

## *Original Paper*

# The Linguistic Landscape of Regional Hospitals in Tanzania: Language Choice on Signage

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### **Abstract**

*The study aimed at identifying the language choice on the signage and assessing the outpatients and their aides' views on the language choice on the signage in regional hospitals, namely Bukoba and Sekou Toure. The study was guided by language choice theory on the signage where qualitative approach was employed. Data were gathered through observation and interview methods. Thirty-six respondents who were hospital management teams, medical care providers, patients and their aides were involved. The study findings reveal that there were two languages on the signage including Kiswahili and English where Kiswahili was predominant. This indicates the linguistic landscape of the selected hospitals suits the targeted people though it excludes some clients who cannot understand Kiswahili. The study recommends that there is a great need of using two languages on the signage and establishing a clear national policy on language choice on the signage. This will help to direct, inform, educate, warn and instruct the clients around the hospital surroundings.*

### **Keywords**

*linguistic landscape, hospitals, Tanzania, signage, monolingual, regional hospital, bilingual, Kiswahili and English*

### **1. Introduction**

This article focuses on linguistic landscape in regional referral hospitals, specifically on the choice of the languages used on the signage. The choice of languages on the public spaces in multilingual countries is a serious issue. Most of languages used on the signposts are not suitable for the intended people due to the dominance of monolingual signage which tend to limit the understanding of the message displayed on the public space. This concurs with Mdukula's (2017) study on the nature of language at Muhimbili National Hospital in Tanzania that the presence of monolingual signs around the

hospital surroundings exclude some clients to understand information written on the public signs. The suitable choice of the languages on the signage leads to smooth understanding of information written on the signage.

The article aimed at identifying the language choice on the signage and assessing the outpatients and their aides' views on the language choice on the signage in regional hospitals namely Bukoba and Sekou Toure which are found in Kagera and Mwanza regions respectively. Tanzania is divided into different regions and each region has a regional referral hospital serving patients from the districts forming the region. The healthcare system is arranged in a hierarchical structure as dispensaries, health centres, district hospitals, regional referral hospitals, zonal referral hospitals and national referral hospitals.

Since the languages on the signage is meant for educating, warning, informing or instructing people found within a specific area, the study identified the languages on the signage in regional referral hospitals. The study also aimed at assessing the outpatients and their aides' views on the languages on the signage in regional referral hospitals.

## **2. Background and Literature Review**

The term linguistic landscape can be traced by different scholars. According to Backhaus (2005), declares that linguistic landscape first appeared in regions where linguistic conflict had traditionally been relatively pronounced in Quebec and Belgium (p. 104). The conflict was between two communities which are Quebec and Belgium on which language should be displayed on their signage. The same concept of linguistic landscape came after the result of language conflict between the French and the Flemish speaking communities, where it became a solution of language conflict (Landry & Bourhis, 1997, p. 24). Therefore, some scholars define linguistic landscape as follows:

According to Landry and Bourhis (1997), linguistic landscape refers to the visibility and salience of languages on public and commercial signs. Similarly, Gorter (2013) defines linguistic landscape as "any display of visible written language" (p. 2). Since the first scholars to write on linguistic landscape are Landry and Bourhis (1997), they provided the most widely quoted definition on linguistic landscape as "the language of public road signs, advertising billboards, street names, place names, commercial shop signs and public signs on government buildings which combine to form the linguistic landscape of a given territory, region or urban agglomeration" (p. 23).

Generally, linguistic landscape is the way languages are visible within the geographical area. These areas include public spaces such as schools, university, hospitals, hostels and industries. Therefore, the choice of languages on the public space is very important in forming an appropriate linguistic landscape. On the other hand, failure to select suitable language on the signage leads to the limitation of understanding of information displayed on the signage.

Lack of bilingual or multilingual signage in public spaces tends to limit the understanding of the information found on the signage by the targeted people. As far as regional referral hospitals are concerned, some of these targeted people are patients and their aides as well as the general hospital community. This results into failure on the public to follow instructions displayed on the hospital surroundings as well as getting the services they needed on time. Other stakeholders such as visitors, investors and interns from outside the country face similar problems when monolingual signage, such as the use of Kiswahili alone, is adopted.

Most of the signage in public spaces is written in monolingual formats. Various scholars (Alphonse & Lusekelo, 2018; Akindele, 2011; Gorter, 2013; Gorter & Cenoz, 2015; Landry & Bourhis, 1997; Lusekelo, 2019; Mdukula, 2017) have shown that in multilingual countries, monolingual signage tend to limit the understanding of messages written on the public space. The practice in Tanzania, as one of the multilingual countries, shows that monolingual signposts are predominant on public spaces.

