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Causes and Effects of Codeswitching Practices in Rwandan Healthcare System

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Abstract

This study investigated the causes and effects of codeswitching within Rwanda's healthcare system using an explanatory research design. The sample population comprised 140 healthcare providers, including 40 community healthcare providers, 40 nurses, 40 patients and 20 physicians. To ensure comprehensive data collection, semi-structured interviews were used to obtain qualitative data, while questionnaires generated quantitative data. Descriptive statistical methods were employed to analyze the findings. Generally, the results indicated that codeswitching in Rwanda's healthcare context is driven by various factors. Primarily, key causes include healthcare providers' educational background in foreign languages, the lack of standardized medical terminology in Kinyarwanda, the presence of foreign healthcare professionals, and the need to communicate with international patients who cannot speak Kinyarwanda. These factors contribute to codeswitching practices in healthcare environment. As a result, this study found that codeswitching affects effective communication between healthcare providers and patients. In response to these findings, the study recommends that the Ministry of Health and the Ministry of Education in Rwanda integrate structured Kinyarwanda language trainings into medical and nursing education and provide continuous trainings for effective communication in healthcare services. Furthermore, establishing a specialized team of linguists and medical experts to develop and standardize Kinyarwanda medical terminology would help reduce reliance on foreign languages. Moreover, healthcare providers are encouraged to adapt their language use to patients' linguistic needs in order to promote inclusive communication. In conclusion, the study underscores the critical role of language in healthcare services and highlights the importance of strengthening Kinyarwanda as a medium of medical communication in Rwanda.

Keywords: *Causes, Codeswitching, Kinyarwanda, Healthcare system, Patient.*

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1. *Introduction*

In Rwanda, people codeswitch between Kinyarwanda and the other three official languages: English, French, and Kiswahili. The healthcare system of Rwanda codeswitches too. This practice mostly takes place whenever healthcare providers interact with patients while caring for their lives. According to the 5th Census, NISR (2022), Kinyarwanda is the national language of Rwanda spoken by more than 99.7% of the population and it is one of four official languages besides English, French and Kiswahili. Despite the fact that a big number of Rwandans speak Kinyarwanda, it has been noted that while caring for the patients, healthcare providers often resort to codeswitching (CS) practices in their utterances. They frequently alternate from Kinyarwanda to English and/or French. They may use single words, phrases, or even complete sentences! Hence, one wonders to know the causes behind such a communication practice (codeswitching).

Historically, codeswitching (CS) is one of the oldest best-known practices and language-contact phenomena in the world that has been widely researched (Wardhaugh, 1986). It has been given different names and definitions by different authors (Hymes, 1974; Valdes-Fallis, 1978; Milroy and Muysken, 1995). These names vary from codeswitching, codemixing, code alternation, and so on. Bullock and Toribio (2009: 1) loosely define codeswitching as "the ability on the part of bilinguals to alternate effortlessly between their two languages". Elsewhere, codeswitching is also defined as a conversational strategy used to establish, cross or destroy group boundaries (Tabaro, 2013).

A study conducted by Ntakirutimana (2014) on language challenges in Rwanda's education system identified codeswitching as a practice commonly used by Rwandan students in higher learning institutions. He characterised CS as the use of "Kinyafranglais" which is the simultaneous use of Kinyarwanda, French and English. His findings show that the use of Kinyafranglais is a sign of linguistic incompetence that has affected significantly on the learning of other subjects. In other words, in view of the above definitions, some conclusions can be drawn: Primarily, it is suggested that codeswitching can be considered as either a good or bad practice or both. Secondly, codeswitching presupposes that people who codeswitch are bilinguals who speak and understand at least two languages.

In Rwanda, although it has not yet been established through research as to what types or methods of codeswitching are frequently used by healthcare providers and the reasons why these leaders resort to this practice, some studies conducted elsewhere suggest some reasons why people generally codeswitch from one language to another.

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For instance, Ramstad (2017), it is not the speaker that borrows; on the contrary, it is the language which does. For Crystal (1987), some speakers are not able to clearly express themselves in one language, they codeswitch to another language to 'compensate' for their language deficiency. In the same vein, Auer (1998b:1) points out that CS came to be used as "a matter for a few specialists in the 1950s and 1960s, of peripheral importance for linguistics as a whole", while it has now started gaining recognition as a phenomenon and a matter that is "able to shed light on fundamental linguistic issues, from Universal Grammar to the formation of group identities and ethnic boundaries through verbal behavior" (Auer, 1998b:1). Functionally, Kim (2002:52) argued that CS can take place as a sign of snobbery and the prestige. Thus, historical background on the use of CS in many great world communities and civilizations prove that that CS is a subject worth investigating for general linguistic research purposes.

