of services

In this section, we discussed with participants what areas of health care in French should specifically be developed to better meet the needs of Francophones. Participants talked about the types of healthcare services in French that they feel are a priority to better meet the needs of the Francophone population. Table 3 below presents all the types of services that the participants identified as priorities, as well as the number of participants who mentioned them.

According to the data collected, the three types of care most often identified as a priority are primary care, mentioned by seven (7) participants, followed by emergency services by five (5) participants, and long-term care and home care by three (3) people. Other areas were also mentioned, in particular women's health, care for older adults, pediatrics, acute care, and mental health.

Table 3: Types of services identified by the participants as being key priorities

Types of services identified as being key priorities	**Number of participants**
Primary care (pharmacist, family doctor, nurses, etc.)	7
Emergency	5
Long-term care and home care	3
Acute care	2
Pediatrics	2
Care for older adults	2
Women's health	1
Mental health	1
End-of-life care	1
Public health	1

These results align with the findings of the first report on the health study conducted by the ACFA, where primary care in French was also considered the absolute priority among the population consulted, both in urban and rural areas.[7] The fact that healthcare providers and patients both identify primary care in French indicates a significant convergence between supply and demand. This shows that healthcare providers have a good understanding of the needs of Francophone communities, and agree with patients on the importance of having access to primary care, the gateway to the health system.

As one of the participants summed up:

> "For sure it's the family doctors, you know. Really, we're a bit like the quarterback, and we are always coordinating between everyone. It's the family doctors. Then, obviously, the nurse practitioners are often going to be deployed more widely in the primary-care field also."

However, the participants also underscored other sectors, such as emergency care, acute care, pediatrics, and women's health, areas that were not mentioned as much in the health-study

[7] PGF Consultants, "Report #1: Edmonton/Northwest/Red Deer Region", *Study on the Health of Francophones in Alberta*, 2025, Report, 29p., URL: https://acfa.ab.ca/wp-content/uploads/2022/06/Rapport-annee-1_Traduction_Indelebile_Final-1.pdf

consultations. It is not surprising that the health-study participants did not mention certain services. This does not mean that they are not important to them; this reflects, rather, the fact that certain needs are less visible or less immediate seen from the outside and from the point of view of patients. Often, only actors in the system can identify these shortcomings and anticipate what might be lacking. This observation reinforces the added value of this report: it makes it possible to bring the situation, and the perspectives of healthcare providers, to light, by revealing aspects that would otherwise go unnoticed.

Due to the fact that funding and available resources are limited, the participants indicated that it is crucial to judiciously target and invest resources in services that are regularly used and considered to be the gateway to the health system, like pharmacies, family doctors, healthcare aides, residences and care homes. One participant expressed this by saying:

> "Properly identify people's preferred access points. Where should we focus most of our attention in creating access points? Then target those as places where we can really have an impact. Emergency rooms, that's fine, but most of the time, people don't go to the emergency room. They go to their family doctor. They go [to] their pharmacist."

1.1.4. Designated bilingual French/English position

Designated positions have a specific job description and require French-language proficiency as well as the obligation to offer services in French, thereby giving significant importance to service provision to Francophones as part of the work[87]. These positions often make it possible to ensure active offer in areas such as reception, information, and health care. At present, only one designated bilingual position exists in Alberta, located in McLennan. Nevertheless, this concept is well known and implemented in the medical institutions and centres of other provinces such as Manitoba. According to the organization Santé en français[9], a list of organizations, institutions, programs, services and positions have been designated bilingual there in order to facilitate service provision in French, in keeping with the concept of active offer. Provinces like Manitoba and Prince Edward Island[10] have already implemented these measures, designating positions and establishments, to institutionalize the offer of services in French.

In this respect, several participants and studies support this approach and recognize that such positions could ensure better continuity of services in French, particularly in the front-line sector, such as information and orientation services. In Alberta, however, only one designated bilingual

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[8] Savard, Jacinthe, *et al*., *op, cit.,* p. 218–247.

