Multilingualism in nursing homes in Friesland, the official bilingual province in the Netherlands.

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Abstract

Previous research has shown that the quality of communication and language use in health-care institutions determines the quality of wellbeing of elderly. The current study focuses on multilingualism in nursing homes in the only official bilingual province of the Netherlands, Friesland. Observations of language use in different situations and domains and linguistic landscapes were made in four nursing homes from different municipalities. Nurses and activity coordinators were interviewed via a questionnaire to gain more insight in their attitudes towards language and the mother tongue of clients. A comparison was made between the four nursing homes to research if there were differences in language use, since research from the Province of Fryslân (2011) has shown that in certain municipalities in the Frisian province, the Frisian language is spoken more compared to others. The current study shows similar results. It appears that Frisian and its varieties are regularly used in nursing homes, during both informal and formal situations. Results also show that the participants demonstrated behavioural signs of language awareness, but that there is potential to enhance this awareness in practice. It is suggested that communication and language use should become key factors in policies of nursing homes, since none of the visited ones seems to have created a policy regarding language. Language awareness trainings are recommended for nurses, activity coordinators and other employees that are often in contact with elderly, to extricate the important of language and the mother tongue of elderly.
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1. Introduction

The relationship between globalisation and the endangerment of minority languages is an often-researched topic. As the world becomes more globalised, a common mother tongue becomes more and more important for commercialisation (Mufwene, 2002). Globalisation has led to the intensive interaction between several continents. This has played a crucial role in the expansion of English as a global language and has put speakers of minority and regional languages and dialects at risk. In Europe, a number of minority languages exist, both immigrant and indigenous (examples are Catalan in Spain, Gaelic in Ireland and Frisian in the Netherlands). According to Moseley (2010), Catalan, Gaelic and Frisian are all in an endangered position, since there are not many fully competent speakers among younger generations. In the case of Frisian, many children learn the Frisian language passively, but the majority of these children will become more fluent in Dutch and will use that language also more actively. Therefore, many children will not become active users of Frisian. The current study will focus on the minority language Frisian that is spoken in Friesland, the only official bilingual province in the Netherlands.

1.1 Bilingualism in Friesland

Friesland is the only official bilingual province in the Netherlands. Geographically the province is located in the northwest, on the southern borders of the North Sea. There are three languages that play an important role in the province of Friesland: (1) the minority language Frisian, which is spoken by the majority of the Frisian population of the Province of Friesland, (2) the language that is spoken by the majority of the population in the Netherlands, Dutch, and (3) English, the language that becomes more and more important in society.
1.2 Legal and political history of the Frisian language

The legal and political history of the Frisian language could be divided into several stadia. In the 1950s the Frisian language was first acknowledged Dutch government. Since 1956 it was permitted for Frisian population to use the Frisian language in court. In 1970, the Frisian language was acknowledged as the second official language in the Netherlands. The province of Friesland started developing its language policy in the same period of time. However, the creation of a Frisian language policy entailed a long and extensive process (Gorter, 2006). In the 1980s, an agreement between the province and the Dutch state government was reached. This agreement was called a “Covenant” and included provisions for the media, education, culture and scientific research, but also for public administration and the use of Frisian in court. In 1995, a law was created that permitted authorities to use the Frisian language in official written documents. The use of Frisian during meetings of the municipality councils and Provincial councils was also permitted from that year.

In the period of 1989 to 1997 the Frisian language appeared more regularly on the political agenda. This was related to the process of European integration (Hemminga, 2000). The Council of Europe has been prominent in developing the concept of basic rights for national and linguistic minorities. The European Charter for Minority and Regional Languages was opened for signature by the member states of the Council of Europe in 1992. The Netherlands was among the first signatories in 1992, as at the time West-Frisian was the only minority language mentioned. West-Frisian is a collective name for several dialects that are spoken in the province Noord-Holland. The main difference between West-Frisian and Frisian is that West-Frisian does not have spelling rules. The West-Frisian language also is considered more similar to Dutch.
As a result of the European Charter for Regional or Minority Languages in 1992, the Frisian language was recognized as an official language, which the Dutch government was obligated to protect and sustain. In 2001, an agreement between the Dutch government and the government of Friesland was made (Eerste Bestuursafsprak Friese Taal en Cultuur). It was agreed that the Dutch government should shape policies regarding education, culture and media and that the Frisian government was ought to execute these policies. This agreement was based on the six chapters from the European Charter (1998). In 2005, the Frisian population was acknowledged as a national minority. In 2012, a coalition agreement was established, in which was determined that the Frisian and the Dutch language would have equal rights. In 2013, a new law was created concerning the use of Frisian in governmental and legal relations. This law was called *Wet Gebruik Nieuwe Taal* en was official on 01-01-2014. Next to the new law, a Frisian Organ was created that was assigned to advice the Dutch government regarding the realisation and execution of Frisian language policies.

![Figure 1. Map of the Netherlands. The province of Friesland is marked.](image-url)
1.3 Varieties of the Frisian language

Frisian knows several varieties that are spoken across the Frisian province. The variety that is spoken most regularly is Stadsfries. Stadsfries is a collective name for the dialects that are spoken in Leeuwarden, Sneek, Bolsward, Franeker, Dokkum, Harlingen, Stavoren, Kollum and Heerenveen. Stadsfries is a variety of the Dutch language. The lexicon of Stadsfries is strongly influenced by the Dutch language, but the influence of the Frisian language is also clearly visible. The syntax and pronunciation of Stadsfries is equal to Frisian. Hindeloopers is a dialect that is only spoken in the city Hindeloopen. The Hindeloper dialect is similar to Stadsfries, but there are some phonological and lexical differences. Bildts is a regional language that is spoken in the Bildt area of the Frisian province (St. Annaparochie, St. Jacobiparochie, Vrouwenparochie, Oudebildtzijl, Westhoek and Nij Altoenae). Bildts is not a Frisian dialect, but a variety of the Dutch language. The syntax of Bildts is strongly influenced by the Frisian language, but the lexicon is influenced by both Frisian and Dutch. The Bildt language has its own foundation that promotes the language, called: Stichting Ons Bildt. The foundation also publishes books in the Bildt-dialect and gives languages courses to non-Bildt speakers. The pronunciation differs from the pronunciation of both Frisian and Dutch. Stellingwerfs is a variety of the Dutch language and is most similar to the Frisian language, compared to the other varieties mentioned above. Stellingwerfs is spoken in the municipalities West- and Ooststellingwerf and Steenwijkerland, in the southeast of the Frisian province. Stellingswerfs also has its own institute for the promotion of the language and culture: the Instituut veur Stellingwarver tael en kultuur. This institute also provides language courses to non-Stellingwerf speakers.
1.4 Demographic of the Frisian language

There are approximately 600.000 inhabitants in the Frisian province. Among them there are 400.000 speakers of the Frisian language, which is 70 % of the Frisian population (Gorter, 1996). Several researches have been conducted to research language proficiency in the Frisian language over the years.

The participants in the research from Gorter, Jelsma and de Vos (1984) were asked to give self-reports of their linguistic competence in Frisian. Results showed that 94% of the sample could understand the language, 73% could speak the language, 65% could read in Frisian and 10% could write in Frisian. Previous research from Pieterson (1969) showed that 31%, of the Frisian participants could write in Frisian, so the writing abilities of the Frisian population declined sharply.

In 2011, the Province of Fryslân sent 27.600 questionnaires to random households. Approximately 50% of the questionnaires were filled in. Results show that most Frisian speakers live in municipalities Dantumadiel, Littenseradiel, Ferwerderadeel and Achtkarspelen. The least amount of Frisian speakers lives in the capital of the province, Leeuwarden and in Harlingen and Stellingwerf-area. 64,6% of the participants report that they can understand Frisian adequately and 20 % of the participants report that they can understand Frisian perfectly. People living in the municipality Dantumadiel understand Frisian most adequately (84%) and people living in West-Stellingwerf can understand Frisian the least (30,6%). Results show that the percentage of Frisians that can write in Frisian is low (12,1%). Lastly, 75% of the participants report that they can read in Frisian. The province also researched if there were any significant age differences visible in the results. People with an age of 65 years or older show the highest scores for writing (4,1%) and reading (26,6%) in Frisian. Participants with an age between 18 and 29 years old report that they can write (1,9%) in Frisian the least.
The percentage of the number of participants in the younger age group that can read in Frisian was not published. A comparison between 2007 and 2011 was made and results show a significant increase in the number of people that can write and read in Frisian.

The most recent study that was conducted to research multilingualism in Friesland was done by Partoer (2014). Of the 995 respondents, half of them report that they speak more than one language. Most mentioned languages were Dutch, Frisian, a variety of Frisian and English. 90% of the respondents can understand Frisian, 65% can speak Frisian, 65% can read Frisian and 25% can write in Frisian. 68% of the respondents argue that it is important to able to speak Frisian. However, 87% of the respondents argue that it is even more important to be able to speak English. It is reported that the Frisian language is related to the history and culture of Friesland. The English language is considered important for career prospects. Results showed that the ability to speak Frisian was considered most beneficial when someone works in the health-care sector or the agrarian sector.

1.5 Attitudes towards the Frisian language

Language attitudes play an important role in the survival of minority languages, also in Friesland. Most of the Frisian population is aware of the decline in the number of speakers. The cause of the decline is seen as a “negative attitude towards the Frisian language among Frisian speakers”, also called a “weak language attitude” (Gorter & Ytsma, 1988). Another cause for the decline in number of speakers is the ongoing penetration of the Dutch language in the society, also called “Dutchification”. This term also refers to the interference of linguistic levels from Dutch to on Frisian. The situation of language attitudes towards Frisian has remained stable has remained stable since earlier research of Ytsma (1995;2007) and a more recent study of Hilton and Gooskens (2013), which showed that home language is the most telling predictor of whether attitudes towards Frisian are positive or not.
1.6 Increase of bilingual elderly

At the same time as globalisation is taking place, the number of elderly people is increasing. This “greying” process will continue in the future. It is expected that in 2035, 25% of the entire population in the Netherlands will be aged 65 years or older (Wielink, 1995). The same pattern is visible in other countries. In 2010, more than one in eight elderly living in the United States with an age of 65 and older were foreign-born. The elderly immigrant of the United States population rose from 2.7 million in 1990 to 4.6 million in 2010, a 70 percent increase in 20 years (National Institute on Aging, 2013). Elderly are therefore seen as disproportionate users of the health-care system.

According to Groenenboom and Huijsman (1995), elderly consume approximately 30% of the total expenditures on health-care in the Netherlands. It is also expected that the number of foreign immigrant elderly will grow in the following years. (In the province Friesland there are fewer immigrants compared to the other provinces of the Netherlands. Consequently, there are also less elderly immigrants living in Friesland). The number of foreign immigrants in Friesland has doubled since 1996 and therefore it is expected that the group of elderly will continue to grow in the following years. Most elderly immigrants live in the municipalities Súdwest-Fryslán, Leeuwarden, Smallingerland and Heerenveen and the fewest live on the Wadden Islands and in the northern municipalities. It is expected that in 2040, 11% of the Frisian population will have foreign roots. Since the Dutch population will become greyer, it is expected that the proportion of Frisian elderly will become more diverse. Therefore, there will be more elderly and clients in nursing homes in need of help. Research that was conducted to study the health-care of elderly immigrants in the United States has shown that until they reach the age of sixty-five, immigrants use significantly less health care than native-born citizens (Angelari, 2008). However, elderly immigrants are argued to more likely need long-term care and twice as likely to need personal care assistance (Friedland & Pankaj, 1997).
Therefore, it seems important to focus on cultural and language differences and the role of the mother tongue of elderly in health-care institutions.