1. *Problem Statement*

Codeswitching practice that takes place when healthcare providers interact with patients is seemingly inappropriate. As shown by Rosendal (2009), 99.4% of Rwandans could speak Kinyarwanda. Thus, despite being aware of the monolingual situation of their audience and the risks and consequences that this practice is likely to cause, healthcare providers in Rwanda codeswitch between Kinyarwanda and English, French, and Kiswahili. Therefore, this study intended to investigate the causes of codeswitching in order to suggest possible ways to improve communication in the health sector.

2. *History of Codeswitching in Rwanda*

As a language phenomenon, codeswitching takes place because of languages contact. It started to be noticed in Rwanda from the colonial times. This was the time when Kinyarwanda started interfacing with other languages like German, and Kiswahili and then later with French and English (Ngoboka, 1984; Fatake, 1984; Karekezi, 1989; Ndikumwami, 1998). More literature continues to show that Kinyarwanda is increasingly co-habiting with Kiswahili, Kirundi, French, and English (Niyonsenga, 2019; Habyarimana, 2017; Kagwesage, 2013; Munyazikwiye, 2003; Hakorimana, 2003).

According to Gafaranga (1992), the contact of Kinyarwanda with foreign languages seems to be more inclined towards European than African languages. In Rwanda, phenomenon is an issue that is historically traceable from different periods of Rwandan history. According to Habyarimana (2017: 8-9), before the arrival of colonizers in the country of a thousand hills (Rwanda), "the pre-colonial period was

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characterised by Kinyarwanda monolingualism". Thus, Rwandan citizens only spoke Kinyarwanda. However, during the German rule in Rwanda (1889-1916), Kinyarwanda lost its seat of being used as an official language. As a result, Kiswahili took over by occupying the official status. The German language at that time was restricted to being taught as a subject in schools.

Ntakirutimana (2010) associates codeswitching with the colonial mentality, which instituted a bilingual 'diglossic situation' that imposed the language of the colonial master as a "high" variety (H) while the language of the colonized was regarded as a "low" variety (L). This situation has continued up to now to impose serious asymmetrical power relations between foreign European languages and Kinyarwanda. Nowadays, the native and official language Kinyarwanda cohabits with other three official languages: English, French and Kiswahili. (Government of Rwanda, 2017). In his work entitled "Citizens' Perceptions of Codeswitching in Public Communication in Rwanda", Ryaziga (2025) argues that codeswitching is a common practice among various segments of the population, including leaders. However, the scholar notes that most Rwandan citizens perceive it as a barrier to effective message comprehension. In this context, the present study was conducted in the healthcare system to examine the causes of codeswitching, as ineffective communication in this domain may have serious consequences for patients' well-being. The study concludes by proposing recommendations to enhance effective communication in healthcare system of Rwanda.

3. *Methodology*

This part describes the design of the study, study population and sampling techniques, study instruments, ethical considerations, validity and reliability and statistical treatment of data.

4. *Study Design and data collection techniques*

To investigate the causes and effects of code-switching practices among healthcare providers in Rwanda, this study employed an explanatory research design. Data were collected using questionnaires, interviews, and observational methods.

5. *Study Population and Sampling Techniques*

This study involved a total of 140 participants, comprising 40 community healthcare providers, 40 nurses, 40 patients, and 20 physicians. Purposive sampling was employed to select participants who were directly relevant to the study. This approach

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was chosen to ensure the inclusion of appropriate settings and individuals capable of providing meaningful data on the causes of codeswitching. Data were collected from five hospitals: Centre Hospitalier Universitaire de Butare (CHUB) in the Southern Province, Gahini Hospital in the Eastern Province, Kibuye Hospital in the Western Province, Byumba Hospital in the Northern Province, and Centre Hospitalier Universitaire de Kigali (CHUK) in Kigali-the capital city of Rwanda. The participants were selected equally from each hospital. Specifically, the study included 8 community healthcare providers, 8 nurses, 8 patients, and 4 physicians from each facility. These hospitals were chosen due to their high status and significant role in patient care within Rwanda. Hospital employees were selected based on their regular interaction with patients and their professional experience, with a minimum of one year of service required for inclusion in the study. In contrast, patients were selected randomly.