[9] Santé en français, *Designated Bilingual Organizations*, French version consulted 2 July 2025, URL: *https://santeenfrancais.com/en/designated-bilingual-organizations/*

[10] Muray, Mwali,et *al*., "L'accès aux soins de santé des communautés de langue officielle en situation minoritaire (CLOSM) au Canada : une recension des écrits", *Minorités linguistiques et société/Linguistic Minorities and Society*, no. 19, 2022, p. 62–94, DOI: https://doi.org/10.7202/1094398ar

position is currently recognized, located in McLennan. This rarity underscores a significant gap between practices recommended in the literature and the reality observed on the ground.

Nevertheless, a participant expressed reservations about designated bilingual positions by highlighting the sensitivity around questions of pay equity: "If I'm told: "you're in a bilingual position, you make more money than me", it's...When it's like that, people get very agitated about who's making more money." The argument put forward rests on the fact that, according to this person, if you receive extra pay to serve Francophones, what happens if no Francophone comes along for a whole week? Why would you still be paid more for something that you are not providing?

Although designated bilingual positions are perceived as a solution, their implementation must be accompanied by clear communication, advocacy tools[6,7], and shared acknowledgement of their usefulness, in order to ensure their acceptability on the ground and their efficiency in the long-term.

1.2. Agencies: workplace and professional practices

This category is divided into two (2) main sub-sections that explore the internal dynamics within healthcare facilities and their influence on the offer of services in French. The first sub-section, "organizational support and professional development", addresses several key aspects of the workplace: (1) twinning patients with care provider, (2) continuing education, (3) issues related to staff shortages, recruitment, retention, and training, and (4) workload and unit movements.

The second sub-section, "language accessibility and service adaptation", addresses the conditions necessary for service provision adapted to the language needs of Francophone communities: (1) telemedicine, (2) active offer, active demand, and the promotion of services in French, and (3) simultaneous interpreting services.

The workplace and daily professional practices play an essential role in the provision of services in French. By identifying the practices, dynamics and rules that limit or support service provision in French, it becomes possible to put targeted measures in place to reinforce the facilitating factors and correct the obstacles. The participants discussed these topics in-depth during the interviews and addressed several aspects related to how organizational support and professional development can both support healthcare providers who wish to provide services in French, and facilitate access to linguistically and culturally appropriate care, while adapting services to the needs of the FMC.

1.2.1. Organizational support and professional development

Patient-provider twinning

This section addresses appropriate patient-provider twinning, based on linguistic concordance, a recommendation recognized as promising in the relevant literature.[11,12] The participants expressed their understanding of the importance of twinning, in particular to ensure better access to care and to reinforce the relationship of trust between patients and bilingual healthcare providers.

According to one participant, many bilingual healthcare providers integrate the system without systematically being recognized as such, either by their colleagues or patients.

In addition, one of the important topics raised by one of the participants concerned the twinning of Francophone patients with bilingual healthcare providers. According to this person, doctors used to have lists identifying bilingual specialists, thus facilitating referrals. Today, this list is no longer available due to centralized triage, which makes it difficult to twin Francophone patients with healthcare providers. Some professionals doubt that centralized triage takes into consideration the language aspect, even if it is requested. This participant said: "There is a single fax number. All faxes go to the same place. Then, the patient is triaged [...] When that triage is happening, is the language element a factor? Probably not."

This participant also explained how their relationship with the other specialists worked before centralization, when they wanted to refer a patient to a specialist that spoke French: "I know that they, he knows that I, the patients I send, they're Francophone patients, because he can speak to them in French. Then, he knows that when there is a request from [me], well, he's going to take it, because they're Francophone. But that, those things, those arrangements are going to disappear."

Continuing education

This section focuses on all types of continuing education, including learning days, accredited classes, and informal discussion opportunities, like the Cafés de Paris, offered to healthcare providers, who could boost their French-language skills; help them overcome their linguistic insecurity; and help them to learn more about active offer and the way to offer services in French.

[11] Savard, Jacinthe, *et al*., *op. cit.,* p. 218–247.
[12] Muray, Mwali *et al*., *op. cit.,* p. 62–94.

One of the main obstacles highlighted by one participant was the linguistic insecurity of healthcare providers, who have maybe not finished their studies in French or who worry about their level of French. According to this participant, this could discourage them from offering services in French. Furthermore, one participant questioned suggested having French represented more during learning days, not only during classes but also at conferences, whereby nurses and other healthcare providers would have the opportunity to meet and have some of their sessions in French. Another participant also suggested making sure that French classes or workshops were accredited or certified: "The only thing with nurses is that you have to be careful, because their learning days have to be accredited [recognized by the employer]. Like with…university [credits]."