Since the number of bilingual elderly will continue to grow in the future, it seems important the research the position of Frisian in nursing homes. Little research has been done on the role of the mother tongue of elderly in nursing homes. This thesis aims to find out the role of the minority language Frisian in nursing homes in the only officially bilingual province of the Netherlands, Friesland. It was researched how bilingual nursing homes deal with the role of the mother tongue of elderly in nursing homes and with language attrition and language loss of elderly speakers. A second aspect that was researched is language use in nursing homes in different settings, for example during staff meetings, lunch breaks, during activities and while conversing with elderly. A comparison was made between nursing homes in smaller villages and larger cities in Friesland, to research possible geographical differences related to language use.

This thesis will start with a background section, which will provide information about language use in different domains, linguistic landscapes, communication in health-care institutions and the use of minority languages in health-care institutions in the Netherlands. The chapter will end with the research questions of the current study. In chapter 3 the used methods will be introduced. The current study mostly contains qualitative data. Observations of language use were made in nursing homes in Friesland and a questionnaire was created to gain more insight in language use in different domains. The results will be described in chapter 4 and these results will be discussed in chapter 5. This thesis will end with a conclusion, the list of references and the appendix.
2. Background

The background section of the current study consists of several topics. First, the use of minority languages in different domains will be discussed. Secondly, an overview of linguistic landscapes in Friesland will be given. Third, background information about language and aging in multilingual contexts will be given. Further, excising literature about language and communication in health-care institutions and the use of minority languages in health-care institutions will be discussed. The background section will end with a description of the current study and the research questions.

2.1 The use of minority languages in different domains

Language choice is characterized by within-group multilingualism and between-group multilingualism. Bilinguals make use of two sets of codes for communicative purposes (Fishman, 2001). The two most important factors that influence language choice are group membership and situation. Language settings could be restricted with respect to the participants who may be present in the conversation, the psychological setting, the topics and function of the discourse and lastly, style. Each of these aspects could influence and determine language choice. Language choice becomes transformed into the processes of language maintenance or language shift. Language maintenance and language shift are concerned with the relationship between change and stability in habitual language use and the ongoing psychological, social or cultural processes of change and stability on the other hand, in multilingual settings (Fishman, 1965). Language domains are defined as “multilingual settings in which a large number of spheres of activity take place” (Schmidt-Roh, 1932). Language domains could differ from each other at the level of socio-psychological analysis (for example formal versus informal speech) and the societal-institutional level (intergroup relations, meaning interaction between group members).
The major reason for selecting a particular language to speak in a particular interaction is to call up the socio-psychological values that are associated with that language (Meyers-Scotton, 2005). When speakers use a specific language, they are indicating both their view of themselves and their relationships with other participants in the conversation. There are also other reasons for speaking one language in one situation and another language in another situation. One language could be chosen because speakers feel more comfortable speaking that language or because of pragmatic reasons. Pragmatic reasons could be politeness (Brown & Levinson, 1987) and the degree of a speaker’s involvement Grumperz (1970).

Language choice and language use are usually measured by investigating various language use domains within and outside the family (Fishman, 2001) and in intra- and intergenerational interactions (El Aissati & de Bot, 1994). The domains of language use differ with respect to their formality (Hulsen, 2000). In informal domains, as at home or while conversing with friends or family, the use of a minority language or in the case of migrants, their native language, will be more likely. In informal domains, such as school or work, the dominant language or in the case of migrants, the second language will be used more.

The first large-scale research on attitudes of multilinguals towards language choice and language use has been performed by Dewaele (2010). Nearly 1600 multilinguals from all over the world participated in the research. Results show that code switching takes place when a speaker is expressing feelings, anger and when swearing. Interviews with participants revealed the importance of cultural factors and show how the slow process of acculturation in a new community is accompanied by gradual changes in language preferences to communicate emotions.
2.2 Linguistic landscapes

Multilingualism can be studied from different perspectives. The study of “linguistic landscapes” seems of great value in order to determine the position of minority languages in a multilingual environment. The current study will, among other things, address the visibility of the Frisian language in nursing homes in Friesland. The term “linguistic landscapes” is used to describe the visibility and salience of languages on public and commercial sings (Landry & Bourhis, 1997). This view is criticized by Ben-Rafael, Shohamy, Muhammad and Trumper-Hecht (2006), since it lacks attention to the dynamics of the linguistic landscape and the factors that give shape to it. Ben- Rafael et al. (2006) argue that linguistic landscape actors should also be taken into consideration, since they can influence the public, for examples by focussing on the attractiveness of sings.

The linguistic landscape reflects the relative power and status of different languages in a specific context (Cenoz & Gorter, 2006). The language that is spoken by the majority of a population is often more used in signs and namegiving (Xiao, 1998; Ramamoorthy, 2002). Sings are considered to be “any piece of written text within a spatially definable frame…including anything from handwritten stickers to huge commercial billboards” (Backhaus, 2006). According to Shohamy (2006), linguistic landscapes could upgrade the status of weaker language groups.

There are some researches that were conducted to study linguistic landscapes in Friesland. Edelman’s (2014) study took place in both Amsterdam, the capital of the Netherlands, and the province of Friesland. Since the regional minority languages Frisian is spoken here, it was believed to be an interesting area for research on multilingualism. The linguistic landscape of shopping centres was studies, since there could be a high density of signs found there. Shopping centres in three different places were selected for the study (Burgum, Franeker and Leeuwarden). Results showed that the Dutch language was used mostly, followed by English.
The minority language Frisian did not appear very frequently on signs (no more than 10 percent overall). In Leeuwarden, there hardly occurred signs in Frisian. In Burgum and Franeker were some signs in Frisian, which is probably related to the higher proportion of native Frisian speakers in these places. It was concluded that, although the ethnolinguistic compositions of the neighbourhoods are reflected in the linguistic landscapes to some extent, the minority language Frisian has a relatively small presence. In 2006, Cenoz and Gorter researched linguistic landscapes in the main shopping street in Leeuwarden, the capital of the Frisian province. An analysis was given of the use of the minority language, the state language and English as an international language. It was concluded by both Cenoz and Gorter (2006) and Edelman (2014) that the official language policy regarding minority languages is reflected in the linguistic landscape. It can be argued that, although the government does not prescribe the use of Dutch, power relations do seem to play an important role in linguistic landscapes, which was also proposed by Ben-Rafael et al. (2006).

2.3 Language in aging

In the following paragraphs, literature regarding language and aging in multilingual contexts and the role of language in the case of dementia. This is relevant, since the current study focuses on multilingualism in health-care institutions. Bilingual residents in nursing homes could face different challenges, for example losing their second language and rely on their mother tongue. Since the number of elderly people is increasing and elderly are therefore seen as disproportionate users of the health-care system, it seems important to address multilingualism and aging.
2.3.1 Language and aging in multilingual contexts

Aging could be defined as “a change on three interacting dimensions: biological, psychological and social” (de Bot & Makoni, 2005). Aging has a large impact on people’s lives and could also have impact on the language that people speak. Language is not seen as a separate skill or capacity in the cognitive system, but it is linked to and interacts with other systems, such as perception, memory and emotion. Multilingualism could be described as being proficient to a certain degree in more than one language. All languages that a person has acquired have an impact on each other. These different acquainted languages can be viewed as subsystems within the larger language system (de Bot, 2004). Generally, it is assumed that attrition is seen as a consequence of language contact, leading to the loss of the language. The term ‘attrition’ is used to refer to individual language loss and consequently takes place within one generation (de Bot, 2001). One of the most important questions that occurs is: why, how and when does attrition take place? The answer to this question is beyond the scope of this thesis and therefore only existing literature on language attrition in multilingual contexts will be discussed.

The term “language loss” is often used in the studies of language loss in the context of bilingualism. In bilingual attrition, the changes in language use could come about due to lack and/or the influence or contact with another language (Goran, 2004). The decline in language skills has been researched by Jakobson (1941). His “regression hypothesis” suggests that language components might be lost in attrition in the reverse order in which they were acquired. De Bot and Weltens (1991) hypothesize that the more automatic certain language skills are, the less likely they are to be affected by the process of attrition. De Bot and Makoni (2005) argue that psychological decline has potential effects on functional skills as memory performance, processing speed and attention, which will in turn affect language skills and language use. To maintain proficient in a language, it needs to be activated regularly.
When this activation does not happen regularly, one can face language attrition or even language loss.

2.3.2 Multilingualism and dementia

Many people with dementia move into a nursing home once their dementia has progressed to a certain stage. It has been hypothesized that multilingualism, or the ability to speak more than one language, may help to protect against late-life cognitive decline. Recent findings suggest that multilinguals have a later dementia onset compared to monolinguals (Craik, Bialystok, & Freedman, 2010). Multilinguals, for example, show an advantage in executive control (Bialystok, Craik, Klein & Viswanathan, 2004) and attentional control (Fernandes, Craik, Bialystok & Kreuger, 2007). Since the current study focuses on multilingualism in nursing homes, literature about multilingualism and dementia will now be discussed.

Dementia refers to a condition of chronic progressive deterioration in intellect, personality and communicative functioning and can be associated with numerous causes, for example a tumor, head trauma or Alzheimer’s disease (Bayles & Kaszniak, 1987). Alzheimer’s disease is the most common type of dementia, as data from postmortem studies have revealed.

As mentioned earlier in this paragraph, bilingualism is said to enhance attention and cognitive control in older adults (Bialystok, et al., 2004). Lifelong bilinguals who used both languages in their daily lives showed an advantage in a variety of tasks involving attentional control. The results were interpreted in a way that the use of two languages requires a mechanism to control attention to the relevant language and ignore or inhibit interference from the competing language (Green, 1998). Therefore, bilingualism might contribute to cognitive reserve and protect elderly from a decline in the context of dementia (Bialystok, Craik & Freedman, 2010).
In most researches that has been conducted to study the linguistic skills of bilinguals, subjects were suffering from aphasia (Albert & Obler, 1978; Hyltenstam, 1995). Results showed that bilinguals suffering from dementia or aphasia, do not face more problems with keeping their languages apart than healthy-aging bilinguals. Hyltenstam (1995) argues that neither code-switching nor choice of language are consequences of dementia.

Research that was conducted by Mendez, Saghafi and Clark (2004) showed that multilingual patients suffering from semantic dementia, a frontotemporal lobar degeneration with progressively impaired word comprehension (Neary, Snowden, Northen & Goulding, 1988), their semantic knowledge was more impaired in the second and third language compared to their native language. This finding corresponds with the claim that there are separate lexical systems for each language (Howard, Patterson, Wise, 1992). According to Mendez et al. (2004).