Linguistic landscape in multilingual nations, help to convey easy understanding of information found on the signage. This is supported by Cenoz and Gorter (2015) that “the linguistic landscape is like a web of significance where languages are used in different ways” (p. 21). In that case, the selected language on the signage should be understood by the targeted people.

Again, the presence of multilingual signage enables the targeted people to understand the messages found on the signage since there are multiple languages. This concurs with the study by Gorter (2013) on linguistic landscape in multilingual world who argues, “Multilingual signage also contributes to the multilingual competence...” (p. 14). Likewise, the presence of a monolingual signage limits the understanding of messages found on the signage because people are limited to use only one language. This is in line with Mdukula’s (2017) study on the nature of linguistic landscape of Muhimbili National Hospital in Tanzania. The author comments that the nature of linguistic landscape did not suit the targeted people who were mostly the patients and their aides due to the monolingual signage which was in English.

According to the United Republic of Tanzania (1995), Kiswahili and English are the only recognised official languages. Since the country receives visitors from outside the country, both Kiswahili and English should appear on the same signage. This could help most of targeted people to understand information found on the signage. Nonetheless, in most cases, each language is used independently on the public space and very few appear on the same signage with Kiswahili and English.

On the contrary, *Sera ya Utamaduni* (henceforth the Cultural Policy) of 1997 states that “Our people shall continue to use and be proud of their ethnic languages” (p. 17). However, there is no any kind of motivation of using vernacular languages especially in different domains such as hospital signage.

Lack of a clear policy on the choice of languages used on the signage is another challenge. The Education and Training Policy of 1995 and 2014 and the Cultural Policy of 1997 are silent on the language to be used on the signage. The management teams in hospitals are left to decide which

language should be used on the public space. Consequently, the language chosen mostly exclude some target people and benefits only few. This is supported by Mdukula's (2017) study that lack of clear policies, procedures and guidelines on the language choice on the signage contributes to the limitation of understanding of information displayed on the signage.

Habitually, planners of the language on the signage tend to ignore the indigenous languages and give the priority to the colonial languages such as English, French Portuguese and the like. For example, in most signposts, English is given priority on the public signage. This correlates with Rosendal (2010b) on linguistic landscape who says, "Disappointingly, even recent language policy decisions tend to favour non-African languages, as clearly demonstrated in Rwanda, but also in Tanzania, where English is strengthening its position. Unfortunately, the promotion of African languages is frequently only paid lip service" (p. 319). Regardless of lack of clear language policy on the signage, language planners contribute in weakening African languages to appear in different domains.

Since Tanzania is one of the multilingual nations, the selected regional referral hospitals (Bukoba and Sekou Toure) are public hospitals. The languages on the signage should be bilingual or multilingual in order to convey the message easily to the targeted people. However, monolingual signage seems to be frequent. This correlates with Rosendal's (2010b, p. 36) study on linguistic landscape found out that monolingual signs (both billboards and shop signs) were most frequent. Similarly, Lusekelo's (2019) study on the patterns of language use in billboards in Tanzania, shows that both monolingual in Kiswahili or English are predominantly used. Similarly, Wang (2015) did a study on signs at Kyushu University on the languages on signs used at Ito campus of Kyushu University. The results indicated that monolingual signs were more preferred compared to bilingual and multilingual signage. All in all, the predominance of monolingual signage in multilingual nations leads to the limitation of information to the targeted people because the intended people have no alternative language to select on the signage. Schuster et al. (2016) suggest that,

The hospital signage is a critical element in the patient and visitors understanding of directions, instructions and warning in the facility. In multilingual environments, organizations need to make sure that the information is accessible in the languages of the people who consume a given signage by using more than one language on the same signage (p. 23).

Based on this observation, it is important that the language posted on the public space like hospitals needs to consider not only patients and their aides but also foreigners, investors, tourists and others so as to facilitate easy understanding of the messages displayed on the signage.

Moreover, Mdukula (2017) claims that, "there are difficulties in understanding the messages particularly when a single language is used on the public signage" (p. 102). His study reveals that, in most cases the language used on the signage is in monolingual. The evidence shows that about 70 per cent of all signage at that hospital were in monolingual. This observation concurs with that of Alphonce

and Lusekelo (2018) who note that, “the dominance of English-only on billboards and shop-signs provide a good testimony that this public domain makes use of English rather than Kiswahili” (p. 24). With the above concerns in mind, this study set out to assess the choice of the languages used on the signage on the regional referral hospitals and their suitability to the intended people.

