

A Systematic Analysis of English Language Use among Healthcare Professionals in the Workplace

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ARTICLE INFO	ABSTRACT
<p>Article History</p> <p>Received: Revised: Published:</p> <p>Keywords professional communication, workplace pragmatics, linguistic hierarchy, multilingual healthcare, translation</p>	<p><i>This study presents a systematic qualitative analysis of English language use among healthcare professionals in multilingual workplace environments. Drawing on a sociolinguistic and pragmatic framework, the review synthesizes empirical literature to explore how English functions not only as a medium of communication but also as a marker of power, inclusion, and professional legitimacy. The findings reveal that English is institutionalized as the dominant working language in many healthcare settings, contributing to both standardization and social stratification. Key themes include the role of English in shaping linguistic hierarchies, communication barriers among staff, the tension between formal language policies and informal practices, and strategies of adaptation such as translating. While English proficiency often dictates access to decision-making and advancement, multilingual professionals actively negotiate meaning through informal peer support and linguistic flexibility. The study highlights the need for healthcare institutions to move beyond rigid language policies and to recognize multilingualism as a resource. Promoting inclusive and equitable communication practices is essential for fostering collaborative, safe, and culturally responsive care in global healthcare contexts.</i></p>

INFORMASI ARTIKEL	ABSTRAK
<p>Riwayat Artikel</p> <p>Diterima: Direvisi Dipublikasikan:</p> <p>Kata Kunci komunikasi profesional, pragmatik tempat kerja, hierarki linguistik, layanan kesehatan multilingual, terjemahan</p>	<p>Studi ini menyajikan analisis kualitatif sistematis mengenai penggunaan bahasa Inggris di kalangan tenaga kesehatan dalam lingkungan kerja multibahasa. Dengan mengacu pada kerangka kerja sosiolinguistik dan pragmatik, tinjauan ini mensintesis literatur empiris untuk mengeksplorasi bagaimana bahasa Inggris tidak hanya berfungsi sebagai sarana komunikasi, tetapi juga sebagai penanda kekuasaan, inklusi, dan legitimasi profesional. Temuan menunjukkan bahwa bahasa Inggris telah diinstitutionalisasi sebagai bahasa kerja dominan di banyak lingkungan kesehatan, berkontribusi pada standarisasi dan stratifikasi sosial. Tema utama meliputi peran bahasa Inggris dalam membentuk hierarki linguistik, hambatan komunikasi di antara staf, ketegangan antara kebijakan bahasa formal dan praktik informal, serta strategi adaptasi seperti penerjemahan. Meskipun kemahiran bahasa Inggris seringkali menentukan akses ke pengambilan keputusan dan promosi, profesional multibahasa secara aktif menegosiasikan makna melalui dukungan sesama yang informal dan fleksibilitas linguistik. Studi ini menyoroti kebutuhan bagi institusi kesehatan untuk melampaui kebijakan bahasa yang kaku dan mengakui multilingualisme sebagai sumber daya. Promosi praktik komunikasi yang inklusif dan adil esensial untuk memfasilitasi perawatan kolaboratif, aman, dan responsif secara budaya dalam konteks kesehatan global.</p>

Introduction

Language is not only a communications tool in the workplace, but also an instrument of power, identity, and social inclusion and exclusion. In professional environments such as healthcare, where communication is pivotal to ensuring patient safety and quality of care, language plays a particularly critical role. The revolution of globalization and increasing mobility of the healthcare workforce have created a multilingual and linguistically heterogeneous work landscape, especially in institutions that employ professionals from diverse linguistic and cultural backgrounds.

Machili and Angouri (2015) highlight that this trend is no longer an exception but has become the new normal in many professional settings, including healthcare. The rise of English as a global lingua franca has further complicated this linguistic landscape. English is frequently adopted as the official or working language, especially in international hospitals, academic medical centers, and cross-border healthcare collaborations. However, this widespread adoption of English does not always reflect the actual language practices on the ground. Organizational language policies often lag behind or fail to recognize the complex, multilingual realities of healthcare workplaces. This mismatch can trigger challenges related to inclusion, equity, and communication effectiveness in professional interactions. These dynamics can be understood through the lens of language ideology and power theory (Bourdieu, 1991), as well as language policy and planning frameworks (Spolsky, 2004), which highlight how institutional language choices shape professional inclusion, access, and authority.

