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„Hier spricht keiner Hochdeutsch“ -
Languaging in a geriatrics clinic in rural Germany.

Master thesis

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Theses guidelines

Objective:
The aim of this thesis is to analyse and evaluate the daily practice and strategies of dealing with multilingual and intercultural interactions with international/interregional projects. In particular, the use of a project-internal lingua franca and/or translation practices and accommodations of various contributing cultures will be analysed.

Methodological approach:
Data triangulation through document analysis, interviews, and/or recordings of specific interactional data should be used to demonstrate the structural and individual strategies of managing multilingualism within an international/interregional team.

Framework structure:
1. Introduction. Objectives.
2. Review of literature.
3. Methods.
4. Results, potentially discussion.
5. Conclusion.

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Kotthoff, H.; Spencer-Oatey, H., (eds), (2009), Handbook of Intercultural Communication. Berlin, New York.

Kuster, J. et al. (Ed.), (2006), Handbuch Projektmanagement. Berlin, Heidelberg.

Matveev, V. A. & Nelson, P.E. (2004) – Cross cultural communication competence and multicultural team performance. GUNY and North Dakota State University.

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1 Introduction

Workers worldwide face an evolving multilingual workplace. In Europe in particular, „globalisation and Europeanization“ (Horner & Weber 2018, p.8) and the developments of the digital age have lead to rising wealth and to rising numbers of migrant workers. In Germany, both the dynamics on the German labour market and the rising number of immigrants ever since the final phase of the post-war boom (*Wirtschaftswunder*) in the 1960s and the migration crisis of 2015 raised the demand of German language courses and intercultural training. After the agricultural and the industrial sector, the German health sector has faced a decline of available physicians and nurses on the German job market, mostly due to the unfavourable development of wages and workload (Adler & Knesebeck 2011, p.1), which is especially notable in rural areas (Kaduszkiewicz et al. 2018 & Martin 2014). The recruitment of foreign staff has become a widespread method of filling gaps in the labour offer, facilitated by the Schengen agreement.

Health care work is one of many communication-intensive environments that have an implicit monolingual language policy. The language needs and language solutions in everyday working life are therefore of great interest to hospital management, policy makers, and the conceptualisers of language courses for immigrants and foreign professionals.

While multilingualism and multilingual practices in hospitals have been researched before, those papers which do not suggest top-down policies but only observe actual practices often either looked at hospitals in multi- and plurilingual areas, or focus on the physician-patient relationship or the situation of nurses (e.g. Lüdi 2916 & Slavu, 2017). This paper will examine a hospital in a rural German area in which the majority of physicians has a migration background, while most patients do not, focusing on the staff. I want to add insights on how languaging in a rural clinic works for physicians to the scientific dialogue.

Quite a few countries all over the world face a comparable situation in their health care sectors. Thus, literature on multilingual practice in hospitals on the whole globe are of interest for this study, and the results of this thesis are of interest for the international research on multilingualism in hospitals. The results hope to help cater to language needs of multilingual hospital staff, both migrants and locals. I hope to add

an overview of day to day languaging (and, as a side product, cultural communication) obstacles and solutions people find on their own to the scientific discourse.

2 Context

2.1 The state of the health and care labour market in Germany

In the early 2000s, a notable number of German hospitals, mostly in peripheral areas, first noticed a switch from the problematic excess of available health care staff on the job market („Ärzteschwemme“) in the 1990s, which led to physicians without a network in the business accepting seriously disadvantageous conditions in exchange for a job[1], to a growing lack of available staff („Ärzte- und Pflegermangel“) (cf. Yamamura 2009, p.196). One important reason is the migration to more attractive workplaces in regards to workload (hours and administrative tasks) and pay, especially Switzerland, where German is the most important national language, and Austria, the US and Britain (Kopetsch, 2008, n.p.). Hofmeister et al. (2010) found dissatisfaction with working conditions or professional development, and the desire for professional re-orientation to be the most frequently named reasons for the emigration or expatriation of physicians from Germany (cf. p.161). The *Ärzteblatt* agrees, naming a remuneration which is not perceived to be adequate, lack of compatibility of work with family and leisure time due to the considerable time pressure and the increasing overlap of medical activity with bureaucratic and administrative tasks as main reasons. (Kopetsch, 2008)[2]. Another aspect is the ageing of the population, which, simply put, makes many doctors pensioners, while less young doctors start working (see also the interview with DA3, S 2 & S 14)

Today, around 40 000 physicians are working in Germany, with most federal states recording a density of physicians which varies between 130 - 160 per inhabitant in the city states of Hamburg, Berlin and Bremen and 240 physicians per inhabitant in Brandenburg being the lowest account, which places Germany among the top 15 best couvered countries in the world (*Index Mundi*)[3]. While the number of young

[1] A personal account of interviewee DA3 after the recorded interview was about a young physician accepting a working contract in the 1990s on the condition that he would repay his employer a substantial part of his wage

[2] For an overview over research about the global migration of health care staff, push and pull factors, and ethic and moral ideas tied to those, see Whittal & Böckmann (2018)

[3] See, for example, Schwartz & Angerer on the subject of emigration of physicians from Germany and Hoesch 2009 on the subject of immigration of physicians and nurses to Germany and challenges of integration.

physicians (age 35) had its lowest point since 1995 in 2005 and has risen again since (*Deutsche Ärztekammer* 2019, p.6), the number of licences for specialist physicians (*Facharztzulassungen*) has also risen almost continually ever since 1993 (p.8). The number of foreign physicians has constantly risen, as well:

Abbildung 9: Entwicklung der berufstätigen ausländischen Ärztinnen/Ärzte

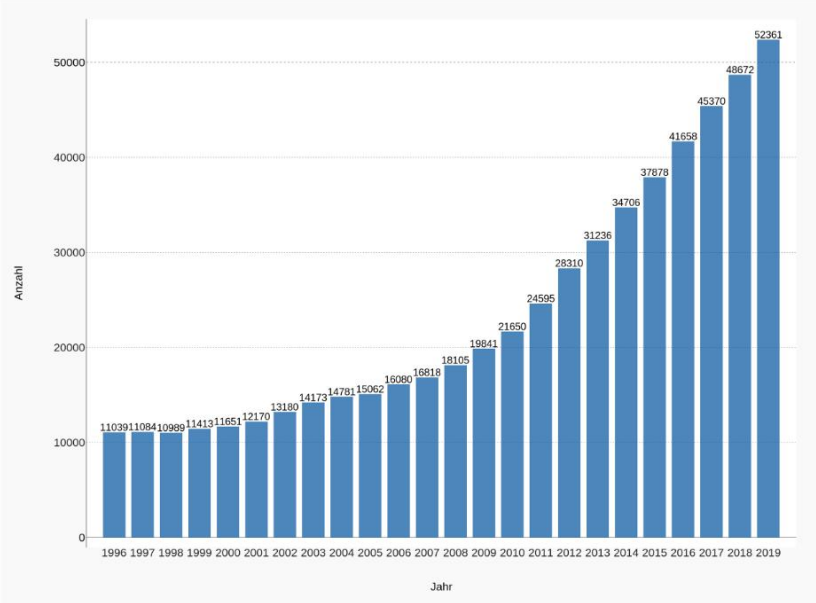


Figure 1: Number of foreign physicians in Germany from 1996 - 2019. Bundesärztekammer 2019, p.9.

Since both German citizens studying abroad („Numerus-Clausus-Flüchtlinge“, Demay & Koppel, 2013, p.15), returning to Germany with a foreign certificate and non-EU citizens who studied in Germany are NOT counted among „German physicians“, the statistics do not always mirror reality. All over, Germany profits from a net migration of physicians (ibid). The authors insist that the regional distribution of physicians is the key problem in the German health and care supply: the health care sector in Germany faces a lack of personnel in peripheries (rural and economically weak former industrial

In her introductory chapter (p.7f), Hoesch underestimates the development in the former Western part of Germany, insisting that the media copied discourse from Britain and misjudged the statistics about Germany, blowing the real lack out of proportion. In relation to Britain, Hoesch argues, Germany hardly faces any lack of health care staff at all and the only truly affected hospitals could be found in rural Eastern states (p.8). Today, this situation has shifted, as the situation in the examined hospital proves: Among the physicians in the examined Southern German hospital, an estimated 80% don’t originate from Germany, and it is not alone in its struggle for enough staff. Demay & Koppel 2013 confirm Hoesch’s claim about the Ärztemangel, seen in numbers, was less dramatic than the media suggest and elaborate that the issue is neither a great lack of physicians in Germany in general nor a dramatic brain drain of physicians, but rather physicians and nurses preferring to work in better-paying jobs and areas such as big cities as opposed to the peripheral countryside (ibid, p.3). Yamamura 2009 names roughly 3.500 physicians leaving Germany in 2007 alone, while Demay & Koppel 2013 claim that only 24 000 German physicians overall were working abroad, while Germany profits from a net influx of physicians.

regions) and competition for patients in cities and thriving regions (Scholz, 2016). Around half of all physicians in Germany are working in hospitals (ibid, p.3), which makes hospitals the most important employer of medical school graduates. Today, around 5 million people are working in the German healthcare sector (Amelung, 2013, p.4), around 1 million works in care work, and around 500 000 in the nursing care sector (cf. Artus et al 2015, p. 22). Around of 80% of employees within the health and care sector are female.

Aside a growing staff shortage especially in rural and economically peripheral regions, hospitals in Germany are facing another important challenge: the conversion to market economy principles. The social security systems in European states has been facing a dwindling amount of resources. Several reforms foresaw a switch from the fulfilment of demand principle for public services to them working in a cost-covering manner, and thus „healthcare and economic policy increasingly overlap" (Amelung, 2013, p.5). In the face of decreasing wealth and an ageing population, the costly healthcare sector saw „increasing pressure to hinder increasing cost" (ibid). The financial crisis of 2008 heightened the pressure on hospitals Europe-wide to cut down costs and thus personnel, and set another wave of inter-European migration of mostly young people from the most affected countries (Southern and Eastern Europe) off, seeking employment in less affected countries, Germany among them. Artus et al. 2015 & Kordes 2020 give a concise summary of the situation from 2008 onward:

> It is more than evident and occasionally even the object of public discourse that the care sector in Germany is a continuously growing sector that lacks skilled personnel. [...] So German Institutions (public labour administration as well as bigger care firms or actors in the staffing industry) saw the opportunity here to hire (more or less systematically) people from southern Europe to fill vacancies in German hospitals, nursing homes or in mobile elderly care services.
> Artus et al 2015, p.22

> The economization of the health and care sector: the changes in the structure of funding and of incentives have led to higher demands on productivity, while the patient–staff ratio has remained the same or even declined, resulting in nurses having to shoulder a both mentally and physically more exhausting workload.
> Kordes, 2020, p.1

This holds true for all of the staff, including physicians (see remarks about nervosity and a raised workload in DA1, S0009 and DA3, S 15 & S 8[4]). The situation of immigrant nurses in Germany is rather well-documented (see, for example, Kordes et

[4] From the transcript: „das wichtigste im arbeitsalltag sind die inhaltlichen sachen da gibts ja (.) <tiefer>> da gibts schon probleme es gibt qualitätsunterschiede aber im wesentlichen ist das::: zu hANDhaben und die defizite die wo man hat muss man halt als oberarzt als ausbilder °h" - DA, S 8.

al. 2020), whereas physicians also merit attention, even though they are, in the receiving country, on a higher station of the hospital / health sector hierarchy. The implemented shift to a micro-level, competitive, business view of the care sector lead to evolving problems for hospital staff: more workload in less time (less paid work hours, more complex accounting logistics and both rising demand for administrative staff and a rising demand of paperwork for hospital staff, personnel reduction, outsourcing, and privatisation of hospitals. (cf. Scholz 2016, p. 7)[5].

While managed care - defined by Amelung (2013) as the „application of general management principles“ (p.7) and the thinking in services - promises to render organisation and services cost-efficient and is advocated as both a time-saving and process-simplifying principle (ibid), both patients and physicians have complaints about the newly implemented systems. From the patient's - or, as managed care insists, customer's, who has the possibility to demand services and give feedback in contrast to before - perspective, managed care is associated with lower premiums, but also a restricted offer of services and poor quality (Amelung 2013, p. 251). Studies which were conducted on the matter so far found positive results of managed care in the case of medical prevention services, yet less positive ones for services for seriously ill patients. „Germany's primary problems concerning integrated care concepts are rather a result of communication problems than a performance issue“, Amelung (2013, p. 258) insists, attributing patient's negative attribute to the „question of confidence in managed care in general, and particularly in for-profit organisations“ (p.6). Physicians, though, also have complaints: They associate managed care with a poorer physician-patient relationship, being overall moderately satisfied or not satisfied at all, with some finding the quality of care and their decision options diminished. (Amelung, 2013, p. 258).[6] While I did not ask interviewees about their opinions on this matter generally, I asked DA3, who replied that several hospitals were closed down or were threatened by closing due to economic reasons; and that profit maximisation simply cannot be applied where humans are concerned. He, too, shows a critical attitude and expresses ethical concerns when asked about the matter (DA3, S 4 & 5).

Both these developments typically put staff under pressure: for one, because the workload for the average nurse and physician increases, and secondly, because

[5] On a side note, a frequent worry expressed by the general population is about the dwindling number of physicians and hospitals in rural areas - due to shortage of physicians in rural areas and the promotion of large hospitals and centres. Information acquired in informal conversations.

communication can be put under stress due to different levels of language competency in German, language needs of both patients and staff, and culturally differing communication practices.

While the following chapters will give an overview over the development of Germany into an immigration society, chapter 3 will lay the theoretical ground for the analysis, exploring basic definitions and the theoretical concepts of multilingualism multicultural teamwork. Chapter 6 will explore the situation of the examined rural hospital in particular.

2.2 History of immigration to Germany since the end of WWII

The rapid economic growth following the destruction of the Second World War in Germany caused a rising demand for labour, which was increasingly lacking; initially in the agricultural sector, followed by others (Behrens 2011, 12f). Following the full employment in 1960, the government organized recruitment agreements with Italy, Spain, Greece, Turkey, Portugal, Marrocco, Tunisia and Yugoslavia. The arriving workers were mostly working in construction, in the iron and metal industry and in mining. The oil crisis of 1973 caused a recruitment stop. This (not being able to come back to Germany to work having become a real possibility), in turn, caused the workers who had mostly been envisioned as working in Germany temporarily and moving back to their home countries to stay and motivate family members to move to Germany as well (cf. Meinhardt, 2006, p.26), raising the number of registered foreigners from 4 million to 5. (Behrens, 2011, p.15). The 1980s saw rising numbers of ethnic Germans from the Eastern bloc (*Spätaussiedler*) and asylum seekers (from Yugoslavia, Romania and Turkey) immigrating. Only approaching the 1990s, both politics and the public discourse stopped denying that Germany was, in fact, an immigration country, and started to discuss the need for and ways of integration in public. This included raising the level of German skills among immigrants. The 2000s saw a shift in the public discourse from immigration as a problem towards the need for immigration for economic reasons. The notion of *jus soli* (citizenship by birth in the territory) replaced the *jus sanguinis* (citizenship by ethnicity) notion of naturalization, and the Immigration Act of 2005 put forward further regulations of length of stay and ways of entering the labour market. (Whittall, 2015, p.3)

Numbers published by the BAMF (federal office for migration and refugees) in 2006 show that that EU internal migration, seasonal workers, family reunification and students make up the lion's share of migrants to Germany. 70% of those were from other European states, 13% from Asia, 8% from America, Australia and Oceania and 4% from Africa. Clandestine migrants are not counted in this statistic. (Behrens 2001, p.17) The refugee crisis of 2015 caused an influx of migrants from African and Middle Eastern, Muslim countries, and the postulated welcome culture of 2015, followed by the disappointment New Year's Eve 15/16 fuelled and shifted the public debate on immigration once more (Whittal et al., 2015, p.21)[7]

The German Federal Statistical Office estimated in 2016 that there were 18.6 million people in Germany with a migrant background. The most important countries of origin have been, for a long time, Turkey, Poland, and the Russian Federation (Adler & Beyer, 2017, p.223; Whittall et al., 2015, p.18). Today, around 20% of the population in Germany (21 million) has a migrant background; 11 million are non-German citizens (Whittall 2015, p.4 & Statistisches Bundesamt 2020). These are from various backgrounds, heterogeneous in their motives for migration, occupation, and duration of stay (Behrens, 2001, p.7).[8] Since multilingualism - in the form of the influx of migrants whose mother tongue is not German - is on the rise ever since the 1960s, the German micro census asked for native languages in 2017 for the first time ever since the beginning of the Federal Republic of Germany (Adler & Beyer 2017, p.221). The different immigration waves lead to, as Horner & Weber (2018) attest to be „experienced specifically in Europe over the last couple of decades“ (ibid, p.7), a certain degree of *superdiversity*: „characterized by a tremendous increase in the categories of migrants, not only in terms of nationality, ethnicity, language, and religion, but also in terms of motives, patterns and itineraries of migration, processes

[7] Example newspaper articles:
Sämmer, S. (10 January 2016). „'Rapefugees not welcome'. Pegida-Chef wegen Volksverhetzung angezeigt.“ NTV.de. https://www.n-tv.de/politik/Pegida-Chef-wegen-Volksverhetzung-angezeigt-article16734751.html. Last accessed 07/27/2020
Eddy, M. (5 January 2016). "Reports of Attacks on Women in Germany Heighten Tension Over Migrants". *The New York Times*. https://www.nytimes.com/2016/01/06/world/europe/coordinated-attacks-on-women-in-cologne-were-unprecedented-germany-says.html. Last accessed 07/27/2020
Huggler, J. *(11 January 2016)*. "Angela Merkel says Germany has lost control of the refugee crisis amid public anger over Cologne sex attacks". *National Post*. https://nationalpost.com/news/angela-merkel-says-germany-has-lost-control-of-the-refugee-crisis-amid-public-anger-over-cologne-sex-attacks/. Last accessed 07/27/2020
(n.a.) „Germany rape law: 'No means No' law passed". *BBC News*. *h*ttps://www.bbc.com/news/world-europe-36726095. Last accessed 07/27/2020

[8] For more information on the history of immigration to Germany and the current situation of migrant workers, see Whittall et al 2015 & Behrens 2011 p.3ff

of migration, processes of insertion into the labour and housing markets of the host societies, and so on“ (Blommaert & Rampton 2011, p.2, quoted according to Horner & Weber, 2018, p.7).

Just like the migrants themselves, the ways into the care sector in Germany are rather heterogeneous. For instance, Artus et al. (2015) find a Portuguese medical physician who decided to migrate because of a better chance to get specialist medical training. He was awarded a scholarship so he could afford the required language training in Germany (cf. p.27). They also found a nurse who was hired in Romania by an agency that sends people to Germany for home care jobs. Her motivation was to escape poverty (ibid).

3 Theoretical concepts

3.1 Multilingualism - Key definitions

Multilingualism (one possible synonym is *polyphony*) describes the state of individuals or a group of people (including societies) who use several languages in their daily conversation (see Glück, 2016, p.449). Multilingualism is given in any setting where more than one language is used. When examining organisations, the term „implies a co-existence of more than one language within the same organisation or society. Multilingualism can be ascribed to multiculturalism and refers to codes developed within specific regional, ethnic, professional or social groupings, as well as the nation state“ (Tange & Lauring 2009, p.221). Especially sociolinguistics tend to include the mastery of different *varieties* or *idioms* into the definition of multilingualism (since languages are hard to define once one tries to either take political factors out of the equation OR to define *language* as opposed to *dialect*[9]): „since we all use different linguistic varieties, registers, styles, genres and accents, we are all to a greater or lesser degree multilingual“ (Horner & Weber 2018, p.3). One can place all possible definitions of the term on a continuum, regarding their rigidity. The poles would be, on the one side, Leonard Bloomfield (1935) and Einar Haugen (1987) on the other. Bloomfield sees multilingualism as the capability of speaking several languages on a native level, while Haugen sees multilingualism as the capability of producing statements in more than one language (ibid). This thesis leans towards the view of Haugen, since in daily workplace life, levels of language competences vary.

[9] See Maxwell (2018) for an interesting account on Weinreich’s definition of a language

The definition of *language proficiency* and the notion of being multilingual, in this paper, include the capacity of switching - between languages, variations and registers, and of the ability to compensate a *lack* of competence, and, finally, the capability of understanding mixed languages („parallelingualism“ or „cosmopolitanism“, cf. Machili & Angouri 2016, p.6).

Languaging, according to Swain (2006), is „producing language in an attempt to understand - to problem-solve - to make meaning“ (p.96) and it is almost a given to assume that languaging is being done in hospitals. One central reason why multilingualism in hospitals in particular is of interest is the fact that in this environment - like in any other professional environment - language needs can be unmet, and thus cause problems. One issue which is currently examined in the field of workplace multilingualism is workplace integration and language (for an overview over the research field, see Angouri & Machili 2020). This scientific issue is linked to language needs, and thus also to language policies and attitudes. The study and evaluation of language attitudes (attitudes towards varieties) and language policies (how languages are positioned to one another and in the hierarchy of a community, cf. Glück, 2005, p.165 & p.612) is worthwhile precisely because language needs exist and individuals have to ‘make do’ with all three, attitudes, policies and needs, and their effects in their lives. *Language need* means both a) operative or functional needs of individuals or an organisation, and b) those needs who are tied to language as a social practice (cf. Tange & Lauring, 2016, p.220). Parts of the German sociolinguistics literature distinguishes between language requirements (*Sprachbedarf*) and language necessities (*Sprachbedürfnis*): while the first denominates objective communicative requirements in the professional or workplace context, the latter terms subjective expectations and needs, including the participants' motivations. Alternatively, while the first term describes the requirements and wishes from the point of view of entrepreneurs (superiors and colleagues, works councils etc.), the second term describes the wishes and subjective experiences of the language learners themselves (cf. Grünhage-Monetti, 2000, p.13). This distinction is conscious about the fact that language needs can be found on the individual, mental level and on the level of work requirements (skills the profession requires), and that those two are not the same. Within certain professions, language requirements can be a lot higher than an outsider’s perspective or a quick glance at the job description may show. These skills

can be a performance an employee has to provide, together with their training and knowledge, and the job profile or the mission statement of the company. Both 'objective' and subjective language needs can meet and create conflict when a person starts working in a new place (cf. Haider, 2010, 32f.). Haider stresses that any discussion around language need surveys will probably always been influenced by context and language ideology (Haider 2010, p. 30). Language needs, attitudes and policies cannot be forgotten when examining a multilingual workplace, and will be considered in the analysis.

3.2 Multilingualism in the European and in the German context

3.2.2 Multilingualism in the EU: Policies, needs and ideologies

Artus et al 2017 summarize the situation on the European job market as follows:

> Even though European and national policymakers refer to the existence of a European labour market, emphasising here the need for employees to be mobile, accommodating migrant workers continues to be informed by national practices and traditions – especially when this involves communication.
> Artus et al., 2017, p.3

Language skills are highly important for pan-European commerce, while the views on how important language skills are for small and medium sized enterprises, which constitute one important pillar of European cohesion policy, depends on the sector and on the individual situation of businesses (Celan 2011, 10). The CELAN report of 2011 found that the majority of polled businesses did not have a language development policy. At the same time, they indicated they had an overview over the language needs and available tools on the market (ibid, p.2).

[The] „mother tongue for the majority of Europeans is an official language of the country in which they reside [...] Just over half of all Europeans claim to speak at least one other language in addition to their mother tongue" (European Commission 2012, p.10). The EU language policy is plurilingual which, in the EU framework, means individual multilingualism. Ideally, a European speaks one mother tongue +2 others. (cf. Horner & Weber, 2018, p.89 & p.142). Reality is more heterogeneous. With the exception of English as a global lingua franca, within the EU member states, the respective national language dominates on the national job market (cf. European Commission 2012, p.10). When it comes to national policies, the language of daily life and administration in general and in the health sector in particular is usually the (single)

national language. The rise of the European nation states in the 18th and 19th century (which feature the Herderian One Country One Language ideology, cf. Horner & Weber, 2018, p.22) supported the development of these implicit language policies: „Indeed, most EU member states officially recognize only one language [as their national and public language], which is often directly linked to national identity“ (ibid, p.89). Arendas & Zentai (2015)'s report identify language needs of migrant workers in European host countries as

a) „a strong urge [...] to learn the host country language in order to obtain better job security, get safer and higher paid jobs, reach a sufficient level of health and job safety, and in general to be able to represent their rights better towards their employers“ (p.1)

b) „ambition to speak their native language in different (often informal) situations, with colleagues, sometimes customers and clients. This enables them to feel emotionally comfortable, secure in their own group, often leading to more human dignity and empowerment“ (ibid)

From the host country policymaker perspective, concerning the issue of language rights of migrant workers, the authors identify an attitude of hoping that the issue might 'solve itself', „with an excuse that it 'happens on its own', as a natural process“ (p.2).

> [...] national legislation does not refer explicitly to the linguistic rights of migrant workers. Often, the underlying idea is that migrant workforce needs to assimilate/integrate fast, for its own personal interest and economic survival. Knowledge of the language of host society is usually an expectation. Yet, it is rarely spelled out clearly what it means, to what extent an employee should speak the host society language/language of the company or may use her language at workplace in different situations. In addition, the experience based on our case studies is that having a multicultural/ multilingual workforce often remains un-reflected, not felt as an 'aspect requiring special attention'.
> Arendas & Zentai, 2015, p.2

While the EU undertook efforts to foster plurilingualism, critical voices remark that despite a theoretical and legal equality of languages in the EU, in practice, there are higher and lower status languages (Machili & Angouri 2016, p.4f). The latter are often overlooked when decisions are made or linguistic potential is assessed (cf. ibid, p.5 for more literature on the subject). This is true for policies and practices from the supranational to the working group level.

3.2.3 Multilingualism in German society: Policies and language needs

Regarding Germany in particular, multilingualism is strongly tied to immigration and to ethnic and linguistic minority groups. German has been the language of public administration and the native language of the majority of the population ever since the foundation of the German Empire in 1871, which marks the beginning of the German national state in the modern era. Minority languages with a tradition that dates back more than a century are protected by the law. The single national and official language is German; it is used as such in education, politics, the legal system, and administration. This fact is deeply rooted in historical tradition and in the federal system in Germany, which gives responsibility for education to the *Länder*. Around 90% of the German population speak German as their mother tongue; and Germany is, as Adler & Beyer (2017) put it, „conceptually and institutionally monolingual“ (p.221). Legally and policy-wise, ethnic affiliation is forbidden from being registered, thus the exact number and diversity of ethnicities and language speakers within Germany (Adler & Beyer 2017, p.223). There are estimations, though, that after German and English, Turkish (nearly 3 million) and Polish (around 1,5 million speakers) are the most frequently spoken minority languages within the territory (Whittall et al., 2015, p.13).

While the Verwaltungsverfahrensgesetz (Administrative Procedure Act) stipulates German as the language of public administration and the Gerichtsverfassungsgesetz (Courts Act) makes German the language of court, the constitution (Grundgesetz) does not mention an official language. Initiatives to make German as the state's language part of the constitution have failed so far, and the debate around diversity and migration which often features the problem of language proficiency „reproduce the ideological discourse of the monolingual state'" (Adler & Beyer 2017, p.228). There are four autochthonous minority languages and one regional language which are favoured by legal protection, those being Danish (in parts of Schleswig-Holstein), Frisian (in parts of Schleswig-Holstein and Lower Saxony), Sorbian (in parts of Brandenburg and Saxony), Romani (non-territorial), and Low German (in parts of North Rhine Westphalia, Lower Saxony, Breme, Hamburg, Schleswig-Holstein, Mecklenburg-Vorpommern, Brandenburg and Sachsen-Anhalt). While some authors call for clearer language integration policies (and for intercultural training, see, for example, Arendas and Zentai 2015, 6f and Artus et al. 2015b), the linguistic policy in Germany can be described as „laisser-faire [...] or non-interventionist“ (Adler & Beyer,

2017, p.228). Here, Whittal et al. (2015) agree that „Numerous writers have observed how political and economic developments such as the unification of Germany, the emergence of the European Union and the globalization of value chains has changed the topography but not the overall character of the system“ (p.3).