### 3. Theoretical Framework

The study was guided by Language choice theory on the signage. The theory was propounded by Jackendoff (1983) and developed by Spolsky and Cooper (1991) in their study of language signs in Jerusalem. Spolsky and Cooper discussed their sociolinguistics framework to address the use of languages in the linguistic landscape as shown in their rules.

Spolsky and Cooper (1991) formulated three rules for language choice on public signs which include the “sign-writer’s skill condition” which refers to writing signs in a language you know, the “presumed reader conditions” which is a preference to write signs in the language or languages that intended readers are assumed to read, and lastly, the ‘symbolic value condition’ in which preference is given to write signs in your own language or in a language with which you wish to be identified (Spolsky & Cooper, pp. 81-84).

These rules contribute a lot in selecting the best language on the signage in order to suit the targeted people. Starting with “sign writer’s skill condition; planners who are hospital managements should select the language which is known very well by the workers and their clients”. During the data collection, researchers used this condition to assess whether the chosen language on the signage is known very well by the whole community and their clients or not.

According to Shohamy and Gorter (2009), state presumed reader condition that, “prefer to write signs in a language which can be read by people you expect to read it”. They also add that it is a communicative goal. Planners should choose the language in considering the people who will read it. This concurs with Mdukula (2017) who notes that, “the public signage is meant to address the communicative function in the public space; hence, it should be known by the users” (p. 95). This condition helped the researchers during the data collection and analysis to assess whether the choice of language on the signage considers the expected people who will read it or not.

The final rule is a symbolic value. Backhaus (2007) states a symbolic value that, “prefer to write signs in the designer’s language or in a language with which he or she wishes to be identified”. It is a choice of the language itself that becomes the message rather than the content to be transferred by means of a sign. This accounts for the order of languages on multilingual signage for reverence of monolingual signs to understand the message clearly (Shohamy & Gorter, 2009, p. 33). Again, Backhaus (2007) argues that a negative application of a symbolic value is observable when a language of a certain group of assumed readers is intentionally not used as a sign. Therefore, in relation to the present study, researchers used this condition by identifying the language used on the signage if they symbolize the

targeted readers or not.

#### **4. Research Methodology**

##### *4.1 Research Approach and Research Design*

The study involved qualitative approach in order to access the views and feelings of participants and their experiences in details on the choice of languages used on the signage at the regional referral hospitals. Also, descriptive research design was employed because the researchers wanted to get detailed data through the use of semi-structured interview and direct observation from the hospitals' surroundings. The design helped the researchers to describe data and the apparent characteristics of what was being studied.

##### *4.2 Area of the Study*

The study was conducted in Tanzania, particularly in Kagera and Mwanza regions. The two regional hospitals, namely Bukoba and Sekou Toure were involved. Researchers decided to select these hospitals due to various reasons; researchers wanted to conduct an intensive study on linguistic landscape in both Bukoba and Sekou Toure hospitals, no recent research has been done on these areas, again, these hospitals are located in urban areas where people come from different linguistic background and lastly, there is a challenge of getting instructions from different hospital facilities. Therefore, researchers wanted to prove whether the choice of languages on the signage in those hospitals whether suits the targeted people or not.

##### *4.3 Sampling Procedures and Sample Size*

The study involved thirty-six sample size, namely; six management team, ten medical care providers, ten outpatients and ten patients' aides. Both purposive and convenience techniques were employed in order to get intended respondents. Again, the small number of respondents were involved in data collection because data were taken directly from the environment and the nature of the hospitals in which it was difficult to get a big number of participants who are free and ready to participate.

Management teams and medical care providers were involved because they had diverse knowledge and experience on the hospitals' linguistic landscape as they are directly involved on the choice of language used on the signage. The outpatients and their aides were involved because these are targeted people for signage found in the hospital surroundings.

##### *4.4 Data Collection Methods*

Data were collected through observations while taking photographs through using a digital camera and a notebook. Moreover, interviews were conducted through an audio tape recorder and a note book. Again, thematic and narrative analysis methods were employed in order to attain the intended information.

## 5. Findings and Discussion

### 5.1 Language Used on the Signage

In order to identify the languages used on the signage at the two regional referral hospitals, Bukoba and Sekou Toure, researchers guided by various key issues in gathering the required information as presented and discussed below:

#### 5.1.1 Types of Languages on the Signage

Through observation, the study identified two types of signage, namely monolingual and bilingual, at both Sekou Toure and Bukoba regional referral hospitals. Monolingual signage includes Kiswahili or English while bilingual signage was in both English and Kiswahili. These types of signage are presented and discussed in the subsequent subtopics.