The other languages that someone has acquired are not as strongly conceptually based compared to the first language, which would explain why semantic representation might be more vulnerable to brain disease. Patients with dementia could therefore show impairment in separate systems for different languages in the case of semantic dementia. An increase in the number of bi- and multilingual elderly is likely to lead to an increased need for dementia services. Nurses that give care to multilingual patients suffering to dementia should become more aware of the important role of language, but also communication. Therefore, the next chapter will focus on communication in health-care institutions.
2.4 Communication in health-care institutions

The current study focuses on language use and the role of the mother tongue of elderly in nursing homes. Language and communication are closely related, since language is a means of communication (Sellars, 1969). Stereotyping and inadequate manners of communication could negatively influence the well-being of elderly in nursing home. This chapter will discuss the importance of linguistic awareness and good communication skills of nurses.

2.4.1 Linguistic awareness as a determiner for communication skills

One definition to describe linguistic awareness is “a person’s sensitivity and conscious awareness of the nature of language and its role in human life” (Donmall, 1985). Linguistic awareness improves the tolerance of linguistic awareness and appreciation of multilinguals (Baker & Jones, 1998). The nature of health communication has always been of great interest to researchers. An inability to communicate with a health-care provider not only creates a barrier to accessing health care, but also undermines trust in the quality of medical care (Johnson, Noble, Mattheus & Aguilar, 1998). In particular there are concerns about problems that can arise when patients and caregivers do not speak the same first language (Robinson, 2002).

This described example and other language barriers might cause communicative misunderstanding. Several researchers (Anderson, Scrimshaw, Fulilove, Fielding & Normand, 2003; Chen, Youdelman & Brooks, 2007) argue that good communication with patients can be crucial for emotional, ethical and legal reasons. In linguistically diverse countries such as the United States, Canada and the United Kingdom and especially those with multiple official languages, communication can be challenging (Lavizzo-Mourey, 2007). There are optional steps that could be taken to address such language barriers. One example is opted for by Schenker, Lo, Ettinger and Fernandez (2008).
The researchers state that specific situations that are perceived to be difficult in the L2 should be targeted and caregivers should be trained in the L2 of their clients.

Conversation analysis (Drew, 2005) provides another perspective on language barriers. This type of analysis is focused on “negotiation”, which characterizes communication. If caregivers have a low proficiency in the L2, the natural setting of a conversation may be compromised, creating a language barrier. Caris-Verhallen, Kerkstra, Bensing & Grypdonck (2000) conducted a study that aimed to improve nurses’ communication skills such that they pay attention to patients physical and social needs, facilitate self-care in elderly patients and support them in finding their own solutions to their problems. The used method was communication training. Results showed that nurse communication was more facilitating after the training; nurses showed more open-ended questioners en less agreement with their patients. Nurses also gave more information and were more open towards their patients. There were also changes visible in the communication of patients. Patients also showed less disagreement with their nurses and produced own solutions to problems more often. It was concluded by the researchers that the communication was successful, since nurses were more interested, involved and less patronizing. However, the use of elderspeak by nurses was not researched by Caris-Verhallen et al. (2000).

2.4.2 Elderspeak

The main intention of communication and interaction in health settings is to influence the patient’s health status or state of well being (Fleischer, Berg, Zimmerman, Wuste & Behrens, 2008). In the discourse of nurse-patient relationships, there are frequently encountered concepts like empathy, intimacy, and esthetical discourse, concepts relevant to communication and interaction, too (Larson, 1984). Moreover, the language that is used by caregivers in nursing homes influences the communication process between elderly and nurses.
The term “elderspeak” could be described as a manner of communicating that is often used when speaking to elderly. Elderspeak is also described as a specialized speech style used by younger adults to address older adults. Characteristics of elderspeak are for a slow rate of speaking, simplified syntax, exaggerated prosody, the production of shorter sentences, simple vocabulary, fragmented sentences, filler words and repetition. Elderspeak is often used in nursing homes, hospitals and other settings where elderly are commonly found. According to de Bot and Makoni (2005), there are two motives for the use of elderspeak: (1) to overcome communication problems, meaning to improve the transmission and (2) to express care and concern, that is to enhance personal relations. Research of Kemper (1994) has shown that caregivers in nursing homes commonly use elderspeak when interacting with elderly. Elderspeak was used even when there were no signs of a decline in the cognitive abilities or communicative skills of the elderly. Moreover, caregivers used elderspeak to elderly with dementia, as well as those without dementia.

Research has shown that elderspeak could be effective in certain cases, for example when someone suffers from hearing loss (Kemper & Harden, 1999). Moreover, the use of elderspeak could be beneficial to adults that suffer from dementia. The repetition of speech and the use of simpler sentences may lead to a better understanding.

Although elderspeak may be beneficial in certain cases, the use of elderspeak may also lead to some disadvantages. The use of simplified speech may lead to low self-esteem and a decrease in willingness to communicate (Ryan, Kwong, Meneer & Trovato, 1992). Elderspeak has also been described as patronizing and a form of “baby talk” (Ryan et al., 1992). The main argument for using of elderspeak is that age triggers stereotypes. These stereotypes lead to certain expectations in speech, which leads to modified speech behavior when addressing an elderly.
According to Giles and Ogay (2007), younger people tend to believe that aging is related to a decrease in cognitive abilities and therefore, elderspeak could be described as the result of how speakers modify their speech to their conversation partner. This theory is called Communication Accommodation Theory (CAT; Giles, Bourhis & Taylor, 1977). In the research of Williams, Kemper and Hummert (2003), nurses were made aware of the use of elderspeak. The nurses that participated in the study were instructed to foster the use of effective, communication strategies in interactions with residents. This intervention led to a transition from the use of elderspeak, to a speech style that was less controlling and more respectful towards the residents.

2.4.3 Elderly as active participators in health-care institutions

The importance of for patients in nursing homes having a voice has been studied by several researchers (Caris-Verhallen et al. 2000; Gallois (2009); De Rapper, 2013). De Rapper (2013) researched the needs of elderly in nursing homes in Friesland. The researcher had extensive interviews with the elderly and their families to determine improvements that could be made regarding their treatment. The majority of the questioned elderly argued that they wished for “more and genuine attention”. Some of the participants stated that the nurses were “not always nice and sweet” and “always in a rush”.

De Rapper (2013) argues that nurses are not always aware of the dependency of the elderly and that elderly do not want to bother the nurses because of their heavy workload, so they keep quiet. Therefore, De Rapper (2013) argues that elderly should be more assertive so the nurses can become more involved and more genuine, which was also proposed by Gallois (2009). There has been a growing emphasis on empowerment of patients in health communication, which seeks to equalize power and promote their active participation in health-care (Kreps, 2011a). The level of the treatment mainly determines the quality of care that caregivers give to elderly.
De Rapper (2013) concludes that respect, equality, responsibility and fairness are important elements in the treatment of elderly and through “peer-to-peer learning”, caregivers could become more aware of these elements to improve their caretaking.

Especially those elderly suffering from dementia, can face language barriers that can prevent them from having a voice (Jones & Watson, 2012). Therefore, a high level of health literacy is needed to negotiate the health-system (Sparks & Nussbaum, 2008). This could be problematic for ethnic minority groups, who have both lower language proficiency and may lose the ability to speak a second language (Rao, Warburton & Bartlett, 2006).

In Western societies, nursing homes become more and more multilingual. On one hand, elderly people with a migrant background may end up in a nursing home in which the majority of the residents and staff speak a different language. On the other hand, in the Netherlands for example, first and second generation migrants have a career in nursing professions, while Dutch is not their native language (De Bot & Makoni, 2005). Miscommunications can arise when doctors and elderly do not speak the same language or dialect. Therefore, caregivers and doctors should adjust their language choice towards the elderly. The caregiver should also make sure that the elderly understands everything that he or her is told. Elderly with different cultural backgrounds than the caregiver or doctor can experience difficulties with showing emotions, fear or pain.

The caregiver or doctor should be aware of these difficulties and should show that they are understanding of the cultural differences (Kessels, 2003). When elderly feel more understood they are also more likely to remember medical information that the doctor is providing them. Culture defines how health information is received, understood, and acted upon. Cultures know their own norms, values, expectations and stereotypes and these aspects should not be forgotten. Therefore, language could be seen as a powerful transmitter of culture (Johnson, et al., 1998).
2.7. The use of and attitudes towards minority languages and dialects in health-care institutions

Since the current study aims to find out multilingualism in nursing homes in Friesland, existing literature about minority languages in health-care system will now be reviewed. Friesland known approximately 400.000 native speakers of the Frisian language, and therefore it seems important to also review previous literature regarding the Frisian language in health-care institutions.

Culturally competent healthcare systems—those that provide culturally and linguistically appropriate services—have the potential to reduce racial and ethnic health disparities (Anderson et al., 2003). Elderly people might end up in nursing homes in which their language is not spoken. As mentioned in the introduction, it is expected that the number of allochtonous elderly will increase over the decade. De Bot and Makoni (2005) argue that the awareness of this issue appears to be very low in most countries and few initiatives have been taken to provide adequate care. When elderly in nursing homes do not (fully) not understand what their healthcare providers are telling them, and providers either do not speak the client’s language or are insensitive to cultural differences, the quality of health care could be compromised.

As described in chapter 2.5, language barriers affect patients’ health-care in multiple ways. The research regarding the use of minority languages and dialects in health-care institutions is limited. Dressler and Pils (2009) studied rehabilitation of migrant and ethnic minorities in Austria. The researchers found that language barriers negatively affected patients’ understanding, which resulted in problematic interactions with health professionals. The interactions took longer and sometimes hindered the treatment.
2.7.1 Language awareness in minority language areas

There is limited empirical research exploring language awareness in healthcare and the factors that influence language choice for minority language speakers. Research on the use of Welsh in health-care institutions in Wales has shown that the proficiency of the Welsh language is limited to the social domain (Roberts, Irvine, Jones, Spencer, Baker & Williams, 2007). Higher-level interactions require more advanced language skills.

Roberts et al. (2007) asked nurses, midwives and health visitors to complete a questionnaire to research their proficiency and attitudes of the Welsh language in a bilingual health-care setting. There appeared to be a strong correlation between language attitudes and proficiency levels and the researchers suggest that language awareness trainings may encourage speakers to become more receptive towards language learning and in the case of Welsh, the ability to use the language also in more formal settings. Nurses’ language attitudes and proficiency levels enhance cross-cultural communication, since nurses are described as key mediators in health-care (Mallik, 1997; Bourhis, Roth & MacQueen et al., 1989).

A follow-up study of Irvine, Roberts, Tranter, Williams and Jones (2008) researched language attitudes of student nurses to determine their perceptions of language awareness. Results showed that student nurses were conscious of the influence of language awareness on patient care and noted that structural and process elements relating to language awareness were in play in the healthcare setting.

