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***Spicy food, violent death and Creole dialect: Cuban medical professionals negotiating the
Trinidad & Tobago work environment***

Introduction

In recent years the Ministry of Health in Trinidad and Tobago (T & T) has taken to hiring medical staff, including both doctors and nurses, from a variety of foreign countries, as so many of its own nationals who are qualified in these professions are migrating to the United States of America (USA), the United Kingdom (UK) and even Australia. They go in search of better working conditions and higher salaries but leave in their wake a shortfall of staff in local hospitals and medical centres.

One source of reliable staff has been Cuba, a country known for its excellent medical care, and which has the advantage of being relatively close, within the Caribbean, and consequently sharing significant common historical experience and cultural background.

This paper interrogates the experiences of two cohorts of doctors and nurses hired from Cuba, who came to Trinidad in 2008 and 2009, had a brief language orientation at The University of the West Indies, and subsequently went to work in local hospitals and medical centres. A questionnaire was designed to attempt to capture the positive and negative aspects of their experiences in a strange country utilizing English, not Spanish, as the official language. It is hoped that the information gleaned will contribute to T & T being able to offer a fuller orientation both to culture and language, and allow for the more effective enculturation of these staff. An earlier study collected data on patient responses to the personnel and some of its findings are included.¹

There is relatively little research which interrogates the challenges of medical staff working in an environment where their native language is not used and where they are forced to communicate in English.² There is a plethora of literature on the needs of patients who do not speak the language of their doctors in migrant situations but not the reverse. Hence we hope to contribute to an emerging literature in this field while simultaneously building towards better relations between two Caribbean nations with strong cultural affinities which have much to gain from closer ties.

Setting of the Study

Trinidad and Tobago is the southernmost of the Caribbean archipelago of islands and is situated within sight of Venezuela. Its population is made up largely of persons of African and Indian descent with low proportions of persons of Chinese, Arab and European descent. It is rich in hydrocarbons and enjoys a higher standard of living than most of its Caribbean neighbours, yet its level of national health care is far from satisfactory. Cuba, on the other hand, enjoys a very high standard of health care in spite of its relatively low standard of living and is well known for its medical education programmes, with graduates practising in Africa, the Caribbean, Venezuela, and elsewhere.³ Moreover, Cuba enjoys the highest family physician to population ratio in the world, higher than that of the United States.⁴ It was therefore not surprising that the Ministry of Health of T & T, experiencing a shortage in the number of health professionals available to service the public hospitals and health centres, invited on a contractual basis as many as 150 health care professionals from Cuba.

In T & T health care is offered at both private and public institutions. Whereas the Government offers free health care through its public services, private care is offered through privately owned clinics and hospitals. The former is accessed by the lower socio-economic strata of the population and the latter by the middle and upper classes. Physicians from other English speaking Commonwealth countries such as India and Nigeria are already employed in the public health care system, but 2003 was the first time that non-English speaking health professionals from Cuba came to work in this country in which English is the official language but where the majority of the population use an English-lexicon Creole.⁵ The cultural context of Trinidad and Tobago is vibrant and multicultural, with a diversity of foods and festivals, an outdoor lifestyle and a sports focus, all now unfortunately countered negatively by a condition of endemic violence, including gang warfare and kidnapping, emanating apparently from the drug culture which has seized heavily populated parts of the community

At the University of the West Indies (UWI) St Augustine Campus, from which this study emanated, two of the authors investigated the impact of the original cohort of Cuban professionals on the patients who accessed their care and found that the Cubans were regarded as warm and caring, and good empathetic listeners, but nonetheless constrained in their communicative competence.⁶

¹ Williams et al., "Trinidadian Patients".

² Adegbite and Odebunmi, "Discourse Tact"; Cameron and Williams, "Sentence to Ten Cents".

³ Cooper, Kennelly and Ordunez-Garcia, "Health in Cuba"; Dresang et al., "Family Medicine in Cuba"; Parsons and Barter, "Health Care in Cuba".

⁴ Cooper, Kennelly and Ordunez-Garcia, "Health in Cuba."

⁵ Cf. Solomon, *Speech of Trinidad*, and Youssef, "Is English We Speaking," for linguistic descriptions.