While politics have started initiatives for simplified immigration and integration of migrants into the care sector, these efforts are as heterogeneous and complex (not centralised) as the language policy in Germany (Whittal et al., 2015, p.3). The immigration act did, though, lead to a significant rise in migrants from Southern, Eastern Europe and non-EU countries submitting their applications for vacancies in the care sector in Germany (from 1500 in 2012 to more than 11 000 in 2018, see Whittal et al., 2015, p5). The care sector requires proof that an individual have a German language level of CEFR B2 (B1 in Hessia). The Immigration Act of 2005 made it possible for migrants to access to 600 hours of German lessons. Other professions, like engineering and science, do not. It is possible to learn German in the home country and bring a certificate, or to pass a German course in Germany before or while starting one's career. The latter option seems more popular, albeit being the most demanding option (Artus et al. 2015, p.27). One reason for this policy is the „sensible legal situation of care and medical work“ (ibid).

According to Artus et al. 2015's qualitative study about union representation in care work, „more and more migrants are filling the gaps in this [the care] sector but obviously no consequence was drawn so far that multilingualism could be a crucial issue for integration and empowering workers to exercise their rights“ (p.28). One challenge for service unions is actually the sheer diversity of migrant's backgrounds (ibid).

3.3 Workplace Multilingualism

3.3.1 General insights

Artus et al. (2017) summarize the findings of three case studies conducted in Germany. All three gathered insights on the daily language situation in different German work environments. The qualitative study conducted among members of the IG Metall council of non-German background found that

> Despite an enduring and more or less stable number of non-German workers in the enterprise, interviewees agreed that there had occurred a noticeable *decline in multilingualism* since the 1990s, this put down to an improved level of competence in German language on the part many of the workers with migration background. Mainly older workers, belonging to the first waves of immigrants (the so-called *Gastarbeiter*generation*)* still have considerable problems with the language whereas younger workers mostly have improved language competences [...] All interview partners emphasize that German is clearly the "official company language" (*Deutsch als Amtssprache)*. This is widely accepted and also backed by the works council.
> Artus et al. 2015, p.5

This development was reinforced when a new director taking over in 2011 made a sufficient level of German a recruitment requirement, which demonstrates the effectiveness top-down language policy can have.

The field of languaging in the hospital falls within the general, broad issue of integration. Here, it is mostly about making an organisation work with diversity, seeing a diversity of backgrounds, views and skills not only as an obstacle, but as a chance, and a resource.

Integration is not often clearly defined. Its goal is to make a migrant part of society; this „making someone a participating part" concerns language, education, the labour market, political, cultural and social participation, and shared values and identification with the target country. Equal rights, duties and opportunities are also part of the integration concept. Artus et al (2015) point out that in its various dimensions, integration as a process is „at least [..] two-fold: On the one hand it is a professional one and on the other it concerns informal social relations both private and professional" (ibid, p.22).

So how does superdiversity in the linguistic inventory of German society influence the workplace? In the first place, one can see the link between communicative practice and social identity.

> National language, on the one hand, is tied to a particular geo-political unit. As the preferred speech of a nation-state, it is supported by a state apparatus and has a strong relationship-building function, providing language users with an obvious marker of social and cultural identity (Anderson, 1990). In comparison, corporate language is the privileged speech of a corporation, which may or may not be territorially defined. (Tange & Lauring, 2009, p.219)

Following Bourdieu (1991), Tange & Lauring (2009) chose the view of social power and control and the linguistic market to explain how

> Employees who master the dominant language have access to a range of formal and informal communication channels, enabling them to engage in social bonding across the organisation, while individuals lacking such linguistic resources find themselves isolated from information networks and decision-making processes [...] This can lead to the emergence of alternative

> language management linguistic markets or language clusters, as has been observed within different organisational contexts
> Tange & Lauring 2009, p.218f.

This touches the general debate around integration. While *integration* is tied to the question of how to make the individual person a functioning part of society, *intercultural opening* raises the question of how to make the society in question more accommodating towards immigrants. An extensive summary is delivered by Behrens (2011):

> Im weiteren Sinne können unter Interkultureller Öffnung alle Anstrengungen verstanden werden, die sich konstruktiv und zukunftsgerichtet mit der Einwanderungsgesellschaft auseinandersetzen. Im engeren Sinne ist sie ein Organisationsentwicklungskonzept, das seit den 1990er Jahren insbesondere im Bereich der Verwaltungen und der Sozialen Dienste entwickelt und angewendet wird. In der Fachdebatte wird intensiv über die Notwendigkeit der Interkulturellen Öffnung diskutiert und mögliche Umsetzungsstrategien ausgearbeitet. Dem steht jedoch eine geringe Anzahl an ausführlich dokumentierten Praxisanwendungen gegenüber.[10]
> Behrens 2011, p.8

The compensation of the work force shortage in the health and care sector did doubtlessly make integration and intercultural opening key issues and challenges for hospitals in Germany. From the language policy perspective, both migrants and experts in Artus et al. (2015)'s study pointed out that to them, „integration can only properly be achieved (professional as well as social), if multilingual competences cover not only technical language skills but also cultural ones" - knowing whom to hug or not to hug, for example, and knowing about hierarchies and how the roles tied to them are expressed.

> *"You recognize a difference, actually there have been three Spanish nurses at the intensive care unit and when we are working together it is different, it is completely different, it is a lot more comfortable, you can hear us laughing." (Nurse1*).
> Another cultural practice reported, especially in the case of Spanish nurses, is the fact that they are used to communicating with physicians as if they were almost their peers, whilst in Germany nurses and physicians belong to quite distinct status groups.
> Artus et al. 2015, p.29

If an organisation wishes to take intercultural opening on as a cross-sectional business strategy on all hierarchical levels (Behrens 2011, p.57), this organisation will face work and conflict on its norms (status of diversity, interculturality and empowerment

[10] In a broader sense, intercultural openness can be understood as all efforts that deal with the immigration society in a constructive and future-oriented manner. In a narrower sense, it is an organisational development concept that has been worked on and applied since the 1990s, particularly in the field of administration and social services. In the expert debate, the necessity of intercultural openness is intensively discussed and possible implementation strategies are worked out. This is however contrasted by a small number of extensively documented practical applications. [own translation]

and participation), its institutional design (removal of access barriers for foreign staff, one important barrier being language), its social environment (networks and stakeholders), and its management processes (goals, quality management, cf. Behrens 2011, p. 60). Behrens, too argues for a top-down process with continued support for this development (p.61). Concerning the use of top-down processes, there are links between macro-level policies (governmental and institutional language policies) and micro-level language choices. This paper will focus on bottom-up processes.

3.3.2 Multilingualism in the hospital

Hospitals do typically not have any explicit language policy. When using strict categories like Arendas & Zentai (2015)'s classification, the implicitly, the policy in German hospitals bears character of implicit assimilationism - German is the language of communication between staff and with patients („one dominant language is implemented by the Management") - while, for situations in which German as the only possible language option would make communication fail, policy does not forbid the use of other languages, but is either handled in a spontaneous, laissez-faire style. Some hospitals have paid translators, which hints towards the cohabitation or integrative, bottom-up model in Arendas & Zentai, 2015, p.3. In general, their model, which strictly separates a language policy of strongly prescribing one language from diverse, separate language groups („diverse cultural and linguistic communities are using their mother tongue but there is a very low level of interaction between each community") without top-down intervention, from an integrative approach („pragmatic management of linguistic diversity, based on cross linguistic and cultural communication-high level of workers participation in decision making with high flexibility and adaptability in the use of diverse languages during the work process", ibid, p.3) seems to be more fit for categorizing businesses on the free market, and less hospitals, which find themselves in a position of being state-funded, but market-economy oriented.

From the management's language requirements perspective, obstacles typically raised about multilingual language policies in hospitals are „implications for patient safety when health provision in the patient's dominant language [...] is limited because of availability or cost" (Machili & Angouri, 2016, p.7). There are hospitals specializing in patients whose cultural and linguistic backgrounds are not German but for example Turkish, specifically. The reverse situation, German patients not being

understood linguistically and culturally, is in theory prevented by profession-oriented German courses. Still, German not being the native language of a considerable part of the workforce causes several problems. The hospital is a distinct environment in that it is hiring high-skilled employees, but while it is possible to seek high-skilled employment in Germany while speaking exclusively English, (Whittal et al., 2015, p.23), a good command of German is necessary in hospitals. The hospital is an environment in which there is what Artus et al. (2015) call „a close correlation between language competencies and specific job profiles“ (p.15). This would be the employer-side of language needs, or requirements.

Artus et al (2015)’s interviewees from the care sector stated that to them, the crucial language competences to acquire in their situation were a) technical terms used in their respective professional field and b) „the cultural dimension of language and its’ practise“ - (politeness, joking, pragmatics.....) (p.25). Artus et al 2015 quote a nurse manager who states that while B2 is a „technical feature“, the actual capacity of being open and managing to communicate on the job decides whether a migrant worker’s language skills is sufficient (p. 29).

From the point of view of migrating workers, possibly arising problems are „the absence of representational support or attention, the difference between formally required language competencies and workplace specific language practices“ and finally the „relevance of cultural competencies and associated obstacles in relation to integrating foreign employees into the local workforce“ (Artus et al. 2015, p.23). Artus et al.’s study confirms the needs Arendas & Zentai (2015) described for migrant workers in Europe in general (the urge to learn the host country language for better integration and possibilities for action and the need to speak their native language in informal situations): One Spanish interviewee from Artus et al.’s study who is active in G.A.S, an organization that engages in migrant workers’ rights, and works in the care sector, explains:

> [...] *for me it [the language] is a barrier, especially when talking to locals. It is a different thing: one can’t say the things with the same precision or joke around, I can’t or I don’t understand the “nuances”, the “subtext” of what is said to me. I think it [using the foreign language with native speakers of this language] lets me appear more stupid, to say it simplified. Still, I speak decent German, but there are days where I feel very clumsy (...). For example, at work, sometimes I have to say the same thing three times (...) for me it is a great barrier*
> Artus et al. 2015, p.15

3.4 Multilingualism and communication in hospitals

Negative effects of multilingual and multicultural teamwork in hospitals within a one language policy environment can be roughly categorized into three different kinds of obstacles which can complicate or disrupt the work flow: Intercultural, multilingual, and communicative obstacles. While the latter typically has its cause in either differing (work or ethnic or group) cultures or in misunderstandings due to differing spoken varieties.

3.4.1 Multicultural team work and intercultural conflicts

For a definition of c*ulture*, I will go with Moran (2001) and see culture, aside its tangible products, practices, perspectives, communities and individuals, as

> the evolving way of life of a group of persons, consisting of a shared set of practices associated with a shared set of products, based upon a shared set of perspectives on the world, and set within specific social contexts
> Moran, 2001, p.24

In intercultural communication and when examining intercultural conflicts, especially the shared sets of practices, perspectives and contexts are crucial. When those are not the same, misunderstandings and conflicts arise. Culture can be found in the shared set of practices within nations and ethnic groups - the most typical associations with *culture* - but also communities, like religious groups, in workplaces, and families. While this thesis focuses on intercultural situations in which immigrants (seen as one group of individuals who are examined) and Germans (culturally and linguistically, treated as the other group) work together, I presuppose that every single person carries their own intersectional mix of cultural imprints within them which their place of origin, family, educational, workplace, social circles and other stations of their lives left them with.

Ladmiral raises an important point when he notes that „intercultural communication is internal to our societies, even if it has its roots in the introduction of non-native populations“ (Ladmiral 2010, p. 38). Though Ladmiral refers to the debate around colonialism and the North-South-divide, I would argue that this holds true to most contemporary societies, no matter what geographical, cultural or political blocs they are located in. He continues to stress that intercultural conflicts can often be

traced back to „inter-cultural discommunication“[11] (ibid). Hence the field of intercultural communication studies.

3.4.2 Team dynamics and intercultural obstacles

Köppel (2008) gives detailed accounts on team dynamics, conflicts and their resolutions in international teams. She rejects cultural dimensions à la Hofstede (1991) for an explanation of intercultural conflicts in teams as too simplistic and states that except for the culture of origin, the intercultural experience of people plays a mayor role in conflict potential. She agrees that diversity studies brought the awareness that:

> in Gruppen mit Werteinkongruenz zwischen den Mitgliedern mehr Konflikte auftreten als in Gruppen mit ähnlichen Werten (wobei hier Werte nicht nur auf kulturelle Werte bezogen werden). Erklärungsansätze zu den kausalen Zusammenhängen werden innerhalb dieser Forschungsrichtung allerdings kaum geliefert, was an dieser Stelle nachgeholt wird. Denn das Auftreten von Konflikten ist durch weitere Ursachen als das Vorliegen von Differenz zu begründen: So mag der Akteur tatsächlich annehmen, mit einem Gleichen zu interagieren und daher entsprechend überrascht, enttäuscht oder irritiert sein, wenn dessen Verhalten von den eigenen Erwartungen abweicht.
> Köppel, 2008, p.78

This describes the violation, breaching, or disappointment, of expectations. Köppel sees the causes of intercultural conflicts mainly in *expectation breaches* (Erwartungsverletzungen), *decoding problems* (Dekodierungsprobleme) and *attribution errors* (Attributionsfehler) (cf. p.194). One example for expectation breach from her data is the following statement from one of her interviews

> Wobei, man wundert sich ja schon, finde ich, wie stark unterschiedlich so Kulturen sind, die man eigentlich eher als ähnlich einschätzen würde. […] Bevor ich in die Schweiz zog, hatte ich von der Schweiz den Eindruck, das wird doch so sein wie in Deutschland, die sprechen zwar ein bisschen anders und so
> Köppel, 2008, p.194

The *encoding* of a message is the process in which misunderstandings can cause conflicts. When the receiver of this message decodes it, there can be errors because person B, the decoder, is using another frame of reference than person A, the encoder.

> es wird ein Verhalten produziert, das im Sinne des Senders eine bestimmte Botschaft enthält. Sobald dieses Verhalten vom Empfänger wahrgenommen wird, dekodiert dieser es mit Hilfe

[11] And not necessarily to social and social-political conflicts and inequalities, using an aspect from linguistics / communication science against the currently heatedly debated Identity Theory argumentation of how conflicts are linked to inequalities. The noteworthy point here is to see and not forget the importance of intercultural misunderstandings as possible key causes for conflicts on any level, and to see the possibility of creating solutions from there.

> seines kulturellen Referenzrahmens, der als Schlüssel dient. [...] Dieser zweite kulturelle Referenzrahmen schreibt womöglich dem Verhalten eine andere Bedeutung zu als vom Sender intendiert. [...] Zuweilen nimmt der Empfänger die Botschaft gar nicht erst wahr, da er nur solche Informationen aus der Umwelt selektiert, die für ihn Sinn machen
> Köppel, 2008, p.83

In short, decoding errors are misinterpretations which arise because sender and receiver do not wear the same conceptional glasses.
An attribution error can be *fundamental* when a person is looking for a fault within a person instead of their cultural imprint (p.79), or if one overestimates the personality of someone as source of their (Handlung) and underestimates the situational factor (p..87).

> Die Abweichung von der eigenen kulturellen Norm durch den anderskulturellen Mitarbeiter wird als Inkompetenz oder mangelnder Wille zur Kooperation interpretiert [...] ***universalistic attribution bias***, der daraus entsteht, dass Personen grundsätzlich von Gemeinsamkeiten ausgehen und kulturelle Unterschiede nicht (er)kennen (2000 S. 9).
> Köppel, 2008, p.71

The reverse, overestimating the cultural factor for how a person acts is a cultural attribution bias: a personal characteristic is interpreted as a cultural one. This, in return, can lead to the manifestation of stereotypes.

These characteristics where intercultural conflicts arise can be the work style (problem solving processes, finding consensus, making decisions, relevance of time management and documentation, p.97), conflict style (identifying problems, finding consensus, finding solutions, p.99). Here, Hofstede's culture dimensions are very useful for categorizing differences, especially in work and conflicts style (see, for example, Hofstede, 1991, p.141f. for how uncertainty avoidance and power distance in a culture can influence management and conflict resolution styles). Köppel (2008)'s example cites a German manager whose communication with a Chinese colleague never lead to a solution but cemented the conflict which obviously had its roots in intercultural discommunication:

> Und da war es einfach nur ein Kommunikationsproblem. Die konnte zwar deutsch, aber die hat wie Hund und Katze, alles was ich gesagt hatte, anders interpretiert. Ja, und irgendwann war der Konflikt da. Und das ging dann so, auch durch die chinesische Kultur .. sagen wir mal, die können ja nicht das Gesicht verlieren. Man kann ihnen ja nicht sagen: „Du machst jetzt was schlecht, du kannst es besser machen." Ich habe dann sehr viel mit ihr geredet, und das hat aber nichts gewirkt. Sie war dann einfach stur und hat das nicht angenommen. Und auch meinen Chef dann .. den hatte ich dann auch eingeweiht, und der hat dann auch mit ihr geredet, und das hat nichts gewirkt.
> Köppel, 2008, p.99

While the speaker sees that a communicative factor and culture must be a fault („die hat [...] alles was ich gesagt hatte, anders interpretiert [...] sagen wir mal, die können ja nicht das Gesicht verlieren“), he attributes the continuously failing communication to the colleague’s personality („Die war dann stur“, she was stubborn). Köppel finds that several / a significant amount of her interview partners identify their difficulty in identifying, or drawing the line between personal and cultural characteristics / factors (p.200).

Further hindrances to intercultural communication which are also tied to the experience a person has had are, firstly, stereotypes. They are pictures of the members of other culture(s). Culturally attributed characteristics are stored in memory and ascribed to a group. These characteristics can be identified due to an illusory correlation.

Ethnocentrism. From the perspective of integration, all team members can be affected by a unique brand of ethnocentrism. The ideal-typical course, which represents the development of a person whose attitude changes from pure ethnocentrism to an individual fully integrated into a multicultural team, is represented by Köppel as follows.

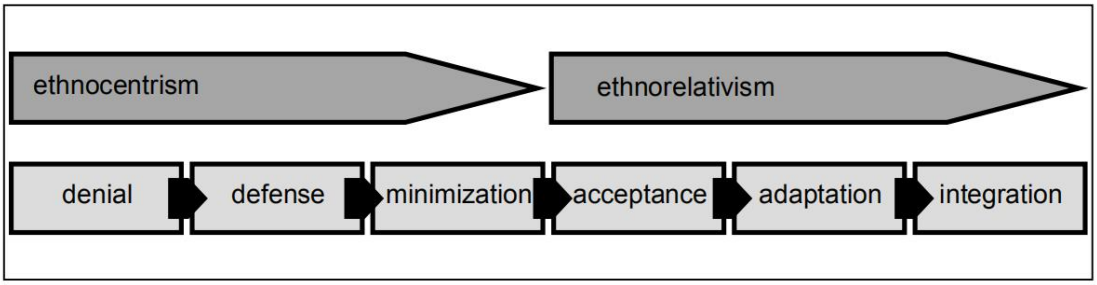


Figure 2: Stages of acculturation in the team model according to Hammer et al. 2003, schema taken from Köppel, 2008, p.123

The figure - and the process it depicts - shows that „getting used“ to other approaches and ways of doing things can be complex and small-steps. It is highly possible that team members find themselves in different stages, and that not everyone fully adapts or integrates into an organisation’s working culture, or the team’s dynamic, or other team member’s behaviour. Factors which can strengthen ethnocentrism are the majority-minority ratio, organizational structure, political conflicts and disagreements (Indians of different religious backgrounds or Chinese and Taiwanese in a team), or the ‘international pecking order' (who adopts to whose management methods) and,

furthermore, unequal power relations, language problems, insecurity, anxiety etc. (Köppel, 2008, p.207).

Now, why are intercultural conflicts a problem at all? They have an impact on team effectiveness because everyone is burdened by regularly and continuously hampered communication (Köppel, 2008, p.200).

> [und] damit einen zusätzlichen **Aufwand an Arbeitszeit**, in der sich die Gruppenmitglieder mit der Bereinigung von in homogeneren Gruppen geringerem Maße anfallenden Reibungen zu beschäftigen haben, was natürlich kognitive und emotionale Mühen miteinschließt. Ein Interviewpartner bringt es auf den Punkt:
> *Aber ganz klar die message: Multikulturalität, oder wie auch immer das man nennen mag, ist mit zusätzlichem Aufwand verbunden. (IP 3)*
> Arbeitsweisen können nicht mehr intuitiv abgespult werden, die Mitarbeiter müssen sich über Sachverhalte Gedanken bereiten, über die sonst nie gesprochen wurde. Prozeduren müssen vereinbart werden, es muss mehr koordiniert werden, dies vollzieht sich meist in einer Fremdsprache [...]
> Köppel, 2008 p.200

As Gómez points out in his paper on intercultural dialogue in a case where basic concepts of the world clash and thus the established ground for negotiation is missing: in order to create cooperative intercultural dialogue: there needs to be at least common concepts or common argumentative practices. The storming and forming phases will work better the more alike (or at least compatible) necessary concepts and pragmatic practices are among team members. Gómez explores what he calls „Interculural Reasonableness“ („[The breach between *rationality* and *reasonableness*] can be felt when we demand someone to be reasonable, even though her actions or ideas seem rational“, Gómez 2012, p. 63), which entails accepting different systems of thinking and categorizing the world, while not forcing those different views into the same system of logic[12]. Here, Behrens (2011) points out that one intercultural problem which concerns the health sector in particular is „that concepts of sickness and health and the mostly biomedical view on health are *not* universal, but a culturally evolved construct“ (p.28). In turn, from the patient perspective, there are reports of conflict or a generally diminished use of regular services of the German health sector by migrants (Behrens 2011, 58). The migration experience can put workers under stress because of information that gets lost in communication, language barriers, culturally differing

[12] Gómez decribes the arguments of an oil company as to why extracting oil in a certain area of Colombia is beneficial to both the national economy and the indigenous tribes living on the land financially, while the concerned tribe, the U'wa, have another concept of „oil“, not seeing it as a simple resource but instead consider *ruira* „the blood of Mother Earth“, giving strength to the creatures living on it. This difference renders a) the simple equalisation of „oil“ and „ruira“ false and b) makes negotiation difficult due to argumentative practices being different, see p. 58ff.

concepts of health, and migration-specific burdens (cf. Behrens 2011, p.43). Except for the last one, these stress factors can put staff under stress and strain team work.

Why form and promote multicultural teams, except because you cannot avoid them? Here, the big argument is *synergy* within the team. Köppel points out that culture is only one dimension of diversity, and according to the *value in diversity* hypothesis (p.3), diversity can be an advantage. These synergies can be: a raised level of motivation and a special group atmosphere; a larger pool of resources (p.220); a high level of creativity, provided there is trust within the team (p.221) and creative problem solving (p.222f.) Köppel states that those synergies are more likely to influence the performance of the working groups than the satisfaction of individual members (p.219):

> Sei es Kreativität, Marktnähe oder Expertise, sie [Interkulturelle Synergien] fördern in erster Linie die qualitativ gesteigerte Erledigung der Teamaufgabe, nicht die zwischenmenschliche Interaktion. Eine Ausnahme hierzu bildet der Erwerb von interkultureller Kompetenz
> Köppel, 2008, p.219

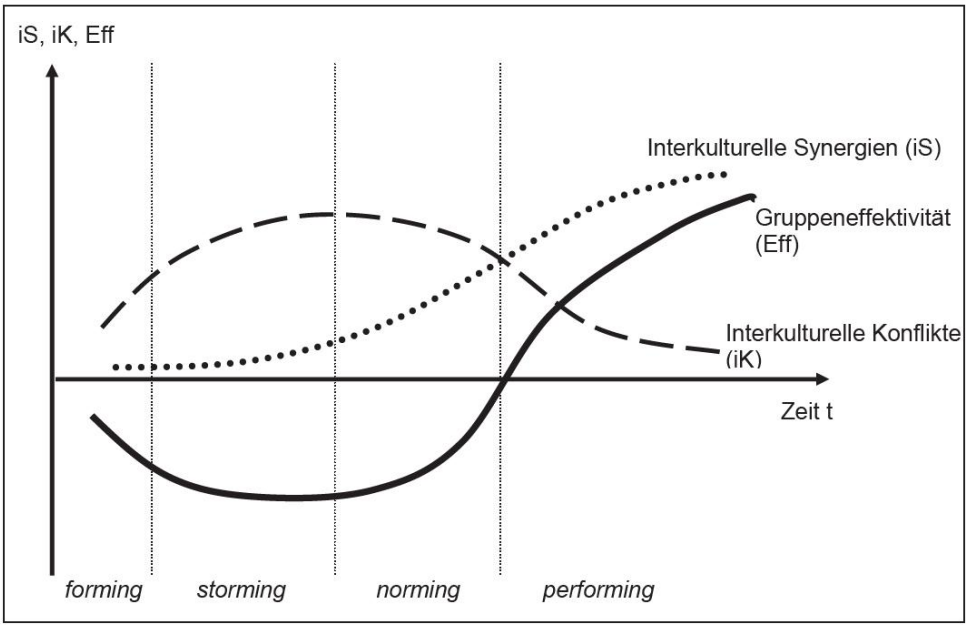


Abb. 38: Interkulturelle Konflikte und Synergien sowie Effektivität im Zeitablauf

Figure 3: Intercultural conflicts (dashed line), synergies (dotted line) and group effectiveness (solid line) over time. Figure by Köppel, 2008, p.297

Hence, one of the most important tasks for members and managers of a team is to help the whole group come out of the *forming* (the group is put together), *storming* (conflicts because of not negotiated hierarchies, structures etc.) and *norming* (team members agree on dynamics, roles and structures) phases of group dynamics (Köppel,

2008, p.58 & Tuckman 1965) with good personal relationships. With members who have a good relationship outside of their necessary interaction on the job, a team can thrive like figure 3 above indicates. In summary:

Obstacle	**Source**
Ideas of health differ across cultures	Behrens 2011
Working, conflict and management styes clash	Köppel 2008 & Hofstede 1991
Expectation breaches, decoding problems and attribution errors, possibly strengthened by stereotypes and ethnocentrism, fuel and cement conflict	Köppel 2008
Ideas about hierarchy and hierarchical structures differ	Köppel 2008, Hofstede 1991, Behrens 2011
Pragmatic practices and concepts are too different from each other	Gómez 2012

Table 1: Intercultural obstacles in hospitals, according to literature

3.4.3 Language obstacles

The main focus of this paper revolves around language obstacles in intercultural team work in the hospital, specifically „of communication between native- and second-language speakers“ (Tange & Lauring, 2009, p.227). Tange & Lauring (2009) identify the the dynamics of speech communities in a Danish, ELF workplace. The main obstacles they see in an environment like this is the emergence of speech communities in which individuals find themselves. These communities tend to knit tighter bonds and remain among themselves. If everyone is obliged to communicate with each other in English, although no one is an actual native speaker of English, communication remains on the level of the absolute necessary; small talk is held less; and communication thins out (*thin communication*, cf. Tange & Lauring, 2009, p.227). Chapter 3.4.5 will focus on concrete examples of hindrances in daily hospital work that arise due to language obstacles in a field where native speakers of the corporate language and non-native speakers work together.

Language clustering is a term for speakers of the same speech community clustering together when socializing - probably due to easier communication and shared concepts.