#### 5.1.2 Monolingual Signage in Kiswahili

The study reveals that there are monolingual signage in Kiswahili at both Sekou Toure and Bukoba regional referral hospitals. The evidence of monolingual signage in Kiswahili is presented in Figure 1.



**Figure 1. Monolingual Signage in Kiswahili**

*Source:* Field data (2020)

#### 5.1.3 Monolingual Signage in English

Also, monolingual signage in English were observed at both Bukoba and Sekou Toure regional referral hospitals as presented in Figure 2.



**Figure 2. Monolingual Signage in English**

*Source:* Field data (2020)

#### 5.1.4 Bilingual Signage

Lastly, through observation, the study identified bilingual signage which were displayed in English and Kiswahili at both hospitals (see Figure 3).



**Figure 3. Bilingual Signage**

*Source:* Field data (2020)

The study indicates that both Bukoba and Sekou Toure regional referral hospitals use both monolingual and bilingual signage. Monolingual signage are either in Kiswahili or English while the bilingual ones are in both Kiswahili and English. This finding corresponds with Alphonse and Lusekelo's (2018, p. 8) study on linguistic landscape of urban Tanzania where the general findings indicate that both Kiswahili and English are the languages of communication in the public domain.



Similarly, the study noted that sometimes English and Kiswahili are not used simultaneously on the same signage. This indicates that some clients who cannot understand one language (either Kiswahili or English) on a monolingual signage are excluded from understanding the information on the signage. The current study correlates with the study by Mdukula (2017) on the linguistic landscape at Muhimbili National Hospital in Tanzania who concluded that most of signage were monolingual but few of them were bilingual.

#### 5.1.4 Location of the Signage

The data show that most of the signage are located on the doors, main entrance points, walls and corridors of the hospitals as illustrated in Figures 4, 5, 6 and 7.

Through observation, the study reveals that some signage are located on the doors at both Bukoba and Sekou Toure regional referral hospitals (see Figure 4).



**Figure 4. Signage Located on Doors**

*Source:* Field data (2020)

The words in Figure 4 are Swahili words—*Ofisi ya Katibu wa Afya* (Health Secretary Office) and *Ofisi ya Afya* (Health Office).

Figure 4 indicates signage which are located on the doors. The study found signage on different doors such as at the health secretary's office, health office, doctor's office and toilets. The study reveals that the main aim of putting signage on the doors is to help their clients to get to their intended rooms easily for the services.

The study findings further show that in the selected hospitals there are different signage found at the main entrances (see Figure 5).



Figure 5. Signage Located at the Entrance

Source: Field data (2020)

The words in Figure 5 are Swahili words – *Idara zote zimeelekezwa* (All departments are directed) and *Marufuku kupiga picha ndani ya eneo la hospitali bila kibali*. Imetolewa na utawala. (Prohibited taking photos within the hospital area without permission. Issued by the administration).

Figure 5 demonstrates some locations of the signage at the main entrances at Sekou Toure and Bukoba regional referral hospitals. Through interviews, the hospital management teams said that they have decided to erect these signage at the main entrances in order to help their clients to get directions and guidelines regarding different issues in their hospital surroundings.

The study observed that some signage were located along the corridors at both hospitals as indicated in Figure 6.



Figure 6. Signage Located along the Corridors

Source: Field data (2020)

The words in Figure 6 are Swahili words—*Huduma za uzazi wa mpango, TB, Wazee, Watoto na kwenda wodini* (Family planning services, TB, Elderly, Children and going to the wards) and *CTC, Darasa, Kliniki ya macho, Chumba cha mazoezi, Ofisi ya Mganga mkuu, Damu salama, Chumba cha wagonjwa maututi, BIMA and huduma ya wagonjwa daraja la kwanza* (CTC, Classroom, Eye Clinic, Training room, Chief Physician’s Office, Safe blood, Paramedics, Insurance and first aid).

Figure 6 shows different signage along the corridors of the hospitals' buildings. The study reveals that some signage are located along the corridors at both selected hospitals. Some of them show directions to the Medical Officer In-Charge, different wards, kitchen, health insurance office as well as different departments within the hospital surroundings.

Through interviews, hospital management teams said that they decided to put signage along the corridors because some targeted areas are located far. One of management team members from Bukoba hospital said, "Some of our department are very far. In order to avoid unnecessary disturbance and confusion to our clients, we decided to indicate signage even along the corridors".

The data reveals that some signage were located on the walls at different places around the hospitals. This is well illustrated in Figure 7.