6. *Study instruments*

To acquire quantitative data, this study used a questionnaire. It also made recourse to semi-structured interviews to gather qualitative data to supplement the quantitative ones.

7. *Ethical Considerations*

The participants' privacy, dignity, anonymity, rights, and gender (Somerville, 2006) were respected and each participant was informed about the objectives of the study for his/her confirmations and commitment to participate in the study. The researcher guaranteed confidentiality of the information and preserved the anonymity of participants by using codes instead of their real names in the questionnaire and interview.

8. *Validity and Reliability*

In order to ensure the accuracy, two strategies were respected. The first strategy of credibility aimed to check whether the study findings were convincing enough in the investigated contexts and whether questions asked were valid enough, that is to say whether the instruments used really fetched the data they were supposed to fetch (Pitney, 2004). The second strategy of dependability helped to ensure whether the research instruments were reliable.

9. *Statistical Treatment of Data*

The data of this study were analyzed in the relation to the topic. The analysis was also undertaken through descriptive statistics.

10. *Results and Discussion*

10.1.Data from healthcare providers

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The following four research questions targeted to investigate the causes of codeswitching among healthcare providers in Rwanda. The discussion of the results was rounded to the research questions.

Research question 1: *Is codeswitching among healthcare workers linked to their educational backgrounds in foreign languages?*

This research question targeted to investigate whether the learning of medical courses in foreign languages such as English and French influences the practice of codeswitching among healthcare workers in Rwanda.

Table 01:
Codeswitching and the Use of Foreign Languages in Academics

Respondents	Tot Resp	Yes	No
Community healthcare providers	40	6(15%)	**34(85%)**
Nurses	40	40(100%)	**0(0%)**
Physicians	**20**	**20(100%)**	**0(0%)**

Basing on the results in the table above, it is clear that 100% for both nurses and physicians confirm that codeswitching in healthcare in Rwanda stems from the educational background. These workers reported that they learnt medical sciences in English or French though they are required to serve patients using Kinyarwanda after graduation. In relation with the results obtained through interview, these healthcare providers reported that they had a big challenge to translate or interpret into Kinyarwanda what they learnt from school in foreign languages. For instance, those who learnt these courses in Rwanda affirm that they learnt these courses in English language. These workers reported that learning into English pushes them to expressing the medical terms in this language. Additionally, they testified that they feel free when they utter some medical terms in foreign languages such as English instead of trying to search for their Kinyarwanda equivalences, which may or may not exist. As argued by . Bullock and Toribio (2009:1), these healthcare workers reported that they codeswitch effortlessly.

Contrarily, community health workers, as testified in the interpretation and analysis under Table 1, these workers are not recruited based on their academic degrees, instead, they are considered as community volunteers who were trained to advise and treat some specific diseases. These workers have moderate levels of

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education, and most were not trained in foreign languages. Consequently, they are less involved in codeswitching practices within the healthcare system, as they interact with patients less frequently and provide services only occasionally, depending on community members who seek for first aid assistance. This may be the reasons why 34 respondents (85%) reported that codeswitching does not originate from schools. Most of these community healthcare workers have relatively low levels of formal education. For them, as argued Kim (2002:52), they reported that the see codeswitching as a sign of snobbery and the prestige. Specifically, 24 (60%) reported attending only primary school, 6 (15%) had dropped out of secondary school, and 4 (10%) reported not attending school at all. Only 6 (15%) respondents reported that they had graduated from university. Hence, based on the findings, studying in foreign languages is not a major reason why community healthcare providers in Rwanda engage in codeswitching. Instead, these workers reported that they acquire codeswitching practices primarily through trainings organized by the Ministry of Health, hospitals, or the health centers to which they are affiliated.

Research question 2: *Is codeswitching in Rwanda's healthcare system a consequence of the lack of medical terminology in Kinyarwanda?*

This question was asked to investigate whether the linguistic phenomenon of codeswitching that is practiced by healthcare providers may be influenced by the lack of medical equivalences in Kinyarwanda.