> In our interviews, most informants describe similar kinds of groupings, and even if they commonly rely on nationality as the principal criterion for group identification, their observations reveal a classification based on linguistic similarities and differences. A “Spanish” cluster may thus incorporate Latin American nationals as well as Spaniards, while the “French”

> cluster will include any French-speaking Swiss or Belgian nationals. What is equally significant is that language clustering is something employees associate with their out-group rather than their in-group. The Danes will notice these informal groups among their international co-workers, while international staff emphasise the tendency among their Danish colleagues to cluster. A Polish employee describes how the Danes' tendency to form informal, Danish-speaking clusters makes it hard to enter into a conversation with the locals [...] Even if they perceive themselves to be competent English users, informants express a certain comfort in speaking their native language, admitting that when they encounter a work-related problem, they prefer to consult someone from their own speech community rather than approach an expert belonging to another language group. The exception is employees who are the sole representatives of a specific linguistic grouping
> Tange & Lauring 2009, p.8

When introducing a lingua franca, one can notice a general decrease in communication, which demonstrates that speakers who do not feel comfortable with speaking a language on a native speaker's level will withdraw from this complication, which leads to thin communication (Tange & Lauring 2009, p.226). This thin communication can, in return, lead to information loss because small-talk and gossip and the establishment and construction of social norms and roles and a common cultural platform are missed out on (ibid, p.227). Tange & Lauring propose management to put focus on groups which typically transcend linguistics groups, such as professional networks and communities of practice, and to work on the error culture, and strengthen worker's confidence to speak (ibid, p.229).

In that situation, language skills can be vital for three important dimensions: Firstly for their *operational/functional dimension*: what language is information exchanged in, are explanations delivered? This dimensions includes notions of formal correctness. The *cultural dimension* concerns „culturally appropriate interaction: appropriate register, body language, proxemics, intonation broad cultural appropriateness at the level of "genres": for example, taking or keeping the floor during a group meeting" (Grünhage-Monetti et al., 2003, p.13, quoted according to Haider, 2010, p.30), and, finally, the *critical dimension* involves the understanding one's own role and relationship to others in a specific community of practice: knowing what certain communicative acts mean; being able „to make informed choices" (ibid)

Regarding *foreigner talk*, several studies found that speakers seldom 'flag' grammatical or syntactical errors in speech when understanding is given (cf. Hazel & Svennevig 2017, p.7). Thus, formal correctness of language takes a backseat to vital vocabulary and pragmatic factors when the communication between a L2 German physician and a L1 German patient should lead to success. *Xenolekt* is worth a remark here: L1 speakers tend to adapt their language to L2 speakers.

3.4.4 Communication obstacles

Both language and intercultural obstacles are connected to communication. The already high communication need for teams is especially high for multicultural ones (see storming & forming phase and Köppel 2008, p.289). Information transfer is crucial in many professions, including the hospital. In their study about prescription errors in Saudi Arabian hospitals, Aljadhey et al. 2012 align their results with those of other studies who found that an increase in workload in pharmacies and clinics can create more opportunities for dispensing and prescription errors (ibid, p.330), which, again, problematizes the growing number of work hours and lack of staff especially in rural hospitals. The authors remark that error culture in Saudi Arabia leads to a low level of reported prescription errors compared to other countries, and quotes international qualitative research results on this. Still, the errors which typically *are* reported in Saudi Arabia's error reporting system are communication problems:

> Communication is a fundamental aspect of clinical practice, both among healthcare professionals and between healthcare professionals and patients [...] In support of our findings, a recent national study in Saudi Arabia reported that behavior and communication incidents among hospital staff were one of the major incidents reported through a voluntary incident reporting system [...] A systematic review revealed that deficits in communication and information transfer at hospital discharge are common and identified several interventions to facilitate patient-information transfer during continuity of care
> Aljadhey et al. 20, p.330

While the study focuses on physician-patient and nurse-patient errors, it is evident that inter-team communications is also highly important.

3.4.5 Categorisation of obstacles

Within the vast literature on multilingual teamwork and work in the hospital, which is also very heterogeneous on its focus, methods and general angles, this thesis wants to add insights, in a structured manner. As a first step the following tables will present obstacles in daily hospital work, tied to culture and language, which were raised in the cited literature, and possible solutions.

Obstacle	Faced by	Explanation	Quote from literature
The patient does not understand vital information	Physicians	Without a translation service, the information transfer in a conversation with	Multilingual practices in medical sites also attract more attention given the implications for patient safety when health provision in the patient's dominant language

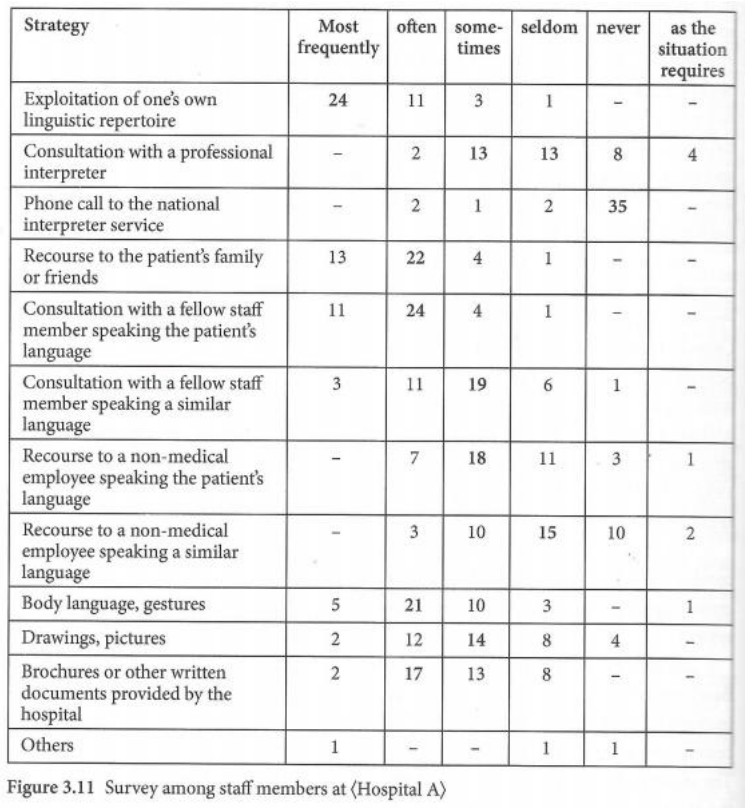
		the patient fails	(Roberts et al. 2005) is limited because of availability or cost. Machili&Angouri, 2016, p.7
Information deficit	Patients Quality management	See above (chapter 3.4.4)	Aljadhey et al., 2012, p.330
Thin communication due to language obstacles around technical terms dialect colloquial language	Staff (physicians and nurses)	Small talk and general exchange is limited because speakers do not feel comfortable with their skill in the corporate language	We shall refer to this behaviour as thin communication, which we define as the withdrawal of organisational members from informal interaction performed in a non-native, corporate language such as English Tange & Lauring, 2009, p.220
Missing key vocabulary	Staff	Misunderstandings or obstacles around missing and misunderstood lexemes.	Kotthoff (2008)
Pragmatic actions are misunderstood -> conflict & emotional stress	Staff (physicians and nurses)	Intercultural conflict along Politeness Gender Hierarchies	Grünhage-Monetti (2003) Köppel (2008) Slavu (2017), see remarks below
Various intercultural misunderstandings and conflicts	Staff	-	dass Faktoren wie Rollendistanz, ein hohes Gefälle in Hinblick auf das Bildungsniveau oder die Zugehörigkeit zu unterschiedlichen sozialen Schichten den Kommunikations–austausch [sic.] in den verschiedenen Institutionen sogar unter Angehörigen desselben Sprach- und Kulturkreises beeinträchtigen können Slavu, 2017, p.18

Table 2: Obstacles in daily teamwork in he hospital or in general, related to language

The analysis chapter aims at adding more of these obstacles and especially more solutions, and adding perspective on aforementioned obstacles and solutions.

3.4.6 Resolving language obstacles

Literature does not only identify obstacles, but solutions to multilingualism related obstacles as well.



Strategy	Most frequently	often	some-times	seldom	never	as the situation requires
Exploitation of one's own linguistic repertoire	24	11	3	1	–	–
Consultation with a professional interpreter	–	2	13	13	8	4
Phone call to the national interpreter service	–	2	1	2	35	–
Recourse to the patient's family or friends	13	22	4	1	–	–
Consultation with a fellow staff member speaking the patient's language	11	24	4	1	–	–
Consultation with a fellow staff member speaking a similar language	3	11	19	6	1	–
Recourse to a non-medical employee speaking the patient's language	–	7	18	11	3	1
Recourse to a non-medical employee speaking a similar language	–	3	10	15	10	2
Body language, gestures	5	21	10	3	–	1
Drawings, pictures	2	12	14	8	4	–
Brochures or other written documents provided by the hospital	2	17	13	8	–	–
Others	1	–	–	1	1	–

Figure 3.11 Survey among staff members at ⟨Hospital A⟩

Figure 4: Resolving language obstacles. Lüdi (2016) according to Asensio (2011)

The following table summarizes other solution strategies:

Obstacle	**Solution**	**Quote from literature**
Competence in German is lacking in comparison to the demands of the job (in general)	Learning by immersion	In weiterer Folge hat sie aufgrund von fehlenden Angeboten und Zeitmangel keine weiteren Deutschkurse mehr besucht, sondern hat die notwendigen Sprachkenntnisse ungesteuert direkt im Beruf erworben. Haider, 2010, p.41
	Routine, routinisation	Die hohe Routinisierung und Ritualisierung der Arbeit dürfte Sonia auch in der mündlichen Kommunikation mit den Patienten – hier handelt es sich um eine reine Männerstation mit z.T. schwer dementen Patienten – entlasten. Haider, 2010, p.41f.
Misunderstandings due to missing	Use lexemes from another language	Kotthoff (2008) (see below, *Pinsel* anecdote)

lexemes / language competence	Accept reactions	'Oder Einlauf, was ist ein Einlauf ist? Weil da ham wir auch so [lacht] Schwierigkeiten gehabt, darüber haben wir nur gelacht. Eine unsere Kollegin wusste nicht, was ist das und hat die deutsche Schwester gefragt, kannst du einen Einlauf machen und sie hat gesagt: ja. Sie hat die Patienten umgezogen und mit ihr spazieren gegangen.' Haider, 2010, p.36
	Humour positive or humorous attitude of narrator	Kotthoff (2018), p.241
Physician - Patient communication is hindered	Translation mediation	See below
Staff member's language skill is not up to all tasks	Routinisation	Die hohe Routinisierung und Ritualisierung der Arbeit dürfte Sonia auch in der mündlichen Kommunikation mit den Patienten – hier handelt es sich um eine reine Männerstation mit z.T. schwer dementen Patienten – entlasten. Haider, 2010, p.42)
The patient does not understand vital information	Images Lists with vocabulary and phrases	Verwendung von mehrsprachigen Phrasenbüchern, die in der Literatur mancherorts als Alternative genannt werden, die aber auch nur einen minimalen Bereich der Kommunikation zwischen Personal und PatientInnen abdecken können. Weiters stellt sich hier das Problem des Analphabetismus, dessen Grad in vielen der Ursprungsländer der PatientInnen immer noch sehr hoch ist. Als Zusatzhilfe könnten Beschreibungen mit Bildern (z. B. von verschiedenen Symptomen) sorgen, den verbalen Austausch können diese aber nicht gänzlich überflüssig machen, sodass DolmetscherInnen weiterhin unersetzbar bleiben Slavu, 2017, p.16

Table 3: Resolving language obstacles in daily teamwork in the hospital

A few remarks on aforementioned solutions. Translation: Literature on translation in the hospital is the vastest among the aforementioned methods of dealing with language obstacles. This literature deals mostly with communication obstacles and language differences between *physicians* and *patients (cf.* Lüdi et al., 2016, p.139). Ad hoc translation (*Laiendolmetschen*) is a often cited way of resolving language obstacles: relatives or friends translate for patients (Slavu, 2017, p.16), or professional translators do: Slavu 2017 examined *community interpreting* in Austrian hospitals. CI is

interpreting for immigrants, refugees or guest workers at public authorities, social services, in schools or health care facilities in the host country (cf. Slavu, 2017, p.9). *Healthcare interpreting* or *medical interpreting* has become its own professional field (p.15). Translators are also *mediators*: in the best possible scenario, a translator translates both meaning and cultural and pragmatic practices as well (p.217 p.224).

Mediation, generally, „derives from the field of conflict management and is characerized as the intervention of a [...] third party that supports negotiation and solution processes“ (Lauterbach 2012, p.216) which includes the risk of interpreters sorting information between translating, and „delegitimizing“ the speaker (Horner & Weber, 2018, p.192) by their selection of information. This is one, but not the only reason why scientists often insist that professional interpreters, as neutral third-party instances, interpret instead of relatives (Slavu, 2017, p.16). Even though many states work on the training of community interpreters, most hospitals do not use their services, since their recruitment is not easy (ibid). For the most basic communication between physicians and patients, some literature suggests images and image and word lists (ibid).

The situation among hospital staff - the communication between nurses and physicians of different backgrounds and native tongues with each other - is no less interesting, and not examined often. I suppose that helping each other out, spontaneously and ad hoc, if a colleague fails in conversation with a patient, is a normal occurrence for hospital staff. If this is true in the hospital examined in this paper (KX) remains to be seen. For translators, Slavu mentions basic technical terms, dialect and colloquial language as challenge for ad hoc translators (p.18). Although these factors might be less important for hospital staff, further challenges according to Slavu are institutional knowledge (p.18), hierarchies and gender if a person from a patriarchal background is involved (for instance: having a woman in a position of power towards a man or having male physician examine a woman might pose problems) (p.19) and culture-specific pragmatic actions like ways of explanation, gestures and facial expressions (like a Bulgarian patient pinching an Austrian physician’s cheek: a sign of affection from the Bulgarian woman, and a attack of her physical integrity for the Austrian woman, p.19f.). Several studies found that a translator is always in danger of limiting and diminishing the information that gets

passed on, no matter whether they are community translators, relatives or staff members (Slavu, 2017, p. 22f.): they are *co-constructors* of the conversation (p.57).

Humour: Telling a humorous story about the misunderstanding and resolution of a linguistic problem situation is a recurring motif in the qualitative literature on multilingualism in the workplace. Blommaerst & Dong, 2010, p.52, ff., and Kotthoff 2018 stress the meaning of narratives for the analysis of qualitative interviews. Kotthoff notices typical narratives in the interviews which typically contain short narrative eposiodes in language biographies whose punch lines revolve around missing or misunderstood lexemes, and are typically accompanied by a humorous attitude and evaluation:

> Ein beliebtes Thema sind heitere Rekonstruktionen von Verwirrung rund um unpassende Lexeme, Missverständnisse, Fehldeutungen und Inszenierungen des zum Erlebenszeitpunkt noch niedrigen Fremdsprachniveaus und der mit Händen und Füßen herbeigeführten Verständigung. Der ältere Arbeiter Mehmed produziert in Beispiel 7 eine humoristisch gestaltete Erzählung rund um das ihm fehlende Wort *Pinsel* [...] Mit »ich habe NIE vergessen hat« (Z. 39) evaluiert er abschließend die narrative Episode und auch das häufifige Lachen transportiert eine heitere Gesamtbewertung. [...] [ein weiterer Autor] zeigt, dass die von ihr interviewten Deutsch-Vietnamesen vielen Unterthemen aus dem Bereich der Kontakte mit Muttersprachlern in der Phase geringer Deutschkenntnisse humoristisch etwas abgewinnen. [...]
> Kotthoff (2018), p.241

Concerning vocabulary, several authors agree that international terminology is not an obstacle; it is specific German / L2 vocabulary, and pragmatic knowledge, that are harder to understand:

> Klassische (medizinische) Fachtermini bereiteten hingegen kaum Probleme, da diese aus der eigenen Ausbildung bekannt waren bzw. im pflegerischen Alltag wenig zum Einsatz kommen. Dieses Ergebnis deckt sich mit Beobachtungen in un-terschiedlichen [sic.] beruflichen Kontexten [...], die bestätigen, dass der Erwerb spezifischer Fachterminologie oft nicht das Kernproblem für Lernende darstellt, vielmehr fehlt „die Sprache rundherum“, sei es in einfachen Gesprächssituationen oder im Textverständnis
> Haider, 2010, p.36

Concerning cultural dynamics on the level of individual attitudes and workplace culture, openness, tolerance and respect are considered key characteristics which facilitate cooperation and team work (cf. Köppel 2008: 208).

While there are solutions for integration and linguistic justice on the structural, organisational level (e.g. Artus et al. (2015)), this paper focuses on the solutions individuals find while working; Languaging & *se débrouiller.*

4 Method

4.1 Conception of research and research process

At the beginning of this research, I posed myself three general questions:

1. How does languaging in the daily work in a hospital in Germany work?
2. What language obstacles, obstacles and needs are there? Are there notable intercultural conflicts?

I developed a questionnaire which was supposed to help answer question 2 and planned on observing daily life in hospitals in order to find data on all three aspects.
In order to generate a broad picture and find complementary angles and aspects (cf. the view of the „healthcare process as dynamic process between different stakeholders“, Lüdi et al., 2016, p.139), I intended to collect interview data of three main groups of people in hospitals: physicians, nurses, and patients. Ideally, I wanted to interview the same number of foreign physicians who are non-native speakers of German and German physicians who were born and raised in Germany in order to have a comparable amount of data on both groups. I would seek to interview around the same number of nurses and patients whose nationality and language profile were open to chance. I assumed that depending of the combination of nationalities within the hospital, I would have a representative set of participants.

A first test phase of data collection happened on 01/28/2020. I asked a senior physician from the hospital in question, my father, to ask the head physician for permission. Field access was thus given via personal connections. After a visit to the administration, presenting my declaration of consent forms and giving a declaration of confidentiality, I went to meet the interviewees who had declared their willingness to participate. Seven interviews were conducted from 11am until 18.00 pm. Three foreign physicians participated, two German physicians, and three patients. I decided to analyse the obtained material and add interviews with another German physician and the nurses on another day. I made a rough list of first impression field notes on that day.

I transcribed the interview according to the GAT 2 transcription system and coded the interviews with MAXQDA. I kept pronunciation peculiarities (accents, dialectal colouring, etc.) of native speakers as far as possible, although according to GAT I did

not respond to omissions. For non-native speakers I reproduced the syntax true to the original, but did not transcribe the accent. Only P3 posed a challenge in this respect: his pauses in speech and audible breathing were probably due to shortness of breath and not to emotions. His dialect is also transcribed partly faithfully, partly adapted. Non-verbal aspects or disturbances of the conversation were also transcribed, some sequences were only summarized, not transcribed.

For coding, I used a bottom-up approach: every instance that either raised my interest, or which I recognized as a problem or solution interviewees raised with regards to language and communication, or which was repeated several times became one code.

Both this other day and the ethnographic observation which was planned for June 2020 had to be cancelled due to an ongoing interdiction of visits due to COVID-19-related security measures. Since he was easily accessible and added perspective, I asked my father, senior physician in the hospital, to be my third interviewee for the German physician group. This interview was conducted on the 09/08/08/2020. Since the other interviews have been coded until then, I adjusted the interview questions, asking the questions I asked the other physicians and adding a few fore more information.

The ethnographic approach has its origin in the observation that here are things one can not find out by asking; and that humans often cannot express „what we see as their social and cultural behaviour[; it] is performed without reflecting on it [...] it is not a thing they [people in general] have an opinion about, nor an issue that can be comfortably put into words“ (Blommaert & Jie 2010, p.3). Another important aspect to be noted is that what people say they do is not always what they actually do; and sometimes people say one thing the interviewer decodes differently than the interviewee wanted to express (see, for theory on encoding and decoding of messages, chapter 3.4.2). Furthermore, „language is never context-less“; it is, from the ethnographic viewpoint, a resource that is used for social actions (Blommaert & Jie, p.7) - a similar definition to the idea of *pragmatics* in linguistics (examining what is *not* said, speech acts, Politeness theory etc.). It is thus a pity that an ethnographic aspect could not be included into the data collection: I agree with Blommaert & Jie (2010) when they write that „reality is kaleidoscopic, complex and complicated, often a patchwork of overlapping activities“ (p. 11). While this research does not employ

Conversation Analysis as proposed by Hazel & Svennevig (2016) for the analysis of the gathered data, a few of their points are relevant here: The „sociological subfield commonly known as Ethnomethodology“ assumes „that there are *methods* used by members of a social group in how they navigate their social situations. The goal of the researcher to explicate these *members' methods* for conducting social life“. (Hazel & Svennevig 2016, p.5). While the missing ethnographic part of the study was supposed to cover this aspect of human interaction, the interviews were supposed to cover the other half of how humans construct their actions:

> By explicating the practices which members use in their displays of understanding of ongoing activities, researchers are given a window into the constitution of social order *in situ*. CA and MCA typically use audio or video-recordings and artefacts collected in natural settings. Ethnographic observation is here not discouraged, but primary data for CA and MCA remain those archived instances of social life, recordings of naturally occurring interaction, or examples of documentation sourced from everyday social activity. [...] an emic – or participant-based – perspective involves including in the analysis only the context the participants themselves invoke in and through their talk
> Hazel & Svennevig, 2016, p.5

The collected interview data is not worthless without ethnographic material: It gives an insight into the ideas on the minds of physicians and patients in one specific hospital in rural Bavaria, in January 2020 - pieces of the patchwork that makes up reality in this hospital. In order to make the most of the data, I decided for both a bottom-up and a top-down approach to the transcribed interviews. First, I transcribed and coded the interview data, identifying categories of conflicts and obstacles the interviewees were talking about, and solutions and approaches to these problems they mentioned. I soon saw that while the answers of foreign and of German physicians could be fit into the same categories, the patient's answers needed a different schema. Then, I systematically sorted the literature on multilingual practices in hospitals into categories (see chapter 3.4.5). I would like to note here that I discovered Lüdi's (2016) research that fit the categories I found satisfactorily well (figure 4) only *after* the coding and sorting of the interview data. Chapter 6 will compare my categories of obstacles and solutions in daily hospital work with the theoretical categories in 4.4.

While I had prepared guideline interviews and swayed/strayed from them or reformulated if the conversation made it necessary. For the original guidelines, see Annex IV. When questions are supposed to bring answers about attitudes, Blommaert & Jie (2010) discuss direct tactics (are you racist?) vs indirect ones (do you feel safe at

night in the city centre?, p. 47 f) and favour the latter. I usually started off with both direct and indirect questions and rather faced the problem that I had to formulate questions more direct in order to obtain answers.

4.2 The field: Hospital X

The hospital in question wished for anonymity and will be called either „Hospital X“ or „HX“ from here on. It is located in a small spa town in rural Southern Germany. While surrounded by both economically thriving and stagnant areas[13], the rural region itself is characterized by farming and SMEs. The town itself with its population of 12000 inhabitants disposes of a regional train station, and a main road passes by. The public transport consists of bus lines within the town, and the closest urban center can be reached by car in one hour and by train in 55 minutes. The landscape is characterizes by agricultural fields. The biggest tourism magnet in the area is a traditional wine region, attracting mostly hiking and local recreation tourists.

The hospital itself has faced the introduction of the DRG (Diagnosis Related Groups) system in the 90s (DA3, S 2) and has since adapted its business model: it is specialized in hip and shoulder operations; it has become a centre for geriatric medicine and geriatric rehabilitation, and hip and shoulder surgery. A specialized hospital receives significantly larger sums for operations than hospitals who did not arrive at necessary specialization numbers of operations per year. Its patients are from all over Southern Germany (DA3, S9).

I could make a few ethnographic field notes, which I will present here:

> Geriatrics ward: White hallway. Not loud. Nurses move quickly from patient room to patient room. Wagons with dinner come up the elevator. Nurses sit in their central room with a big window. Desks are full with materials, documents, and computers. physician’s rooms are extra; two physicians share one office. They do administrative work there; the interviews are held in one particular physician’s office. Sometimes a physician comes up the elevator and leaves again. Telephones in their pockets ring often. Patients only pass when they are suffering of dementia. One elderly lady demands one nurse to call her parents because they are probably worrying about her. The nurse, male, big, young, ponytail, deep voice, is friendly but direct, tells her he will call her daughter and that dinner will be distributed now, she better go back to her room. He leads her away; the female staff member, around 40, chubby, short hair who was looking stressed out, patient and nurse blocking her way with the food serving trolley, rushes on into P1’s and P2’s room.

[13] The *Zukunftsindex* of German counties, created by the Sparda cooperative banks judges the county’s performance and future viability as „somewhat low“ („eher gering“). The surrounding counties range from „very high“ to „very low“. Source: Sparda Banken (2019). *Zukunftsindex 2030.* https://www.sparda-wohnen2019.de/wie-wird-sich-der-immobilienmarkt-zukuenftig-entwickeln/zukunftsindex-2030/. Last accessed 07/28/2020

Floor plan (my impression):

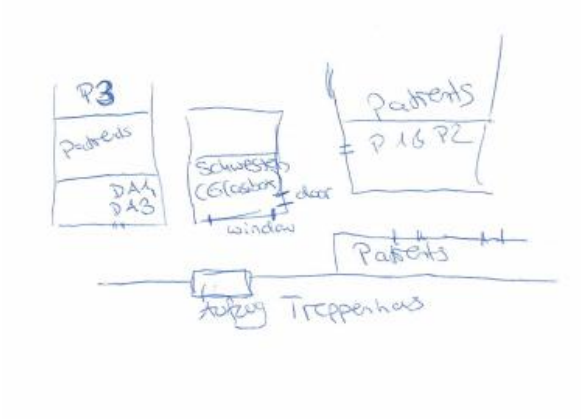


Figure 5: Floor plan of geriatrics ward, entrance area

Linguistic landscape:
The entire entrance area is bilingual in German and English: welcome sign, arrows on the floor indicating where to go, signs showing where to go to X-ray, the emergency room and the wards. On the ward, the signs are in German.

According to DA3, the English signs are a „relic“ from the time when the American military bases in the region still had soldiers stationed long-term and with their families, who could not go to a military doctor, but had to look for local medical care. Apart from that, the hospital landscape was, in my impression, monolingual.

The interviews added a few insights:

On the foreign physician / German physician ratio

(1)

Time	S	Notes	Translation
3:30	4	KM: Grob geschätzt, wie viele deutsche Kollegen / Ausländer? DA1 Augenbrauen / expressiver Blick. Pause, beide lachen. DA1 Unter Assistenzärzten bin ich die einzige Deutsche	KM: Rough estimate, how many German colleagues / foreigners? DA1 Eyebrows / expressive look. Pause, both laugh. DA1 I'm the only German assistant physician

Excerpt 1: Interview with German physician 2 (DA2), memo transcript. Sequence 4

(2)

04:54 05.14	5	KM Verhältnis D-Muttersprachler / Nicht-Muttersprachler? DA3 des die nicht °h deutschen äh kollegen s machen (-) bei die assistenzärzte sechzig bis siebzig prozent aus (.) äh bei den oberärzten (--) äh da haben wir EIne (-) ((AA1)) die spricht sehr gut deutsch °h	KM German native speaker / non-native speaker ratio? DA3 the non °h german äh colleagues s make (-) for the assistants its sixty to seventy percent (.) uh for the senior physicians (--) uh there we have one (-) ((AA1)) who speaks very good german °h because that IS uh the final

		weil das ist sehr WOhl äh die endkorrektur von briefen und wenn da irgendwas is als oberarzt hat man die letzte verantwortung °h da isses dann schon () ein problEM (-) von wir haben sehr gute assistenten die aber eh zum beispiel die russischsprechenden die die kommen mit dem artikel überhaupt net zurecht ((KM mhm)) und auch mit den präpositionen [...] und stilitisch gibt es dann schon blüten die man als oberarzt in der endkorrektur (-) au:s also korrigieren muss	correction of letters and if there is anything as a senior physician you have the last responsibility °h there is then already () a problEM (-) of we have very good assistants but anyway for example the russian speaking ones who can not cope with the article at all ((KM mhm)) and also with the prepositions [...] and stilistically there are formulations which a senior physician has to correct in the end

Excerpt 2: Language issues and foreigner ratio in different positions. DA3

(3)

Speaker	Transcript	Translation
AA2	okay aber eh: hier von den kollegen: die meisten kollegen sind aus(.)länder; hier	okay but anyway: here from the colleagues: most colleagues are foreig(.)ners; here

Excerpt 3: Interview with foreign physicians 1 and 2 (AA1 & 2), GAT2 transcript. Sequence 68.