It was concluded that the amount of language awareness influenced the quality of care and student learning, which was also proposed by James and Garrett (1991). According to several researchers (Liiamatainen, 2001; Robinson & Gilmartin, 2002) experimental approaches, such as reflective practice and problem-based learning are most effective to raise awareness of nurse students, since experimental approaches stimulate self-awareness in general (Narayanasamy & White, 2005).
2.7.2 Minority languages and dialects in health-care institutions in the Netherlands

There are several studies that researched the use of minority languages and dialects in the Netherlands. The use of dialects in the Achterhoek was researched by Krosenbrink (1983). The Achterhoek is a region in the eastern part of the Netherlands (see figure 2). The language that is spoken in the Achterhoek is Achterhoek dialects, a variety of Low Saxon. Nurses and other staff members in nursing homes and hospitals were interviewed about their language use. Results showed that 73% of the staff members use a dialect and according to 71% of the staff members, the use of a dialect in health-care institutions was tolerated. Results showed that also most of the elderly speak a dialect language (75%).

![Figure 2. Map of the Netherlands. The Achterhoek-area is marked.](image)

A follow-up study to research the use of dialects in the Achterhoek–area again was conducted by (Loeven, 2013). Caregivers and patients in two hospitals were asked to complete a questionnaire with open and closed questions, to gain more inside in the use of dialects and its advantages and disadvantages in hospitals. Both patients and caregivers report that they the use of dialects in hospitals has benefits.
Residents reported they use the dialect mostly while speaking to nurses. However, in conversations with doctors, dialect language was almost never used. This could be interpreted as a result of overt prestige. Prestige describes the level of respect accorded to a dialect or language, compared to other languages or dialects in a speech community. A speech community can be defined as a group of people who share the same norms and expectations regarding the use language (Labov, 1972). Prestige in sociolinguistics is closely related to prestige in social class in a society. Labov (1998) argues that non-standard dialects are often considered as low-prestige. The overt prestige language is the language that is widely accepted by the dominant group in a society, while the covert prestige language is seen as inferior. However, in covert prestige situations, speakers desire to become more prominent.

The “standard” language in a speech community is seen as high-prestige. This reasoning leads to the preservation of social order, since it stresses differences between social classes (Lippi-Green, 2012). In hospitals, doctors are considered to be from a higher social class, which could explain the choice for speaking Dutch in doctor-patient conversations. Caregivers report that they adjust their language use towards the residents. Motivations for this choice were mostly to make the residents feel comfortable and to facilitate the communication process with the residents. Other benefits were according to both the patients and caregivers, the feeling of informal conversations and “cozyness” and the use of dialects improves the relationship and connection between both groups. Both caregivers and patients report that they prefer speaking in the dialect language and they would like to use their dialect more in hospitals. Disadvantages that were reported were that not everyone understands and speaks the variety language, which could give the patients the feeling of not fitting in. Language choice in different situations was also researched briefly. Most of the patients report that the situation determines language choice. As said before, when caregivers spoke with doctors in the Achterhoek-area, the Dutch language was used.
The formality of the conversation mainly determines the choice of speaking in a dialect or Dutch. 39% of the patients report that the emotional implications of the conversation also influence the language choice. However, the emotional implication of the conversation does not influence language choice according to the caregivers.

Language use in health-care institutions in Friesland was researched by the ministry of the interior and the province of Friesland (2001; 2008; 2011). Results from the study in 2001 showed that residents review the use of Frisian in nursing homes in Friesland as positive by nurses and other staff members. There appears to be a difference between active and passive use of Frisian. Most residents and staff members of nursing homes state that it is more important to understand than to speak Frisian.

Results from the study in 2001 also show that education, age and place of residency are factors that influence the amount of proficiency in the Frisian language. These factors affect the level of proficiency of the Frisian language in health care. People with a higher function in health-care institutions showed to have lower proficiency in Frisian, compared to staff members with a lower function. These results also confirm that the formality of the function of the conversation partner determines language choice and language use. The follow-up study in 2008 was aimed to research the policies of nursing homes regarding language. 26% (from a total of 47 nursing homes) of the nursing homes that participated in the study report that the language preference of clients is registered during the intakes. Results show that the visibility of the Frisian language has been increased since 2001. Half of the participating nursing homes report that the names of different departments and several signs are in Frisian. However, no attention was paid to the importance of the mother tongue of residents in nursing homes and the role of language in general has not been secured in the policies of nursing homes in Friesland. The current study will therefore research if there have been any changes in attitudes towards the importance of the native language of the residents and the role of Frisian and dialects in nursing homes.
Language use in different situations was also researched briefly in the study of the ministry of the inferior and the province of Friesland (2011). Results show that during lunch breaks, Frisian is the most used language. In more formal settings, as official meetings and consultations, the Dutch language was used primarily. These results confirm the study of Gorter and Jonkman (1995), which also showed that the status of the conversation partner and formality of the conversation influences language choice in Friesland.

In 2011, the use of Frisian and attitudes towards the Frisian language in all sectors of health-care institutions (hospitals, nursing homes, maternity centres and invalid homes) were researched by the Province Fryslân. The material consisted of a written questionnaire that was filled in by approximately 3,000 staff members and 2,500 resident, clients and patients. 90% of the staff members reported that they could understand Frisian. According to the residents, client and patients, 66% had Frisian as a mother tongue. Staff members reported the same percentage. 52% of all subjects reported that their proficiency for Frisian was higher than for Dutch. Staff members reported that they used the Frisian language among each other more on the work floor. However, during official meetings, the Dutch language was used most often. According to the results of the survey, the age, level of education and place of residency influenced language use. Older subjects living in smaller villages in the province were more likely to speak Frisian in comparison with older subjects living in cities. Subjects with a lower education were also more likely to speak Frisian.

A follow-up study to research language use in health-care institutions in Friesland was conducted in 2013 by Afûk, a Frisian organization that focuses on language planning and language policies of the Frisian language. The research was conducted by students that were trained to become a nurse. The questions that were used in the questionnaire were inspired by the research of Loeven (2005), who showed that the dialect language Achterhoeks was used often in one-on-one conversations between nurses and patients.
However, the research of Afûk did not focus on hospitals, but nurses and elderly clients in nursing homes were asked to fill in a questionnaire. 41% of the questioned elderly report that the Frisian language is their mother tongue and 23% reports that Dutch is their native language. Other languages that are reported are varieties of the Frisian languages, for example Stadsfries and Bildts, or foreign languages as Polish. 58% of the nurses report that Frisian is their native language and 19% report that it is Dutch. Some nurses report that a variety of the Frisian language is their native language (Stadsfries: 9%; Bildts: 2%; Stellingswerfs: 1%). 90% of the nurses state that they speak the native language of the elderly clients. Afûk suggest speaking the native language of the elderly clients declines the distance between caregivers and elderly.

To sum up the literature that exists on discourse and elderly in minority languages, it can be argued that minority languages or dialects are regularly used in health-care institutions. However, most researches that have been conducted are limited to language use during one-on-one conversations between patients and their caregivers. Language use in different settings and situations, for example during activities for elderly, lunch breaks of nurses and official staff meetings have not been researched before. The aim of the current study is to partly replicate the study of Afûk (2013), but to include language use in different settings and situations and to study the linguistic landscape of nursing homes in Friesland. These topics have not been studied often and the results could be useful to create an overall view of multilingualism in nursing homes in Friesland.
2.8 Research questions

The current study will research multilingualism in nursing homes in Friesland. Language use in different situations in nursing homes in Friesland and attitudes of caregivers towards language and communication are topics that have not been researched often. Linguistic landscapes in nursing homes in Friesland have never been researched. Therefore, the current study deals with four research questions that were formulated to gain more insight in these topics:

1. Are there regional differences in language use between nursing homes in different municipalities in Friesland?
2. What are the differences in language use in different situations (formal versus informal?)
3. What is the general attitude towards the multilingualism in nursing homes in Friesland?
4. Is there a relationship between the linguistic landscape and language use in nursing homes in Friesland?

It is expected that in nursing homes in smaller villages in Friesland, the amount of Frisian will be higher compared to nursing homes in larger cities in the province (Province Fryslân, 2011). It will be researched if varieties of the Frisian language are also used in nursing homes and in what kind of situations. It is also of interest whether the formality of a situation influences language choice. It is expected that during formal situations the Dutch language is used more often, while during informal situations as lunch-breaks Frisian or one of its dialects will be spoken more. The attitudes of caregivers towards the mother tongue of elderly are also researched. It is expected that these caregivers will show some level of linguistic awareness and that they adjust their language use towards the wishes of elderly clients (Afûk, 2013).
The current study aims to determine if language is ever a problematic factor according to caregivers. It is researched if nursing homes in Friesland have established a language policy consisting of regulations regarding language use and communication and if Frisian and its dialects are visible in the linguistic landscape of the visited nursing homes in Friesland.
3. Method

To answer the research questions described above, a research project was designed to study multilingualism in nursing homes in Friesland. Four nursing homes from different municipalities of the Frisian province were visited. Two nursing homes were situated in larger cities in the province and two were situated in smaller villages in Friesland. The methods of data collection were participant-observation and an oral questionnaire.

3.1 Participants and nursing homes

Participants of the study were nurses and activity-coordinators working in nursing homes in Friesland. Nurses are trained to take care of injured or elderly people and usually work in hospitals or nursing homes. Activity-coordinators offer activities to residents in nursing homes. These activities aim to be associated with emotional, cognitive and social aspects to develop the well being of residents. Examples of activities are for example creative activities, games, gymnastics, singing and memory recall training.

Four activity coordinators, three nurses, two interns and three team coaches were interviewed. This variety of participants was chosen to gain opinions from different points of views, from students becoming a nurse to team coaches of nurses and activity coordinators. See table 1 for more detailed characteristics of the participants. The participants consisted of eleven females and one male. The average age of the participants was 43 years old. The participants were asked to name their native language and their language(s) of preference (see figure 3). 8 participants (67%) of the participants stated that Frisian was their native language and 4 participants (33%) stated that it was Dutch.

Regarding language(s) of preference, 46% of the participants argued that their preferred language was Frisian, 31% argued that it was Dutch, 8% argued it that Frisian and Dutch were both preferred language and 15% argued that they had not preference between Frisian, Dutch, Stadsfries or the Bildt language.
Four nursing homes in the province of Friesland participated. These locations were selected on the basis of the results of the study of the Province Fryslân (2011). Results from the study showed that in larger cities the Frisian language is used less often. Leeuwarden, the capital of the province, and Sneek, the third largest city of the province were selected for the current study. In the northern municipalities of the province, most native speakers of Frisian are situated. The municipality Dantumadiel was selected for this study. Lastly, the municipality Het Bildt was selected, since the municipality knows a specific dialect and culture. For more detailed characteristics of the nursing home see table 2. Two of the nursing homes have a specific department for clients with dementia.

Figure 3. The diagram shows the percentages of the reported the native language and the language of preference of the participants. F = Frisian, D = Dutch, C = Stadsfries, B = Bildts
<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Function</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>23</td>
<td>Intern activities</td>
<td>Leeuwarden</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>Activity coordinator</td>
<td>Leeuwarden</td>
</tr>
<tr>
<td>Female</td>
<td>47</td>
<td>Nurse</td>
<td>Leeuwarden</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>Activity coordinator</td>
<td>De Westereen</td>
</tr>
<tr>
<td>Female</td>
<td>47</td>
<td>Teamcoach activities and nurses</td>
<td>De Westereen</td>
</tr>
<tr>
<td>Female</td>
<td>55</td>
<td>Activity coordinator</td>
<td>Sneek</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>Intern activities</td>
<td>Sneek</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>Teamcoach homecare and daycare</td>
<td>Sint Annaparochie</td>
</tr>
<tr>
<td>Male</td>
<td>54</td>
<td>Nurse</td>
<td>Sint Annaparochie</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>Teamcoach nurses</td>
<td>Sint Annaparochie</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>Nurse</td>
<td>Sint Annaparochie</td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>Activity coordinator</td>
<td>Sint Annaparochie</td>
</tr>
</tbody>
</table>

Table 1. The table shows the characteristics of the participants.