In many international institutions, there is a growing tension between top-down language policies often favoring dominant languages such as English, Swedish, or French and the informal, bottom-up linguistic practices of employees. Vigier, Humonen, and Wilmo (2023) reveal that English is often idealized as a symbol of professionalism and modernity. However, its dominance can inadvertently lead to the formation of social status hierarchies, dividing staff into “*in-groups*” and “*out-groups*” based on language proficiency. This stratification can marginalize healthcare professionals who do not conform to English language norms, limiting their participation in clinical decision-making, professional development, and social integration within the workplace.

Furthermore, for non-native English-speaking healthcare professionals, language barriers can hinder not only peer communication but also the delivery of care to patients, especially in high-stress or emergency situations. Miscommunication due to limited proficiency or cultural-linguistic misunderstandings can contribute to medical errors and strained professional relationships. While English often serves as a common language to bridge linguistic diversity, its role is double-edged: it enables standardization and coordination, yet it can also perpetuate exclusion and reinforce existing power imbalances.

Given the critical role of communication in healthcare and the increasing linguistic diversity of the global workforce, it is essential to systematically examine how English is used in healthcare workplaces, what challenges emerge from its use, and how institutions are addressing these challenges. Therefore, the purpose of this study aims to analyze how English is used in professional interactions in multilingual healthcare settings, and to examine how language policies and communication practices influence social inclusion and work effectiveness among healthcare professionals. This systematic review synthesizes recent empirical studies to understand linguistic practices, institutional policies, communication dynamics, and the socio-professional implications of English dominance in multilingual health workplaces.

Based on these objectives, the study seeks to answer the following research questions: how is English used in professional communication among healthcare workers in multilingual settings? What challenges do non-native English-speaking professionals encounter in daily interactions? And

how do institutional policies address linguistic diversity to ensure inclusive and effective communication in healthcare workplaces?

Literature Review

This research is inspired by previous studies, such as articles from research by Rampton, Cooke, and Holmes (2018) introduces the concept of Sociolinguistic Citizenship, an idea developed from Stroud's concept of Linguistic Citizenship, which emphasizes the importance of democratic participation, diversity of linguistic resources, and the political value of sociolinguistic understanding. This article highlights how the state discourse on language and citizenship in the UK tends to be inhospitable to this approach, even though the values of Sociolinguistic Citizenship fit well with the multilingual realities of everyday urban life. By linking this approach to the ethnographic sociolinguistic tradition pioneered by Dell Hymes, the author shows that a deeper understanding of local language practices can strengthen the political voice of marginalized communities. The authors state, "Sociolinguistic Citizenship aims to make visible the sociolinguistic complexity of language issues" and encourage the idea that "*language is a political and economic site of struggle*" (Rampton, Cooke, & Holmes, 2018, p. 70).

In his article entitled "*Sources, Methods and Triangulation in Needs Analysis: A Critical Perspective in a Case Study of Waikiki Hotel Maids*", Jasso-Aguilar (2005) criticizes the practice of triangulation in language needs analysis that tends to reinforce the perspective of the powerful while ignoring the voices of worker groups. Through a case study of hotel workers in Waikiki, he used participatory observation, interviews, and document analysis to reveal the discrepancy between management's perception and the daily work reality faced by the workers. The results show that if not done fairly and inclusively, triangulation can be a tool that silences the voices of study participants. As it states, "*this article attempts to show how the implementation of a triangulated needs analysis can become an exclusionary practice when the triangulation process is used to validate the perspectives of those in power, while silencing the voices of those who are being studied*" (Jasso-Aguilar, 2005, p. 127). This article emphasizes the importance of a needs analysis approach that is oriented towards social justice and empowerment of participants, especially those who have been marginalized in the formulation of language education policies.

Research by Álvarez-Mosquera and Marín-Gutiérrez (2019) examined implicit language attitudes towards English accents historically associated with white groups among native speakers of South African indigenous languages, using the Implicit Association Test (IAT) and a sociolinguistic survey to measure the relationship between participants' linguistic background and their responses to two varieties: Standard South African English and Afrikaans-accented English. The results showed that more positive attitudes towards Afrikaans-accented English correlated with the range of languages the participants knew, the dominant language in their home region, as well as the type of school they had attended, confirming that local sociolinguistic factors play an important role in shaping implicit language attitudes. The authors state, "*the sociolinguistic approach revealed that more positive attitudes towards Afrikaans accented English are correlated with the language range of participants, the dominant languages spoken in their places of origin, and the type of school they have attended*" (Álvarez-Mosquera & Marín-Gutiérrez, 2019, p. 132).