In this context, the Cafés de Paris initiative seems like an interesting answer to these issues. During interviews, participants were specifically questioned on the Cafés de Paris initiative, given that Réseau santé Alberta recently implemented it in the province thanks to funding from the Government of Alberta. According to the Société Santé en français website:

> "Café de Paris is an informal space that enables a health facility's staff to acquire or maintain basic French-language skills, to interact orally in French, and obtain tools and resources to be able to provide services in both official languages."[13]

In summary, it is a structured initiative that enables professionals to meet, share and practice medical jargon in French, with specialized instructors facilitating the meetings.

Seven (7) participants expressed their interest in participating in Café de Paris or indicated that it was an excellent initiative that could support healthcare providers. "It is really something I would love. I was saying to my friends that I really like working in McLennan because, to a certain extent, it makes me use my French more often." However, three (3) participants indicated that healthcare providers are already overworked and might be afraid that they would not be able to honour their commitment to the Café due to their workload.

Shortages, employment, recruitment, retention and training

In the face of a major shortage of healthcare providers, participants shared their viewpoints on how to resolve this problem, to which there are numerous solutions. The solution lies, in particular, in the education and training of healthcare providers; their recruitment through agencies and at workplaces; and their retention as far as possible. This section will address all these stages based on participants' discussions.

[13] Société Santé en français, *Cafés de Paris*, consulted French version 2 July 2025, URL: https://www.santefrancais.ca/en/projet-archive/8830/

Financial incentives

Participants propose financial measures in order to incite future students and employees to offer services in French. Most of the participants agreed that, in many respects, there is a lack of incentives to encourage people to pursue studies and training in French and to practice their profession in French. Generally, the most common incentive consists of a bonus on top of the regular salary. One participant felt that the establishment of quotas accompanied by bonuses could constitute a pull factor and contribute to attracting more practitioners. This type of incentive is already used in some Canadian provinces, namely Manitoba and Prince Edward Island, to attract bilingual healthcare providers in Francophone Minority Communities.[14]

However, there is little literature available on its effectiveness, and its implementation sometimes poses logistical and ethical challenges. Two (2) participants acknowledged that raising bilingual participants' pay could be controversial and difficult to put in practice as well as to justify in collective agreements. It therefore might not be feasible. Another participant said that offering a bonus to someone who speaks another language seems like a form of discrimination: "It's like as if we could discriminate between people simply because they don't speak another language".

One of the participants observed that in Alberta's rural regions, doctors are paid per patient rather than by the hour, and that there is a strong incentive to see as many patients as possible. This system discourages longer and more language-sensitive interactions, like is the case with Francophones, because providing care in French often takes more time. A different payment model, such as an hourly rate, could help facilitate more equitable care in both official languages. "Here in Alberta, they are paid per patient. Yes. So, it happens quite often that what they mean by wanting to see as many patients as possible is that they don't want to waste their time. When they talk, for them to speak French to someone, well, that takes longer." According to two (2) participants, these healthcare providers lack the incentive to provide services in French, and some consider it to be a burden, because they have to act as interpreters and risk not being paid for the extra work they have to do.

Recognition and non-financial incentives

Beyond financial incentives, several participants highlighted the importance of recognition and respect in work relationships. For some, these elements are necessary to retain health professionals in the long-term. Lack of appreciation; tensions during negotiations with trade unions; and difficult work conditions are perceived as factors that discourage young people from making a long-term commitment to the system.

[14] Standing Committee on Health, *Report 10 – Addressing Canada's Health Workforce Crisis,* 44th Parliament, 1st session, 2023, 63 p., URL: https://www.ourcommons.ca/DocumentViewer/en/44-1/HESA/report-10

Some participants also highlighted the importance of targeting young people who are at the training stage. For example, one person mentioned that rural regions with a large Francophone population, like the Northwest, are not often seen as attractive places to work. One potential solution mentioned would be to invite Francophone students to do internships in these areas to encourage their integration and retention, particularly through bonuses or advantages linked to the local way of life.

Postsecondary education

A recurring theme throughout the interviews was the creation of more places, classes and programs in the province to train bilingual healthcare providers and thus increase the number of providers. One participant indicated that, although some training programs already exist, there was little public awareness of them. She also pointed out that the bursaries available to support students on these programs were not sufficiently showcased, particularly in rural regions, where much of the Francophone community live.