<table>
<thead>
<tr>
<th>Location of nursing home</th>
<th>Number of inhabitants</th>
<th>Municipality and number of inhabitants</th>
<th>Number of residents in nursing home</th>
<th>Extra information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leeuwarden</td>
<td>95.000</td>
<td>Leeuwarden 107.000</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>De Westereen</td>
<td>5200</td>
<td>Dantumadiel 19.000</td>
<td>190</td>
<td>Special department for patients with dementia</td>
</tr>
<tr>
<td>Sneek</td>
<td>34.000</td>
<td>Südwest-Fryslân 82.000</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Sint Annaparochie</td>
<td>4400</td>
<td>Het Bildt 10.600</td>
<td>80</td>
<td>Special department for patients with dementia</td>
</tr>
</tbody>
</table>

Table 2. The table shows demographic characteristics of participating municipalities and nursing homes
3.2 Material and procedure

Both quantitative as qualitative methods were used to research language and communication in nursing homes in Friesland. A qualitative method is used to gain deeper understanding in why in a certain situation people prefer the use one language over another. Qualitative methods in sociolinguistics involve close observation of a linguistic community. It is considered as an approach to sociolinguistic research that focuses on the ways in which people in communities use language to accomplish things in the world, and how they represent themselves to the world (Johnstone, 2000). A qualitative method was used to examine the behavior of a few individuals to determine the uses they might make of one variety of language or another. However, a quantitative method is most suitable for discovering when people speak the dominant language and when they speak the minority language or variety (Kuntjara, 2006).

3.2.1 Observations

To gain more insight in language use in nursing homes, observations of language use during conversations between the participants and elderly and language use during activities were made by the researcher. The participants signed a consent form to approve their participation in the research (see appendix). The observations were written down. Observations of the linguistic landscape in nursing homes were also done to determine the position of Frisian and its varieties in the environment of the nursing home. The importance of the visibility of the Frisian language in nursing homes was reviewed as not that important by nurses and other employees (Province of Fryslân, 2001). The most limiting factor in the use of an observation method is the inability to observe such things such as attitudes and motivations and therefore a questionnaire was created to gain more insight in personal opinions and attitudes of nurses and activity coordinators.
3.2.2 Questionnaire

The questionnaire consisted of open and closed questions to research multilingualism in nursing homes in Friesland. The questions were based on the questionnaire of the Afûk (2013). The questionnaire consisted of three parts of questions. The first part consisted of questions to gather personal and demographic details of the subject. The second part of questions consisted of questions to gain more inside in language use and language choice in specific situations on the work floor. The final part of the questionnaire consisted of questions to gain more insight in the policy of nursing homes regarding language use (see appendix).

The questionnaire was taken orally, so it was possible for the researcher to receive more information from the open questions. The answers of the questionnaire were written down by the researcher. The questionnaire took approximately 10 minutes. This method of qualitative interviewing is typically used to obtain descriptions of the viewpoints of the interviewee with respect to interpreting the meaning of the described phenomena (Dörnyei, 2007). One has to keep in mind that qualitative methods require the interpretation of the researcher and “the researcher is essentially the main measurement device” (Miles & Huberman, 1994). There are always several interpretations possible in a dataset, however the researcher of the current study has attempted to avoid reduced and simplified interpretations that distort the bigger picture, as proposed by Dörnyei (2007).
3.3 Analyses

The analysis consisted of two parts: quantitative and qualitative research. The closed questions of the questionnaire were used for a quantitative analysis. The answers on the closed questions were transformed into percentages and graphically presented in a histogram.

The responses to the open questions were analyses qualitatively. These responses were used to create mind maps. The SimpleMind Free model maker for Mac was used to create mind maps. A mind map is a diagram that is used to visually outline information. A mind map consists of matrices and networks, which are useful for the recognition of recurring patterns (Miles and Huberman, 1994). Networks can also help to focus on specific themes and gestalts, which is a theory of mind used to determine shapes or forms. Networks could be defined as a series of nodes with links between them and matrices are defined by rows and columns. Since the current study uses qualitative data, the mind mapping method enables the researcher to cluster the responses that belong together and to determine certain patterns. The questionnaire was taken orally in the Dutch language, but the responses of the participants were translated from Dutch to English. Four mind maps were created to determine four aspects of multilingualism: (1) language use in different situations, (2) attitudes towards the mother tongue of clients, (3) the presence of a language policy in the nursing homes, (4) improvements that the nursing home could make regarding language and communication.

The observations that were made during activities and conversations between and among nurses, coordinators and elderly were used to compare language use in the nursing homes and to determine certain characteristics and patterns. The observations of the linguistic landscape in the nursing home were used to determine the position of Frisian and its dialects in the environment. Observations were made of the name of the nursing home and the signage and name plates inside the building. The presence of Frisian material during activities or in, for example a library was also researched. Lastly, it was researched if the nursing home spreads a monthly journal consisting of articles in Frisian or one of its varieties.
See table 3 for an overview of linguistic landscapes and examples of situations in which language use was observed.

<table>
<thead>
<tr>
<th>Linguistic landscape</th>
<th>Language use</th>
</tr>
</thead>
<tbody>
<tr>
<td>name of the building</td>
<td>language use during activities</td>
</tr>
<tr>
<td>signage and name plates in the building</td>
<td>language of clients amongst each other</td>
</tr>
<tr>
<td>presence of material (library, books, poems, movies)</td>
<td>language of caregivers and activity coordinators amongst each other</td>
</tr>
<tr>
<td>monthly journal</td>
<td>amount of code switching</td>
</tr>
</tbody>
</table>

Table 3. Characteristics of the nursing home and patterns of language use in nursing home.
4. Results

In the present chapter the results will be discussed. First, a comparison will be made between language use in several municipalities as determined according to the Province of Fryslân (2011). The results will be discussed separately per visited nursing home. Secondly, an overview of the linguistic landscapes of the visited nursing homes will be given. Further, language use in different situations will be described. Lastly, attitudes of nurses and activity coordinators towards the native language of clients in nursing homes will be described.

4.1 RQ 1: *Are there regional differences in language use between nursing homes in different municipalities in Friesland?*

A comparison will be made between language use in the visited nursing homes. Results show that the location of the nursing home seems to influence language use. The results will now be discussed separately per nursing home.

4.1.1 Nursing home 1

The Frisian language is most implemented in the nursing home in the municipality Dantumadiel. The receptionist answers the telephone in Frisian and the Frisian language is used for the signage and nameplates in the building. The different departments in the building have Frisian names and the name of the restaurant is also in Frisian. Both residents and working staff argue that almost everyone speaks Frisian and people who do not speak Frisian are seen as outsiders. Consequently, the instruction of activities is in Frisian and conversations between residents and activity coordinators are in Frisian. During the game Bingo, the numbers are read out loud in both Dutch and Frisian. The two interns that were present during the activities do not speak Frisian. One has a Kurdish background and the other one is a native speaker of Dutch.
Both interns argue that they can understand Frisian and they do not have any problems with residents speaking in Frisian to them. However, residents often switch to Dutch unconsciously.

The team coach of the activities explains that there is no language policy written down for the nursing home. However, the official language in the nursing home is considered Frisian and in the specific department for residents suffering from dementia, nurses are obligated to speak Frisian, since the role of the mother tongue of Alzheimer patients is extremely important. However, staff is not obligated to speak Frisian in the other departments in the nursing home. During formal situations as staff meetings the Dutch language is often used, but during more informal situations as lunch breaks the Frisian language is used predominantly. For an overview of language use in nursing home 2 see table 4.

<table>
<thead>
<tr>
<th>Characteristics of language use</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language policy</td>
<td>no</td>
</tr>
<tr>
<td>Language requirements</td>
<td>yes</td>
</tr>
<tr>
<td>Visibility of languages</td>
<td>Frisian name giving</td>
</tr>
<tr>
<td></td>
<td>Frisian articles in monthly journal</td>
</tr>
<tr>
<td></td>
<td>Library with Frisian books</td>
</tr>
<tr>
<td>Most heard language</td>
<td>Frisian</td>
</tr>
<tr>
<td>Spoken languages</td>
<td>Dutch, Frisian</td>
</tr>
<tr>
<td>Other characteristics</td>
<td>Specific department for clients with dementia, nurses are required to speak Frisian</td>
</tr>
</tbody>
</table>

Table 4. Summary of characteristics of language use in nursing home 1

4.1.2 Nursing home 2

In the nursing home in municipality Het Bildt, the regional dialect is used for name-plates in the building. Signage and announcements on a flatscreen for residents are both in Dutch. There is no language policy written down, but effort is made to promote the Bildt language and culture on the basis to new employees in the nursing home.
Employees are not obligated to speak Frisian and/or Bildts, however, speakers of one or both languages are preferred. Once and a while the Frisian or Bildt language is present during activities, however the activities are not presented as “Frisian activities”. Most employees speak Frisian and/or Bildts and both languages are very much active in the nursing home. The Dutch language is only used when someone does not master the Frisian and/or Bildt language. The formality of a situation does not seem to influence language choice. The Frisian language is often used during official meetings. However, the record of proceedings is in Dutch.

Equal to the nursing home in Dantumadiel, there is a specific department for clients with dementia. Special effort is made to the communication process between these clients and the caregivers. Caregivers state that they use books in which the life story of a clients is described, the help them remember their past and important events that occurred in their life. According to caregivers, singing also helps as a means to communicate with clients suffering from dementia. For an overview of language use in nursing home 2 see table 5.