On the development of foreign staff numbers:

(4)

9:00	9	KM: Tipps für andere in selber Situation? Was am liebsten vorher gewusst?	KM: Tips for others in your own situation? What would you have preferred to know in advance?
		Gar nichts!	Nothing at all!
		Als angefangen, 2002, die meisten Kollegen Deutsche.	When I started, in 2002, most of my colleagues were Germans.
11:00	10	KM: Alle anderen Kollegen (5 Assistenzärzte) wohin?	KM: All other colleagues (5 assistants) where to?
		DA1 Anders orientiert: Familie oder Facharztausbildung in einem anderen KH	DA1 Reoriented: Family or specialist training in another hospital

Excerpt 4: Interview with DA2. Sequence 4

(5)

{03:48}	0013	**KM**	°hh sie ham gsacht sie (.) waren recht lang im krankenhaus also eheheh ((P3 ja)) und und genau was ham sie denn so mitgekriegt also sie ham ja patienten (.) aus deutschland aber auch aus aller welt ((P3 ja)) ärzte; und auch pfleger	°hh you said that you (.) were in the hospital for a rather long time so eheheh ((P3: yes)) and and right what have you experienced so they do have patients (.) from germany but also from all around the world ((P3: yes)) physicians; but also nurses
{04:03}	0014	**P3**	Ärzte und pflegepersonal (.) alles auch so an pfarrer;	Physicians and nurses (.) everything a pastor as well

((KM ja,)) <<gewichtig>> auch ja (.) °h sehr viel kenna glernt ja		((KM: yes,)) <<weighting>> that too yes (.) °h met many yes

Excerpt 5: P3 about foreign staff in hospitals.

On the lack of doctors in general:

(6)

15:53	14	KM also du findest sowohl beim thema sprachkurse als auch integration bist du <<leiser>> zufrieden; DA3 (2,5 Sek. Pause) [Es bleibt uns nichts anderes] KM [oder würdest du::] DA3 ÜBrig wir haben keine deutschen kollegen auch in ((anderes regionales Krankenhaus)) °h sind äh können jetzt äh mehrere betten net betrieben werden fast eine ganze statiON °hh weil einfach ärztlich kollegen fehlen. (-) wir können net wählerisch sein; (-) es hat sich halt so geGEben	KM so you will find that you are satisfied with both the language courses and integration; DA3 (2.5 sec. pause) [We have no other] KM [or would you::] DA3 CHOIce we have no german colleagues also in ((other regional hospital)) °h are uh now can uh several beds cannot be operated almost a whole statiON °hh because simply medical colleagues are missing. (-) we can't be picky; (-) it just developed that way

Excerpt 6: DA3 ybout the labour market situation.

On language obstacles and competency:

(6)

4:50	KM: Konflikte / sprachliche Verständnisprobleme?	KM: Conflicts / language comprehension problems?
	DA1	DA1
	Abhängig von Aufenthalts- und Berufspraxisdauer und von den Sprachkenntnissen und Sprachverständnis und selbst sprechen; manche sprechen gut & verstehen schlecht und manche beides	Depends on the length of stay and work experience and on the language skills and understanding of the language and speaking yourself; some speak well & understand poorly and some speak both
9	KM: Wann hat sich die Situation geändert, da etwas mitbekommen (Gesetze, Verwaltung)?	KM: When did the situation change because you noticed something (laws, administration)?
	DA1	DA1
	Nein. Einzelne, sprachliche sehr gute Kollegen ab 2001 und kulturell nah / integriert. Später Zunahme und teils sinkende Sprachkompetenz	No. Individual, linguistically very good colleagues since 2001 and culturally close / integrated. Later increase and partly decreasing language competence

Excerpt 7: DA1 about language competency among colleagues

(7)

{00:52}	0005	KM	Aha (.) sprechen die schwestern dann vor allem deutsch als muttersprache	I see (.) do the nurses speak mainly German as their mother tongue ((German [German

((deutsch [deutsch deutsch German German]) [yeah yeah i deutsch])) [jaja ich mein im krankenhaus klar]
mean in the hospital sure]

{00:11} 0006 **P3** Na die sprechen deutsch mit ihm und er kanns auch (-) und jetzt is es so er hat einen schlaganfall gehabt jetzt ist er da gehemmt (.) jetzt ist er da gehemmt spricht er so (-) gebrochen (.) aber des kann auch durch den schlaganfall sein des gebrochene ne dass er so (--) ((KM: ja genau))
Well they speak German with him and he can also (-) and now it is like this he has had a stroke now he is inhibited there (.) now he is inhibited there he speaks so (-) broken (.) but this can also be because of the stroke the broken thing right that he (--) ((KM: yes exactly))

Excerpt 8: P3 about German as the lingua franca and biologically constrained speech in the ward.

(8)

{04:16} 0015 **KM** °h; und k kommen die normalerweise so zrecht? (.) würden sie das [sagen]
And do they usually get by? Would you say [that]

{04:19} 0016 **P3** [in der Regel] schon es gibt (.) GAnz perfekte; ((KM hmh)) hh° äh pflegekräfte auch ärzte die °h die mans nur noch an der sprache etwas merkt dass sie ausländer sind ja; (.) aber ansonsten; (.) es sind welche dabei die tun sich noch schwer, °h ((KM hmm)) die sind dann noch nicht so lange hier; ((KM ja)) und ham die erfahrung nonnet
[usually] yes there are (.) REALly perfect ones; ((KM mhmm)) uh nursed physicians also who °h you only notice a little on their spreech that they are foreigners yes; (.) but except for that; (.) there are some who still have a hard time, °h ((KM hmm)) they havent been here for long yet ((KM yes)) and do not yet have the experience

Excerpt 9: DA1 about language competency among staff

4.3 Objectivity and subjectivity regarding the collected data

The field access itself was easy, since my father asked his boss and colleagues and patients whether they were willing to have me conduct interviews. Since I interviewed him (DA3), he could give further details and does have a relationship of trust to the interviewer and can deliver additional information. At the same time, the set of colleagues were those he has a good relationship to and with whom he works often, and the patients were picked and approached by him. Interviewee AA2 wasn't approached by DA3, but spontaneously added by me. I saw that him approaching the patients saved me a lot of effort when I spontaneously interviewed another patient who turned out to be not entirely coherent. The interview with her (P2) was, unfortunately, only recorded halfway, but I remember ending it having the impression of not having

obtained information aside small talk. When waiting in the central area of the ward, I also saw that a considerable number of patients were suffering dementia. Still, my sample is not random. The patients were selected on the basis of mental health; colleagues were selected on the basis of sympathy to DA3, but also openness and readiness to participate. During the waiting pauses between interviews, physicians came into the room from time to time, two of whom were obviously very reserved, and where an interview would have cost a lot of preparation in terms of building trust; even more so would have been necessary with patients. This would have failed due to my limited time, and was different since a *doctor* asked his patients if they were willing to participate, and explained my intentions beforehand. I would like to thank DA3 for the sensible pre-selection, yet I would also like to point out that this pre-selection definitely influenced the picture obtained and the composition of the interview partners.

Concerning objectivity, the pre-selection of participants has been mentioned before. I, the interviewer, the selection process and finally the statements of the interviewees are all subjective, and went through the filters of subjectiveness: I am influenced by the questions I have, yet tried to let people openly speak their mind. The setting and the casual acquaintance makes people self-conscious and conscious about the fact that their statements can reflect back on them, their colleagues, and their workplace, and thus filter information. A good example from my data is Foreign physician 2 - AA2 - telling me one anecdote about mistranslated vocabulary creating confusion, and said, after the recording ended „And now there is another story not for the microphone“ and proceeded to tell me, the interviewer, and the other present physician, AA1, an anecdote about a foreign physician misunderstanding an exclamation for an insult, meeting it with another insult, using a vulgar register.

Köppel (2008) raises the problem of comparability when study participants speak different languages and have differing cultural concepts when commenting her choice of participants of her study on intercultural teamwork. („funktionalen Äquivalenz der Begriffe und Konzepte [...] Um nicht in die Falle der Unvergleichbarkeit zu tappen, wurden Interviewpartner mit kulturell relativ ähnlichem Verständnis ausgewählt“ p. 307). The data collection process of this study was aiming for a broad picture. Since all participants speak German, if on varying levels (they are either native speakers or had to pass the Fachsprachenprüfung), this concern is less relevant for me than for Köppel.

Additionally, even if concepts of politeness and criticism vary across cultures, all participants on the physician's side share the same work culture: They are all staff of one single hospital, and know each other. The interviewed patients happened to be from the area of the hospital.

Finally, when language needs are assessed, there is always an ideological aspect, be it on the institutional or on the personal level (see Haider 2010, p.30). Blommaert & Jie (2010) discuss the fact that transcription already contains the trancriptor's own bias (p. 68). Even though I started off with an inductive categorization of the statements and information within the interviews, my research questions made me sideline large chunks of P3's statements. Concerning ethical aspects, I made sure the interviewees got an explanation about my research paper and about who is going to read it orally, and a detailed information sheet, including their informed consent (Annex IV).

5 Analysis

5.1 The participants

5.1.1 Foreign physicians

Hazel & Svennevig's description of their study participants from the business sector holds true for the interviewed professionals in the health and care sector as well:

> The world in which they live is a multilingual one. This may be due to the particular communities to which they are born [...] or due to the effects of transnational movement, processes of globalization, the rise and reach of the Internet. These are people who may use one set of languages in the home and another set in their place of work or study. For some, they may rarely have occasion to use their L1, if indeed there is a language they consider to be their L1. Language attrition may complicate such considerations even further: when a speaker stops using what was once considered their L1, can we still speak of their 'native language'?
> Hazel & Svennevig 2017, p.8

An overview over the interviewed physicians' personal information they gave during the interviews is summarized in the following table:

	AA1	**AA2**	**AA3**
Recording name	AA1 & AA2	AA1 & AA2	AA3
Place of Origin	Plovdiv, Bulgaria (S 0002, 0004; DA3 Nachtrag)	Middle East [asked for anonymity of origin] (S 0115)	Bistritz, Romania (S 0002)
Gender	female	male	female
Age	In her 40s	In his 30s	In her __

(Bildungsweg) Education	Studied medicine in Germany (S 0013)	Studied medicine in country of origin (S 0115)	Studied medicine in Romania (S 0015, S 0018)
Acquisition of German	German course in home country Preparation course for university studies in Germany (S 029 - S 032)	Preparation course & medical language exam (Fachsprachprüfung) (S 0115)	School (S 0023, 0024)
Qualification	In geriatrics for 2 years (S0054) 10 years of work experience (S0010)	Not mentioned	Inner medicine, cardiology Geriatrics specialist since 2010 (S 0015, 0016, 0021)
Moment of migration	For university studies (medicine) in 2000 (S 0004 0013)	Not clear; after university studies (S 0115, minute 12:20)	After 3.5 years of (Berufspraxis) (AA3 S0016)
Motivation for Migration	Studies Economic reasons, migration of young people West-ward (S 0016 - S0019)	Not mentioned (I studied in ((deleted)) and then I came to Germany, S 0115)	Frustration about health care sector / unclear loss or failure story (there was this patient [...] and I just had enough, S 0008, 0010)
Lenghth of stay in Germany	20 years (S 0004)	Not mentioned	3.5 years (S 0018, S 0033)
Choice of current workplace		Personal relationship (has an acquaintance who lives close) (S 0108, S 0115)	Personal relationship Reminiscence of home (S 0013, S 0012)
Qualifications	Senior physician	Assistant physician	Assistant physician

Table 4: Foreign physicians (migrated to Germany as adults). Individual profiles

Depending on the individual, the motivation for migration is either spontaneously clearly stated either in the form of general reflections (1) or of a specific trigger (2) or explicitly avoided (3), probably due to personal or safety reasons.

(1)

{01:02} **0016** **AA1** (-) a:h gut das war ah nach der wende (-) nach der wende wollte man bei uns (.) die meisten jungen leute wollten bei uns ins ausland was vorher nicht möglich war °h
(-) a:h well that was ah after the fall of the iron curtain (-) after the fall of the iron curtain we wanted to (.) most young people wanted to go abroad which had not been possible before °h

{01:14} **0017** und ich habe mir gedacht okay;
and I thought to myself okay;

			dann kann ich ja dann (.) meine schwester hat damals hier (.) ah gearbeitet gearbeitet als krankenschwester da habe ich sie ein paar mal besucht	then I can (.) my sister has worked here at that time (.) ah worked as a nurse there I visited her a few times
{01:24}	0018	**KM**	mhm	mhm
{01:24}	0019	**AA1**	und ich habe gedacht okay dann versuche ich mal zu studieren, und dann: habe ich beworben und habe meinen studienplatz bekommen	and i thought okay then i'll just try to study, and then: i applied and got my place at university
{01:30}	0020	**KM**	aha ((lacht))	I see ((laughs))
{01:32}	0021	**AA1**	und da:nn abgeschlossen ((lacht))	And the:n i completed my studies

Excerpt 10: AA1's reasons for migrating to Germany

(2)

{01:05}	0007	**KM**	Ja ehm: wie kamst du auf die idee	Yeah uh: how did you come up with the idea
{01:09}	0008	**AA3**	Dass ich hierher komme	to come here
		KM	ja genau	yes exactly
		AA3	ist das so ich habe eine ganz kranke patient gehabt ((KM: oh)) und da war äh die: behandlung eigentlich zuhause: (.) nicht möglich	It's like this I had a very sick patient ((KM: oh)) and uh the treatment was actually at home (.) not possible
{01:24}	0009	**KM**	Mhmm;	Mhmm;
{01:26}	0010	**AA3**	Und der mann ist zwei monate verstorben, °hh u_und ich war irgendwie satt auf alle: sachen die nicht richtig warEN; °hh und meine mama und meine mein papa haben mich gesagt du musst irgendwo anders ((KM: m-hm)) und ich habe gesagt okay; °h und wir haben eigentlich ich mit meiner schwester wir sind zusammen gekommen; (.) wir sind in nabel gebunden ((KM: hh°))	And the man died two months later, °hh u_and I was kind of tired of all: things that weren't right; °hh and my mom and my dad told me you have to go somewhere else ((KM: m-hm)) and I said okay; °h and we actually did me and my sister we came together; (.) we are navel-bound ((KM: hh°))

Excerpt 11: AA3's reasons for migrating to Germany

(3)

{11:52}	0113	**KM**	((leiser, Telefonat im Hintergrund)) Können sie mir kurz sagen, zur vollständigkeit; ehm: woher sie kommen,	((quieter, AA1's phone call in background)) Can you tell me briefly, for the sake of being complete; ehm: where you come from,
		AA2	Okay	Okay

	KM	Un:d wie sie nach deutschland kamen und wie nach ((Ort von KX))	Un:d how you came to germany and how to ((place of KX))	
{12:05}	**0114** **AA2**	(--) ((räuspert sich)) also auch wenn alles anonymisiert wird gibt es (-) eigentlich will ich nicht sagen, äh eh	(--) ((clears throat)) so even if everything is anonymized there is (-) actually I don't want to tell, uh eh yes	
	AA2	ja	yes	
	KM	[ja]	[yes]	
	AA2	[Al]so ich bin ((gestrichen)) ich komme aus ((gestrichen; führt Ausbildung aus))	[s]o i am ((deleted)) i come from ((deleted; talks about professional training))	
{12:37}	**0115** **AA2**	Und dann bin ich nach deutschland gekommen, (.)	And then I came to Germany, (.)	
	KM	also mit äh VIsum	with uh a VIsa	
	AA2	[äh] ja hab ich das beantragt °hh und dann hab ich hier sagen gemacht,	er yes, i applied for this and then i took, say language sprachkurse? classes,	

Excerpt 12: AA2's reasons for migrating to Germany

I didn't dig deeper in order to be polite and because the individual migration biographies are not concerned by the main research question.

The reason for the interviewees choosing - or ending up in - their current workplace either have to do with a relationship to someone who functions like an anchor (4-6) or, jocular but probably meant seriously, a connection created by the familiarity to the landscape (7):

(4)

{01:58}	**0013** **AA3**	Waren zwei interviews eine war in österreich;	There were two interviews one was in austria;
		((KM: a hah)) aber da haben die gesagt dass die haben NIcht einen zweiten platz auch für meine schwester, ((KM: mhm)) und deswegen habe ich mir gesagt ok dann	((KM: u huh)) but they said that they don't have a second place for my sister, too, ((KM: mhm)) and so I told myself ok then

Excerpt 12: AA3's reasons for accepting the job in KX

(5)

{01:14}	**0017**	und ich habe mir gedacht okay; dann kann ich ja dann	and I thought to myself okay; then I can (.) my sister has been

(.) meine schwester hat damals hier (.) ah gearbeitet gearbeitet als krankenschwester da habe ich sie ein paar mal besucht

(.) working here at that time (.) ah worked as a nurse there I visited her a few times

{01:24} 0019 **AA1** und ich habe gedacht okay dann versuche ich mal zu studieren

and I was thinking okay I'll just try to study

Excerpt 13: AA1's reasons for accepting the job in KX

(6)

{11:14} 0108 ich kam da (.) gab es jemand der hier also; ich kenne ihn, °h deswegen bin ich hier gekommen ((AA1 hustet))

i came there (.) so there was someone here; i know him, °h that's why i came here (AA1 coughs)

Excerpt 14: AA2's reasons for accepting the job in KX

(7)

{01:49} 0012 **AA3** und wir haben einfach gesagt scha:u (.) da sieht es aus wie zuhause ok da nehmen wir diese platz ((KM lacht)) ((beide lachen))

and we just said loo:k (.) it looks like home ok we take this place ((KM laughs)) ((both laugh))

Excerpt 15: AA2's reasons for accepting the job in KX

The fact that the migration experience can be a powerful moment in an individual's biography can be seen when two interviewees, AA3 (8) and P1 (9), remember the exact dates they migrated, respectively were on the run from expulsion:

(8)

{00:23} 0002 **AA3** So. Ich komme aus rumänien; (.) (.) siebenbürgen; (.) ganz in der mitte; (.) ist das bistritz heißt das (.) es war ein_ deutsche stadt (.) irgendwann, jetzt ist es eine mischung zwischen alle möglichen kulturen und leute und so (.) °h **e:rm ich bin in deutschand seit dem sechzehnten mai zweitausedsechzehn** (.)

There. I am from romania; (.) transylvania; (.) right in the middle; (.) that is bistritz is it called (.) it was a_ german city (.) sometime, now it is a mixture between all kinds of cultures and people and so on (.) °h e:rm **i am in germany since the sixteenth may two thousand and sixteen** (.)

{00:43} 0003 **KM** Oo:h ehehe

{00:40} 0004 **AA1** es war MÄrz glaub ich; öh: märz gut ehm DIENStag glaub

it was MArch i think; uh: march well **ehm TUESday I think; eh:m it**

			ich; eh:m es war ein feiertag	**was a holiday**
{00:52}	0005	**KM**	((lacht))	((laughs))
{00:52}	0006	**AA3**	wir haben es an einem feiertag gewählt [...]	we picked a holiday [...]
		AA3	wir haben es so gewählt dass es nicht an einem montag zu sein ja; ehm:: was noch:	we have chosen it so that it is not on a Monday to be yes; ehm:: what else:

Excerpt 16: AA3's memory of the moving date

(9)

{00:03}	0002	**KM**	sind sie da [aufgewachsen;]	is that where you [grew up;]
{00:04}	0003	**P1**	[aus t.] (.) nein ich bin aufgewachsen in schlesien,	[from ((T.))] (.) no I grew up in silesia,
{00:08}	0004	**KM**	o::,	oh::
{00:10}	0005	**P1**	a flichtling	a refugee
{00:10}	0006	**KM**	Ich hab scho gedacht (.) ja eheheh	i thought so (.) yeah eheh
{00:13}	0007	**P1**	ja	yes
{00:14}	0008	**KM**	sie sprechweise (.) interessant,	your way of speaking (.) interesting,
{00:16}	0009	**P1**	ja	yes
{00:17}	0010	**KM**	mit wie vielen jahren, sind sie dann hierher gekommen;	so how old were you when you came here;
{00:18}	0011	**P1**	ich war elferhalb **des war am achtundzwanzigsten januar fünfervierzig** (.) da hammer unser heimat verlassen (.) und simmer getrekkt bis in die tschechei; ((KM: mhm)) un:d (.) dann sind wir do nachts über die grenze rieber nach bayern (--) hm:	**i was eleven and a half years old it was on the twenty-eighth of january, forty-five** (.) on that day we left our home (.) and we were trekking until czechia; ((KM: mhm)) and (.) then we crossed the border at night to bavaria (--) hm:

Excerpt 17: P1's memory of the date of escape

On a side note, the three physicians generally did not report great difficulties with migration and bureaucracy (11). AA1 stated that with the introduction of EU processes, things got remarkably easier (10), and AA2 in his special situation also talks about being accompanied at the organisational level (12).

(10)

{02:58}	0040	**KM**	war es von gesetzen und regelungen her einfach von bulgarien hier nach deutschland zu kommen oder mussten sie (-) a	was it easy by law and regulation to come from bulgaria here to germany or did you have to (-) a
{03:09}	0041	**AA1**	nee (-) <<mit Druck, betont, leicht abgehackt>> nee nee nee	nah (-) << with pressure, accentuated, slightly chopped off>> nah nah nah
{03:11}	0042	**KM**	((lacht)) es war kompliziert ja	((laughs)) it was complicated yes
{03:13}	0043	**AA1**	einfach nee ((lacht kurz)) immer mit visum	just no ((short laugh)) always with visa
{03:17}	0044	**KM**	a:: jaja.	a:: yeah yeah
{03:18}	0045	**AA1**	immer mit visum und dieses und jenes und äh verlängerung äh jedes jahr am anfang, jedes jahr visumverlängerung aufenthaltsverlängerung bis wir irgendwann in die eu gekommen sind da dann wurde es besser und leichter	always with visa and this and that and er extension er every year at the beginning, every year visa extension stay extension until we came into the eu at some point then it became better and easier

Excerpt 18: AA1 and bureaucracy

(11)

{06:10}	0032	**KM**	Als du hierher kamst war es einfach mit den regeln vorschriften gesetze; ((AA3: ja.)) oder war das (-) in welchem jahrzehnt nochmal?	When you came here it was simple with the rules and regulations; ((AA3: yes.)) or was that (-) in which decade again?
{06:17}	0033	**AA3**	zweitausensechzehn	two thousand sixteen
{02:17}	0034	**KM**	Genau, (.) AH ja das war dann schn eu (.) oder? ja:: ja genau	Right, (.) AH yes that was already the eu (.) right?
		AA3		ye::s yes exactly
{06:24}	0035	**AA3**	Ja as war keine riesige unterschied (-) ((KM: ehm::)) nur das war einfacher (.) ja: du bist einfach da gegangen, die haben ALes geschal ge gewusst; die konnten ALes machen das war nicht mehr h° die du <<tiefer>> du kennst zum beispiel es gibt situationen so (.) es waren situationen zuhause als du gegangen bist in einem gechäft (.) wir	yes, it wasn't a huge difference (-) ((KM: ehm::)) only it was easier (.) yes: you just walked there, they go knew ALl; they could do all it was no longer h° thoose you <<<deeper>> you know for example there are situations like that (.) there were situations at home when you went to a business (.) we don't have that

			haben das nicht ich habe dich noch nicht gefragt (.) wir haben trotzdem nicht	I haven't asked you yet (.) we still don't have it
{06:48}	0036	**KM**	ach SO:: ((AA3 lacht))	I SEE ((AA3 laughs))
{06:49}	0037	**beide**	((beide lachen))	((both laugh))

Excerpt 19: AA3 and bureaucracy

(12)

{13:39}	0116	**KM**	und war es se:hr schwierig oder war es einfach das visum zu beantragen einen sprachkurs zu organisieren	and was it very difficult or was it just applying for the visa organising a language course
{13:45}	0117	**AA2**	m:: NEin, es war so: uh° (-) ja ich hab ah also das VIsum (.) ich hab da nichts gemacht (-) das war so einfach ah (.) der jemand den ich kenne der hat das so gemacht und öh die sprachkurs zu organisieren öh auch war das nicht schwierig	m:: No, it was like this: uh° (-) yes I have ah so the VIsum I didn't do anything. It was so easy. (...) the one I know who did this and er to organize the language course er also that was not difficult
{14:08}	0118		da einfach (-) m: das war wie von der regierung sozusagen bezahlt von der staat äh aber alles was man sagt sozusagen die meiste zeit man kann nicht so einen kurs nach dem anderen machen ((K: mhm.)) das ist selbstverständlich	since simply (-) m: that was like from the government so to speak paid for by the state but all they say is, so to speak most of the time you can't take a course like that one after the other (K: mhm.) this is self-evident
{14:22}	0119		man muss warten und so weiter einfach einfach war ein bisschen zeitverlust zwischen winterkurs und (winter)kurs jeder monat vielleicht zwei drei monate	you have to wait and so on just just there was a little time loss between winter course and (winter) course every month maybe two three months

			((KM: Oh))	((KM: Oh))
			aber KOMmt drauf an **ich kam hier ich konnte überhaupt kein wort deutsch (.) kein WOrt deswegen ich konnte auch nicht alles das (.) selbst organisieren nacheinander und alles das das war ein bisschen schwer**	but that depends **I came here I couldn't say a word in german (.) not a word so I couldn't organize all that on my own one after the other and all that was a bit hard**
{14:48}	**0120**	**KM**	aber hatten sie immer jemanden der ihnen geholfen hat;	but did you always have someone who helped you;
{14:50}	**0121**	**AA2**	mm:: nicht immer nur die ersten drei monat heh	mm:: not always only during the first three months heh
{14:53}	**0122**	**KM**	oh:: oke ((AA2 lacht)) ja:	hh:: okay ((AA2 laughs)) yes:
{14:55}	**0123**	**AA2**	sozusagen (KM: naja gut)) und danach danach ja	so to speak (KM: well okay)) and after that yeah

Excerpt 20: AA2 and bureaucracy

S0119 shows that language and skill can ease the way, and a lack thereof can put individuals under stress; AA2 seems to have felt uncomfortable when talking about his time in Germany when he had to make do within the new administration and culture, without language skills (marked in bold).

In opposition to the foreign physicians who did not describe notable bureaucratic entrance problems, DA3 mentions one case in which a physician from Georgia (non EU country) country couldn't stay for certificate reasons:

(13)

07:18	7	DA3 Wir hatten auch eine kollegin die war (--) hat (.) war fünf jahre bei uns; °hh die war recht gut ich hab mit der gern zusammengearbeitet; das war eine georgierin °h und dann nach fünf jahren hats geheißen äh verlängerung ist nicht mehr möglich sie muss jetzt die endgültige approbation beantragen °h und da musste sie papiere beibringen (.) °hh die sie i georgien wo sie (-) gelernt und gearbeitet hat °h diese papiere gibt es nicht °hh ((KM: hmm)) und sie konnte die approbatio:n, trotz vieler bemühungen und (.) f°°	DA3 We also had a colleague who was (--) has (.) was with us for five years; °hh she was quite good, I liked to work with her; she was a georgian °h and then after five years she was called äh extension is no longer possible she now has to apply for the final approval °h and she had to produce papers (.) °hh she was in georgia where she (-) learned and worked °h these papers do not exist °hh ((KM: hmm)) and she could not get the approbations, despite many efforts and (.) f°°confirmations from our

		bestätigungen von unserem CHEf:: nicht beibringen (.) <<tiefer>> die kann jetzt nicht mehr ärztlich tätig sein	CHIEF::: not to teach (.) <<<deeper>> she can no longer work as a doctor

Excerpt 21: Approbation difficulties

The interviewees described their language profiles as follows:

Interviewee	**AA1**	**AA2**	**AA3**
Native tongue	Bulgarian	Arabic	Romanian
Fluent (varying degrees)	German	German	German English French (S 0023)
Communication is possible	English Russian (S0026)	English German (S0125)	Spanish Italian Russian (S 0024, 0025)
Languages spoken at home	German (sister; code-switching with Bulgarian) (S0170, S0176, S0177)	Arabic (mother) (S0173)	Romanian (S0030)
Languages spoken at workplace by interviewee	German Bulgarian Russian English (S0035 - S0039)	German Arabic (patients, colleagues) (S0173) English (rarely) (S0175)	German (French) (S0030) DA3, Nachtrag)
Learning German	Study preparation course in Bulgaria) (S0029 - 0033)	Courses in Germany, mandatory	In school (S 0024)
Interview atmosphere, personality	Friendly, open	Easygoing, funny	Friendly, family tone, (superficial)

Table 5: Language profiles of foreign physicians

The exact levels of competence are hard to determine. The interviewees did not present attitudes about multilingualism or the languages they speak, but they gave a few insights into their daily language practices, and into the obstacles they face and the solutions they find (to be analysed in detail in chapter 6.2).