**Figure 7. Signage Located on the Walls**

*Source:* Field data (2020)

Figure 7 on the right hand signage are Swahili words - Wodi ya watoto (Children's ward).

Figure 7 illustrates the signage located on the walls. Some of the places where the signage were placed on the doors include the hospital administration block, some wards like children's ward and mortuary. The hospitals management teams reported that due to some difficulties of the nature of their environment, the signage on the doors are not sufficient enough to direct their clients. One of the hospital management team members at Sekou Toure regional referral hospital said:

We decided to indicate the signage at walls like children ward in order to bring multipurpose directions to both our clients and hospital community in general. The nature of our hospital is so complicated especially for visitors and clients who are attending our hospital for the first time. Therefore, we believe that if the signage are both at the walls, doors or in the corridors it will be easy for clients to reach his or her intended place.

The quotation above suggests that the presence of signage on the doors provides extra information for the targeted people while the clients are navigating at the hospital surroundings.

In general, the data reveal that the signage in Figures 4, 5, 6 and 7 are located at different places purposely because people can easily see them when passing by. The results correlate with Mdukula (2017, p. 95)

who contends that the public signage is meant to address the communicative function in the public space. This implies that a good choice of the location of a signage helps the targeted people to get information found on the signage easily.

#### 5.1.5 The Most Frequent Signage

From observations, the data reveal that monolingual signage is the most commonly used type of signage in both hospitals as indicated in the Table 1.

**Table 1. Linguistic Landscape for Sekou Toure and Bukoba Regional Referral Hospitals**

Place	Monolingual (English)		Monolingual (Kiswahili)		Bilingual (English Kiswahili)	
	NO.	%	NO.	%	NO.	%
Bukoba	45	50	74	45	31	49.2
Sekou Toure	45	50	90	55	32	50.8
Total	90	100	164	100	63	100
General%		28.4		51.71		19.9

*Source:* Field data (2020)

Table 1 summarises the data from Sekou Toure and Bukoba regional referral hospitals. The study found that monolingual signage in Kiswahili is predominant with (51.7%), followed by English (28.4%) and lastly the bilingual signage (19.9%). The results show that the observed monolingual signage in Kiswahili and English are leading by eighty-percent (80%) at both Bukoba and Sekou Toure regional referral hospitals. This result correlates with that of a study by Rosendal (2010a) on local markets in Rwanda. Rosendal noted, “monolingual signs (both billboards and shop signs) are most frequent” (p. 36). Similarly, Mdukula (2017. p. 102) argues that at Muhimbili National Hospital, about 70 per cent were monolingual sign posts.

Additionally, the results concur with that by Lusekelo (2019) who investigated on the language used on the billboards in Tanzania which showed that monolingual signage in Kiswahili or English were predominantly used in north Tanzania. The dominance of Kiswahili indicates that the language choice on the signage suits the targeted people of that area because Kiswahili is the major language understood by majority of the Tanzanians. However, some foreigners who cannot be understood Kiswahili find it difficult to understand information found on the signage. This declaration is supported by Laitin (1992) who reported that today in Tanzania, almost 90% of the population speak Kiswahili. Hence, the use of Kiswahili on the signage is very crucial, though it is not encouraged to be used alone on the public space.

However, the predominance of Kiswahili signage may lead to the exclusion of some people who cannot understand the language. This idea is supported by Alphonse and Lusekelo (2018) in their study on the

linguistic landscape of urban Tanzania who point out “since Kiswahili and English are the official languages of Tanzania (URT, 1995), the choice of use of these two languages for the public domains is supposed to be even” (p. 9). Despite their recommendation, the monolingual signage in Kiswahili is still predominant in the country.

The predominance of monolingual signage only sometimes is brought by lack of a language policy on the signage. Hence, the hospitals management teams choose either preferred language according to their needs. This corresponds with Du Plessis (2012, p. 273) who conducted a study on the role of language policy in linguistic landscape changes in a rural area of the Free State Province of South Africa. Du Plessis notes that the decrease in bilingual signage correlates with the relative increase in monolingual signage, obviously resulting in an overall increase in monolingual signage. Hence, the absence of a language policy on the signage may lead to the preference of a single language to other languages.