<table>
<thead>
<tr>
<th>Characteristics of language use</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language policy</td>
<td>no</td>
</tr>
<tr>
<td>Language requirements</td>
<td>no</td>
</tr>
<tr>
<td>Visibility of languages</td>
<td>Library with Frisian and Bildts books</td>
</tr>
<tr>
<td></td>
<td>Bildt signage and name giving</td>
</tr>
<tr>
<td></td>
<td>Frisian and Bildt articles in monthly journal</td>
</tr>
<tr>
<td>Most heard language</td>
<td>Frisian</td>
</tr>
<tr>
<td>Spoken languages</td>
<td>Dutch, Frisian, Bildts</td>
</tr>
<tr>
<td>Other characteristics</td>
<td>Specific department for clients with dementia, nurses are required to speak Frisian</td>
</tr>
</tbody>
</table>

Table 5. Summary of characteristics of language use in nursing home 2
4.1.3 Nursing home 3

In Leeuwarden, the capital of the Frisian province, the Dutch language is dominant. The receptionist answers the telephone in Dutch and the Dutch language is used for the signage and nameplates in the building. The name of the nursing home is Dutch. The instruction of activities is in Dutch and during Bingo, the numbers are read aloud solely in Dutch. Amongst each other, most residents speak in the dialect Stadsfries or in Dutch. Occasionally there are activities in Frisian, for example storytelling and theatre. There is not an official language policy written down for the nursing home, but activity coordinators argue that both Frisian and Dutch are official languages that can be used. No Frisian language policy was created, since the Frisian capital is not of Frisian origin, the team coach of the activities states. Nurses and activity coordinators speak Frisian amongst each other during informal situations, when they are both proficient in the Frisian language. During formal situations the Dutch language is always used. Activity coordinators are trained to understand the communication preferences of the clients, however they do not concentrate on language awareness of the activity coordinators and the role of the mother tongue. The activity coordinators report that they adapt to their clients as much as possible. There are some volunteers with foreign backgrounds. They do not speak Frisian and they are learning how to speak Dutch. They volunteer to become more acquainted with the Dutch language. The activity coordinator and nurses show some characteristics of elderspeak. However, the main reason for speaking more slowly and loudly is because some clients appear to be deaf. For an overview of language use in nursing home 2 see table 6.
<table>
<thead>
<tr>
<th>Characteristics of language use</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language policy</td>
<td>no</td>
</tr>
<tr>
<td>Language requirements</td>
<td>no</td>
</tr>
<tr>
<td>Visibility of languages</td>
<td>Books and short stories in Frisian</td>
</tr>
<tr>
<td>Most heard language</td>
<td>Dutch</td>
</tr>
<tr>
<td>Spoken languages</td>
<td>Dutch, Frisian, Stadsfries</td>
</tr>
<tr>
<td>Other characteristics</td>
<td></td>
</tr>
</tbody>
</table>

Table 6. Summary of characteristics of language use in nursing home 3

4.1.4 Nursing home 4

The same pattern is visible in the municipality Súdwest-Fryslân. The receptionist answers the telephone in Dutch. During activities, the Dutch language is used as medium of instruction. The mother tongue of the activity coordinator and the intern is Dutch. During activities and tea breaks, a lot of code switching is taking place. Amongst each other, clients speak Frisian and Stadsfries predominantly. However, during conversations with the activity coordinators, volunteers or intern, the clients use Dutch. This appears to be an unconscious process, since the activity coordinators told the clients that it was no problem to address them in Frisian. The activity coordinators state that the level of the activities is adapted to the cognitive skills of the clients. Examples of activities are moving games, memory recall training, creative activities, reading short stories and ball games. Sometimes there are activities in Frisian, for example reading Frisian stories aloud or singing in Frisian. However, the activities are not presented as “Frisian activity”, but the Frisian language is a component of other activities. Some clients show characteristics of (beginning) dementia, as forgetting their birth date or age. The activity coordinators use some characteristics of elderspeak while addressing these clients, by speaking with a high intonation and speaking more slowly and clearly. The intern reports that during her educational program, attention is paid to the communication process in health-care institutions. Social skills are trained and tips are given on how to adapt to the wishes of the client. However, language awareness and the role of the mother tongue of elderly are not implemented in the educational program.
One of the volunteers is from English origin and therefore her mother tongue is English. She does speak Dutch, but the clients report that it was difficult to understand her in the beginning weeks. However, after a few months it became easier to understand her and it appeared not to be an issue for the clients. The team coach reports that during formal situations as job interviews, the Dutch language is always used. For an overview of language use in nursing home 2 see table 7.

<table>
<thead>
<tr>
<th>Characteristics of language use</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language policy</td>
<td>no</td>
</tr>
<tr>
<td>Language requirements</td>
<td>no</td>
</tr>
<tr>
<td>Visibility of languages</td>
<td>Library with Frisian books</td>
</tr>
<tr>
<td>Most heard language</td>
<td>Dutch</td>
</tr>
<tr>
<td>Spoken languages</td>
<td>Dutch, Frisian, Stadsfries</td>
</tr>
<tr>
<td>Other characteristics</td>
<td></td>
</tr>
</tbody>
</table>

Table 7. Summary of characteristics of language use in nursing home 4.
4.2 RQ 2: Is there a relationship between the linguistic landscape and language use in the nursing home?

Observations were made to research the linguistic landscape in nursing homes in Friesland. None of the visited nursing homes has a Frisian name. Two of the nursing homes do not have any Frisian name plates or signs (Sûdwest-Fryslân and Leeuwarden). However, the other two nursing homes do show signs of a Frisian linguistic landscape. Both the nursing home in Dantumadiel as the one in Het Bildt have given a Frisian name to their restaurant. The last named nursing home also gave a Frisian name to their shop. All of the visited nursing homes own a library with Frisian books. There are also books in the Bildt language in the municipality Het Bildt.

There are two nursing homes (Dantumadiel and Het Bildt), that have a monthly journal where articles in Frisian and Bildt are often published. In the nursing home in Dantumadiel, Frisian poems and short stories are often published in the monthly journal, however, the majority of the articles is in Dutch. An example of a Frisian poem that was published in a monthly magazine is see table 8.

<table>
<thead>
<tr>
<th>Frisian text</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>“yn it ljocht kin ik wer tinke</td>
<td>“in the dark I am able to think again</td>
</tr>
<tr>
<td>ljippen raze de kleuren út de grûn</td>
<td>lapwings are raving the colours out of the ground</td>
</tr>
<tr>
<td>opswypkjende gear fan de belofte fan simmer</td>
<td>scattering scents of the affirmation of summer</td>
</tr>
<tr>
<td>maitiid minsken de maitiid is begun</td>
<td>spring, people, spring has begun</td>
</tr>
<tr>
<td>grize tiden ferfage yn it grien</td>
<td>the grey times are fading into green ones</td>
</tr>
<tr>
<td>it Fryske bloed bûnzet en siert</td>
<td>Frisian blood beats and embellishes</td>
</tr>
<tr>
<td>ik wol sjonge mei lûde stim</td>
<td>I want to sing with a loud voice</td>
</tr>
<tr>
<td>no’t de maitiid sege fiert”</td>
<td>Now that spring has begun”</td>
</tr>
</tbody>
</table>

Table 8. Example of a Frisian text in the monthly journal of the nursing home in the municipality Dantumadiel
The nursing home in the municipality Het Bildt also has a monthly magazine, written by both employees and clients, which consists of articles in Frisian, Dutch and Bildts. In the latest edition of the monthly magazine, the preface was in the Bildt language (see table 9).

<table>
<thead>
<tr>
<th>Preface in the Bildt language</th>
<th>English translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Deuze publikasy geve wij út ter gelegenhyd fan de offisjele opening fan de nijbou fan ‘Zorgcentrum het Bildt’. De útgave wort hússyriem besorgd in de gemeente ‘t Bildt. Wij wille naamlik graag met jim dele, hoe mooi at ‘t nije sorgsintrum worren is. An alle inweuners fan önze gemeente, die’t óns nag niet kinne, wouwen wij graag fertelle wat foor sorg en ondersteuning at wij biede kinne an de inweuners op ‘t Bildt”</td>
<td>“This issue is published on the occasion of the official reopening of the ‘Care Center het Bildt’. This issue will be spread through the municipality ‘t Bildt. We would like to share with you how beautiful the new care center has become. All citizens of the municipality, that are not familiar with us yet, we would like to provide information about the types of care and support we could offer to the citizens of the municipality Het Bildt.”</td>
</tr>
</tbody>
</table>

Table 9. An example of an article in the Bildt language in the monthly magazine of the nursing home in the municipality Het Bildt.

The preface is written by the manager of the nursing home, which was just renovated. The manager explains that this edition of the monthly magazine will be spread through the municipality, so all citizens are awareness of the types of care and assistance the nursing home offers.
4.3 RQ 3: *What are differences in language use in (formal versus informal)?*

Language use in different situations in nursing homes was researched to determine if the formality of a situation determines language choice. Other important aspects that were researched were the level of adaptation of the participants towards their elderly clients. The questionnaire consisted of six questions related to language use in various situations:

1. Which language do you use while giving care?
2. Which language is used in the nursing home during formal situations?
3. Which language is used in the nursing home during informal situations?
4. Which language is used during activities?
5. Who determines language choice (caregiver or client)?
6. Do you adapt towards the elderly?
7. Do you adapt towards the other conversation partners (colleagues)?

Results show that Frisian and Dutch are both equally used by the participants while giving care, approximately 33% (see figure 4). Some participants argue that they use a combination of Frisian and Dutch or a combination between Frisian and a dialect (8%). During formal situations as work meetings, 58% of the participants state that the Dutch language is used most often (see figure 9). However, the participants mention that a combination of Dutch and Frisian or dialect is not an uncommon phenomenon (17%). During informal situations, Frisian and Dutch are both equally used by the participants (33%, see figure 10). Dialects as Stadsfries and Bildts are also frequently used. During activities, almost half of the participants argue that they use the Dutch language (see figure 11). Frisian and dialects are also frequently used during activities (8%), for example while reading poems or historical stories.
With regard to the level of adaptation of the participants towards their elderly clients, results show that the majority of the participants argue that they indeed adapt to the language preference of the client (see figure 5). 83\% of the participants state that they adapt their language use towards the client. Only two of the participants argue that they are not able to speak Frisian, and therefore they speak Dutch while giving care (17\%). Half of the participants state that the client determines language choice (see figure 6). 42\% of the participants state that language choice is a natural and unconscious process.

Two participants state that they do not speak Frisian or a dialect, so they address their clients on Dutch (8\%). These participants do have a passive understanding of Frisian, so the clients are able to speak Frisian. However, it apparently it is difficult for the clients to code switch between languages and they often speak Dutch to Dutch nurses and activity coordinators. Most of the participants argue that they also adapt to other conversation partners that they speak to on the work floor (75\%, see figure 7). Some of the participants argue that they will speak Frisian to Dutch co-works if they can understand the Frisian language (8\%).
The participants argue that they feel most comfortable speaking their native language and if that is Frisian or a dialect, if possible, they will primarily speak Frisian at work. 17% of the participants state that they are not able to adapt since they only speak Dutch.

Figure 5. Results to the question "Who does determine language choice?".
Figure 6. Results to the question "Do you adapt your language choice towards the elderly client?".

- yes  
- no (I don’t speak Frisian)

83%
17%

Figure 7. Results to the question "Do you adapt your language choice towards other employees in the nursing home?".

- yes  
- no (I don’t speak Frisian)  
- only if conversation partner does not understand Frisian

75%
17%
8%
4.4 RQ 4: *What is the general attitude towards multilingualism in nursing homes in Friesland?*

The attitudes of activity coordinators and nurses towards language policies and the mother tongue of their elderly clients were also acquired through a questionnaire. The responses were translated from Dutch to English. Mind maps were used to systematically show the responses on the following subquestions.

1. Do nurses and activity coordinators adapt their language use towards the elderly?
2. How does the nursing home adapt to the wishes of the client related to language?
3. What agreements are made regarding language and communication? Is there a language policy?
4. What improvements could be made by the nursing home regarding language and communication?
Figure 8. The mind map shows the participants' responses on the question: "Do you adapt language choice towards the elderly?"