5.1.2 German physicians

The German physicians were all speakers of L1 German, two were from the region, and all are of German nationality.

Interviewee	**DA1**	**DA2**	**DA3**
Place of Origin	From the region	Not stated	From the region

	(S0002)		
Gender	male	female	male
(Bildungsweg) Education	Studied medicine in Germany (S 0002)	Not stated	Studied medicine in Germany
Qualification	Specialist for geriatry (S0001) Senior physician	Assistant physician (S 3)	Geriartry & Inner Medicine specialist Senior physician
Has been practising for		20 years In HX for 10 years (S 3)	3.5 years (S 0018 0033)
Choice of current workplace	Not stated / not asked	Not stated / not asked	Not stated / not asked

Table 6: Individual profiles of German physicians

Interviewee	**DA1**	**DA2**	**DA3**
Native tongue	German (S 003)	German (S 3)	German
Fluent (varying degrees)	 (S 003)		
Communication possible	English Russian (S0026)	English German (S0125)	Spanish Italian
Languages spoken at home	Not asked	Not asked	German
Languages spoken at workplace by interviewee	German (S003)	Not stated	German (French) (DA3, Nachtrag)
Atmosphere of interview and personality of interviewee	Polite	Tense Uneasy	Rushed, comfortable

Table 7 language profiles of German physicians.

5.1.3 The patients

	P1	P1	P3
Place of Origin	Silesia Escape with 11 years Spent her life in the region (S 0001 - 0018)	Germany	From the region Spent his life there (S 0010)
Gender	female	female	male
Profession	Unknown	Unknown	Miller for 14 years, farmer for 60 years

			(S 0010)
Reason for stay	Rehabilitation (S 0020 - 0027)		Rehabilitation (S 0019)

Table 8. The patients: Individual profiles.

I forgot to inquire the L2s of P1. My attempt to ask P3 was misunderstood (S 0048, S 0049). According to DA3 (sequential analysis, Nachtrag), the minimum age for patients in the geriatrics ward is 60; the average patient is probably 75; and the patients I interviewed were roughly 80 - 90 years old.

The differences in coherence and mental condition in P1, 2 and 3 were striking: While P3 answered freely and coherently and was taking long turns despite physical limitation, P1 answered clearly, but visibly tired. Despite apparent physical fitness, P2 limited herself to small talk, and misunderstood questions about understanding as directed at her:

(14)

02:45	4	KM also im krankenhaus hat man pfleger und ärzte? teils deutsch muttersprachler teils nicht; °hh kommen sie da immer zurecht oder gibt es manchmal verständigungsschwierigkeiten P2 ja also das liegt dann (--) nicht an mir sondern an denen ((KM thh°)) die (was sagen) KM Ja, (-) also sie [verstehen manchmal nicht oder] P2 [also ICH] (.) nö ich verstehs, KM Hmm P2 mediZInisch versteh ich goar nix	KM so in a hospital you have nurses and doctors? partly german native speakers partly not; °hh do they always get along there or are there sometimes communication difficulties P2 well, then it is (--) not up to me but up to those ((KM thh°)) who (speak) KM yeah (-) so do you [sometimes don't understand or] P2 [well I] (.) no i understand, KM Hmm P2 I don't understand the MEdical part

Excerpt 22: It is not up to me. P2.

In general, I decided to steer the conversation by asking my preformulated questions, but not to insist if a question was differently asked than I expected. When examining the patient's statements during the bottom up process, I noticed that I would have to approach the patient's view from a different angle, since they, on their own accord, thematise *language needs* the most. Their points of view are duly taken into account and analysed like the main aspects from the interviews with doctors (chapter 6.2),

however, these findings serve here as a valuable complementary piece of the puzzle in the reality of the hospital - but not as an answer to the main question.

5.2 Analysis of the issues interviewees raised

5.2.1 Languaging in the hospital

All foreign physicians state that they can use their native tongue, and occasionally their other L2 aside German during work:

(1)

{02:30}	0035	**KM**	und ehm welche von diesen sprachen können sie jetzt am arbeitsplatz benutzen	and uhm which of these languages can you use at your workplace
{02:35}	0036	**AA1**	bulgarisch gibt es immer wieder patienten deutsch muss ich halt so oder so	bulgarian there are often patients german i have to anyway
{02:45}	0037		russisch bekomme ich auch	Russian I also get
{02:47}	0038	**KM**	ja	yes
{02:48}	0039	**AA1**	so mit russische patienten komme ich auch zurecht und englisch englisch war ich schon immer gut	so russian patients i can handle and with english english i have always been good

Excerpt 23: AA1's L1 and L2s in everyday work

(2)

{15:12}	0127	**AA2**	also (.) HIEr ist nur (.) nur DEUtsch (.) aber kommt jemand der englisch spricht oder sowas kann man mit ihm sprechen aber	so (.) HEre is only (.) only GERMAN (.) but if someone comes who speaks English or something like that you can talk to them but
{15:21}	0128	**AA1**	und arabisch mit den arabischen patienten	and arabic with the arab patients
{15:23}	0129	**AA2**	ja gabs auch ja	yes there was that yes
{15:24}	0130		[mhm]	
{15:24}	0131	**AA1**	[gabs auch]	that existed as well
{15:25}	0132	**KM**	aber selten,	but rarely,
{15:25}	0133	**AA2**	neenee der gab es aber das hab mir jetzt nichts ((KM lacht)) eingefallen	no, that happened/existed, but I didn't ((KM laughs)) think of it
{15:25}	0134	**AA1**	der gibts immer wieder (.) gibts immer wieder ((KM lacht))	that happens from time to time ((KM laughs))
{15:29}	0135	**AA2**	(.) ja auch der gab es	(.) yeah that existed as well
{15:31}	0136	**KM**	ja	yes
{15:33}	0137	**AA2**	ne also arabisch wenn jemand kommt, ((AA1 hustet))	nah so arabic when someone comes, ((AA1 coughs))

Excerpt 24: AA2's L1 and L2s in everyday work, with patients

It is interesting to note that while Arabic speaking patients were not on AA2's mind, AA1 had occasions on her mind and reminded him.

(3)

{20:30}	0173	**AA2**	und mit arabische kollegen äh außer der arbeiten oder auch wenn niemand da ist dann man spricht arabisch oder wenn niemand da ist ((AA1 hustet))	and with arabic colleagues uh outside work or even when nobody is around then you speak arabic or when nobody is there ((AA1 coughs))

Excerpt 25: AA2's L1 with colleagues

(4)

{05:11}	0030	**AA3**	auf der arbeit rumänisch (.) deutsch englisch (.) manchmal französisch (.) wenn in die notaufnahme kommt werde ich ganz oft angerufen für übersetzungen ((KM: welche sprachen?) rumänisch am meisten und französisch JA nein, welchselhaft mit deinem vater ((KM: ja (.) Ach ja GUt;)) ((AA3 lacht)) ((KM: super)) ((beide lachen))	romanian at work (.) german english (.) sometimes french (.) when I come to the emergency room I am often called for translations ((KM: which languages?) romanian mostly and french YES no, in change with your father ((KM: yes (.) Oh yes GOod;)) ((AA3 laughs)) ((KM: great,)) ((both laugh))

Excerpt 26: AA3's L1 and L2s in everyday work.

In private, the language situation also varies more than expected.

(5)

{20:01}	0169	**KM**	also welche sprachen benutzen sie wirklich im alltag.	so which languages do you really use in daily life
{20:22}	0170	**AA1**	deutsch (-)	german (-)

Excerpt 27: AA1's languages at home I

(6)

{20:60}	0176	**AA1**	ja	yes
		AA2	die meiste zeit ist deutsch	most of the time is german most
		AA1	die meiste zeit ist deutsch da	of the time is german because
		AA2	ich habe (unverständlich)) mit familie mit eltern	I have ((incomprehensible)) with family with parents of
		AA1	natürlich bulgarisch und hier bulgaren giebt es eine die ich ganz wenig ((KM: ach ja)) ist relativ wenig eh meine schwester	course bulgarian and here there are almost no bulgarians ((KM: oh i see)) is relatively little eh my sister
{21:14}	0177		ist noch in M (.) wir sprechen	is still in M (.) we speak a

so eine deutsch-bulgarische mischung so wie ein wort besser einfällt ((lacht))

german-bulgarian mixture whichever word comes better ((laughs))

Excerpt 28: AA1's languages at home II

(7)

{05:08} **0029** **KM** ((sprachen auf der arbeit und welche zuhause))

((languages at work and which at home))

{05:11} **0030** **AA3** Rumänisch zuhause;

Romanian at home;

Excerpt 29: AA3's language at home

(8)

{20:30} **0173** **AA2** ok (-) ja also sicher mit der familie ich habe keine sozusagen familie habe ich eine mutter dann rufe ich dort dann sprechen wir arabisch und mit arabische kollegen äh außer der arbeiten

ok (-) yes so sure with the family I have no family so to speak I have a mother then I call there then we speak arabic and with arabic colleagues uh outsidr work

Excerpt 30: AA2's language at home

(9)

{20:46} **0174** **AA2** dann man spricht auch die muttersprache aber ansonsten (.) deutsch und in (unverständlich) von der umgebung

then one speaks the mother tongue as well but otherwise (.) german and in (incomprehensible) from the environment

{20:53} **0175** **AA2** auch kein deutsch oder kein arabisch spricht ((unverständlich)) dann auf englisch aber das ist (.) ganz selten

also no german or arabic spoken ((unintelligible)) then in english but that is (.) very rare

Excerpt 31: AA2's language at work

The German physicians speak, as is to be expected, mostly (DA3, Nachtrag: Wann sprichst du Französisch mit AA3? - Manchmal wenn es ein Problem gibt und etwas für den Patienten schädliches gesagt wurde, dann sage ich stopp, gehen wir raus wir müssen etwas besprechen auf Französisch) or exclusively German (10).

(10)

{01:03} 0003	**KM**	Und welche sprachen sprechen sie am arbeitsplatz	And what languages do they speak at work
	DA1	(-) deutsch.	(-) german.
	KM	Ausschließlich	Exclusively
	DA1	Genau (.) ja	Right (.) yes
	KM	ehm: haben sie da manchmal schwerigkeiten weil sie nicht verstanden werden (.) oder	ehm: do you sometimes have difficulties because you are not understood (.) or
	DA1	ehm: na gut da ich ja auch die dialekte hier kenn und quasi und in der gegend aufgewachsen bin und in kleinen krankenhäsern nur also (.) die meisten patienten sind aus der umgebung; also keine schwierigkeiten den dialekt zu verstehen oder sonstiges dergleichen	ehm: well since I know the dialects here and I grew up in this area and in small hospitals only well (.) most of the patients are from the surrounding area; so no difficulties to understand the dialect or anything like that

Excerpt 32: DA1's work language

I wanted to see if DA1 would mention patients who had trouble understanding him when he spoke German. He mentioned dialect and, later, that sometimes you had to speak with relatives when a patient had dementia (S 0015). DA2 didn't comment on this; DA3 didn't either and stated he was speaking German exclusively, until I asked about AA3 mentioning she was speaking French with him sometimes.

P1, when asked, thematises constraints due to circumstances (11) and biological constraints (12) instead of linguistic competence in specific situations, while P3 talks about varying levels of German competence in detail (13) in the health care sector in general, not in HX in particular (S 0019 - 0024).

(11)

{02:29} 0032	**KM**	und in der zeit in der sie im krankenhaus waren (.) ehm werden sie ja betreut von ärzten und pflegern; ((2:36 P1 ja)) teils deutschmuttersprachler (.) teils nicht; (.) ähm (.) klappt das immer gut? oder gibts manchmal verständigungsschwerigkeit en,	and during the time you were in the hospital (.) ehm you were looked after by doctors and nurses; ((2:36 P1 yes)) partly native german speakers (.) partly not; (.) uhm (.) does that always work out well? or are there sometimes difficulties in communication,
{02:44} 0033	**P1**	ja: (-) **manchmal klappts (.)**	yes: (-) **sometimes it works**

sehr gut und dann (.) is a wieder mol wemmer °h dann sagt ich hab schmerzen und ich bräuchte do wos °h und dann_m ja (.) des wird dann halt mal a bissle vergessen dann	**(.) very well and then (.) it's also again when one °h says i am in pain and i would need something °h and then_m yes (.) then it will just be forgotten a bit**	
((KM: lacht, ja))	((KM: laughs, yes))	
ja ((patientin schiebt schläuche zur seite))	yes ((patient pushes tubes to the side))	
entschuldigung	excuse me	

Excerpt 33: P1 on being forgotten

(12)

{05:12}	**0047**	**P1**	**ich mein es is ja s alter da ne** **i mean age is here**
{05:14}	**0048**	**KM**	hh° wie meinens ((lacht)) °h what do you mean ((laughs))
{05:16}	**0049**	**P1**	naja **dass mer des alles nicht mehr so versteht** Well that **one does not understand all this so much anymore**
			((KM: ach so ja stimmt)) ((KM: oh yes righ))
			((lacht)) ((laughs))
			ja yes

Excerpt 34: P1 on being hard of hearing

(13)

{04:19}	**0016**	**P3**	[in der Regel] schon es gibt (.) GAnz perfekte; ((KM hmh)) hh° äh pflegekräfte auch ärzte die °h die mans nur noch an der sprache etwas merkt dass sie ausländer sind ja; (.) **aber ansonsten; (.) es sind welche dabei die tun sich noch schwer, °h ((KM hmm)) die sind dann noch nicht so lange hier; ((KM ja)) und ham die erfahrung nonnet** [as a general rule] there are already (.) VEry perfect ones; ((KM hmh)) hh° er nurses also doctors those °h you only notice because of something with the language that they are foreigners yes; (.) **but otherwise; (.) there are those who still struggle, °h ((KM hmm)) they haven't been here for such a long time; ((KM yes)) and don't have the experience yet**

Excerpt 35: P3 on varying degrees of language competences

5.2.2 The obstacles: categorisation

The obstacles, or challenges, in everyday life which were mentioned in the in the present data can be roughly fit into the following categories: For both foreign and German physicians, there are *linguistic and cultural obstacles* of diversity, *communicative obstacles*, and *interpersonal obstacles* (issues that arise more from personality than from differing spoken varieties or from different cultural frameworks).

The patient group (two individuals) uttered mostly *unmet needs* and *concerns*, less about linguistic practices.

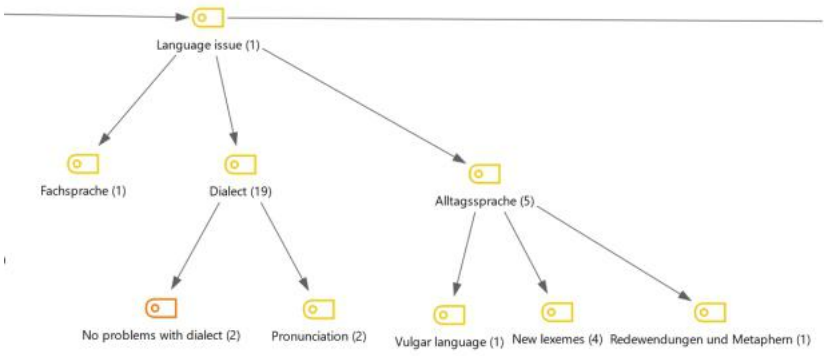


Figure 6: Coding of language issues interviewees talked about. Created with MAXQDA.

In some cases, I could not deem whether a conflict was interpersonal or rather intercultural, but the speaker did. Since the speaker attributed it to the cultural dimension („latinisches Blut"), I kept her attribution when categorizing the information.

(1)

{08:46}	0049	**AA3**	u:nd eh wi:r ich und meine schwester wir sind ein bisschen so freundlich; weil das latinische blut und wir wollen auch die leute umarmen oder so und die (.) u:; <<stellt Erschrecken dar>>	A:nd eh we: me and my sister we are a little little friendly; because the latin blood and we also want to hug the people or something similar and they (.) u:; <<plays fright>>

Excerpt 36: Latin temperament, AA3.

5.2.2 Challenges tied to language

The most frequently named language difficulty in the rural hospital which was mentioned by the foreign physicians was *dialect*.

(1)

{09:52}	0061	**KM**	und wenn sie jetzt eine cousine hätten ((AA3: m)) die sagt ich will auch kommen welche tipps würden sie ihr geben, wenn die cousine sagt ich will auch	and if you had a cousin ((AA3: m)) who says I want to come too what tips would you give her when the cousin says I also want to

{09:57}	0062	**AA3**	lern ((regionaler Dialekt)) ((beide lachen))	learn ((regional dialekt)) ((both laugh))

Excerpt 37: AA3 and dialect.

(2)

{10:00}	0105	**KM**	eHm: welche tipps hätten sie gerne gehört bevor sie in deutschland angefangen haben zu arbeiten	eHm: what tips would you have liked to hear before you started working in germany
{10:10}	0106	**AA2**	((2,5 Sek) welche tipps	((2.5 sec) which tips
{10:13}		**AA1**	ja; welche tipps	yes; which tips
{10:13		**KM**	Ja ((weitere Verwirrung und Umformulieren))	Yes ((further confusion and rephrasing))
{10:48}	0107	**AA2**	an diese punkt vielleicht ich hätte äh also eher gehört dadurch dass die meisten leute die ich KENne oder die umgebung? (-) öh **kollegen (.) immer wenn sie kommen direkt wenn sie gehen (.) mehr nord. (.) HAMbu:rg öh (.) und so weiter ((KM: Aha)) °h öhm (-) einer der ursachen einfach die leute dort sprechen (.) (hochdeutsch/auf deutsch);**	at this point maybe I could have uh sooner heard that because most of the people I know or the area? (-) er **colleagues (.) whenever they come directly when they go (.) more north. (.) HAMbu:rg öh (.) and so on** ((KM: I see)) °h öhm (-) **one of the reasons simply the people there speak (.) (standard german/in german);**
		KM	(--) mHM	(--) mHM
		AA2	so ist das einfacher zu	It is easier to understand
		AA1	verstehen	like that
		AA2	okay [ja] [leider] ich hab das nicht gewusst als ich kam	okay [yes] [regrettably] i didn't know that when I came
{11:14}	0108		hier ((N.)) und so weiter ich kam da (.) gab es jemand der mir also ich kenne ihn deswegen bin ich hier gekommen (.) ((AA1 hustet)) aber nachher 8:9 HABE ich mir öfter gedacht ((KM und AA1 lachen))	here ((N.)) and so on I came there (.) there was someone who so I know him therefore I came here (.) ((AA1 coughs)) but after (.) I often thought to myself ((KM and AA1 laugh))
{11:28}	0109	**KM**	mist	dammit
		AA2	((alle drei lachen)) Ja aber echt habe mir gedacht jetzt weiß ich nicht wie es dort ist aber dann habe ich mir öftergedacht vielleicht wäre dann (.) dort besser	((all three laugh)) yeah but really i thought i dont know how it is there now i often thought maybe (.) would have been better

Excerpt 38: AA2 and dialect.

(3)

{03:59}	0049	**AA1**	äh::f°° ja gut (--) hh° was war am schwierigsten (-) von allem war bisschen schwierig äh natürlich wenn man in bulgarien in der heimat eine sprache eh lernt das ist ja gar nicht so als wenn man da live da spricht vor allem zum ersten man lernt da hochdeutsch was die normale bevölkerung dann nicht spricht ich bin nach münchen gekommen nach oberbayern	er::ph°° yeah well (--) hh° what was the most difficult (-) of all was a little bit difficult er of course if you learn a language in your home country in bulgaria that's not at all like when you speak live there especially at first you learn standard german there what the normal population then doesn't speak i came to munich to upper bavaria

Excerpt 39: AA1 and dialect.

(4)

{07:06}	0039	**KM**	und ((räuspert sich)) verstehen sie (-) also sie haben viele ausländische kollegen paar deutsche, auch pfleger patienten, dialektsprecher verstehen sie alle gut oder haben sie manchmal schwierigkeiten	and ((clears throat)) do you understand understand (-) so you have many foreign colleagues, a few german ones, also nurses patients, dialect speakers do you understand them all well or do you sometimes have difficulties
{07:19}	0040	**AA3**	es hängt ab wenn die auf schwäbisch sprechen oder weiß ich nicht was (.) dann manchmal verstehen auch meine deutschen kollegen nicht	it depends if they speak in swabian or I don't know what (.) then sometimes even my german colleagues don't understand

Excerpt 40: Swabian, challenge for everyone.

DA1 agrees on some dialects being challenging for the native speakers, as well (stück weiter unten). The German physician DA2 identifies the same obstacle. She delivers a vividly told example.

(5)

6:00	7	KM: Lösungsstrategien? DA1 Beispiel : Nicht-MS verstehen Patienten nicht; typisches Beispiel [hier fällt auf, dass Sprecherin von relativ hochdeutscher Aussprache und Ausdrucksweise stärker in Dialekt verfällt] Irgendnen altes Bauernmütterle, des sich n Oberschenkel gebrochen hat, erzählt die Anamnese. 'Ja da bin I in Hof nieberganga und dann bin I ins Haus nei und dann binni aufn Nagel gflogn'.	Solution strategies? example : non native speakers don't understand patients; typical example [here it is noticeable that a speaker of relatively high German pronunciation and expressions falls more into dialect]. An old farmer's mother who broke her thigh tells the case history. "Yes, I was crossing the yard, then I went into the house and then I flew onto the nail." "They couldn't know... because the

		„Da können die gar nicht wissen... also... weil der Dialekt doch sehr ausgeprägt ist“, wäre in Oberpfalz z.B. genauso. Deutschkurs Hochdeutsch und medizinische Sprache anders als gängige Sprache	dialect is very strong,“ would be the same in Upper Palatinate, for example. German course, High German and medical language are different from common language

Excerpt 41: DA2’s dialect example

When asked for typical situations in which she had to help she said she was translating in the ward most often, mostly between a foreign colleague and a dialect speaker. In detail, several aspects are tied to dialect.

(6)

{05:22}	0056	KM	ja. ((AA2 betritt den Raum)) (.) <<etwas lauter>> es geht	yes. ((AA2 enters the room)) (.) <<louder>> we are talking
		AA1	grad um den dialekt (-) ehm: ((xxxx)) (**ist schwierig**)	about dialect right now (-) ehm: ((xxxx)) (is difficult)
{05:26}	0057	AA2	**ja eigentlich ist zu schwierig** (.) dialekt kommt jemand und spricht das problem also mehrere sachen,	**yes actually is too difficult** (.) dialect someone comes and speaks the problem well several things,
{05:36}	0058	KM	m:h ja	m:h yes
{05:42}	0059		[ja::]	[yes::]
{05:42}	0060	AA2	[**wie das aussprache ist** (--) oder **neue wörter** sozusagen]	[**how the pronounciation is** (--) or **new words** so to speak]
{05:49}	0061	KM	[(---) das glaub ich (---) ah ja haha]	[(---) I think so (---) ah yeah haha]
{05:49}	0062	AA2	[oder oder **wörter die: eh sind uh (.) nicht oft als benutzt** (.) äh (-) ja und gibts irgendwelche dialekte ist einfach **schwierig das gut zu hören da einfach die wörter wenn nicht getrennt voneinander**]	[or **or words that: eh are uh (.) not often used** (.) uh (-) yes and there are some dialects **is just difficult to hear that well because just the words when not separated from each other**]
{05:59}	0063		der jemand (schreibt) der sagt okay dann du kennst den ganzen satz also das du verstehst was das bedeutet aber (_) eh (-) das **als gesprochen wird dann einfach du kannst nichts hören einfach ist wie eine linie sozusagen**	someone (writing) he says okay then you know the whole sentence so you understand what it means but (_) eh (-) that **is spoken then just you can't hear anything just like a line so to speak**

Excerpt 42: AA2 and dialect

Several details are given here: 1., dialect poses a problem for understanding when German standard language was learned 2. this difficulty is tied to pronunciation, prosody/ stress and to unfamiliar lexemes.

Further details AA1 and AA2 gave in their interview was about the rough ratio of dialect speakers to versatile regiolect, dialect and standard language speakers (S 0072).

(7)

{06:13}	0064	KM	((gefühlsmäßig: wieviel prozent kollegen, patienten spricht dialekt, wie viele hochdeutsch))	((rough estimation: what percentage of colleagues, patients speak dialect, how many speak high German))
{06:20}	0065	AA2	(--) also hier in der gegend,	(--) so here in this area,
{06:22}	0066	AA1	**hier spricht keiner hochdeutsch** ((lacht))	nobody here speaks high german ((laughs))
{06:24}	0067	KM	ah ja ((lacht))	ah yes ((laughs))
{06:26}	0068	AA2	**okay aber eh: hier von den kollegen: die meisten kollegen sind aus(.)länder; hier**	**okay but er: here of the colleagues the most colleagues are foreig(.)ners**
{06:31}	0069		[die meisten öh::]	[most of them er::]
{06:31}	0070	KM	[hm:]	[hm:
{06:31}	0071	AA1	[ja (-) ja]	[yes (-) yes]
{06:34}	0072	AA2	und (.) ich glaub das ja (-) **ist einfacher zu verstehn <<lauter>> was einfacher nicht einfacher aber einfacher zu verstehn man versteht die meisten von denen ganz gut mehr als wenn man vergleicht zum beispiel vergleicht die patIENten die patienten**	and (.) I think that yes (-) **is easier to understand <<<louder>> what easier not easier but easier to understand one understands most of them quite well more than if one compares for example compares the PAtients the patients**
{06:50}	0073		äh einfach (.) **sagen wir (-) hh° vielleicht (.) zu (.) zwanzig prozent kommen leute die überHAUPT eh die (.) WÖRter oder die ihre sprache nicht ändern KÖNnen nicht auf hochdeutsch oder besser nicht aussprechen können (.) das wird schwierig aber die meisten leute die sprechen dialekt die können das anders sagen öh:**	äh simply (.) **say (-) hh° maybe (.) twenty percent of people come who do not at all eh the (.) WORDS or who cannot change their language can not in High German or better cannot pronounce (.) this is difficult but most people who speak dialect can say it differently er:**
{07:14}	0074	AA1	**die meisten bemühen sich genau wenn die merken man versteht nicht**	**most people make an effort right when they realize you don't understand**
{07:17}	0075	AA2	aber die kollegen hm:	but the colleagues mh:

Excerpt 42: AA1 and AA2 about dialect among patients and colleagues

In the following, they clarified that both patients and colleagues display varying degrees of regiolect (S 0073, S 0093) and can adapt to their conversation partner (S 0073, S 0083; S 0094). These varying degrees do not hinder understanding any more than a foreign accent (S 0076 - S 0082).