Table 02:
Codeswitching and the Lack of Medical Terminologies in Kinyarwanda

Respondents	***Tot Resp***	***Yes***	***No***
Community healthcare providers	*40*	*34(85%)*	***6(15%)***
Nurses	*40*	*40(100%)*	***0(0%)***
Physicians	***20***	***20(100%)***	***0(0%)***

The findings in the table above reveal that codeswitching in the healthcare system of Rwanda is a consequence of the lack of medical terminology in Kinyarwanda. 100% of both nurses and physicians and 34(85%) of health community workers confirmed this fact. While explaining this issue, the majority of respondents reported that, there are many medical terms that they prefer to utter mostly in the English language than in Kinyarwanda. These respondents said that the medical terms are uttered depending on the language of the manufacturers. They added that there is a number of medical terms in English and Frensh. Thus, for them, it impossible to stop codeswitching while these terms are still in foreign languages without their equivalents

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in Kinyarwanda. On the side of community healthcare providers, 6(15%) respondents answered "No," indicating that they did not believe codeswitching originates from the lack of equivalent terms in Kinyarwanda. Instead, these respondents reported that codeswitching arises from other factors, such as the speakers' educational backgrounds and speakers' s poor mastery of Kinyarwanda.

Research question 3: *Is codeswitching in healthcare system related to the recruitment of foreign health professionals/experts who do not master Kinyarwanda?*

This question intended to know whether the recruitment of the foreign healthcare providers contributes to the codeswitching that is practiced in healthcare system of Rwanda.

Table 03:
Codeswitching and Employing Non-national Healthcare Providers in Rwanda

Respondents	***Tot Resp***	***Yes***	***No***
Community healthcare providers	*40*	*0(0%)*	***40(100%)***
Nurses	*40*	*38(95%)*	***2(5%)***
Physicians	***20***	***16(80%)***	***4(20%)***

The findings of Table 03, indicate that 38(95%) nurses and 16 (80%) physicians confirmed that the recruitment of non-national workers in Rwanda's healthcare system influences codeswitching practices. Among these 60 respondents, 50 were Rwandan nationals, while the remaining 10 (16.6%) were non-national workers who were categorized as follows: 3 Congolese, 2 Burundians, 2 Germans, 2 Indians, and 1 Ugandan. Thus, Rwandan nationals made up 83.3% of the group. Based on these findings, it can be concluded that the presence of foreign healthcare workers may be one factor contributing to the frequent occurrence of codeswitching in Rwanda's healthcare. As noted by Crystal (1987), when speakers are unable to clearly express themselves in one language, they often codeswitch to another language to compensate for their linguistic limitations. Basing on this assumption, this study confirms that non-national healthcare workers tend to codeswitch as a way to compensate for their limited proficiency in Kinyarwanda. In contrast, all 40 (100%) of the community healthcare providers surveyed were Rwandan nationals. The fact of being all Rwandan nationals may explain why the community healthcare providers did not strongly attribute

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codeswitching to the recruitment of foreign workers. In conclusion, the findings suggest that the recruitment of foreign medical experts is one of the factors contributing to codeswitching in healthcare settings in Rwanda. This finding aligns Auer (1998b)'s view that codeswitching is a tool that marks identities and ethnic boundaries.

Research question 4: *Can codeswitching in Rwanda's healthcare system be attributed to serving foreign patients?*

Rwandan Healthcare system serves various kinds of patients including foreigners who speak other languages. Thus, this question intended to know whether serving foreign patients brings about service providers to codeswitch.

Table 04:
Codeswitching and treating Non-local Patients.

Respondents	***Tot Resp***	***Yes***	***No***
Community healthcare providers	*40*	*2(5%)*	***38(95%)***
Nurses	*40*	*38(95%)*	***2(5%)***
Physicians	***20***	***20(100%)***	***0(0%)***

The findings of this Table 04 show that 20 (100%) of the physician respondents and by 38 (95%) of the nurse respondents, confirm that codeswitching in the healthcare system of Rwanda is mostly practiced when serving non local individuals who moderately understand Kinyarwanda. Thus, in order to communicate with them, the healthcare professionals switch to the patient's languages. They report that they sometimes practice codeswitching as a way to interact with foreign patients who may not understand Kinyarwanda. Contrarily, the community healthcare workers rejected the idea that codeswitching is influenced by serving the Kinyarwanda speakers. Except 2 (5%), other 38 (95%) community healthcare workers reported not having treated non-native nationals. Thus, these respondents confirmed that they did never treat such citizens who could not speak Kinyarwanda. In light of the findings, this study confirms that the treatment of non-speakers of Kinyarwanda is one of the reasons why Rwanda's healthcare providers resort to codeswitching.

10.2.Data from patients

The following two research questions targeted to investigate the effects of codeswitching among healthcare providers on communication with patients.