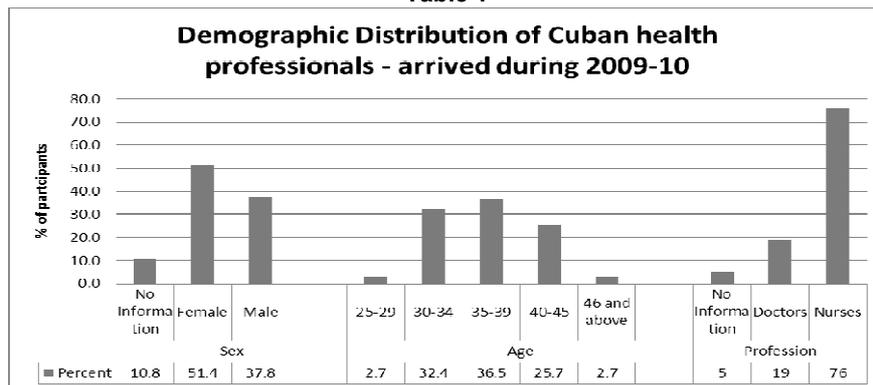
⁶ Williams et al., "Trinidadian Patients".

By far the most significant challenge for the group as they filled positions at hospitals and health centres lay in the nature of the linguistic milieu in which they were to work. In Trinidad, as in the other territories in the region whose official language is English, an English-lexicon Creole exists which evolved through contact between West African languages and English during the period of European colonial expansion. This variety is not as remote from the standard as the varieties in rural Guyana, Jamaica and even Tobago where a basilectal Creole still thrives, but this creole dialect is an intermediate variety more commonly found in urban areas.⁷ This less heavily marked Creole variety superficially resembles Standard English but this masks different rule systems. Factors such as education and socioeconomic status determine preference for and facility in Trinidad Creole (TCE) and Trinidad Standard English (TSE) respectively. Middle and upper-class speakers who have a wide repertoire choose their language variety based on context and audience. Working-class and lower middle-class speakers use mesolectal TCE extensively, however, and are often reported as being unintelligible to newly arrived foreigners, despite there being mutual intelligibility among T & T nationals in the TSE-mesolectal range. Code-switching is normative such that the term varilingualism has been coined to describe the constant shifting and mixing which typifies the speech of the vast majority of Trinidadians.⁸ Additionally, in the medical context, it is the case that the combination of local Trinidadian terms related to illness and the patients' cultural health beliefs, which are partially unfamiliar to the Cuban doctor, might prove to be a significant barrier to comprehension for non-native medical practitioners.⁹

The Study

This study examines the ways in which the Cuban medical personnel who constituted the second and third incoming cohorts coped with their situation, through the administration and analysis of a questionnaire which sought responses on the effectiveness of their language skills, their cultural understanding in work situations, their interaction with local professionals and their overall job satisfaction. Though informants were to respond on a scale of relative agreement/disagreement, there was also space for fuller answers which they took advantage of. Table 1 below summarizes the age range of the personnel involved, as well as the relative proportions of doctors and nurses and males and females among them.

Table 1



Findings

Since space does not allow for discussion of the scalar questionnaire responses, we discuss below only the fuller responses to the open-ended questions posed.

Language skills

In the language skills question set the open-ended question began, 'When I do not understand patients, I...' and proved revealing in terms of the learner coping strategies the personnel used. The majority cited requests for repetition, and to speak more slowly, but there were a range of initiatives mentioned such as asking different questions, suggesting answers or ultimately calling a local nurse. The possibility of suggesting answers which was cited in three cases seems potentially problematic given the communication gap which had previously been identified in a study of patient reaction to the first cohort of Cubans.¹⁰ A high proportion (60%) of those respondents reported difficulty in understanding the Cuban doctors, with just 40% saying that they understood them easily. Sixty per cent of the respondents felt that the doctors understood them, while 39% felt they did so with difficulty. Some respondents supported their opinions by statements such as:

He (*is*) talking in Spanish too much.

Dem cyar talk English good (*They speak English very badly*).

They need to learn to talk proper (*They need to learn to speak properly/good English*).

Them need to talk English (*They need to speak English*).

⁷ Winford, *Caribbean English Creoles*.

⁸ Youssef, "Is English We Speaking."

⁹ Winer, *Badjohns, Bhaaji & Banknote Blue*.

¹⁰ Williams et al., "Trinidadian Patients".

He cyar talk good, me doh know what he tellin me (*He doesn't speak English well, so I couldn't understand what he was saying to me*).

He doh know we language good (*He's not very good at our language*).