#### 5.1.6 Considerations of Native Speakers

The data indicate that, the native speakers of Mwanza and Bukoba regions, namely the Sukuma, Kerewe, Haya and Nyambo were not considered in the selection of languages used on the signage. The study revealed that the planners who are mainly the hospital management teams considered the major languages, namely Kiswahili and English which cut across the whole country. One of the members of the management team at Sekou Toure regional referral hospital said:

The country does not allow native languages to be used in order to avoid conflicts, war or tribalism within the country. This is the regional referral hospital which receives a big number of people with different linguistic backgrounds. Therefore, only official languages, that is, Kiswahili and English, are displayed on the signage whereby Kiswahili is more preferred to English because it is understood by the majority of Tanzanians.

Another member of the hospital management team at Bukoba said:

In our society, there are few people who cannot understand Kiswahili. However, there is no way that their languages can be considered. The person who cannot understand Kiswahili on the signage, still will find it difficult to understand information on the signage even if it is written in the native languages.

Moreover, the reality in the field is not in line with the Cultural Policy released in 1997 which states:

Our people shall continue to use and be proud of their vernacular languages. Communities, private, and public organizations shall be encouraged to research, write, preserve and translate vernaculars languages into other languages. The writing of vernaculars shall be encouraged. Public and private organizations shall be encouraged to publish and disseminate vernacular language materials (URT, 1997, pp. 17-18).

Nonetheless, the hospital management teams and the government do not implement what is in the Cultural Policy. Instead, only official languages in this case Kiswahili and English are visible on the public space including hospitals. This idea correlates with Akindele's (2011) study on linguistic landscapes as public communication where he found that there was no single sign that was in any other local language apart from Setswana. This is understandable in that the nation does not assign any status to the existing minority languages (p. 10).

Similarly, the results show that the exclusion of the language of the entire group on the signage, in this case the Haya, Kerewe and Sukuma, is a sign of devaluing their native languages. This argument is in line with Landry and Bourhis (1997) who did a study on linguistic landscape and ethnolinguistic vitality and give the following assertion:

...the absence of the in-group language from the linguistic landscape can lead to group members devaluing the strength of their own language community; weaken their resolve to transmit the language to the next generation, and sap their collective will to survive as a distinct language group (p. 143).

Generally, language planners on the signage need to implement the cultural policy of 1997 against the statements made about the use of vernacular languages. On the same line, Tanzania is one of the multilingual nations where many languages are spoken. Therefore, the use of vernacular indicates the maintenance of minority languages. In other words, this can lead to the increase of bilingual or multilingual signage rather than using only monolinguals which tend to limit the information found on the signage.

#### 5.1.7 Importance of Language on the Signage

There are various reasons regarding the language on the signage. Most of the respondents revealed that the language on the signage direct them to reach the intended places without difficulties. They also provided some examples of those directions. These are the x-ray rooms, toilets, laboratories, outpatient departments or the mortuary. These results correspond with those by Akindele (2011) on linguistic landscapes as public communication on the public signage in Gaborone, Botswana. Akindele comments that "a sign indicates a direction on how to get to a place, as in the case of guidance signs, or simply call attention to it, as advertisement signs do" (p. 2). This implies that the presence of signage show the directions of different places around the hospitals like toilets and different department. Through observation, researchers noted some examples of directive signage at Sekou Toure and Bukoba as shown in Figure 8.



**Figure 8. Directive Signage**

Source: field data (2020)

Figure 8 are Swahili words—*Elekea huduma ya kinywa cha meno*—*Elekea huduma ya kitengo cha maabara*—*Elekea kitengo cha X-ray*—(Direction to dental care department, laboratory service department,—and to X-ray department) and *jiko la hospitali, chumba cha upasuaji, wodi ya watoto Na.7, wodi ya uzazi na kizazi Na.9, wodi ya wanawake Na. 6, wodi ya wafungwa Na. 8. Elekea karakana, Kliniki ya TB. AMREF, Ugavi, chumba cha kuhifadhi maiti na Marie stopes* (Hospital's chicken, operating room, children's ward No.7, maternity and cervical ward No.9, women's ward No. 6, prison ward No. 8. Direction to garage, TB Clinic, AMREF, Supply, mortuary and Marie stopes).

Figure 8 is an example of a signage directing clients to different places in the hospital surroundings.

The collected data further demonstrate that the languages on the signage help the clients to learn a lot of important issues within the hospital surroundings. One of the outpatients at Bukoba said:

These languages help us to expand our knowledge on different issues. For example, from the information found on the signage, I can learn to protect myself from HIV, learn how to prepare a balanced diet, how to protect myself against infectious diseases or Corona virus. As we can see, we have the problem of corona virus, but once I read the signage I understand that shaking hands with people is discouraged in order to curb the transmission of the virus.

The study also showed that there were some educative signage at Sekou Toure and Bukoba Regional Referral hospitals as presented in Figure 9.