(8)

{07:19}	0076	KM	**würden sie dann sagen dass sie (.) andere ausländische kollegen am besten verstehen (.) dann die deutschen kollegen (.) dann die patienten mit dialekt (-) oder**	**would you then say that you (.) understand other foreign colleagues best (.) then the german colleagues (.) then the patients with dialect (-) or**
{07:27}	0077	AA2	**m:: ne also die deutschen kollegen ich glaub das**	**M:: nah so the german colleagues i think**
{07:30}	0078		**[ich glaub das wird die gleiche sein]**	**[i think that is the same]**
{07:30}	0079	AA1	[**n::e ne**]	[n::a nah]
{07:32}	0080	KM	ah ja	ah yes
{07:33}	0081	AA1	**das ist das gleiche**	**that is the same**
{07:34}	0082	AA2	mit der (-) der **auch andere kollegen**	with the (-) the also other colleague
{07:36}	0083		**sie werden ehm also (-) normal sprechen ((lacht))**	so they will (-) speak normally ((laughs))
{07:40}	0084	KM	hm verstehe ja	hm i understand yes
{07:41}	0085		((alle lachen))	((all laugh))
{07:45}	0086	AA2	**zum beispiel ((in N.)) verstehe mehr also ich verstehe die leute MEhr als in ((HX))**	**for example ((in N.)) understand more si mean i understand people MORE than in ((HX))**
{07:49}	0087	AA1	**((in N.)) sprechen ein bisschen anders**	**((in N.)) speak a little differently**
{07:51}	0088	KM	**mhm stimmt**	**mhm that's right**
{07:54}	0089		[aHA interessant]	**[i see interesting]**
{07:54}	0090	AA1	[ja]	[yes]
{07:54}	0091	AA2	[**in ((N.)) verstehe die leute mehr als hier**]	[in ((N.)) understand people better than here]
{08:03}	0093	AA2	**sie sprechen kein frä:nkisch (-) zum beispiel doktor ((DA3))** <<kleines lachen>> **er spricht mehr ((regionaler Dialekt)) als sie (.)** **((AA2: ja))** **dialekt ist so:**	**you do not speak ((regional dialekt)) (-) for example doctor ((DA3))** <<< little laugh>> **he speaks more ((regional dialekt)) than you (.)** **((AA2: yes))** **dialect is like this:**
{08:15}	0094	AA1	**ja sagt man er kann hochdeutsch und er kann**	**yes,say he can speak high german and he can**
{08:17}	0095	AA2	**ja er kann hochdeutsch aber er eh ((AA1: genau er)) oder vielleicht (wahrscheinlich ist) doch hochdeutsch irgendwie**	**yes he can speak High German but he can also ((AA1: exactly he)) or maybe (probably is) high german somehow**
{08:22}	0096	KM	nein mir wird oft gesagt dass ich normal spreche es sei denn ich rede mit meinen eltern ((lacht))	no i am often told that i speak normally unless i talk to my parents ((laughs))
{08:30}	0097		((alle lachen))	((everone laughs))

Excerpt 43: AA1 and AA2 about dialect among patients and colleagues II

It is noticeable that dialect was the one problem field foreign physicians identified immediately and first when they were asked for problems of understanding. On a side note, sometimes I suggested the topic (like when I invited AA2 into the conversation between AA1 and me, but the topic stayed there without me inquiring further.
With regard to dialect, the following coping strategies could be identified:

(9)

{07:27}	0041	**KM**	also dialekt	so dialect
		AA3	**((regionaler Dialekt)) <<spricht das /R/ als [R]>>**	**((regional dialekt)) <<does the /R/ like [R]>>**
		KM	also wenn sie ein ranking machen (.) ((regionaler	so if you make a ranking (.) ((regional dialekt)) works
		AA3	Dialekt)) geht	o**f course <<[ɾ] or [r]>>**
		KM	**freilich <<[ɾ] oder [r]>>**	wo:w ((both laugh))
			wo:w ((beide lachen))	what talent ((both laugh))
			voll das talent ((beide lachen)) genau (.) aber alles andere ist ok	right (.) but everything else is ok
{07:42}	0042	**AA3**	°h es war schwierig am anfang weil ich bin eigentlich mit hochdeutsch gekommen (-) u:nd **ich hab gesagt ja nein jetzt durch und ein und ausatmen und**	°h it was difficult at the beginning because I actually came with standard german (-) and **I said yes no now inhale and exhale through and**
			<<lauter>> WAS (-) ok (.)	**<<louder>> WHAT (-) ok (.)**
			und dann hat eine von den schwester gesagt tief schnaufen und dann hat das funktioniert	**and then one of the nurses said <<in dialect>> take deep breaths and then it worked**

Excerpt 44: AA3, immersion and translation by nurse

The most frequently described process with regards to dialect I called *Getting used to it*. An alternative description would be learning by doing. This means *immersion*. It is also named with regards to everyday language.

(10)

{05:02}	0054	**AA1**	äh ja gut in die geriatrie hier bin ich seit ungefähr (-) zweieinhalb jahre, aber se? nachdem dass ich bin meine ganze berufsleben genau meine ganze berufsleben bin ich in ((Region)) deswegen komme ich eh mittlerweile ((lacht)) eh zurecht	uh yes well i have been in the geriatrics here since approximately (-) two and a half years, but se? after i am my whole professional life exactly my whole professional life i am in ((region)) therefore meanwhile i((laughs)) get by
{05:19}	0055		ich versteh natürlich nicht	I don't always understand

		immer alles <<lachend>>	everything, of course <<laughing>>

Excerpt 45: AA1, learning by immersion

(11)

{07:42}	**0042**	**AA3** auf diesem grund war die barriere wegen dialekt aber: eh (.) jetzt nicht mehr.	for this reason the barrier was due to dialect but: eh (.) no longer.

Excerpt 46: AA3, learning by immersion

The second issue participants identified was everyday language (Alltags- und Umgangssprache). Namely new, unknown vocabulary (12), including vulgar language (14), and figures of speech (12) were mentioned.

(12)

{11:39}	**0078**	**AA3** naja (.) ist das so, katrin ich kann (.) ich muss das ehrlich sagen **es gibt auch schwerigkeiten ähm: zum beispiel wenn** <<zögernd>> **die wörter etwas mehr besonderes sind, (.) wenn die zum beispiel ganz hochspezialistisch sind** oder keine ahnung was dann (.) ja (-) oder **die sind einfach die wörter die gehören zu die muttersprache** oder die **°h ich wusste nicht dass eh: ein stock unter die beine schieben oder sowas bedeutet eh jemand äh behindert zu machen**	**well (.) it's like this, katrin i can (.) i have to say it honestly there are also difficulties er: for example if** << hesitating>> **the words are something more special, (.) for example if they are highly specialized** or no idea what then (.) yes (-) **or they are simply the words that belong to the mother tongue or the °h i didn't know that eh: to push a stick under the legs or something like that means to make someone er hampered**
		((KM: a:h ja naja))	**((KM: a:h yeah well))**
		ja (.) solche sachen,	**yes (.) such things,**
{12:24}	**0080**	**AA3** [**naja mir hat jemand] gesagt wenn ich unbedingt den stock unter die beine schieben will und ich <<reißt die augen auf, KM lacht>> für was soll ich das machen** (-) mensch ich bin ein praktischer mensch warum soll ich mich alleine sowas machen	[**well somebody told me] if I really want to push the stick under under the legs and I <<<widens eyes, KM laughs>> what should I do that for** (-) dude i am a practical person why should i do something like that on my own

Excerpt 47: AA3, figures of speech

Another feature of everyday language the interviewees mentioned were new lexemes (6, 13) and similar sounding lexemes (yet not homonymous) - of which some have their proper jokes (14).

(13)

{05:49}	**0062** **AA2**	[oder oder wörter die: eh sind uh (.) nicht oft als benutzt	[or or words that: eh are uh (.) not often used as

Excerpt 48: AA2, new lexemes

(14)

{18:43}	**0161** **AA1**	ach ja da gibt es immer wieder so witzige geschichten ((holt luft)) äh die eine von den den geschichten ist auch (.) dass man aufpassen muss zwischen ausländer und außengeländer	oh yes, there are always so funny stories ((get air)) äh one of the stories is also (.) that you have to be careful with foreigners ((ausländer)) and railings ((außengeländer))
{18:55}	**0162** **KM**	aHAH ((lacht sehr laut)) sorry ((lacht weiter))	aHAH ((laughs very loudly)) sorry ((continues laughing))
{19:01}	**0163** **AA1**	((lacht)) es gibt da noch schlechtere (schwer verständlich) lassen sie sich nicht von mir befurchten oder lassen sie sich von mir nicht befruchten ((lacht))	((laughs)) there are even worse ones (hard to understand) don't let me instill fear in you ((befürchten)) or don't let me inseminate you ((befruchten)) ((laughs))

Excerpt 49: AA1, language jokes

AA2 tells an anecdote after the recording ended, introducing it into the conversation with the remark „Jetzt eine Geschichte nicht für das Aufnahmegerät“:

(15)

Gedächtnisprotokoll	Memory protocol
Erzähler informiert einen deutschen Kollegen; dieser sagt „Ach du Scheiße!“; Ausländischer Kollege wird wütend, sagt „ICH scheiße? Deine Mutter scheiße!“; deutscher Kollege klärt das Missverständnis auf; ausländischer Arzt schämt sich so, dass er dem deutschen Kollegen eine Woche lang nicht wagt in die Augen zu sehen. Alle lachen	Narrator informs a German colleague; the latter says "Ach du Scheiße!" ((Oh crap!)); foreign colleague gets angry, says "ICH scheiße ((I suck?))? Your mother sucks"; German colleague clears up the misunderstanding; foreign doctor is so ashamed that he doesn't dare to look his German colleague in the eye for a week. All three laugh

Excerpt 50: From the (AA1 und AA2,) transcript, addendum: *Ach du Scheiße* anecdote

DA1 confirms with his view that understanding is more difficult than speaking, the problems described by the foreign doctors: all have to do with listening comprehension.

(16)

{04:30}	0011	**DA1**	aber das sprechen ist glaub ich gar nicht mal so schwierig; °h sondern das verstehen was	but I don't think it is so difficult to speak; °h but to understand what
			[KM: mhm]	[KM: mhm]
			[die Patienten] dann sagen [das ist]	[the patients] then say [this is]
			[KM: ah ja]	[KM: ah yes]
			der haken wo die meisten fremdlän Also MEINem eindruck nach wo ähm die meisten kollegen dann m: die die sprache nicht als grund äh sprache haben dann probleme kriegen. ist schwerig ja	the issue where most foreign well according to MY impression where um most colleagues then m: who do not have the the language as a base um language then get problems. is difficult yes

Excerpt 51: DA1 on dialect and listening comprehension

DA3 mentions the problem letters of discharge (*Entlassungsbriefe*). He mentions, on three occasions, that a physician in a hospital often has to write ... letters; and when those are grammatically, semantically or stylistically incorrect, a bigger workload is coming towards the person who has to correct them (often a senior physician). The main issue, here, is of grammatical nature, and in writing, not in conversation.

(17)

Zeit	S	Text	Translation
04:54 05.14	5	DA3 äh bei den oberärzten (--) äh da haben wir EIne (-) ((AA1)) die spricht sehr gut deutsch °h weil das ist sehr WOhl äh die endkorrektur von briefen und wenn da irgendwas is als oberarzt hat man die letzte verantwortung °h da isses dann schon () ein problEM (-) von wir haben sehr gute assistenten die aber eh **zum beispiel die russischsprechenden die die kommen mit dem artikel überhaupt net zurecht**	DA3 uh among the senior physicians (--) uh there we have one (-) ((AA1)) who speaks very good german °h because that IS uh the final correction of letters and if there is anything as a senior physician you have the last responsibility °h it is already () a problEM (-) of we have very good assistants **but for example the russian-speaking people do not cope with the article at all**
06:23 06:30	6	DA3 Nicht muttersprachler als oberarzt tun sich da wirklich schwer (--) da in der endfassung einen ganz grammatikalisch und stilistisch guten brief rauszubringen (--) ich bin in deutsch in deutsch nicht so gut aber °hh ((lachen)) ich kann da sehr viel verbessern;	DA3 Non-native speakers as chief physician have a really hard time (--) because in the final version a grammatically and stylistically totally good letter (--) 'm not so good in german in german but °hh ((laugh)) i can improve a lot there ((in those letters));

16:46	15	KM fällt für dich viel arbeit an (.) wenn du leute einarbeitest einfach weil du sie einarbeiten musst; °h oder siehst du du hast wirklich (.) mehr arbeit wenn: (1 Sek) wenn die person nicht mutterspra::chler is	KM Is there a lot of work for you to do (.) when you train people simply because you have to train them; °h or do you see you really have (.) more work when: (1 sec) if the person is not native spea:::ker
16:57		DA3 Ja der die die der kraftaufwand ist sicher mehr, wemmer °hh die kollegen dann (---) Rücksicht nehmen muss einfach isses natürlich °h wenn man des die (-) m es gibt auch MISsverständnisse vom patienten zum °h arzt wo dann der arzt es nicht richtig versteht °h aber spätestens im entlassungsbrief °h muss man das dann halt korrigIEren (-) man kann das natürlich korrigieren und dann STEhen lassen (-) und sagen schauen sie sich den brief nochmal AN (--) °h da ist auch vie:l mit den präpositionen und mit dem REINkommen in die: °h in unsere sprache empfehle ich es allgemein den kollegen nochmal die endkorrektur von mir anzuschauen [Präpositionen, Artikel, Stil] Es ist zwar verständlich in der regel was sie sagen (--) °hhh und ja man muss die hauptintegration findet da bei den visiten statt wenn man da halt mit dem patienten oder auch mit den kollegen das erklärt da gibt es auch fachliche sachliche erklärungen (--) das sachliche muss natürlich stimmen die sachliche (-) medizin muss stimmen das ist viel wichtiger als das sprachliche aber wenn man sprachlich (-) stilistisch und äh einen fehlerhaften brief bringt, das macht einen ganz schlechten eindruck bei den kollegen, (-) bei den niedergelassenen kollegen,	DA3 yes, the effort is certainly more, when °hh the colleagues then (---) must take into account is of course °h if you are the (-) m there are also misunderstandings from the patient to the °h doctor where then the doctor does not understand it properly °h but at the latest in the letter of discharge °h you have to correct that then just correct (-) you can correct that of course and then let it stand like this (-) and say look at the letter again (--) °h there is also much: with the prepositions and with coming into the: °h in our language i generally recommend that my colleagues have another look at the final correction [Prepositions, Articles, Style] It is understandable what they say (--) °hhh and yes you have to the main integration takes place during the doctor's visits if you stop there with the patient or even with the colleagues explain that there are also technical explanations (--) the factual must be right of course the factual (-) medicine must be right that is much more important than the linguistic but if you bring linguistically (-) stylistically and uh a faulty letter, that makes a very bad impression on the colleagues, (-) on the resident colleagues ((= in private practice)),

Excerpt 52: DA3 on discharge letters and written competence

5.2.3 Solutions (language)

The solutions and coping strategies interviewees mentioned were sorted as follows.

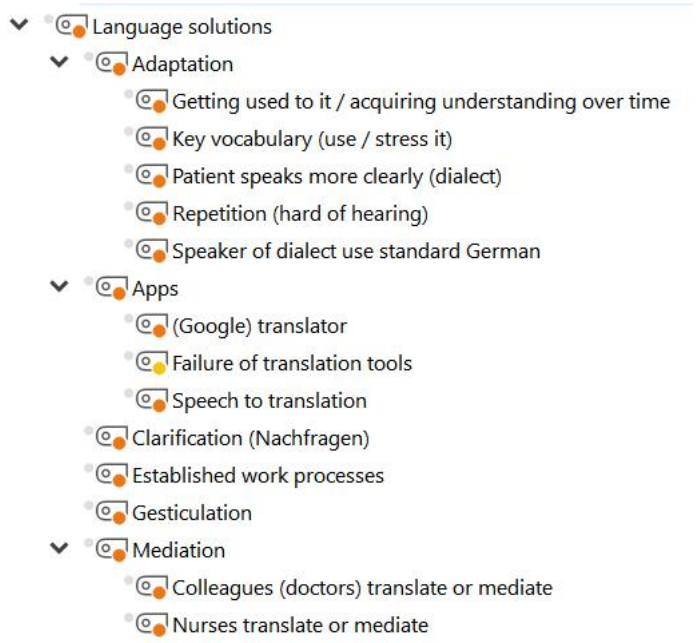


Figure 7: Solution to language-based challenges

These languaging strategies will be explained in the words of the interviewees here.

Obstacle/ challenge	Solution	Quotes from interviews
dialect	immersion	[**mit der zeit ok sicher wenn man vielleicht irgendwo in ein gleiche gegend lange zeit kommen die worte langsam von den dialekt einfach das eh eh soundsystem aber ohne zeit ohne zeit ist alles**] AA2, S 0102 [hm:: (---) **genau (---) passiv passiv besser**] AA1, S 0103
		aber se? nachdem dass ich bin meine ganze berufsleben genau meine ganze berufsleben bin ich in ((region)) deswegen komme ich eh mittlerweile ((lacht)) eh zurecht AA1, S 0051
		bei älteren patienten ist das so die bleiben etwas länger und man passt sich man an den patient an weiß ungefähr wie der spricht und dann versteht man das auch]
		auf diesem grund war die barriere wegen dialekt

		aber: eh (.) jetzt nicht mehr. AA3, S 0042
everyday language	adaptation; immersion	(.) **es ist an der zeit das verbessert sich äh (.) und auch (.) gibt's sozusagen (.) routine** ((KM: m::ja)) einfach das m:: jetzt der sprache dazu m: (-) **ja man verbessert sich der sprache** (.) einfach am anfang **man hat kurse gemacht prüfung und so weiter** **aber der kontakt oder auch mit dem zwischen (.) sprache; äh man hat nicht viel kontakt gehabt sozusagen auf deutsch und mit der zeit ja verbessert sich alles (.) man wird schneller** ((KM: jA)) **okay man auch sammelt vokabeln** **ich glaub bei jede sprache geht so (.) einfach vokabeln und °h grammatik heh** ((KM kichert)) und ((kichert) also das ist ALles also die ganze sprache sozusagen ((KM: ja (.) ja)) ((Telefon klingelt)) und (AA1 und AA2, Pos. 1) AA1 and AA2, S 0143 - S 0142. Speaker: AA2

Table 9: Language obstacles and their solutions. Interviewee's statements.

AA2 utters something akin to a language need for dialect speakers adapting to speakers who are used to standard German.

(1)

{09:06}	**0101**	**AA2**	eigentlich ich glaub das ist (.) die lösung die beste lösung einfach ist ja ok wenn zum beispiel ein ausländischer äh arzt , sozusagen kommt und lernt deutsch. h° es ist glaub einfach für die deutsche die dialekt spricht (--) bisschen hochdeutsch zu reden (--) ((KM: ja)) ((lacht verlegen?))	actually i think this is (.) the solution the best solution simply is yes ok if for example a foreign äh doctor, so to speak, comes and learns german. h° **it is believe easier for the german who speaks dialect (--) to speak a little high german (--)** ((KM: yes)) **((laughs, sheepishly?))**

Excerpt 54: AA2 on adaptation (dialect)

DA1 has a similar thought when he is asked for tips for new colleagues:

(2)

{03:32}	**0009**	**DA1**	und versuchen sich so viel wie möglich mit den patienten zu unterhalten das ist einfach das beste mittel die sprache zu	and try to talk to the patients as much as possible this is simply the best way to learn the language °h and as a doctor

lernen °h und als mediziner hat man ja eigentlich die möglichkeit lang und ausführlich mit den äh einzelnen patienten zu sprechen °h insofern ehm ist das eigentlich ein super training	you actually have the possibility to talk a long time and in a detailed manner with the uh individual patients °h so this is actually a great training

Excerpt 54: DA2 on immersion

DA3 agrees that learning on the job is the most important for new colleagues, and foreign colleagues especially:

(18)

18:00	15	die hauptintegration findet bei den visiten statt wenn man da bei den patienten oder auch bei den kollegen erklärt da git es auch FACHliche sachliche klärungen (--) das sachliche muss natürlich stimmen die sachliche (-) medizin muss stimmen	the main integration takes place during the visits when you explain to the patients or to your colleagues there are also professional factual explanations (--) the factual must be correct of course the factual (-) medicine must be correct

Excerpt 53: DA3 on learning by doing, immersion

P3's narrative of Polish forest workers and German gamekeepers also reveals the experience that new lexemes are acquired through immersion:

(3)

{33:45}	**0069** P3	((kurwa heißt krumme touren)) wenn man über einen gesprochen hat und die polen gesagt haben der macht viel kurwa dann hat man schon gewusst	((kurwa means wangling)) if you have talked about someone and the poles said he makes a lot of kurwa then you already knew

Excerpt 55: P3 about learning new lexemes

Further strategies which were mentioned, which fall within the general category of adaptation, are, from the patient's side: Adapting to one's counterpart, discussed in the corresponding excerpts above (1,2, 4); and the use of key lexemes and supporting gestures (3,5).

(4)

{07:14}	**0074** **AA1**	die meisten bemühen sich genau wenn die merken man versteht nicht	most of them try hard when they realize you do not understand

Excerpt 56: AA1 about adaptation (dialect)

(5)

{04:51}	0018	P3	Ja also des is °h zum zum beispiel wenn ich jetzt schmerzen habe °h **also des wort schmerz des wird eigentlich jeder arzt verstehen auch wenn der ausländer is ja** °hh **und dann muss ich ihm halt sagen in meinem äh teil wo ich halt schmerzen habe in meinem arm oder im rücken °h ja (.) oder im kopf** oder weiß irgendwo °h dass er des zumindestens mol °h äh orten kann oder sieht °h wo ich (.) beschwerden hob ja (.) des kann mer mit diskuti mit °h **dass jemand andeutet do hier (.) hier hab ich probleme °h und im rücken** (.) ja °h ne; °h und °h des des also ich des äh setz i auch voraus dass des °h zu zumindestens die °h die teile die körperteile dass des ein o äh a oder a arzt wenn einer arzt is; dass er des zumindestens weiß dass des a arm is ((KM heh ja)) der rechte arm und dass das linke bein und so weiter	Yes, that is °h for example if i have pain now °h **so the word pain actually every doctor will understand even if they are a foreigner yes °hh and then I have to tell him my uh part where I have pain in my arm or in the back °h yes (.) or in the head** or knows somewhere °h that he can at least °h uh locate or sees °h where I (.) am in pain yes (.).) one can with discu with °h that **someone indicates there here (.) here I have problems °h and in the back** (.) yes °h yeah; °h and °h that that so i also presuppose that the °h at least the °h the parts the body parts that is one o uh a or a doctor if a someone is a doctor; that he at least knows that this is an arm ((KM heh yes)) the right arm and this the left leg and so on

Excerpt 57: P3 about key vocabulary and gesticulation

(6)

{08:26}	0027	P3	**die ham (.) halt langsam gsprochen ((mhm;)) ne °h und aber man hat man hat sich verständigt dass sie ganz deutlich was sie was sie ä::h also me °h mer is da immer zusammen kumma ((hmm)) ja äh die haben (---) wenn man zum beispiel ein wasser gebraucht hat ((ja)) ja das ist selbstver °h das haben sie zum teil a selber gesehen äh °h und haben des gemacht da** °hh (.) und auch das pflegepersonal °h wos was so (--) was scho äh °h prüfung hat (.) prüfung gehabt hat, waren auch etliche farbige dabei (--) °h die waren auch aus afrika, °hh ich nehm an es ist so °h der der orden marta maria mater maria °hh der hat im ausland mehrere ((aha)) äh solche stellen also äh °h in der diakonie halt °h auswärts und °hh	**so they (.) spoke slowly ((mhm;)) right °h and but one could one could manage to understand each other so that they could very clearly what they what they e::h so me °h one always came together ((hmm)) yes uh they have (---) if for example one needed water ((yes)) yes that is self-ev °h in part they also saw themselves uh °h and did that there °hh (.)** and also the nursing staff °h who who so (--) who had already uh °h passed the exam (.) exam, there were also several coloured people (--) °h they were from africa, °hh I suppose it is so °h the the order mater maria °hh it has several ((aha)) uh such

da tauscht der dann aus ((mhm)) personal von afrika doher und dann wieder umgekehrt °hh so hab ich des mitbekommen ja,	places abroad, so uh °h in the diaconia °h abroad and °hh there it exchanges ((mhm)) personnel from africa from there and then again vice versa °hh so I have noticed that yes,

Excerpt 58: P3 about communication with rudimentary linguistic means

Secondly, spontaneous translation (and, by extension, mediation as well) by *nurses* (7,8) *and physicians* (9,10) - not by relatives or professional translators - was also prominently talked about.

(7)

{08:30}	0098	**KM**	((was funktioniert gut)) also mit verständigung sie verstehen alles es sei denn die leute sprechen dialekt haben sie da lösungen mit dialektsprechern also (.) arme und beine hinzunehmen oder sagen	((what works well)) well with understanding you understand everything unless people speak dialect do you have solutions with dialect speakers well (.) use arms and legs or say
{08:30}	0099	**AA1**	<<trockener tonfall>> eine schwester hinzuholen	<<<dry tone of voice>> call in a nurse

Excerpt 59: Nurse helps with translation, AA1

(8)

{07:42}	0042	**AA3**	°h es war schwierig am anfang weil ich bin eigentlich mit hochdeutsch gekommen (-) u:nd ich hab gesagt ja nein jetzt durch und ein und ausatmen und <<lauter>> WAS (-) ok (.) und dann hat eine on den schwester gesagt tief schnaufen und dann hat das funktioniert

Excerpt 60: AA3, nurse helps with translation

(9)

7:00	**8**	KM Werden Sie um Hilfe gebeten (Sprache)? Wie oft pro Woche?	Are you asked for help (language)? How often per week?
		DA1	DA1
		Definitiv häufiger als einmal.	Definitely more than once.
11:30	**11**	KM: Interkulturelle Konflikte oder Übersetzen?	KM: Intercultural conflicts or translating?
		DA1	DA1

Selten in der Notaufnahme; auf Station meistens Dialekt übersetzten Kommunikation manchmal ein Problem	Rarely in the emergency room; on ward mostly dialect translated Communication sometimes a problem

Excerpt 61: AA3, physician helps with translation

(10)

{01:59}	0005 **DA1**	ja: weil ehm (.) das sind doch fremdländische kollegen die sich mit der sprache doch sehr schwer tun und dann muss man doch (.) versuchen das in anderen worten nochmal wiederzugeben was der patient gesagt hat ((KM: hmm)) °hh oder sie verstehen den patienten n: ganz und gar nicht ((KM: eheh)) <<en wenig belustigt>> also von der aussprache her (.) manchmal ist es nachvollziehbar weil es also hier ja doch eh sehr starke dialekte gibt hab ich den eindruck °hh da muss man dann selber nochmal genau hinhören was der patient gesagt hat abe:r die feinen nuancen der deutschen sprache sind dann doch sehr schwierig zu verstehen von den kollegen (-) alsovon den fremdländlischen kollegen ((KM: hmhm ja)) die die halt nicht aus der gegend kommen °hh da muss man schon (.) ja als übersetzer manchmal fungieren	yes: because ehm (.) these are foreign colleagues who have difficulties with the language and then you have to (.) try to repeat what the patient has said in other words ((KM: hmm)) °hh or they do not understand the patient n: at all ((KM: eheh)) <<<a little amused>> so about pronunciation (.) sometimes it is understandable because there are very strong dialects here is my impression °hh there you have to listen carefully again to what the patient has said yourself bu:t the fine nuances of the German language are very difficult to understand for the colleagues (-) so for the foreign colleagues ((KM: hmhm yes)) who are not from the area °hh there you have to (.) yes, sometimes act as translator

Excerpt 62: DA1 about dialect and translation

Translation help works the other way around, as well. As previously mentioned, all queried foreign physicians could speak their L1 with patients.

(11)

mit ausländischen Patienten ab und zu, dann helfen Kollegen, z.B. aus Bulgarien, Rumänien mit Russisch, Rumänisch, Türkisch; die meisten Patienten sprechen gut oder sind Muttersprachler	with foreign patients from time to time, then colleagues help, e.g. from Bulgaria, Romania with Russian, Romanian, Turkish; most patients speak well or are native speakers

Excerpt 63: DA2 on translating colleagues.