Research by Latifa, Frantiko, and Qomariyah (2024) examines language variation in the movie *Keluarga Cemara* with a qualitative descriptive sociolinguistic approach that focuses on the relationship between age and the characters' speech forms. The study categorized language variation into four age categories, namely children, teenagers, adults, and the elderly, and found that age changes affect vocabulary choice, sentence structure, and communication style. For example, children tend to use simple sentences and often substitute or omit certain sounds, while teenagers create creative slang as a form of group identity. Researchers also note that adults begin to pay attention to

formal linguistic conventions and the elderly experience a decline in communication skills which affects the form of their speech. The authors state that “*the language people use to speak can reflect their age*” and that the variation “*continues to develop and change according to the age of the people who use the language*” (Latifa, Frantiko, & Qomariyah, 2024, p. 27).

In conclusion, the systematic review highlights the multifaceted role of English language use in multilingual healthcare workplaces. Far beyond its function as a communication tool, language operates as a medium of power, inclusion, exclusion, and identity negotiation. The dominance of English though often framed as neutral and professional can reinforce social stratification and ideological hierarchies, marginalizing non-native speakers and perpetuating inequities in professional interactions. However, the emergence of translating practices, digital communication strategies, and employee driven adaptations also reflects agency and resilience within these structures. Therefore, healthcare institutions must move beyond rigid language policies and instead cultivate linguistically inclusive environments that acknowledge linguistic diversity as an asset rather than a barrier. This shift is essential not only for equitable workplace practices, but also for enhancing collaboration, empathy, and quality care across diverse linguistic and cultural boundaries.

Methodology

This study adopts a qualitative systematic review approach supported by critical insights from pragmatics and sociolinguistics, particularly in relation to language use, power dynamics, and identity negotiation in professional healthcare settings. The writing process was guided by the objective of synthesizing empirical findings on English language use among healthcare professionals working in multilingual environments.

The writing process began with the formulation of clear research objectives, guided by three key questions:

- (1) How is English used in professional communication among healthcare workers in multilingual healthcare settings?
- (2) What challenges and implications arise from the use of English in healthcare workplaces?
- (3) How do language policies and informal practices shape the inclusion, identity, and communication of healthcare professionals?

Relevant literature was collected from reputable academic databases, including Scopus, Web of Science, PubMed, ERIC, and Google Scholar, using a combination of search terms such as: “*English language use*,” “*English as a lingua franca*,” “*healthcare professionals*,” “*workplace communication*,” “*language policy*,” and “*multilingualism*.” The literature selection process was conducted systematically by applying inclusion criteria, such as publication year (2005–2025), focus on healthcare settings, and the presence of empirical data. Studies were excluded if they focused solely on patient-provider interactions, lacked pragmatic or sociolinguistic relevance, or were purely theoretical without grounded analysis.

Once the relevant literature was selected, the writing proceeded with thematic categorization of the sources. Studies were analyzed based on recurring themes such as:

- (1) English as a marker of professionalism
- (2) language-related hierarchies and social inclusion/exclusion
- (3) communication barriers among multilingual staff
- (4) the impact of language policy
- (5) adaptation strategies such as translating.

These themes were extracted and synthesized using qualitative content analysis, with both deductive (theory-informed) and inductive (data-driven) coding.

The writing incorporated critical reflection on language ideology (Bourdieu, 1991), sociolinguistic citizenship (Rampton et al., 2018), and linguistic marginalization (Jasso-Aguilar, 2005). Additionally, concepts such as implicit language attitudes (Álvarez-Mosquera & Marín-

Gutiérrez, 2019) and age-based variation in language use (Latifa, Frantiko, & Qomariyah, 2024) were integrated to provide broader sociolinguistic context.

Throughout the writing process, care was taken to present findings in a way that acknowledges both the challenges and the resilience demonstrated by healthcare professionals navigating multilingual environments. The analysis emphasizes not only the dominance of English but also the emerging practices of negotiation, adaptation, and agency among staff. The goal was to produce a balanced, critical, and socially informed narrative that can inform institutional language policy and promote equity in healthcare communication.