Recruitment in other provinces

During a discussion with one of the people interviewed, this person felt that more healthcare providers from Quebec and other provinces should be recruited, to attract more bilingual healthcare providers: "The other thing is that they should do a bit more, not necessarily an appeal, but go to the French-speaking provinces like Quebec and Ontario, and promote the fact that we need French-speaking doctors in the minority regions."

It should be noted that at least one of the participants indicated that the health system is going through a difficult time, marked by numerous changes and widespread shortages. According to these participants, it will be difficult to justify a request for additional services in French in the face of other major problems, and that stakeholders will not accept it.

Workload and unit movements

The following section deals with the participants' roles themselves as interpreters or bridges between their Anglophone colleagues and Francophone users of the Albertan health system. Although some laud this approach, others highlight the negative impact of such a role.

Several participants mentioned that they regularly act as interpreters between their Anglophone colleagues and Francophone patients, because this improves their experience, even though this is not part of their official job description: "Well yes, because this is not part of my role, but I'm happy to do it…I don't think my employers [know about] it either."

However, two people interviewed indicated that the role of informal interpreter generates an additional workload, which can distract them from their regular duties, especially given that they have not been trained to be interpreters. Although they are happy to do it, this role becomes problematic when the healthcare provider must take care of other tasks or other patients. This shows how, in these cases, the workplace environment and its social expectations influence the distribution of tasks. This can lead to additional unpaid work for Francophone healthcare providers and is not necessarily recognized by superiors.

One of the participants describes how this type of situation occurs:

> "Often, I might, let's say, have a very busy day. I have four, five, maybe six patients. [And then suddenly] they call me. They're like, "Ah, we have a patient in the emergency room". It's already happened two or three times, in fact. They're like, "Ah, can you come and translate?" And then it takes me, I don't know, 15-20 minutes. I go talk to their patient. Then sometimes, there are questions, and we do a bit of [back-and-forth]. That then takes more time. So, yes, it is a problem that arises."

In summary, the organizational culture of the facility plays a major role in the commitment to offer services in French. Certain facilities are better than others as a result of social pressure or implied rules about asking Francophone healthcare providers to accept additional responsibilities, without, however, recognizing the workload that comes with these new responsibilities that can overwhelm Francophone healthcare providers.

1.2.2. Language accessibility and service adaptation

Telemedicine

Telemedicine is defined as a range of health services provided by telephone, e-mail or videoconference. Telemedicine can be used both for a first consultation or for a follow-up with patients.

Overall, most participants said they had heard or seen colleagues or patients using telemedicine for follow-ups. Only three (3) providers interviewed said they used the telephone line or videoconference for their follow-ups and found it practical. They indicated that this tool had a lot of potential in certain disciplines such as mental health, family medicine, and follow-ups, particularly for people in a rural setting, and that it was better than nothing. The main obstacle identified by one of the participants was the lack of a stable connection in rural settings, which can be problematic for the people in those areas. Furthermore, it highlights the limits of this tool for physical diagnoses and emergencies.

Active offer, active demand, and promotion

It is important to distinguish between active offer, whereby a healthcare provider indicates that services are also available in French, and active demand, when patients and clients request services in French. Promotion consists of putting up posters and wearing pins and other items that are exclusively in French, indicating that services in French are available[15].

These topics were raised many times in the interviews. One participant indicated that a few years ago, healthcare providers and hospitals conducted a pin- and button-wearing campaign to express their willingness to provide services in French. This prompted many healthcare providers to display that they were Francophone so that their patients knew that their services were available in French and to help them understand. One participant said, "I found it was a nice initiative". Then he gave an example of a situation where he found this initiative to be effective: "Well, I found it was promising, because sometimes, people are maybe embarrassed to say it, but if it's just there...I even remember me once, I was a patient in a hospital in Edmonton. I arrived and I saw a nurse and she was saying, it said, I speak French, and it was easy to identify, so then you weren't embarrassed to start speaking French with the person. Ok. So, if it was something that could come back, that would be great."