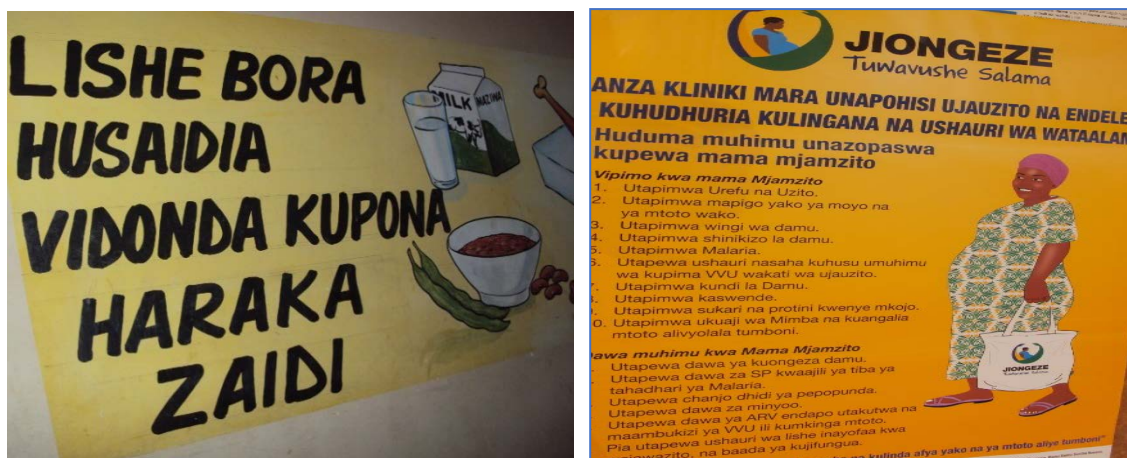


Figure 9. Educating Signage

Source: Field data (2020)

Figure 9 Swahili words are—*Lishe bora husaidia vidonda kupona haraka* (Balance diet helps ulcers to heal quickly) and *Anza kliniki mara unapohisi ujauzito na endelea kuhudhuria kulingana na ushauri wa wataalamu* (Start the clinic as soon as possible as you feel pregnant and continue to attend the clinic according to expert advice).

Figure 9 presents the language on the signage showing the importance of balanced diet and crucial information to the expectant mothers on what they should do.

The study found that the use of signage minimize wastage of time. Instead of asking for assistance from strangers or people who might give wrong answers, clients can simply read, understand the information on the signage and then follow the direction as indicated by the arrow immediately. One of the respondents at Bukoba hospital said, “The presence of the two languages on the signage guide people to reach at the right place on time. Instead of waiting for services at the wrong place, we are able to read and follow instructions on time”. The study suggests that there is a great need of employing bilingual signage since they simplify the means of communication within the hospital surroundings.

The data revealed that the languages on the signage can also communicate warnings to the clients who are around the hospital surroundings. There are sign posts which are displayed with warning instructions. Some of the signage displayed information indicating danger, instructing clients not to enter some rooms without permission, advising them not to give or receive bribes, not to sit on a patient’s beds, not to eat in a patient’s room or not to park one’s vehicle at a given space. One of the respondents at Sekou Toure said, “Instead of going against the hospital instructions, I am able to understand the warning on the signage. For example, I cannot enter psychological ward or receive bribes as well as conduct business around the hospital surroundings”. All these indicate that clients can easily avoid unnecessary chaos around the hospital surroundings. Through observation, researchers



identified some warning signage as indicated in Figure 10.



**Figure 10. Warning Signage**

Source: Field data (2020)

Figure 9 are Swahili words—*Hairuhusiwi kuegesha magari hapa, ni sehemu ya kushusha mizigo ya dawa na vifaa vya tiba tu* (Parking is not allowed here, only for unloading medicine and medical supplies) and *hairuhusiwi kufanya biashara ndani ya hospitali, faini ni sh. 5000/= na utawala* (It is not allowed to do business in the hospital, the fine is shs. 5000 by administration).

Figure 10 demonstrates warning signage at Bukoba and Sekou Toure where clients are warned against doing any kind of business around the hospital surroundings as well as parking in a given area.