- P1: no, I only speak Dutch, but clients can speak Frisian
- P2: yes
- P3: yes, clients feel more safe when they can speak in their mother tongue
- P4: yes, I believe that it is important to adapt
- P5: yes
- P6: no I only speak Dutch, but I wish I could speak Frisian. I can understand Frisian, so clients can speak Frisian to me.
- P7: no, I only speak Dutch
- P8: yes, I speak both Frisian and Dutch
- P9: yes I adjust, because the client is important
- P10: yes, it is important to adjust towards the clients
- P11: yes, when I speak Bûlts to Bûldt clients, the contact between us is better
- P12: yes
The mind map shows the participants' responses on the question: "How does the nursing home deal towards the wishes of the client related to language?".

- P1: good, it is important to adapt to the clients wishes.
- P2: good, nurses should also be aware of the clients wishes, language is related to norms and values.
- P3: good, there are no problems related to language.
- P4: good, there is a specific department for clients with Alzheimer. Also, the role of Frisian is very much visible in the nursing home.
- P5: good, nurses speak the language of the client.
- P6: good, passive understanding of Frisian by nurses is very much appreciated.
- P7: good, no language policy needed.
- P8: good, the wishes of the clients are very important, especially for clients with dementia. Nurses that speak Frisian are preferred, but it is not obligated to speak Frisian.
- P9: good, however the nursing home could give dialects more attention. Dialects are related to identity.
- P10: could be better, more attention should be paid to the Dutch language and culture.
- P11: good, the Frisian, Dutch and Sylter languages are all spoken here.
- P12: good, clients can speak their native language.
4.4.1 *Do nurses and activity coordinators adapt their language use towards the elderly?*

Results show that, if possible, all participants adapt their language choice towards the clients (see figure 8). Two of the participants do not speak Frisian or a dialect, so their only option is to speak Dutch. However, if they could speak Frisian or a dialect, they would. Both participants are interns of educational program to become an activity coordinator. The participants were asked about their motives to adapt language use towards the client. The most common answer was to make the elderly feel “comfortable, safe and secure”.

The intern, working in the nursing home in Súdwest-Fryslân, reports that during her educational program, attention is paid to the communication process in health-care institutions. Social skills are trained and tips are given on how to adapt to the wishes of the client. However, language awareness and the role of the mother tongue of elderly are not implemented in the educational program.

4.4.2 *How does the nursing home adapt to the wishes of the clients?*

The majority of the participants argue that the nursing homes adapt adequately to the linguistic wishes of the clients (see figure 9). The participants argue that language is never a problem and that the clients can speak the language of their preference. It is argued that language is related to culture and identity and therefore it is important that clients can speak their native language. One participant states that more attention should be paid to varieties of the Frisian language, for example the Bildt language. In none of the nursing homes it is required for employees to speak Frisian. However, passive understanding of the Frisian language is much appreciated. There appear to be no language policies, with regulations regarding language use.
Figure 10. The mind map shows the participants’ responses on the question: “What agreements are made regarding language and communication? Is there a language policy?”
4.4.3 *What agreements are made regarding language and communication? Is there a language policy?*

None of the visited nursing homes has a language policy. The participants were asked if there were any written oral agreements regarding language and communication. The responses were rather diverse (see figure 10). The nursing home in Dantumadiel has a clear view regarding clients with dementia. Both questioned participants state that the nursing home has a specific building for clients with dementia and the nurses working in this department are required to speak Frisian. Some examples of oral agreements that were mentioned by the participants working in the three other nursing homes are that multilingual employees are preferred and that during the intake of new clients, the language of preference is written in their personal files. However, the responses of the participants contradict each other and therefore, concrete conclusions about regulations in the nursing homes cannot be made. This could be seen as a sign that language policies are necessary to give employees a clear view about regulations inside the nursing home and its ideology regarding language. The discussion chapter will elaborate further on this statement.
Figure 11: The mind map shows the participants' responses on the question: "What improvements regarding language could be made by the organisation?"

- P1 - no improvements needed
- P2 - employees working with elderly should always be aware and focus on the clients wishes. No language policy is needed, the official language is Dutch.
- P3 - no improvements needed, there are no communication or language issues.
- P4 - no improvements needed
- P5 - no improvements needed
- P6 - no improvements needed
- P7 - no improvements needed
- P8 - no improvements needed, no language problems present
- P9 - focus more on dialect language on for example signage, name plates, news letters
- P10 - obliged language courses to learn the Bildt language
- P11 - raise more awareness for the Bildt language and culture,
- P12 - no improvements needed
4.4.4 What improvements could be made by the nursing home regarding language and communication?

Results show that 8 out of the 12 participants report that there are no improvements needed (see figure 11). Language appears not to be an issue according to the participants. One participant has a more critical view towards language and argues that “more attention should be paid to the Bildt language and culture”. Some other suggestions that were made are ”always be aware of the clients wishes” and “dialects could be given more attention, since dialects are also related to identity”. Other improving points that were given by the participants were language courses for employees working in the nursing home and an increase in the visibility of Frisian in the signage in the nursing home and organise more activities in Frisian. The participants argue that language is never an issue and that the clients can speak the language that they prefer.
5. Discussion

The current study researched multilingualism in nursing homes in Friesland. The use of Frisian in health-care institutions is a topic of interest for Frisian province. However, the existing researches have only focused on the role of Frisian and not its dialects. The current study was conducted to research differences in language use between municipalities and language use in different situations and domains. The linguistic landscape of nursing homes in Friesland was researched. Another aim of the current study was to gain insight in attitudes of nurses and activity coordinators towards language use and the mother tongue of their elderly clients. The discussion will start with a general overview of multilingualism and communication in the visited nursing homes in Friesland.

5.1 General overview of multilingualism in nursing homes in Friesland

The current study researched the attitude of nurses and activity coordinators towards the mother tongue of clients. It was researched who determines language choice during one-on-one conversations between the participants and elderly. According to Meyers-Scotton (2005), choice of language is determined by pragmatic reasons, which results of the current study also show. The participants show awareness of the linguistic wishes of their elderly clients and are willing adapt towards the clients. The main argument of the participants to speak the language of the clients is that it declines the distance between them and their clients, which the study of Afûk (2013) also showed. It is suggested that linguistic awareness courses could increase the level of linguistic awareness of activity coordinators and nurses, which was also proposed by James and Garner (1991).

Results showed that the new generation of nurses and activity coordinators, students from educational programs to become a nurse or activity coordinator, a decline in the Frisian proficiency is visible.
It seems important to give both Frisian language courses and language awareness training to these students, since elderly in nursing homes speak Frisian regularly, and possibly language could occur if these students do not fully understand their elderly clients. The Frisian government is only responsible for informing nursing homes about the role of Frisian. To achieve perennial results, location managers of managers of care groups could be stimulated, on a province or municipality level, to make language awareness and communication trainings obligatory, for both new and current employees that are often in contact with clients. Nurses and activity coordinators are argued to be the “ideal natural mediators” in view of their position in health-care institutions, which was also suggested by Mallik (1997) and Bourhis et al. (1989).

Results from the observations have shown that the minority language Frisian and varieties of the Frisian language are often used in the visited nursing homes in Friesland. There is a lot of code-switching taking place during conversations between activity coordinators, nurses and clients. The main conclusion is that language never appears to be an issue in the visited nursing homes. Some clients show characteristics of (beginning) dementia, as forgetting their birth date or age. These are symptoms of dementia, as well as issues with motor control in handwriting and speaking (De Bot & Makoni, 2005). Elderspeak is a speech style that is often used during communication with elderly. The participants use some characteristics of elderspeak while addressing these clients, by speaking with a high intonation and speaking more slowly and clearly. However, the participants argue that they use elderspeak to address elderly that suffer from poor eyesight and deafness, since these are discomforts that are common among their clients.

It has to be mentioned that, in the visited nursing homes, there were no immigrant clients. Therefore, there were no language barriers between the participants and clients. However, since it is expected that the number of (immigrant) elderly in Friesland will increase, nursing homes should be advised on how to deal with possible language barriers.
Language awareness training and providing language courses should therefore be stimulated on a province or municipality level. Future research could focus on the attitudes of elderly in nursing homes towards language use and their mother tongue. The current study showed that the participants believe that the nursing homes adapt adequately to the wishes of the clients and that there are no improvements needed. However, elderly in nursing homes could have different ideas and might not be so satisfied. Therefore, the attitudes of elderly regarding language and communication could be an important aspect to study in future research.

5.2 Comparison between language use in different municipalities

Previous research of the Province of Fryslân (2011) showed that in certain municipalities Frisian is spoken more compared to other municipalities. The least amount of Frisian speakers live in the Frisian capital. Most native speakers of Frisian live in the municipalities Littensradiel and Dantumadiel. By means of the results of the Province of Fryslân (2011), the nursing homes of the current study were selected. Results from the current study complement the results the research of the Province of Fryslân (2011). The Frisian language is spoken most regularly in the municipality Dantumadiel. The Dutch language is more prominent in nursing homes in bigger cities in the municipalities Leeuwarden and Súdwest-Fryslân. In the municipality Het Bildt, the Frisian language and one of its varieties “Bildts” are spoken equally. It can be concluded that the Frisian language is spoken in all visited nursing homes, but the location of the nursing home seems to determine the number of Frisian speakers and attitudes towards the Frisian language.

5.3 Linguistic landscapes

As mentioned in the previous paragraph, Frisian and some of its varieties are commonly used in the visited nursing homes. Linguistic landscapes are argued to determine the position of minority languages in a multilingual environment (Cenoz & Gorter, 2006).
Results of the current study showed a small presence of Frisian in the linguistic landscape in nursing homes. This could be explained because Frisian is more or less a spoken language and only a small part of the Frisian population is able to read and write in Frisian. This could also explain why announcements on the television screen in the central hallway of nursing homes and the menu card in restaurants are in Dutch.

Another example is that in the nursing home in the municipality Het Bildt, the Frisian or Bildt language is used during official meetings, but the record of proceedings is in Dutch. However, in two of the visited nursing homes, sings of a Frisian and Bildt language landscape were visible. The nursing homes in the municipalities Het Bildt and Dantumadiel both publish a monthly journal with articles written in Frisian and Bildts. The current from the current studies argues that these articles in Frisian and Bildts are published because of nationalistic reasons. The participants from the municipality Dantumadiel argue that status of the Frisian language both in the entire municipality Dantumadiel, as in the nursing home is rated highly. The participants from the municipality Het Bildt show similar point of view. It is not surprising that these two nursing homes show compassion towards Frisian and Bildts. These nursing homes are situated in smaller villages, where Frisian and its varieties are spoken more compared to bigger cities. It can be concluded that The Frisian and Bildts language are rated extremely important and that the languages are linked to the culture and history of the municipality.

It can be concluded that the role of Frisian in the linguistic landscape of nursing homes in Friesland is limited. Research from Cenoz and Gorter (2006) also showed that the Dutch language most often and the Frisian language is hardly ever visible in the linguistic landscape of the Frisian province. It is argued that linguistic landscapes could upgrade the status of minority languages (Shohamy, 2006) and therefore it is suggested to make Frisian and its varieties more visible in the linguistic landscapes of nursing homes in Friesland.
5.4 Language use in different situations and domains

Results from the current study show that Dutch is the main language that is used during formal situations. During activities, the Dutch language is also used more. This could be explained since activities are seen as more formal situations. Often activities are attended by large groups of clients and therefore the Dutch language is used, to address all clients and not exclude those who not understand or speak Frisian. During informal situations, as lunch breaks and one-on-one conversations between and among clients and caregivers, the Frisian language is used more. During situations in which care is given to clients, the Frisian language is spoken more. This could be explained by the fact that caregiving is seen as a more informal situation with more personal contact between caregivers and clients.