The participants also indicated that in general, patients tended to ask for services in French and that displaying this message lessened the difficulty. Four (4) other participants shared this opinion and felt that any service offered, whether interpreting, telehealth, Francophone staff or other services, should be clearly promoted among patients. Three (3) participants also suggested doing it not only among patients but also healthcare providers, to make them aware of the importance of offering services in French to Francophone patients and to promote French-language postsecondary education and health careers among Francophones, in schools and universities. One participant went further and highlighted the lack of promotion of positions in rural Francophone settings, insisting on the need to do more to attract Francophones from Alberta and other provinces.

Furthermore, one of the people interviewed indicated that Francophones had the privilege of having access to national databases like Diabetes Canada and Migraine Canada, where French-language resources were only a click away. However, like another participant pointed out, providers know that numerous resources exist online or through their employer, like Alberta Health Services (AHS), but they are not centralized in an easily accessible database. In addition, four (4) participants indicated that they sometimes had to translate basic documents for their patients, because a version did not exist in French: "Because even if you consult the AHS website in French...you won't find anything. But if you consult Health Canada or the Public Health Agency of Canada, everything is bilingual."

[15] Savard, Jacinthe *et al*., *op. cit*., p. 218-247.

Simultaneous interpretation services

Simultaneous interpreting services are offered to patients to help them interpret into the language that suits them best. This can be done by telephone, with an interpreter on the other end of the line; by screen or videoconference with the interpreter also online; or in person, whether with an official interpreter or a member of staff, who interprets between the healthcare provider and the patient. For example, Alberta Health Services currently provide an interpreting service, but this type of service can be offered through other mechanisms. This section also addresses the possibility of having family members, friends or other people interpret.

Anonymity, confidentiality, comfort, quality and time were elements that were frequently mentioned by provider participants when they were talking about interpreting services. For many, protecting a person's right to privacy and their ability to express themselves without being judged, especially in delicate medical situations, were essential. The emotional comfort of speaking in your mother tongue with a qualified interpreter; the quality of the translation in a medical context; and the additional time required to integrate these services in already overburdened workplaces were perceived as crucial points to consider when implementing these services.

One of the main reservations expressed by two (2) participants was the lack of certainty with regard to the reliability of the interpretation, especially if the person using it does not speak French fluently. They also highlighted the potential problems related to safety and confidentiality. One person interviewed mentioned that, according to what she had heard from colleagues and students, the service could be inconsistent, for example in terms of language proficiency, the ability to transmit emotions, and technical problems like a bad connection. Furthermore, the person indicated that this service lacked the human contact necessary to build rapport with patients.

Although these tools, like the telephone line and Interpreter on Wheels[16], a video interpreting service, are useful, they have many limitations. One participant was opposed to relying on family members as interpreters, due to the sensitive and emotional nature of certain conversations, and to avoid uncomfortable situations. According to this person, entrusting a family member with this interpreting responsibility was unfair and restrictive. On the other hand, one of the people interviewed indicated that having recourse to family was better than nothing. Overall, participants find interpreting services useful but that they have numerous limitations. Finally, the providers indicated that having more bilingual staff was preferable, especially in emergencies.

[16] Alberta Health Services, *Lost in translation? Not with interpreter on wheels*, consulted 2 July 2025, URL: https://www.albertahealthservices.ca/news/Page17862.aspx

One participant drew a parallel between professional interpreting services and using a colleague in situ who is able to interpret, though it is not their main role. This person preferred using interpreting services, because they are accessible at all times and standardized, while colleagues capable of interpreting might not be available or be transferred to another unit. It is therefore preferable, according to this participant, to have a service that is available all the time.

1.3. Differences between the Northwest and Edmonton regions

The reality of Alberta's rural areas is different from that of cities like Edmonton. As previously mentioned, six (6) participants who were questioned come from the Northwest region. Their contributions enabled us to identify the specific needs of their region.

First, among the five (5) participants who identified the emergency services as a priority for the inhabitants of rural areas, three came from the Northwest, which is indicative of the need for more emergency services in this region. "With regard to need, the immediate, critical need is emergency services...But in critical situations, they are of course stressed, have difficulty understanding, do not understand what is happening, are in pain. It's like it creates a vicious circle."