While these statements related to the doctors' production of TSE/TCE, there were similar statements on their comprehension of TSE/TCE, as follows:

He doh know what I was saying good nah (*He couldn't quite understand what I was saying*).

I need someone who knows what I am saying.

He tried to help even if he did not understand.

While the personnel themselves did not mention their non-verbal language in the questionnaire, the patients were tremendously impacted by it. The earlier study also showed that in addition to valuing the medical practitioners' body language and eye contact, it was a sense of not being hurried that demonstrated the caring attitude of the Cuban doctors. It appeared that the Cuban personnel's verbal deficiencies were compensated for in the non-verbal sphere by their use of body language, by the way in which they managed physical space, and by their generosity with their time. It was indicated that the Cuban staff exhibited *simpatía*, *personalismo* and *respeto* and that these counterbalanced the negative perceptions arising out of their low language proficiency. This excerpt from a research assistant's (RA) interview with a Trinidadian nurse (N) who worked with the Cuban doctors seems to support this:

RA: What do you like about the Cuban health professionals?

N: Friendliness. They are not easily angered. They relate to both patients and health professionals better. Even when they are busy they stop to ask questions.

RA: There is a perception that local patients like the Cuban doctors. Any idea why?

N: Because the Cuban doctors show friendliness.

RA: How?

N: They touch. They smile, show concern, listen attentively even though they do not understand patients—they try to listen and be attentive...They are willing. They work long hours. They have good attitude. Yes they have to improvise sometimes but they are used to it. They treat nurses well...unlike some local doctors.

It is worth noting that not only are the cultural traits identified reputed to be highly valued in *Latino* culture,¹¹ but they reflect the core values of the Cuban medical profession with its emphasis on the social value of the practice of medicine.

Cultural and Linguistic Understanding

General

Differences in culture and language, with specific reference to Creole, were reported as presenting challenges by more than twenty individuals. The 'Indian' accent was specifically mentioned perhaps because the rural population is predominantly Indian and speaks a variety that is lexically and phonologically more distant from English. While spicy food was mentioned by ten (10) of the respondents specifically as a negative feature of their experience there was no other cultural negative apart from the job to which they drew attention.

Work-related

The questions on job satisfaction and colleague relations are also incorporated here. Some personnel noted improvements as they became more familiar with the 'accents' and there was some interesting commentary on the culture of the hospitals and medical centres themselves. There was reference to a culture of 'waiting', as well as to 'seeing more than thirty patients per day' and to 'patients who don't take medication' as well as 'bad organization on the ward'. There was a high reporting rate (more than 70%) of superstitious beliefs about ailments and of the use of cultural terms instead of medical terms. Additionally, specific comments on the 'inappropriate attitudes of nurses' were found, and several respondents (7) mentioned patients dying, with one other mentioning 'deaths due to violent acts'. In T & T we are familiar with our emergency rooms attending to many stabbing and gunshot victims and this appears to have been the point of concern in this focus on witnessing death.

Fifteen (15) respondents mentioned how much they enjoyed helping their patients and six (6) reported that they enjoyed working with their new colleagues, despite the language barriers. Several mentioned that their professional knowledge had been enhanced by their new experience and that they appreciated the learning experiences which they encountered every day.

Discussion and Recommendations

All in all it became very clear that the Cuban medical staff were coping very well, despite the challenges they faced in the areas of language, national culture and medical workplace culture. They were clearly an asset to the system and, for their part, adapted well, embracing the opportunity to bring their particular socio-cultural practices to this new and often challenging environment. There were issues of patient numbers, some lack of cooperation

¹¹ Flores, *From Bomba to Hip-Hop*.

from local staff and the culture shock of working as clinicians in a violent society whose victims became their patients. Language issues were negotiated well, particularly through non-verbal interactional skills, but since Trinidad and Tobago identifies Spanish as a second official language, the low incidence of its use must have been unexpected and very challenging.

We would like to recommend a much stronger supporting orientation for incoming Cuban medical officers, and one which engages more fully than has been possible thus far incorporates both linguistic and socio-cultural issues. We note the extent of cultural affinity between Cuba and Trinidad and Tobago, and believe that much more can be done to allow the two cultures to learn from one another and to build strong inter-territorial ties, notwithstanding any political differences. One of our graduate students who is Cuban is planning to work within this arena of cultural affinity and we look forward to the positive outcomes of that work.

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