Results and Discussion

This systematic qualitative analysis reveals multiple dimensions of English language use among healthcare professionals in multilingual workplace settings. The findings demonstrate that English functions not only as a medium of communication but also as a marker of professionalism, institutional legitimacy, and social hierarchy. The synthesis of empirical literature highlights five interrelated themes: English as a professional standard, language-related power dynamics, communication barriers, institutional policy-practice gaps, and adaptation strategies.

1. English as a Professional Standard

Across diverse healthcare contexts, English is frequently institutionalized as the working language, particularly in international hospitals and cross-border healthcare collaborations. Its use in clinical documentation, meetings, and interdisciplinary coordination contributes to standardization and efficiency. However, English also becomes symbolically associated with expertise, competence, and leadership. Healthcare workers with strong English proficiency are more likely to be included in clinical decisions and leadership roles, reinforcing the perception of English as a gatekeeper to professional advancement.

2. Linguistic Hierarchies and Power Relations

The review identifies the emergence of linguistic hierarchies in which English fluency dictates access to information, participation, and authority. Staff with limited English skills are often excluded from core interactions, creating a sense of marginalization. This aligns with Bourdieu's (1991) theory of language and symbolic power, where dominant language practices become mechanisms for legitimizing certain professional identities while silencing others. Such dynamics not only shape institutional culture but also affect interpersonal relationships and professional self-esteem.

3. Communication Barriers in Multilingual Settings

Despite English being adopted as a lingua franca, empirical studies reveal frequent communication breakdowns. These include misunderstandings due to accents, varied levels of proficiency, or mismatched communicative styles influenced by cultural norms. In high-pressure clinical environments, these issues may contribute to medical errors, reduced teamwork, or delays in patient care. Professionals often report discomfort, anxiety, or hesitation in using English, particularly in hierarchical or evaluative interactions involving native speakers.

4. Language Policy versus Everyday Practice

A recurring tension identified in the literature lies in the mismatch between formal language policies and everyday linguistic practices. While institutional policies often mandate English usage, frontline professionals routinely engage in multilingual practices, including code-switching and translating. These informal strategies are vital for fostering mutual understanding, yet are rarely acknowledged in official discourse. This disconnect can further marginalize non-native speakers and overlook the value of linguistic diversity as a workplace asset.

5. Adaptation and Agency in Language Use

Despite structural challenges, the literature also highlights the agency and resilience of healthcare professionals. Through translating, peer language support, and informal negotiation of meaning, staff navigate complex linguistic terrains. These adaptation strategies illustrate how

professionals actively contest exclusionary norms and create more inclusive communication environments. Drawing on Rampton et al.'s (2018) concept of sociolinguistic citizenship, these practices demonstrate how language use becomes a site of identity construction, belonging, and resistance.

6. Conclusion of the Discussion

The findings of this review point to a nuanced understanding of English language use in multilingual healthcare workplaces. While English supports standardization and cross-cultural coordination, it also reinforces existing inequalities and limits participation for those with lower proficiency. Institutional recognition of multilingual practices, alongside inclusive and flexible language policies, is essential. Future research and policy efforts should aim to balance the functional benefits of English with the social and ethical imperative to foster equity and linguistic justice in global healthcare environments.

Conclusion

This systematic analysis has revealed the multifaceted role of English in the multilingual environments of healthcare workplaces. While English is often institutionalized as a neutral tool of professional communication and global coordination, it carries sociolinguistic implications that extend far beyond its functional use. The dominance of English frequently creates hierarchies of power, shaping who is heard, who leads, and who is left out. Professionals with limited English proficiency may experience exclusion, reduced confidence, and limited access to leadership opportunities, which ultimately affects team dynamics and patient care.

At the same time, healthcare professionals are not passive in this linguistic landscape. Through practices such as translating and informal peer support, they actively negotiate meaning, maintain collaboration, and create inclusive spaces within rigid language regimes. These acts of adaptation and resilience are essential forms of agency that challenge traditional assumptions about linguistic competence and professionalism.

Given the increasing linguistic diversity of the global healthcare workforce, institutions must reconsider rigid language policies and instead recognize multilingualism as a resource. By acknowledging and integrating informal language practices, healthcare settings can cultivate more equitable, inclusive, and effective communication practices. This shift is critical not only for improving workplace dynamics but also for enhancing the quality, safety, and humanity of patient care in multicultural contexts.

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