Second, six (6) participants corroborated the knowledge derived from the literature, namely that the Northwest, particularly McLennan and Falher, have a large Francophone population and people there appreciate being served in French. Furthermore, as one of the people questioned mentioned, the ageing Francophone population is more at ease in French. This illustrates well the disparities between the urban and rural contexts, where, in the latter, healthcare providers have a natural reflex to offer services in French, drawing on their intuition about who is Francophone and their language preference. Finally, as all the participants from rural and urban areas observed, there is a shortage of staff in general, particularly bilingual staff. What distinguishes the rural areas was summed up by one of the participants: "Not all doctors want to come to our little regions. For example, we have two doctors; their wives and families live in the city. The children go to school in Edmonton. They're just here for a certain period of time." The same person also mentioned: "You know, most of them, when they come here, they just want to be here for a certain amount of time, like for four or five years. Their contract, and when their contract is finished, well, normally they leave. They're not necessarily replaced by people who can speak French." The same participants also mentioned that pay in Alberta's rural areas is maybe not attractive to practitioners, like previously mentioned in the section that discussed incentives.

Conclusion

In conclusion, the discussions highlight the importance of the key tools available to improve access to care in French, like telemedicine, active offer, and interpreting services. Although these solutions are promising, their impact depends on their actual accessibility, the quality of the human connection they help to create, and solid organizational support.

A systemic approach makes it possible to establish guidelines that improve all aspects of service provision in French in the province in a more uniform, lasting and effective way. The restructuring of the Albertan health system provides a rare opportunity to rebuild a more equitable system for Francophone families, which includes guidelines, policies and measures that will make French-language health care more accessible, and will pave the way for systemic change.

Several practical solutions to reinforce the offer of services in French emerged from the discussions. Proper twinning between patients and bilingual healthcare providers; access to classes to improve French; and better recognition of the role of bilingual employees are at the heart of these efforts. However, so that these changes have a real impact, they must be accompanied by structural measures when it comes to training, funding, workload and recruitment. The success of initiatives like Café de Paris will depend on how well workplaces listen and the support they provide. Finally, it is important to acknowledge the invisible and additional work performed every day by those who interpret conversations for patients.

Appendix

Question list

1. What sort of health services do you offer in French?
2. What are the main challenges you face in providing health care in French to your patients? (fear of being overworked, administration not aware of language issues…) (Barrier to active offer)
3. What adjustments could be made to improve access to health care in French for patients? (barrier to health in French)
4. Do you know if there are trainings or resources for health professionals on health care in French and the active offer of services in French?
5. (Continuing education)
6. What type of additional training or resources would be necessary to improve the provision of care in French?
7. How could the government facilitate access to this continuing education and professional development (e.g., Café de Paris)?
8. (Continuing education)
9. Do you help patients navigate the system/find specialists in French? If so, is there a referral mechanism in place?
10. (referrals)
11. What is your experience with alternative tools for care in French (e.g., telemedicine, interpreting services, or the translation of documents)? (alternative resources, interpreters, active offer)
12. Is there a need for further development?
13. What type of change or reforms, both in terms of the health system and policies, would be necessary to improve access to health care in French in your region? (funding, structures, etc.)
14. How could the government help resolve the shortage of medical staff who speak French in your area?
15. (workforce)
16. Are there training programs or specific initiatives for staff and/or the administration that promote cultural awareness or awareness around issues of identity?
17. Are there specific areas of health care in French that could be developed to better meet the needs of Francophones (primary health care, long-term care, etc.)?

Definition of grid variables

- Resources/documentation for patients in French: Written or visual material accessible in French to better understand the care being provided
- Awareness-raising: Efforts to inform staff and the administration of the importance of language in a care setting
- Internal references/lists: Mechanisms that make it possible to direct patients towards specialists or services in French
- Postsecondary education in French: Programs offered in French to train healthcare providers
- Professional development: Continuing education to improve the ability of healthcare providers to offer care in French
- Designated bilingual positions: Creation of specifically designated roles to be occupied by bilingual people or Francophones
- Resources for healthcare providers: Tools or support available to help providers offer care in French
- Cafés de Paris: Training or discussion spaces to practice medical French in a professional context
- Identifying a patient's language: Systematic methods to find out a patient's language preferences from the moment they arrive
- Telemedicine: Digital tool (telephone, videoconference, e-mail) making it possible to provide care in French remotely
- Interpreting services: Using interpreters to facilitate communication between patients and healthcare providers