A third discussed solution is of technical nature: when asked for tips for his foreign colleagues, DA1 mentioned translation apps (13), so I also asked AA3 about them later:

(12)

{08:07}	0043	**KM**	wissen sie was sie oder kollegen typischerweise benutzen als (.) hilfe, also zum beispiel eine schwester die dann sagt schnaufen oder (.(eh: oder google translator; oder	do you know what you or your colleagues typically use as (.) help, for example a nurse who then says breathe or (.) eh: or google translator; or
{08:20}	0044	**AA3**	Nee es gibt apps ((KM: ah ja)) ganz gute apps (.) ganu gute apps (.) aber_	Nah there are apps ((KM: ah yes)) quite good apps (.) really good apps (.) but_
{08:25}	0045	**KM**	Die benutzen sie gerne? ((AA3: n_o)) oder haben sie am anfang weil jetzt ((AA3: am anfang)) ja ((AA3: am anfang)) und kollegen;	They like to use them? ((AA3: n_o)) or have them in the beginning because now ((AA3: in the beginning)) yes ((AA3: in the beginning)) and colleagues;
{08:29}	0046	**AA3**	<<flüstert>> ich habe nicht bemerkt ((lacht))	<<Whispers>> I haven't noticed ((laughs))

Excerpt 64: AA3 about translator apps.

(13)

{06:}	0017	**DA1**	für die (.) kollegen oder äh ((ja für (-) ja)) allgemein ja hm °hh °hh	for the (.) colleagues or uh ((yes for (-) yes)) generally yes hm °hh °hh
			also ma ich hab schon gesehen dass manche kollegen jetzt da versuchen mithilfe dieser sprachassistenten äh man man kann sich ja die apps letztendlich ((mhm)) die entsprechende runterladen und dann die patienten reinsprechen lassen ((ACH ja)) in die app und die übersetzt das dann gleich also google hat glaube ich so ne app herausgeg also ich hab mich damit nich so näher beschäftigt aber ich hab bemerkt dass die kollegen das machen und äh na gut viele machens auch nicht	well so i've seen that some colleagues now try to use these language assistants uh one can download the apps in the end ((mhm)) the appropriate one and then the patients can speak ((AH yes)) into the app and then it translates that immediately so google has i think released such an app so i have not so closely studied but i noticed that the colleagues do that and uh well many do not do it

{06:49}	0019	**DA1**	[mhm]°hh das mag zwar wörtlich gut übersetzen aber das eh das verständnis ist dann einfach doch nicht da	[mhm]°hh this may translate well literally but the eh the understanding is simply not there
			((KM: ja hmm)) das scheint also da: irgendwie noch öhm da muss man noch dran arbeiten	((KM: yes hmm)) so that seems to be: somehow still ahm you have to work on that
			((KM: hmhm)) so ein richtiges übersetzungsprohgramm °h nja zu erstellen letztendlich	((KM: hmhm)) to create a real translation program °h well finally
{07:05}	0020	**KM**	kriegen sie auch manchmal sowas mit wie einfach google translator und dann ne phrase eingeben oder ist es wirklich die reinsprechvariante	do you sometimes get something like just google translator and then enter a phrase or is it really the talk into it version
{07:10}	0021	**DA1**	Das sind die reinsprechprogramme ja weil die sprache reingeben da müssten sie ja [weil]	These are the speech programs because the speech should be entered [because]
		KM	[stimmt]	[right]
		DA1	Und da müsste ja der kollege das reintippen und da äh da sind die schnell überfordert mit dem [((unverständlich))]	And there the colleague would have to type it in and there äh there they are quickly overwhelmed with the [((incomprehensible))]
		KM	[das glaub ich]	[i can imagine]
			Äh das sind dann tatsächlich mit dem handy von dem patienten (.) gut kann man ja machen ((lacht)) aber sieht zwar bisschen komisch aus aber ähm wenn dann der patient reinspricht °h also n es sind die programme sind noch verbesserungswürdig muss ich sagen	Uh these are actually with the patient's mobile phone (.) well you can do that ((laughs)) but it looks a bit weird but uh when the patient talks into it °h it's the programmes still need improvement i must say

Excerpt 65: DA1 on speech to translation apps

DA3 mentions online dictionaries (15):

14:22	13	DA3 Mja das sind dann oft so kleinigkeiten (.) das ist dann oft mit dem dialekt wenn die dann überhaupt nicht (--) °h äh verSTEhen oder (-) ja:: dann dann wird halt nachgefragt °h und oft wenn ich dann gar nimmer anders weiß wie ich ihnen äh des beibringen soll aber die kollegen wollen es unbedingt wissen °h dann kommt äh (--) zum beispiel bei den arabischen kollegen da <<heller>> wird arabdict, das dictionary da geb ichs dann auf deutsch ein und das wird dann überSETZt und dann: ist das alles so gut wie immer geklärt	DA3 Mh yeah these are often small things (.) this is often with the dialect if they just do not understand (--) °h äh or (-) yes:: then they ask °h and often when i just don't know how to explain to them er but the colleagues absolutely want to know °h then comes äh (--) for example with the arabic colleagues there <<<brighter>> is arabdict, the dictionary there i enter it in german and that is then translated and then: everything is clear usually

Excerpt 66: DA1 on online dictionaries

About the necessary improvement of translator tools, AA2 has an anecdote:

(15)

{17:26}	**0147**	**AA2**	ist es_ist echt s:O lustige geschichte, ((KM: ja, lacht, AA1 kichert)) ja zum beispiel ((kichert)) **einer hat gesagt dass er hat angefangen er war so glaub ich b2 oder so er kam direkt hat b2 im ausland** ((AA1: oka:y)) ja °h **gelernt**	it_is_really s:UCH funny story, ((KM: yes, laughs, AA1 giggles)) yes for example ((giggles)) **one guy said that he started he was i think at b2 or so he came directly he had learned b2 abroad** ((AA1: oka:y))
{17:56}	**0148**		und dann **er hat einmal dann (.) seine kollegen hier m: eingeladen nach hause zum essen** ((KM: kichert)) hh° <<belustigtes ausatmen>> **und er hat einfach auf google irgendwas geschrieben mit diaLEKT arabische dialekt oder so etwas**	and then **he once** then (.) **invited his colleagues here m: invited them home for dinner** ((KM: giggles)) hh° <<<exhale amused>> **and he simply wrote something on google with diaLEKT Arabic dialect or something like that**
{17:56}	**0149**		was die leute einfach öh ((KM: lacht)) bene? **benehmen sie sich wie zuhause** (.) okay	how do you say just ugh ((KM: laughs)) a? **act like you're at home** (.) okay
{17:56}	**0150**	**KM**	[ah: ja]	[ah: yes]
{18:02}	**0151**	**AA2**	[<<bestätigend / aha-moment>> fühlen sie sich	[<<confirming / aha-moment>> **feel like home**]

			wie zuHAUse]	
{18:02}	0152	**KM**	((KM und AA1 lachen))	((KM and AA1 laugh)
{18:02}	0153	**AA1**	oder fühlen sie sich wie zuhause	or feel like home
{18:03}	0154	**AA2**	**aber der google hat was (.) übersetzt** ((KM: ja haha)) **benehmen sie sich hh°**	**but** the **google translated something (.)** ((KM: ja haha)) **behave yourself** hh°
{18:09}	0155	**KM**	haHAHA ((lacht laut)) und alle gäste so oKE ((AA1 lacht laut, alle drei lachen weiter))	haHAHA ((laughs loudly)) and all guests were like oKAY ((AA1 laughs loudly, all three continue to laugh))
{18:16}	0156	**AA2**	und der ton äh (.) benehmen sie sich ((schnauft lachend; die anderen beiden lachen weiter)) ich habe nicht geda:cht (.) ich habe das öfter gedacht (warum) und so weiter aber sie haben das so (.) das passt NIcht	nd the tone uh (.) behave ((puffing laughing; the other two keep on laughing)) I didn't think (.) I thought that more often (why) and so on but they have that (.) that doesn't work
{18:27}	0157		**bis irgendwann sie haben gefragt (.) was willst du sagen**	**until at some point they asked (.) what are you trying to say**
{18:27}	0158		((KM und AA1 lachen))	((KM and AA1 laugh))

Excerpt 67: AA1, *Behave yourself* anecdote

Here, the behaviour of the guests, who simply accepted the unusual greeting until someone directly asked about what the person in question wanted to say (S 0157), and AA2's wonder about how they didn't say a word (S 0156) are interesting to note when considering intercultural coping mechanisms and solutions.

Established work processes, or *routine*, as described by Haider (2010), were also mentioned by P3, even though the line between concrete experience and a general opinion, based on experience, is difficult to draw.

(16)

{15:51}	0038	**P3**	°hh (-) die pfleger sagen wir die haben ja mehr (.) etza ihre pflegearbeiten aber wenn des **es ist ja oft ein team ja es sind ja oft so zwei oder drei oder vier die da auf einer station sind wenn die jetzt einen einen**	°hh say (-) the nurses they have more (.) their care work but when **there is often a team yes there are often two or three or four who are there on a ward if they have a patient to care for then**

patienten zum pflegen haben dann gehen die meistens zu zweit ja da muss nicht jedes mal gefragt werden sondern da wenn wenn wenn da die pflegekräfte kommen wenn das einmal einer gemacht hat ja dann weiß er ganz genau die handgriffe ja °h wenn einer des zum ersten mal mecht dann müssen sie ihn halt müssen sie ihn einweisen ((hm)) ((stimmen im hintergrund))

they usually go in pairs yes then it is not necessary to ask every time but when the nurses come when someone has done that once yes then he knows exactly what to do yes °h when someone does it for the first time then you have to stop them you have to instruct them ((hm)) ((voices in the background))

Excerpt 68: P3 abut routinisation

Asking for clarification (*nachfragen*) was mentioned by AA1 in the Google translator anecdote („bis irgendwann sie haben gefragt: was willst du sagen?“), and DA1 explains his view on the matter when he discusses that his colleagues should dare ask if they haven't understood immediately. Since he put an emphasis on colleagues not *daring* or wanting to ask, his statement will be quoted in the communicative issues section.

5.2.4 Intercultural issues

I asked for intercultural problems or conflicts, and got several answers. The way the interviewees talk about intercultural problems and what kind of solutions or strategies they mention is displayed in the following table.

Obstacle	Quote	Solution	Quote
Politeness	°hh es gibt zum beispiel <<langsamer>> kolle:gen <<leiser>> männliche (.) ((KM: mm ((lacht kurz)))) die zum beispie:l die hand nicht geben, ((KM: a:h ja,)) zum begrüßen oder sowas u:nd eh wi:r ich und meine schwester wir sind ein bisschen so freundlich; weil das latinische blut und wir wollen auch die leute umarmen oder so und die (.) u:; <<stellt erschrecken dar>> (.) ja (.) aber (.) mit den schwestern oder so ne. (.) nicht	None mentioned	

	nein (.) m-m AA3, S 0049		
Hierarchies (between colleagues)	In der Hierarchie einen gewissen Status also alles ok; „Ich lasse mir von den etwas anders strukturierten Hierarchien des Islams nicht unbedingt etwas vorschreiben“ und das kann schnell geklärt werden; DA2, Abschnitt 11	Direct confrontation of issue	KM: Interkulturelle Konflikte, z.B. Höflichkeitsregeln? DA1 Pause, Seufzen KM Missverständnisse? DA1 Kann auch sein; Sprache oft ein Problem, oder beides. Auffälliges Problem: Akzeptanz weiblicher Autorität. „Wobei ich bin keine 25 mehr, wenn es Probleme gibt, hau ich halt aufn Tisch.“ KM: Herausgefunden, wie diese Situationen am besten händeln? DA1 „Ja, ganz klare Ansage machen. Wie beim kleinen Kind halt“ DA2, Abschnitt 8
			bisher zweimal „mit jemandem zusammengerauscht, da hat es ordentlich gescheppert, und dann war alles in Butter“; Stillschweigen nützt an dieser Stelle nichts. (DA2, Pos. 1) DA2, Abschnitt 11
Hierarchies between patient and physician		Accept hierarchies	aber mit polen ja (-) °hhh also ich bin immer gut mit denen zurechtgekommen u:nd und es und man muss halt auch FREUNDlich sein oder äh °h des sieht man am gesichtsausdruck °hh net irgendwie da ä:h sondern sich wirklich wenn man (.) da hat man ja miteinander zu tun; der patient und der arzt ja dass man °h also der arzt °h der muss ja (sein handwerk) ein patient muss sich einem deutschen arzt ja auch unterordnen; ((ja)) ja (.) der kann auch nicht sagen pf° ich mach was ich will ((haha)) heh (.) sollte man da eben auch beachten wer °hh wer praktisch (.) der ober sticht den unter °h dass

			des eben auch so ist °h ist ja auch immer im haus da auch so beim pflegepersonal ist das so es ist °h jemand da der die verantwortung hat; (.) ne äh oberschwester oder so ähnliche und da ist der senior physician und der head physician P3, S 0032
Error culture	man ist natürlich sehr schüchtern weil die meisten ja berufsanfänger sind ((KM: ah ja)) die natürlich nicht sich die blöße geben und äh sagen dann nicht dass sie es eigentlich nicht so richtig verstanden haben ((KM: hehe)) eheh° das ist ein problem DA1, S 0009	Direct communication Overcome misgivings	Keine hemmungen haben sondern einfach mit den patienten sprechen und nicht da versuchen eh selber etwas zu interpretieren sondern wenn man etwas nicht verstanden hat dann auch wirklich klar sagen dass man nicht verstanden hat DA1, S 0009
	ja vor allem am anfang gibt es verständnisschwerigkeiten da muss man aber auch aufpassen (-) mehr die ausländischen kollegen die sind oft eingeschüchtert wollen alles richtig machen; (-) u:nd dann muss mans ich auch rückversichern ob sie auch alles richtig verstanden ham. DA3, S8		
Habitus	Oder doch es gibt eine wir magen ganz viel solche klamotten zu tragen (.) bunte (.) und die anderen gucken und so an (.) <<Explosion imitierend>> bu:ch: ((Anmerkung: AA3 trug, im Gegensatz zu den grünen T-Shirts bzw. Hemden und	None mentioned	

	weißen Kitteln der anderen Ärzte ein lila T-Shirt)) ((lacht)) Nein ich bin allergisch auf diese klamotten und deswegen trage ich von zuhause ((:38 KM lacht :39)) echt jetzt Ach so wirklich ja		

Table 10: Intercultural obstacles and their solutions.

The respect of and expression of hierarchies *can* be tied to politeness. Since DA2 perceives it to be so that the actions expressing a lack of respect for her authority are related to her gender - fitting Slavu (2017)'s explanations, I considered it so. It is indeed about hierarchy and the question of who can give and who can take instructions to whom, and not about how to express respect for different genders (here, shaking hands would be an issue: men from Middle Eastern cultures can express basic respect and politeness towards a woman by not touching her, while to a Western woman this it is a sign of deep disrespect, or dismissal). It is interesting to notice that gender was an issue for two female interviewees. Male colleagues don't shake hands; AA3 does not elaborate if all fellow physicians startle when being touched too much for their comfort OR whether there is a gendered tendency; and gender is implied in DA1's „different hierarchies in Islam".

Error culture can be a communicative or an individual problem, hence its mention in the next chapter. Other aspects of culture, like morality (what is morally acceptable behaviour), can also lead to frustration: DA3 mentions different ideas about how old people are to be treated and ideas of respect in regards to an Ukrainian colleague (old people are to be respected and not to be talked down to), and differing views on how an aggressive drunk is to be treated (an (aggressive) drunk: a criminal) in regards to a Turkish colleague (S 11, S 12).

While speaking about rather negative experiences when it comes to intercultural differences, DA1 attributes those exclusively to males who are shaped by cultures of Islamic countries. AA1 talks about her first workplace in the region and thematises

dialect as her main challenge during that time - but not culture, and, in doing so, addresses a culture which, in her view, is similar throughout Europe.

(1)

{04:31} **0051** dann meine erste arbeitsstelle war in mittelfranken in ((G)) das war wieder ja (-) was sagt der jetzt <<lachend>> keine ahnung hh° genau das natürlich **die m: kultur ist natürlich net so die m: europäische kultur ist nicht so unterschiedlich**

then my first job was in middle franconia in ((G)) that was again yes (-) what does he say now <<< laughing>> no idea hh° exactly that of course **the m: culture is of course not so the m: european culture is not so different**

Excerpt 69: AA1 about cultural differences

While both obstacles and solutions were broached concerning the above mentioned linguistic and intercultural issues, a few other categories of matters raised by the participants emerged: communicative issues, interpersonal issues, and patient's concerns and needs. There were hardly any solutions discussed - which may be due to the lack of inquiry.

5.2.5 Interpersonal, organisational and other obstacles

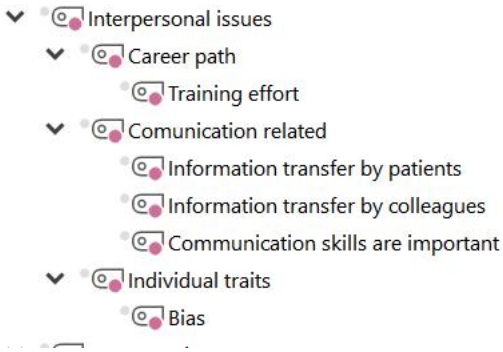


Figure 8: Codes for other raised issues

The line between communicative and language issues was not always easy to draw. In general, I considered obstacles which arose because information was not transferred as would be good *communicative*, and obstacles which arose due to language competence and practice as *language-related*.

Obstacle	Quote	Solution	
Biological	°hh oh uff° anekdoten und geschichten ähh hmm ähm joa des is jetzt ne	Repetition	**AA3** Nein wegen schwerhörigkeit [oder sowas]

Dementia	gute sache °h ehm hh° ja manchmal ist es doch recht lustig wenn die patienten älter sind; ((KM: mhm)) und ehm: dann soweiso (.) nicht verstehen was äh gesagt wird oder äh oder aufgrund ihrer demenz und dergeichen ((KM ah ja)) und sich dann halt der fremdländische kollege sehr bemÜHT ((KM: lacht)) dann kann es manchmal zu witzigen situationen kommen °h aber ehm meistens geht es dann doch irgendwie also läuft es doch geregelt ab ja DA1, 0007		**KM** Was machen sie dann also als lösung einfach wiederholen; **AA3** **Einfach wiederschreien** ((kicher)) ((KM lacht, AA3 lacht mit)) aber ansonsten geht das, AA3, S 0076)
		Asking for clarification	Mm also man fragt dann scho nochmal nach man fragt dann was bitte ham sie etz gsacht ((KM: hmm)) do ne; ja P1, S 0043
Stroke	Na die sprechen deutsch mit ihm und er kanns auch (-) und jetzt is es so er hat einen schlaganfall gehabt jetzt ist er da gehemmt (.) jetzt ist er da gehemmt spricht er so (-) gebrochen (.) aber des kann auch durch den schlaganfall sein des gebrochene ne dass er so (--) ((KM: ja genau)) °hh einen satz so nacheinander erst herausbringt °h der kann nicht frei weg eh °h sprechen P3, 0006		**AA2** [bis irgendwann sie haben gefragt (.) was willst du sagen] AA2, S 0175)
Hard of hearing / deafness	ich mein es is ja s alter da ne [...] dass mer des alles nicht mehr so versteht P1, S 0047-S0049	Repetition	Wieder schreien (AA3)
General		Openness	u:nd und es und man muss halt auch FREUNDlich sein oder äh °h des sieht man am gesichtsausdruck °hh net irgendwie da ä:h sondern sich wirklich wenn man (.) P3, S 0032
			Hm hh° nee, ich bin da. ((KM: ja))

			ich helfe allen ((KM: mm)) alle die kommen, ((KM: ja (-) ehm:)) bin so wie eine mama, die nimmt alle unter ((KM: genau ja haha)) ihr geflügel so weißt du (.)ko:mm komm komm passiert nix es wird alles gu:t KM Ich hab eben gedacht (.) also es gibt leute die tun sich schwer; ((AA3: hm)) aber sie machen den eindruck wie einfach nein es geht (.) aber ich denk es liegt auch an ihren zwischenmenschlichen (.) fähigkeiten oder; denken sie? ((AA3 nickt)) ja ((lacht)) AA3, S 0064

Table 11: Communicative issues and their solutions

One issue that is both a communicative one but which also clearly depends on the individual, is information transfer which fails. DA1 discusses this.

(1)

{05:36}	**0014**	**KM**	Also kommunikation ist auch intensiv in ihrem beruf	so communication is also intensive in your profession
{05:39}	**0015**	**DA1**	ja das würd ich auf alle fälle sagen und zwar auf allen ebenen also nicht nur auf der sprachlichen ebene sondern auch wie der patient des letztendlich sieht also auch von der gestik °hh äh und äh auch wie ehm er sich gibt und ähm das ist schon sehr wichtig UND natürlich auch °h die fremdanamnese also dass die angehörigen °h die gehören einfach auch ((KM aha)) mit dazu, dass man die mit befragt und (.) hier in der geriatrie vor allem ehm (-) ist ja das ehm also wie gesagt man hat kognitiv eingeschränkte patienten da muss man dann	Yes i would definitely say so and that is on all levels so not only on the linguistic level but also how the patient sees this in the end so also concerning gesticulation °hh uh and uh also how er he er presents himself and um it is very important AND the °h third party anamnesis of course well that means that the relatives °h they really belong ((KM: i see)) to the situation that you ask them and (.) here in geriatrics especially ehm (-) is the ehm so as I said, you have cognitively impaired patients so you just have to

einfach fragen wie es denn ask how it was exactly
genau gewesen ist

Excerpt 70: DA1 about communication in the hospital

Obstacle	Quote	Solution	Quote
Information transfer by patient	Dass das was ein patient sagt nicht immer das ist was er auch <<lachend>> wirklich meint also das ist äh manchmal sehr erstaunlich °h man befragt den patienten macht die anam äh die anamnese, der patient sch (.) schildert wie: der vorfall war alles gut (.) man spricht mit dem head physician oder vorgesetzten drüber; und dann zufällig geht der head physician dann zu dem patienten und hört eine ganz andere geschichte wie es wirklich war <<gepresstes lachen>> und man steht dann nur daneben °hh und denkt sich na (.) das wurde anders kommuniziert DA1, 0013	No solution mentioned	
By colleagues	die natürlich nicht sich de blöße geben und äh sagen dann nicht dass sie es eigentlich nicht so richtig verstanden haben ((KM: hehe)) eheh° das ist ein problem äh manchmal äh weil man dann sich ja auch darauf verlässt was was für eine information vom patienten dann über den fremdländischen kollegen weitergegeben wird und dann ((KM: ja genau)) kommt dann doch etwas anderes heraus °h kann problematisch sein, DA1, 0009	Ask for clarification immediately	°h äh deswegen meine meine empfehlung einfach immer wenn mans nicht verstanden hat einfach gleich sagen und äh nachfragen DA1, Pos. 5

Table 12: Communicative issues and solutions

Furthermore, the high fluctuation of colleagues was mentioned by DA2, who considered it a serious strain on the staff.

(2)

14:0012DA1

Problem der hohen Fluktuation: Mehrbelastung: Einarbeiten und Deutsch beibringen; sobald Skills besser, ziehen angelernte Mitarbeiter weiter

KM: Sprachskills oder Fluktuation aus Sicht der Patienten?

DA1

Wird als nicht so schrecklich empfinden; verstehen Medizinerdeutsch nicht oder sind dement

KM: Die Fluktuation und das konstante Anlernen also Mehrfachbelastung für Mitarbeiter?

DA1

Ja, wichtige Belastung, wichtiger als kulturelle oder sprachliche Konflikte / Probleme

Excerpt x: DA1 about the high fluctuation of colleagues

Finally, an individual issue can be bias and the rejection of migrants.

(3)

{00:12} 0002	**P3**	des is ja mit die äh grod des mit diesen ausländern (.) **das ist ja nicht immer so einheitlich dass alle sagen ja mir braugn se °h es gibt andere <<leises lachen>> meinungen auch**	**just the thing with the uh with the foreigners (.) that isnt always so uniformous that everyone said yes we need them °h there are other opinions as well**
	KM	[ja genau]	[yes exactly]
	P3	[ne] **ich versuch do neutral zu sein**	[right] im trying to be neutral

Excerpt 71: P3 about anti-migration attitudes

As Köppel (2008) put it, people tend to be very conscious of the fact that xenophobia is considered undesirable by society, and were generally hedging or evaluating stereotypes and judgements of cultures in general before making remarks about their multicultural teams. P3 kept coming back to the remark that if there was no other solution, the lack of staff in the health care sector will have to be solved by immigration considerably often, whenever pauses in the conversation occurred.

(4)

{09:20} 0050	**P3**	also ich (.) ich ich denk das problem mit den °hh pflegekräfte	Well i (.) i i think the problem with care workers

			und den billigarbeitskräften °h ist nur zu lösen mit ausländern (---) **ja (-) also das ist jetzt a ein ganz komischer ausdruck (.) was ich jetzt verwendet habe (.)** billigarbeitskräfte (-) **also das ist jetzt kein kein °h ich will die net diskriminieren**	and cheap labour °h can only be solved qith foreigners (---) yeah (-) well that is a very weird expression (.) which i just used (.) cheap labour (-) that is not a a °h i dont want to discriminate against them
{24:35}	0051	**KM**	Nein [aber sie]	No [but you]
{09:30}	0052	**P3**	{aber es aber es wird so] gemacht	[but that is how] it is done
{24:39}	0053	**KM**	[((Bemerkung zu stagnierenden Löhnen))]	[((remark about stagnating wages))]
{24:45}	0054	**P3**	[an den schlachthö (.) ja] an den schlachthöfen zum beispiel °h da gibts firchtbare °h dreckige arbeiten ((hmhm)) ja die werden dann a eben von ausländern hh° des ich meine wenns einer für den lohn macht °h kann man nichts machen aber °h es ist nicht schön	[in the slaughterhou (.) yes] in the slaughterhouses there are for example °h there are horrible °h dirty tasks ((hmhm)) yes so they are done by foreigners hh° that i mean if someone does it for that wage °h you cant do anything but °h its not nice

Excerpt 72: P3 about cheap labour

5.2.6 Patient's needs and concerns

The last apparent categories were *needs* (1) *and concerns* (2-6) the patients named.