Research question 1: *How does codeswitching affect your understanding of communication with healthcare providers?*

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Total Number of Respondents (N = 40)	
Responses	**Percentage**
Codeswitching reduces my comprehension because it creates confusion	20(50%)
Codeswitching enhances my understanding by providing clarification	4(10%)
Codeswitching has no effect on my comprehension	16(40%)

Based on the findings from 40 participants (patients), the majority 20 (50%) reported that codeswitching reduces their comprehension because it creates confusion. This suggests that the practice of codeswitching during communication often hinders patients' understanding of important information. These participants also reported that they were monolingual speakers of their native language, Kinyarwanda, which made codeswitching particularly challenging for understanding healthcare providers' communication. Moreover, they expressed that healthcare providers should ask each patient his/her preferred language to ensure effective communication. Additionally, during the study, the researchers observed some patients requesting interpretation for certain switches.

In contrast, a smaller portion of respondents 4(10%) stated that codeswitching enhances their understanding by providing clarification. These participants explained that they preferred the use of English or French, as the inclusion of Kinyarwanda complicated their understanding. They suggested that foreign words should dominate over Kinyarwanda in communication. This preference was largely due to their linguistic backgrounds, as 2 of them had spent time abroad and were more familiar with English and French while other 2 were from foreign countries (Uganda and Zimbabwe).

Finally, 16(20%) respondents reported that codeswitching had no effect on their comprehension. Among these respondents, 4 reported that they were familiar with the common language switches used in hospitals, while 12 reported they were bilingual. Consequently, these participants indicated that codeswitching neither created communication barriers nor provided additional clarification for them. Generally, these findings highlight that the effect of codeswitching on patient comprehension varies according to linguistic background and familiarity with the languages used, emphasizing the need for healthcare providers to consider patients' language abilities when communicating.

Research question 2: *What are your suggestions regarding the use of codeswitching by healthcare providers when treating patients?*

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Total Number of Respondents (N = 40)	
Responses	***Percentage***
Healthcare providers should consider the patients' linguistic competences.	***32(80%)***
Healthcare providers should provide interpretations for codeswitched terms	***8(20%)***

The findings show that the majority of respondents 32(80%) suggested that healthcare providers should consider patients' linguistic competencies when communicating. These participants argued that this approach would reduce the communication barriers often encountered when codeswitching is practiced. Among these respondents, 20 were monolingual speakers of Kinyarwanda, 10 were bilingual, and 2 were non-Kinyarwanda speakers from foreign countries (Uganda and Zimbabwe). Additionally,8 (20%) respondents recommended that healthcare providers should provide interpretations whenever they codeswitch foreign language terms into Kinyarwanda. This suggests that while some patients value clarification to ensure accurate comprehension. Briefly, these findings highlight that patients prioritize communication strategies that account for their language proficiency, either by using a language they understand or by providing clear explanations for any foreign terms used, emphasizing the need for language sensitive practices in healthcare settings.

10.3.Data from documents

This study also investigated codeswitching practices in written documents. However, due to the confidentiality of healthcare information, none of the five hospitals allowed the researchers to take photographs of the written materials. Thus, ethically the researchers respected the participants' rights. To collect this type of data, the researchers examined the documents and identified some terms that do not have equivalents in Kinyarwanda. Those terms are such as: ***MRI, X-Ray, TDR, Radiography, Echography, Autopsy, Scanner, Diabete, Infection, Microbe, Angine, Asthma, Anémie.*** *Briefly, this study found that many medical terms used by healthcare workers do not have equivalents in Kinyarwanda. In Rwanda, these terms are primarily from French and English.*

11. *Conclusion and Recommendations*

Based on the findings, this study concludes that there are various causes of codeswitching in healthcare system of Rwanda. Such causes include influence of healthcare providers 'educational backgrounds in foreign languages, lack of medical terminology in the Kinyarwanda language, employing foreign medical healthcare

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professionals and the need to communicate to foreign patients who seek medical services in Rwanda.

- *Based on the study's conclusions, it is recommended that the Ministry of Health (MoH) and the Ministry of Education (MINEDUC) collaborate and organize regular trainings on the use of Kinyarwanda medical terminology. This strategy will enable and encourage healthcare providers to communicate effectively with local patients who understand Kinyarwanda only.*

- *The Ministry of Health is also advised to establish a team of language experts and translators who may put up a glossary of medical terminology in Kinyarwanda. This can fix the problem of equivalent terminology in medical domain.*

- *The study further recommends healthcare providers to consider patients' linguistic abilities to enhance effective communication and to provide direct translations whenever codeswitching occurs.*

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