It can be concluded that, to some extent, the formality of a situation determines language choice, which was also shown in studies that were conducted in Wales and Australia (Roberts et al., 2007; Johnson et al., 1998; 1999). There results have shown that minority languages are often used by the participants and clients within an informal context. The current study showed that during official meetings the Dutch language is often used. However, some participants report that dialect language or Frisian are also regularly used during more formal situations, as for example job interviews. If interviewer and interviewee both speak Frisian or a dialect, that language is often spoken. These results contradict the findings of Gorter and Jonkman (1995) and the Province of Fryslân (2011), which suggested that minority languages are hardly ever used during formal situations. The main argument for speaking a particular language in a certain domain is that speakers feel more comfortable in their first language (Fishman, 2001). The majority of the participants from the current study define themselves as native speakers of Frisian. Therefore, it is suggested that they are eager to speak Frisian in every situation that they occur. It could be seen as promising for the future that the Frisian is very active in nursing homes institutions in Friesland.
If could be interesting for follow-up studies to research if the similar pattern is visible in other health-care institutions as hospitals, maternity centers and family doctors.

5.5 Attitudes towards language use and the mother tongue of clients

The attitudes of the participants towards the mother tongue of clients was also researched. The participants were asked if they adapt their language use towards the client. All of the participants argue that, is possible, they adapt to the wishes of the clients. These results correspond with the results of Irvine et al. (2008) and Afûk (2013). Results from the study of Afûk (2013) showed that a large majority of the questioned elderly (85%) prefer being approached in their native language, because of it creates connectedness between caregiver and elderly. It is argued by Afûk (2013) that speaking the native language of the client improves communication. Thus, speaking the mother tongue of elderly makes conversations more clear and understandable for the client and therefore their well-being will be improved. Several researchers (Roberts et al., 2007) state that the level of language proficiency of nurses influences language awareness and the attitude towards the client. Roberts et al. (2007) researched language awareness of nurses in health-care settings in Wales. Although most Welsh speakers in Wales also speak English and are therefore bilingual, in situations of stress and vulnerability many feel more comfortable and confident in Welsh with health care professionals. The same pattern is visible in the Netherlands. In Friesland, most Frisian speakers also speak Dutch. However, elderly prefer speaking Frisian when that is their native language. Language awareness is therefore an important concept in bilingual health-care settings.

The researcher from the current study argues that it seems that nurses and activity coordinators who work in a bilingual setting are understanding of the importance of linguistic awareness and therefore, they can provide a quality service for their bilingual clients. The current study did not research language attrition. However, language attrition and language and aging are important topics in terms of dementia.
Dementia causes difficulties in linguistic skills, for example the inability to find the correct word and a decrease in the ability to produce talk (Bayles & Kaszniak, 1987). It is said that bilingual elderly suffering from dementia fall back on their mother tongue. An increase in the number of bilingual elderly is likely to lead to an increased need for dementia services.

Although the participants argue that there are no improvements needed regarding language use and communication in the nursing home, nurses that give care to multilingual patients suffering to dementia should become more aware of the important role of language, but also communication. It is suggested that nursing homes in Friesland should create language policies for their nursing homes. Results have shown that none of the visited nursing homes has yet created one. The nursing home in Dantumadiel reports that nurses that give care to clients with dementia are required to speak both Frisian and Dutch, but this is an oral agreement and not written down in a policy. Some participants working in other municipalities argue that Frisian speaking employees are preferred. These are perfect examples of policies issues that could be address in language policies. During the intake of new clients, the mother tongue and language of preference of clients could be written down in their personal files. As a result, both the management group and the caregivers are more aware of the clients’ wishes regarding language.
6. Conclusion

The current study researched language use in nursing homes in different situations and domains in the only official bilingual province of the Netherlands, Friesland. Linguistic landscapes and the attitudes of nurses and activity coordinators towards language and the mother tongue of elderly were also researched.

It can be concluded that the location of the nursing homes seems to determine the association with and attitudes towards language. In municipalities where the majority of the population speaks Frisian, that language is consequently also dominant in nursing homes. In those nursing homes, the Frisian language is spoken regularly during activities and conversations between nurses and clients. Consequently, Frisian is less spoken in nursing homes situated in municipalities where the Frisian language is less spoken by the population. Results have also shown that the Frisian language and its varieties are regularly used during both formal and informal situations. The location of the nursing homes also seems to determine the linguistic landscape. It can be concluded that the role of Frisian and its varieties is minor. Therefore, it is recommended that health-care institutions make Frisian and its varieties more visible in for example the signage and name giving, but also use organise specific Frisian activities.

The nurses and activity coordinators from the current study show at least a propositional understanding of language awareness, since they argue to adapt their language use towards their elderly clients. It is pleasing to hear from the participants that language is never really a problem. It is argued that elderly sometimes show communicational issues, for example when they suffer from poor eyesight or deafness. However, these problems are not caused by language problems and therefore it can be concluded that language is never really a problem, at least not in the visited nursing homes.
None of the nursing homes has created a policy with regulations regarding language and communication. Therefore, it is recommended that nursing homes will create language policies in the near future, since previous research has shown that the quality of communication and language use in health-care institutions determines the quality of wellbeing of elderly. If nurses and activity coordinators are aware of the regulations of the nursing home regarding language and communication, the quality of health-care could be improved. Especially since the results have shown that educational institutions do not focus on language use. Therefore, it is recommended that educational institutions make language and communication points of interest in their educational programs to become a doctor, nurse or any other staff member working closely with clients in nursing homes. In other words, students that are trained to become a nurse or activity coordinator need to develop a high level of language awareness, which was also proposed by James and Garrett (1991) and Irvine et al. (2008). An effective method could be language awareness training, which should include several dimensions, including language proficiency and confidence as well as attitudes towards language, motivation and actual usage.

The current study is limited to the attitudes of nurses and activity coordinators in nursing homes. It could be the case that elderly have other thoughts about language and communication. Previous researched from De Rapper (2013) has shown that elderly are not prone to complain. However, to improve the quality of language and communication in health-care institutions, future research could focus on the preferences and needs of elderly. It is important that elderly have a voice in the nursing home. The quality of health communication will improve if elderly show active participation in health-care institutions, which was also proposed by (Gallois, 2009; Kreps, 2011).

To conclude, it is suggested to enhance awareness of the role of discourse in the maintenance of language skills, as proposed by De Bot and Makoni (2005). Multilingualism is said to have an effect on aging, but this relationship tends to be complicated.
The relationship between language and aging is one of interest, since the number of elderly is expected to be growing in the next decades. Future research regarding health literacy, the way in which health related instructions and discourses are interpreted (De Bot & Makoni, 2005), could provide more information about elderly in multilingual health-care situations.
7. References


Edelman, L. (2014). *The presence of minority languages in linguistic landscapes in Amsterdam and Friesland (the Netherlands).* University of Law Avans-Fontys, the Netherlands.


8. Appendices

A: Permission form

Taalgebruik en taalbeleid in de ouderenzorg in Friesland

Naam onderzoeker:

Ik verklaar hierbij dat ik deze deelnemer volledig heb geïnformeerd over het genoemde onderzoek.

Handtekening:                     Datum: __ / __ / __

Ik geef hierbij toestemming voor deelname aan het onderzoek. Ik ben naar tevredenheid over het onderzoek geïnformeerd en ben in de gelegenheid gesteld om vragen over het onderzoek te stellen. Mijn vragen zijn naar tevredenheid beantwoord. De resultaten worden mogelijk gebruikt voor wetenschappelijk onderzoek en kunnen eventueel gepubliceerd worden. Ik stem hiermee in, mits de gegevens anoniem zullen worden verwerkt.

Naam:
Functie:
Handtekening:                     Datum: __ / __ / __

Ik stem in met het maken van geluidsoptnames: ja / nee
### B: Questionnaire for the nurses and activity coordinators

Vragenlijst verzorgers

Datum: 

Code PP: 

**Algemene vragen**

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<th>nr.</th>
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<td>Wat is uw geslacht?</td>
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<td>Wat is uw leeftijd?</td>
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<td>Wat is uw functie?</td>
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<td>4.</td>
<td>Bij welke zorginstelling werkt u?</td>
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<td>5.</td>
<td>Uit welke plaats komt u?</td>
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<td>Wat is uw moedertaal?</td>
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<th>Wat is uw voorkeurstaal?</th>
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<th>Welke taal spreekt u thuis?</th>
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Welke taal spreekt u?

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| 9. | Wanneer u iemand zorg verleent | Fries  
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|   |   | Stellingwerfs  
|   |   | Bildts  
|   |   | stads  
|   |   | anders, namelijk: |
| 10. | Met collega’s tijdens de (lunch)pauze | Fries  
|   |   | Nederlands  
|   |   | Stellingwerfs  
|   |   | Bildts  
|   |   | stads  
|   |   | anders, namelijk: |
| 11. | Tijdens officieel werkoverleg/vergaderingen | Fries  
|   |   | Nederlands  
|   |   | Stellingwerfs  
|   |   | Bildts  
|   |   | stads  
|   |   | anders, namelijk: |
| 12. | Tijdens activiteiten | Fries  
|   |   | Nederlands  
|   |   | Stellingwerfs  
|   |   | Bildts  

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<th>Ruimte voor situatie</th>
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| 13. | Fries  
Nederlands  
Stellingwerfs  
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anders, namelijk: |
| 14. | Fries  
Nederlands  
Stellingwerfs  
Bildts  
stads  
anders, namelijk: |
| 15. | Fries  
Nederlands  
Stellingwerfs  
Bildts  
stads  
anders, namelijk: |
|   | Wie bepaalt de taal die gesproken wordt? | Subvraag: past u zich aan aan de zorgvrager? | Subvraag: wellicht kijken naar hiërarchische verhoudingen binnen zorginstelling  
Subvraag: welke taal bij (in)formele situaties? |
|---|---|---|---|
## Taalbeleid

### 18. Op welke manier besteedt uw organisatie aandacht aan de moedertaal van de zorgvrager?

Welke afspraken zijn er gemaakt?

Subvraag: ongeschreven regel of staat dit op papier in het beleid?
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<tr>
<td>19.</td>
<td>Vindt u het belangrijk dat zorgvragers hun moedertaal kunnen spreken in gesprek met u?</td>
<td>ja, want ……… nee, want …. doorvragen!</td>
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<tr>
<td>20.</td>
<td>Hoe gaat uw organisatie om met de moedertaal van de zorgvrager?</td>
<td>goed kan beter (op welke manier?) slecht (doorvragen waarom)</td>
</tr>
<tr>
<td>21.</td>
<td>Wat kan uw organisatie doen om beter met de moedertaal van de zorgvrager om te gaan?</td>
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Verdere opmerkingen/suggesties