Figure 9: Patient needs and concerns

P1 uttered the following without being prompted by a question:

(1)

{03:15}	0035	**P1**	<<atmet etwas angestrengt>> ja aber so im ganzen bin ich zufrieden (.) ich hab mir ja da a grippe eigfangt ich hab ja husten ghabt (-) und des hat sich ganz gut gebessert ((KM: mhm)) ja **(3 Sek. Pause) man**	<<laboured breath>> yes but all in all i am satisfied (.) i caught the flu and i had a cough (-) and it got better rather well ((KM: ,,)) yes **(3 seconds pause) one wishes (.) sometimes that one would get**

wünscht sich halt (.) manches mal dass man mehr ins gspräch kommer tät mit die ärzte ober es reicht ja die zeit aa net ((KM: hmm)) es ist ja zu wenig zeit,

into conversation more with the doctors but the time isnt enough either ((KM: mhh)) **there is not enough time,**

{03:45} **0036** **KM** ja das stimmt ((ja)) alle habens immer eilig jaja ((ja)) °h

yes that is true ((yes)) everyone is always in a rush yes ((yes)) °h

{03:48} **0037** **P1** aa des personal (.) die würdn ja nu mehr machen aber (.) die sin ja aa gezwungen nach ihrer zeit ((KM: hmm)) zu arbeiten ne ((hmm)) **und dann kann man goar ned so viel verlanga**

the staff as well (.) they would do more but (.) they are also forced with their time (limit) ((hmm)) and then **one cant ask for all that much**

Excerpt 73: P1 about the lack of time for conversation with staff

(2)

{17:06} **0039** **P3** h° wenn die pflegekräfte nicht ausreichen (-) dann ist des die einzige möglichkeit, (-) dass man welche reinkommen lässt (-) in in am altenheim zum beispiel °h meine eine tochter is aa arzthelferin °hh und die betreut ein altenheim ((mhm)) in ((S.)) und die haben jetzt °hh zwei oder drei INdische mädchen angestellt (-) °h aber da aber da sagt meine tochter die können überhaupt nix die °h kein deutsch; ((mhm)) die gehn mit mit den patienten (.) und sind amol dortn und schaun aber mehr kammer kann man denen nicht zumuten weil sie wirklich (.) die sind da rüber kommen ganz nackt (.) und [sind gleich] (([ah ja])) äh eingesetzt worden und so also das halt ich nicht für gut,

When there are not enough nurses (-) then the only option is to let some in (-) in in a nursing home for example °h one of my daughters is also a doctors assistant °hh and she manages a nursing home ((mhm)) in ((S.)) and they now have employed °h two or three INdian girls (-) °h but here my daughter sais they cannot aay anything they °h no german at all; ((mhm)) they go with with the patients (.) and come by and look but you cannot ask them for more because they really (.) they came all naked (.) and [were immediately] (([ah yes])) er given a task and so on well i dont think this is good,

Excerpt 74: P3 about no communication in German at all (concern)

(3)

{17:55} **0041** **P3** ja also do muss man schon vorsichtig sein °h die dürfen zum beispiel mit °h mit medizinischen sachen oder mit mit äh: tabletten oder so nix zu tun haben °h weil die können da wos verwechseln oder

yes so you do have to be careful °h they are not allowed for example °h with medical things or with uh: pills or have nothing to do with them °h because they can mix up something or

((jajaja)) also do wär i äh is man schon vorsichtig °h das is ja auch macht ja auch in der regel ist das auf der station eine person die die ausgibt die tabletten °hh und die muss ja auch dafür unterschrieben, ne °hh also ich hh° °h ich sag des ist unsere zukunft °h wenns nicht anders geht °h a:be:r (.) man sollte grod die sprache und und den umgan:g mit °h (-) also so viel wird doch °h unser staat oder irgendwer doch ausgeben können dass man denen eine anständige ausbildung gibt °h und do gehört zumindestens die beherrscung der sprache, dazu ne °hh das und und unser umgang und so weiter °hh sie wolln ja auch einmal wenn sie eine zeit do sind an FÜHRerschein machen ((mh)) und °hh also da müssen sie dann ja aa deutsch können;

((yeah yeah yeah)) so there i would be careful °h thats what you do °h thats what you do as a rule there is a person on the ward who hands out the pills °hh and they have to sign for it, right °hh so I hh° °h I say this is our future °h if there is no other way °h bu:r (.) you should especially know the language and the way we act °h (-) that much °h our state or someone else will be able to spend that much so you can give them a decent education °h and one important part is at least the mastery of the language, right °hh that and and our way of dealing with it and so on °hh you want to get a driver's license when you are a time do ((mh)) and °hh so then you have to know German;

Excerpt 75: P3, language and safety concerns

(4)

{21:19} **0047** **P3** Jaa und da ist die ausbildung und °hh die dauer dass bevor sie beVOR sie in so a krankenhaus kommen; dass sie wirklich eine ausbildung machen ((hmm)) °hh erstmal mit der sprache (-) und dann allgemein mit unsere mit unseren (.) äh unsere (.) ich meine er kann ja nicht zum beispiel äh (--) vom afrikanischen busch °h do zu uns kommen und da mit der straßenbahn fahren ((hmm) der kann das wahrscheinlich nicht °hh also das mein ich zu unserem täglichen umgang was wir haben dass er des dass er des macht und dass er da fit ist

Yes and there is the training and °hh the time that before they come to so a hospital; that they really do a training ((hmm)) °hh first of all with the language (-) and then generally with ours with our (.) uh our (.) I mean he can't for example uh (--) come to us from the african bush °h do and take the tram there ((hmm) he probably can't do that °hh so that's what I mean for our daily life patterns we have that he does that he that he does that and is fit there

Excerpt 76: P3, concerns about integration

(5)

{22:15} **0049** **P3** ((kultureller unterschied: andere typische haustiere wie affen in madagaskar))

{22:48}

°hh aber trotzdem °h die welt

(cultural difference: other typical pets like monkeys in madagascar))

°hh but nevertheless °h the

soll ja verschmelzen und (---) und vor allem das europa; ne, dass in europa noch so v solche unterschiede sind ((hmm)) °h das ist eigentlich nicht grad schön (.) ja °hh aber (-) da ist der staat der sollte da eingreifen °hh ich mein es geht ja auch nicht so (.) wenn man innerhalb der eu glaub ich kann jeder machen was er will; ((mh)) es kann passieren zum beispiel jetzt einer oder sogar von einer insel kommt ((mhm)) der dann als indianer gelebt hat und dann zu uns kommt das kann unter umständen sein ne; aber er muss ja einen ausweis kriegen °hh und irgendwie (-) erfasst werden ne (.) also er kann da nicht irgendwo auf der welt sein und nicht registriert (--)

world is supposed to merge and (---) and above all Europe; right that in Europe there are still so many such differences that's actually not very nice (.) yes °hh but (-) there is the state that should intervene °hh I mean its not okay like that (.) if you can i believe within the eu everyone can do whatever they want; ((mh)) it can happen for example now that someone or even someone from an island ((mhm)) who used to live as a native and then comes to us that may be happen right; but he must get a passport °hh and somehow (-) be registered right (.) so he can not just be anywhere in the world and not be registered (--)

Excerpt 77: P3, ideas about difficult European integration and integration of migrants from strongly differing cultures

(6)

{30:20} **0064 P3** ja ausländer °hh (--) mir wird halt auch im äh diese °hh wenn ich des sehe die rettung aufm mittelmeer °hh und ich seh halt imer ganze schiffe kohlschwarze leute (--) ° da mach ich mir schon gedanken °hh es macht viel arbeit die in arbeit zu bringen (-) weil die sind bis jetzt barfuß gelaufen ((hm)) (--) und die unterzubringen °h des kostet irgendjemanden a GELD also irgendjemand muss a geld ausgeben dass die ausgebildet werden °h entweder unser staat der ein privatmann oder wer auch immer ((hmm)) ja und und SO viel °h jetzt sag ich nochmal einen ausdruck lakAIenarbeit haben wir auch nicht zu vergeben °h ja so sagen wir WASserträger da brauchen wir im krankenhaus auch nur zwei stück (--) und da mach ich mir auch gedanken wenn so a schiff eintrifft und da sind junge kräftige kerle drauf aber die hat man ja nicht mal drauf getestet wie sie ihre kraft einsetzen sollen (---) und solche leute kann ich auf keinen fall irgendwo hinlassen wos

yes foreigners °hh (--) I get a bit worried when I see the rescue on the mediterranean °hh and I see coal-black people all over the ships (--) ° i am thinking about it °hh it takes a lot of work to bring them into work (-) because they have been walking barefoot until now ((hm)) (--) and to accommodate them °h this costs somebody MONEY so somebody has to spend money so they are trained °h either our state the one private person or whoever ((hmm)) yes and and and SO much °h now i use another word LACKey work we also have not to °h yes so say we also only need two or three WATERbearers in the hospital (- -) and I also think about it when a ship like this arrives and there are young, strong guys on it but they haven't even been tested on how they can use their strength (---) and I can't let such people go anywhere where it's dangerous, say we send people

gefährtlich ist sagen wir leute in wald schicken (---) aber das den wald nehm ich jetzt her weil das die ersten ausländer waren (.) die wir so gesehen haben damals in der polenkrise (-) sind die ersten gekommen	into the forest (---) but im taking the forest as an example here because they were the first foreigners (.) that we have seen like this at the time of the polish crisis (-) the first came

Excerpt 78: P3, reflections about difficult / expensive integration of refugees into the labour market

P3's concerns and reflections are valuable in a sociological or political focus; they are noteworthy here, because they give us pieces of the puzzle that is the hospital and its stakeholders, and they are highly interesting in my perspective. I do not analyse them in detail since this would lead too far from the topic of this paper.

7 Results and Discussion

Since the surveyed groups are very small, a quantitative analysis is not useful. It is noticeable, however, that the foreign physicians - some of them unprompted - and also the German doctors immediately mentioned the dialect as an everyday occurrence, or discussed it at length.

My code system is not based on the number of mentions, but on the sections in which the topic was discussed. When the topic came up, or was treated in the statement of a speaker, a code was created. It is possible that P3 talks about a topic for three sections; this is how three tokens are created; or that AA1 and AA2 talk about the dialect independently from each other, and then discuss together; this is also how four tokens are created for the category "dialect". The following graphics are not to be seen as an exact quantitative indication, but as an illustration of how often or how intensively a topic was discussed.

Still, one can see two clear tendencies. Firstly, in this hospital, for foreign physicians, dialect is a central issue. While other problems and obstacles are various, this is the most debated one.

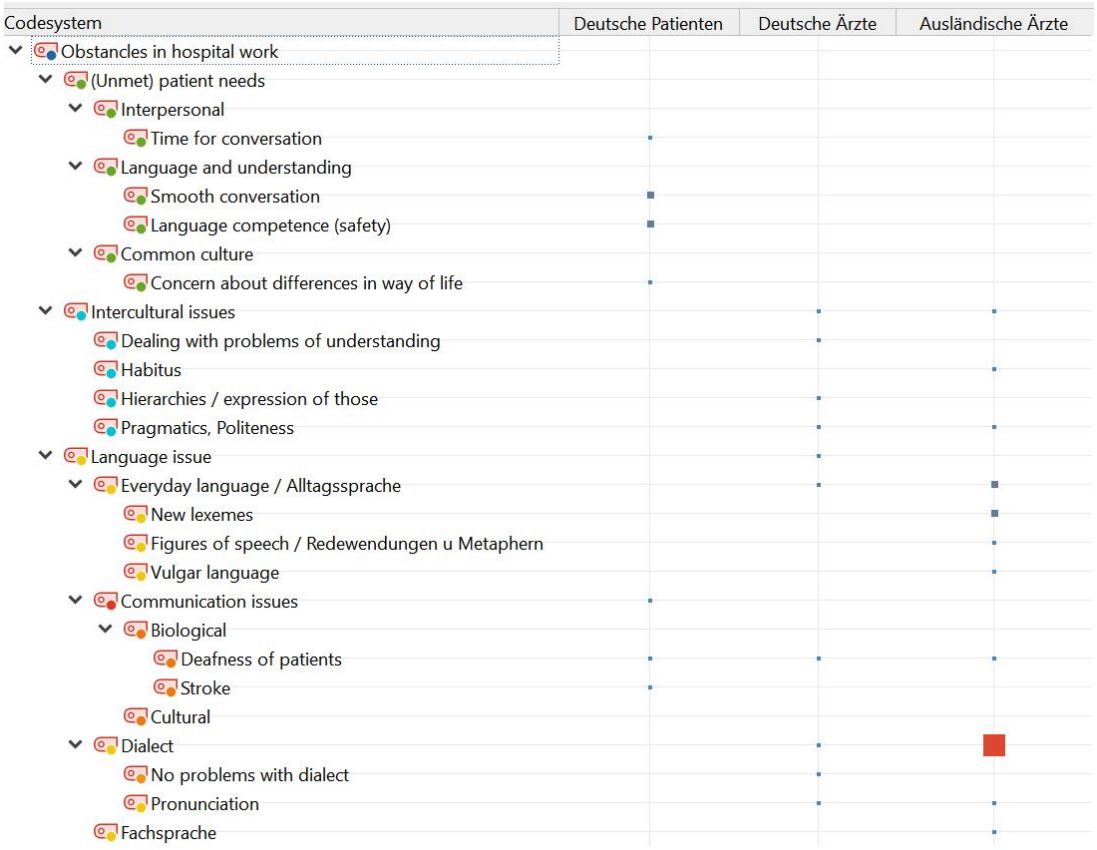


Figure 10: Codes and their frequency of occurrence. Problems and obstacles.

With the solutions, many language issues are resolved by adaptation and immersion. In concrete cases, nurses and physicians help by translating. For cultural clashes, there runs a motif of either confrontation, no solution, or acceptance of different behaviour.

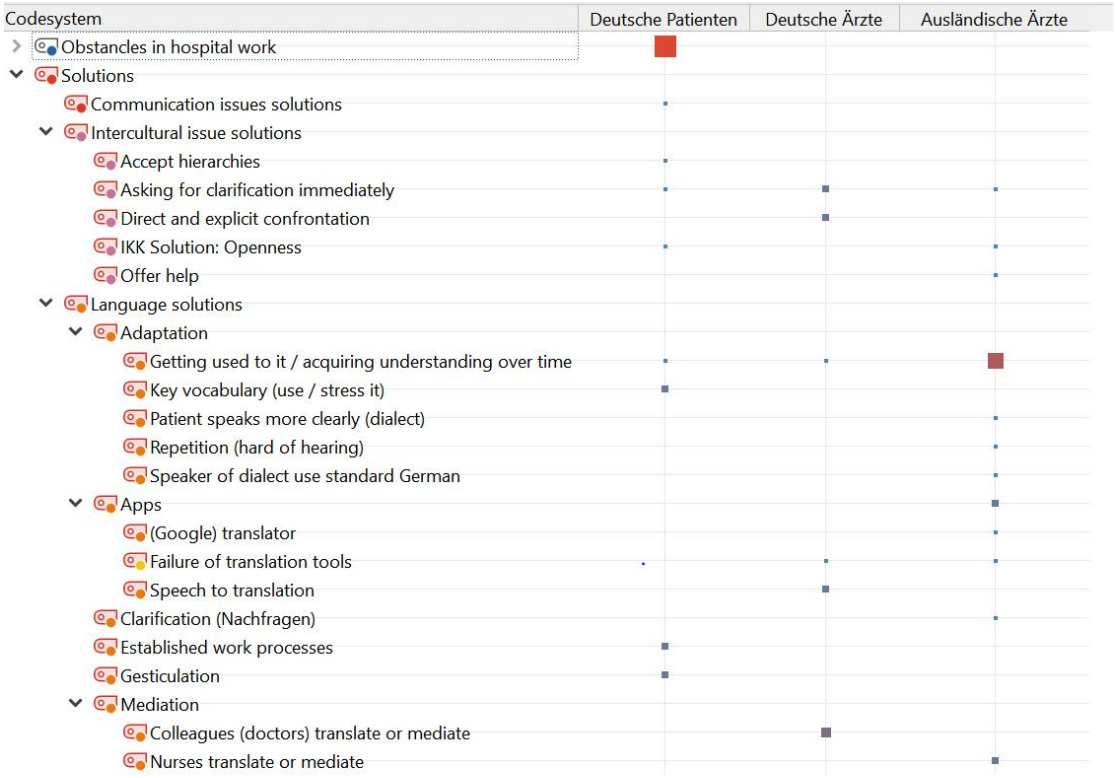


Figure 11: Codes and their frequency of occurrence. Solutions and coping strategies.

The following tables shows which results could be confirmed - in the least statistical and the most qualitative sense - by statements of interview participants in my data:

Obstacle	Literature	Found	discussed by
Lacking information transfer	Machili&Angouri 2016, p.7	x -due to biological reasons -due to communicative issues -due to cultural issues	P1, DA1
ideas of sickness and health differ	Behrens 2011	x alcohol	DA3
Missing vocabulary	Kotthoff 2008	x	P3, AA3
Pragmatic actions / Intercultural conflict along Politeness Gender Hierarchies	Köppel (2008) Slavu (2017) Gómez (2012)	x	DA2, AA3
Ideas about hierarchy and hierarchical structures differ	Köppel 2008, Hofstede 1991, Behrens 2011	x	DA1
Information deficit	Aljadhey et al. 2012, p.330	x	DA1

Table 13: Matching of literature and interview data. Obstacles.

Those elements from literature that were not found were probably not identified because the material is not vast and broad enough. Those are thin communication, ideas about role distances and working styles which clash, Köppel (2008)'s influences on team dynamics (expectation breaches, decoding problems and attribution errors). it is highly possible that all of those could have been found in a closer examination. As a side remark, Machili&Angouri write about non-native speaker patients having trouble understanding native German speaking hospital staff, not German patients not being able to understand foreign doctors. While the level of understanding that is possible with German as the lingua franca in the hospital varies greatly according to P3's accounts from his daughter's nursing home and stay with the diaconia, KX in particular, and physicians especially, are sufficiently prepared for German patient's linguistic needs. Non-native German speaking patients were not in the sample because none could be acquired and they are very rare according to DA3.

Solution	**Literature**	**Discussed by**
Routine	Haider, xx, p.41f.	AA2, P3
Humour	Kotthoff, 2018, p.241	AA1, AA2
Rely on own communicative means	Lüdi et al., 2016, p.140	AA2, AA3, DA1, P3 (clarification, repetition, key lexemes)
Recourse to patient's family / friends	Lüdi et al., 2016, p.140	DA1
Fellow staff members	Lüdi et al. (2016)	AA1, AA2, DA1, DA2
Gestures & body language	Slavu, 2017, p.19f.	P3

Table 24: Matching of literature and interview data. Solutions.

Not mentioned were the use of professional interpreters or interpretation services or recourse to non-medical staff members, which is in line with Lüdi et al. (2016), respectively Asensio (2011), who also didn't find many instances of this solution. The use of drawings, pictures and brochures for the most basic communication was also not mentioned. P3 does mention those, yet as a hypothetical solution, not as an actual witnessed practice. This might be due to the fact that KX itself is not located in a plurilingual or vastly multilingual environment, staff is trained in German and the patient are largely native speakers of German. This renders hese materials obsolete, and are one of the most evident differences in comparison to the hospital Lüdi (2016)/Asensio (2011) describe. The recourse to simpler language (xenolect) can be

found in P3's accounts of his collaboration with forestry workers, but not in relation to KX.

Immersion and learning over time and by doing is an important, but not immediate solution; yet it adds to the proper linguistic repertoire (Lüdi) individuals have and build upon. With regards to intercultural conflicts, both a heads-on approach (DA2) and general openness could be acquired by asking interviewees about them (DA3). They seem to be intertwined with Politeness, and in a wider sense with pragmatics, but interviewees did not report trouble with small talk or exclusion from groups for linguistic reasons.

The fact that P3 felt compelled to clarify he wasn't intending discrimination, and that DA2 was distrustful at the beginning of her interview, expecting questions about intercultural conflicts („damit ich mit meiner Kollegin noch zusammenarbeiten kann; sigh and pauses before speaking about intercultural conflicts with male colleagues of an islamic background) is in line with Haider (2010) who finds that her interviewees know very well whenever they are touching the „limit of what is socially desirable" („Grenze des sozial Erwünschten", p.205) - and that there is discomfort tied to criticism. A certain uncertainty but dissatisfaction with the situation is probable. The foreign doctors do not report unhappiness with the situation, nor do DA1 and DA3; even AA3 does not express negative emotions while speaking about differences in politeness and habitus. This could be motivated by her personality or her idea about what was appropriate during the interview situation.

8 Conclusion

Several interesting categories or codes rose out of what the interview participants told me. Not all helped answer the initial research question(s), but they opened several thematic fields that can be investigated more: How well translation from colleagues helps, since it is and seems to have stayed the preferred method of mediation, despite scientific literature opting for professional translators; if patients find it satisfactory; how hospitals can tend to patient's need for conversation; how big the strain of staff fluctuation, linguistic and cultural communication problems is; the interplay between understaffing and integration into the workplace; experience in multicultural teamwork and care; language clustering and thin communication among hospital staff and the role routinisation plays in interaction; team dynamics; language issues and patient

satisfaction; silence in the hospital („Altern als Ort des Verstummens“); useful translator apps and their use.

These could be answered in further, wider-based qualitative interview studies. Method-wise, guidelines interviews are a good way of finding everyday issues and obstacles in hospital work ethnographic material, especially observations, can help expand the general picture. From the categories gained there, one could create quantitative studies and use questionnaires for more reliable numbers on what problems staff face the most. Some of the aforementioned questions and categories can be studied with a quantitative approach and help formulate a report on the current state of team work, and multicultural and plurilingual integration in hospitals. The challenge of integrating different native tongues and seeing how German as a national lingua franca facilitates understanding will definitely stay.

The results of the language and intercultural issues in the examined hospital and the solutions which are employed, or do not exist, help to make the suggestion of some solutions possible, especially for those who design German courses for professional integration in medicine. First, information transfer is a general concern. Cultural and individual traits can slow down the learning process of a new physician because they do not dare ask for explanation or clarification. Intercultural conflicts, especially differences in pragmatics and politeness, are a continuous occurrence. German courses can integrate learning units which are better adapted to the most frequent conflicts, preferably shaped by discussions and workshops. On the other hand, a human resources department which is attuned to intercultural and linguistic problems which promotes team building and training can help grow a common work culture and erase or minimize conflicts. Since hospitals are in dire need of staff and focuses on acquiring nurses and doctors and the fluctuation of staff is high, this latter solution is desirable but unrealistic. From the linguistic side, several learning units about dialects - a first acquaintance with different dialects, ways of speaking, and important colloquial and dialectal lexemes - in vocational preparation courses can be an important solution to pave the way to unhindered communication. Medical studies in Germany can integrate courses for translating and interpreting at least in the elective part of the study programme. Language courses can be offered optionally for students at German universities (both German C1 courses and language courses in the most frequently

spoken immigrant languages, e.g. Romanian, Bulgarian, Turkish, Arabic, Italian etc.). Finally, German courses for migrants can also integrate the use of translating apps in their content.

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Annex

Annex IV

Fragebögen

Deutsch, Arzt

1. Vorstellung:
Studiengang
Forschungsinteresse (MS am Arbeitsplatz, aber auch IK, speziell in KH, BW ganz besonders, da gemischte Belegschaft, in ländlich geprägter Region mit Dialektsprechern usw)
Rechtlicher Rahmen & Wünsche zur Anonymisierung (+ Bogen vorlegen)
Einleitung

2. Sprache: Welche Sprachen sprechen Sie auf der Arbeit? Und allgemein?
3. D-Muttersprache und nicht-MS. Wie gehen Sie im Alltag damit um? Geht die Verständigung immer glatt?
Ihre Kollegen?
Kollegen + Patienten?
4. Konkrete Geschichten / Anekdoten über Verständigungsschwierigkeiten und Lösungen?
5. Nach Ihrer Erfahrung allgemeine Tipps dazu, wie man MS und/oder Interkulturalität managen kann?
   a) (Hierarchie, Anweisung, Zuverlässigkeit, Kommunikation, Konfliktlösung)
   b) verschiedene Niveaus an Sprache

DA3

1. Ergänzend:
Über Ärzteüberfluss zu -Mangel
Umstellung auf marktwirtschaftliche Prinzipien
Spezialisierung des KHs
Durschnittsalter Patienten; Mitarbeiterzahl
Geschätzter Anteil nicht-D-MS unter Kollegen / Patienten
Personalmangel?
Zusammensetzung Deutsche / Ausländer im Kollegium

2. Sprache: Welche Sprachen sprichst duauf der Arbeit? Und allgemein?
3. D-Muttersprache und nicht-MS. Wie gehst du im Alltag damit um? Geht die Verständigung immer glatt?
Bei Kollegen?
Kollegen + Patienten?
4. Konkrete Geschichten / Anekdoten über Verständigungsschwierigkeiten und Lösungen?
5. Interkulturelle Konflikte/Fragestellungen?
Umgang mit Alkoholikern
(Umgang mit Kollegen: fiel weg)
(Umgang mit Patienten: fiel weg)

6. (Nach deiner Erfahrung allgemeine Tipps dazu, wie man MS und/oder Interkulturalität managen kann? - fiel weg)
7. Sieht das KH Bedarf bei Integration, Sprachkursen usw.?

Arzt, EU-Ausland:

1. Vorstellung:
   A) Forschungsinteresse MS am Arbeitsplatz & IK. Interessant, wie im Ausland als Arzt / Pfeger / ... zurecht kommen
   B) Rechtlicher Rahmen & Wünsche zur Anonymisierung (+ Bogen vorlegen)
   Einleitung

2. Wie kamen Sie dazu, hier in X zu arbeiten?
3. Gesetze / Regelungen in EU einfach oder schwierig?
4. Ihre Muttersprache(n)?
5. Arbeitsplatz-Sprachen? Welche Sprachen sprechen Sie den ganzen Tag über? (Beginn morgens, Ende Abends)
6. Was war schwierig, als Sie hier anfingen?
7. Ist es immer leicht, Kollegen, Chef & Patienten zu verstehen?
   a) Wie behelfen Sie sich?
8. Was funktioniert gut?
   a) Was nicht?
   b) Verständigungsschwierigkeiten und Lösungen?

8- Manchmal Verhalten unverständlich / schwer zu verstehen? Was passiert dann / Wie gehen Sie damit um?
9- Welche Tipps hätten Sie gerne gehört, bevor Sie in Deutschland begonnen haben zu arbeiten?
10. Anekdote?
11. Hinzuzufügen?

Sonstiges Ausland:

9. Vorstellung:
   C) Forschungsinteresse MS am Arbeitsplatz & IK. Interessant, wie im Ausland als Arzt / Pfeger / ... zurecht kommen
   D) Rechtlicher Rahmen & Wünsche zur Anonymisierung (+ Bogen vorlegen)
   Einleitung

10. Wie kamen Sie dazu, hier in X zu arbeiten?
11. Ihre Muttersprache(n)?
12. Arbeitsplatz-Sprachen? Welche Sprachen sprechen Sie den ganzen Tag über? (Beginn morgens, Ende Abends)
13. Was war schwierig, als Sie hier anfingen?
14. Ist es immer leicht, Kollegen, Chef & Patienten zu verstehen?
   a) Wie behelfen Sie sich?
15. Was funktioniert gut?
   a) Was nicht?
   b) Verständigungsschwierigkeiten und Lösungen?

10- Manchmal Verhalten unverständlich / schwer zu verstehen? Was passiert dann / Wie gehen Sie damit um?

11- Welche Tipps hätten Sie gerne gehört, bevor Sie in Deutschland begonnen haben zu arbeiten`?
12- Gab es gesetzliche Vorschriften, die Sie beachten mussten?
12. Anekdote?
13. Hinzuzufügen?

Patienten:

1. Thema vorstellen; Datenschutz (Aufnahme weil; Anonymisiert; Möchte herausfinden, wie gut oder schlecht Arbeit von ausl. Ärzten an deutschen KH funktioniert und was man verbessern kann

2. Patient in BW; Ärzte u Pfleger aus D, aber auch Ausland. Arbeitssprache immer Deutsch. Können Sie die Ärzte / Pfleger verstehen?
3. Manchmal Probleme? Lösungen?
4. Finden Sie, dass es gut funktioniert?
5. Anekdote?

Pfleger [did not take place]

1. Thema vorstellen, rechtlicher Rahmen

2. Seit wann hier?
3. Muttersprache? Sprache im Alltag und auf der Arbeit? Unterschiede?
4. Kollegen, Ärzte, und Patienten von hier (Dialekt), EU-Ausland und weiter her. Müssen Sie manchmal Probleme mit der Verständigung lösen?
5. Wie?
6. Größter Erfolg / Misserfolg dabei? Anekdote / Geschichte / erinnern Sie sich, wo etwas super geklappt hat, oder worüber Sie sich bis heute ärgern?
7. Hinzuzufügen?

Chefarzt [did not take place]

Vorstellung:
Studiengang
Forschungsinteresse (MS, aber auch IK, speziell in KH, BW ganz besonders, da in ländlich geprägter Region m. Dialektsprechern usw.)
Rechtlicher Rahmen & Wünsche zur Anonymisierung (+ Bogen vorlegen)

1. Sprache: Welche Sprachen sprechen Sie auf der Arbeit? Und allgemein?
2. Gibt es gesetzliche oder interne Vorschriften zur Arbeitssprache?
3. Kollegen/Angestellte dt Muttersprache und nicht-MS. Wie managen Sie das aus Ihrer Perspektive als Chef?
4. Wie machen es die Ärzte & Pfleger und Personal & Patienten unter sich?

   Funktioniert es gut?

Verständigungsschwierigkeiten und Lösungen?

Interkulturalität?

5. Was sind, nach Ihrer Erfahrung als Chefarzt speziell in diesem KH, Tipps dazu, wie man Interkulturalität und verschiedene Niveaus an Sprache (...) managen kann?
6. Gesetzliche Vorschriften (Bay, D, EU): einfach oder komplex? Kommen Sie damit in Berührung?
7. Hinzuzufügen?
   Lessons learned / größte Erfolge?
   Lehrreichstes Scheitern?