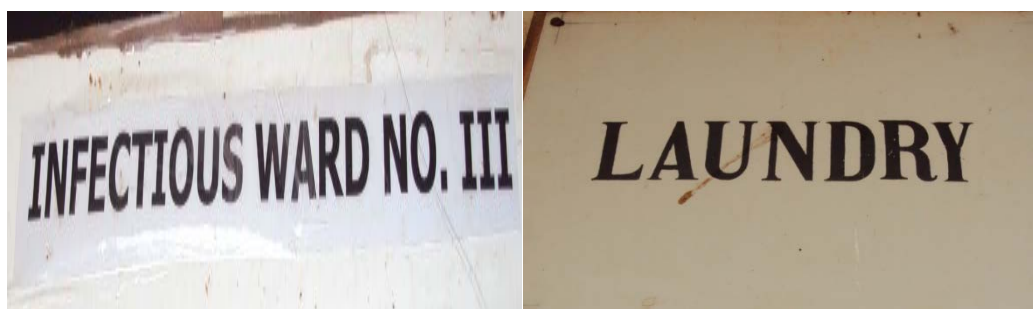
The views of the participants on the use of the languages on the signage show that languages are used for warning, educating, informing, directing, saving time, reducing complaints and simplifying medical care services. This is in line with Mdukula (2017, p. 102) whose study on the linguistic landscape of Muhimbili National Hospital in Tanzania showed that public signs are meant to enable hospital clients to understand information related to directions, instructions, warnings, and health information. The study findings are also related to those of Akindele's (2011) study on linguistic landscapes as public communication in Gaborone Botswana as illustrated when he states, "Signs are used in order to disseminate messages of general public interest such as topographic information, directions, warnings" (p. 2).

Generally, the language on the signage helps the whole hospital communities to reach at the right place, get services on time and without wastage of time.

#### 5.1.8 Weakness of Languages Used on the Signage

The study findings revealed that 80 per cent of the sign posts are in the form of monolingual with either Kiswahili or English language where bilinguals are twenty per cent. However, the signage in Kiswahili are predominant with fifty-two percent (52%) for both hospitals. This correlates with Wang's (2015) study on signs in Kyushu University where 52 per cent of monolingual signs in English were more preferred compared to bilingual and multilingual signage.

Similarly, one of the respondents at Sekou Toure hospital said, “Some signage are displayed with a single language which is Kiswahili or English. For example, information such as non-infectious materials or male ward, or no parking. This can only help those who can understand English language”. This implies that the presence of monolingual signage excludes those who cannot understand the single language found on the signage. This idea is supported by Mdukula (2017) who says, “Those who are not proficient in Kiswahili, although a few, faced the same difficulties in navigating their way through the hospital’s environment” (p. 103). This proves that preference of monolingual signage is a weakness especially in the public space. The researchers’ observation found most of the monolingual signage at both hospitals as shown in Figure 11.



**Figure 11. Monolingual Signage in English**

Source: Field data (2020)

Figure 11 presents examples of monolingual signage in English. However, few they are, the experience shows that the place where English only is used on the signage limits the understanding of information found on the signage to most of the targeted people. There were also monolingual signage in Swahili.



**Figure 12. Monolingual signage in Kiswahili**

Source: Field data (2020)

Figure 12 Swahili words: *Ofisi ya katibu wa afya*, *muuguzi mkuu na mhasibu* (health secretary’s, matron’s and bursar’s offices) and *ONYO: Usitoe rushwa yeyote. Kila mgonjwa awe na kadi au cheti halali kutoka mapokezi. Malipo yote ya fedha tasilimu au BIMA za afya yatafanyika mapokezi*

*tu. Hakikisha unapewa na kutunza kadi halali ya malipo yote unayotoa kutoka mapokezi. Imetolewa na utawala (WARNING: Do not give bribes. Each patient should have a valid card or certificate from the reception. All cash or health insurance premiums will be made at the reception only. Make sure you are given a valid receipt for all payments you make from the reception. Issued by the administration).*

Also, Figure 12 presents monolingual signage at both hospitals which are demonstrating the direction to the health secretary's, matron's and bursar's offices on the same signage as well as providing a warning information. Despite the fact that most of Tanzanians can understand Kiswahili, there is a limitation of understanding information on the signage especially by the foreigners. This shows that the choice of language on the signage do not help all the targeted people rather it excludes some.

The study further found out that some signage are displayed using short terms or medical terms such as *msala, me/ke* [toilets for male and female], and POST C/S ROOM instead of being written in full or using simple terms. This study also found some signage which are indicated with short and technical terms as indicated in Figure 13.



**Figure 13. Bukoba Hospital Signage with Short and Technical Terms**

Source: Field data (2020)

Figure 13 presents the short terms and technical terms on the signage at Bukoba hospital. The study found that by using forms of short terms and technical terms, clients failed to understand the message owing to not understanding of those short forms of the terms found on the signage. That is, instead of writing [*Msalani*] to mean toilet, it is written [*Msala*] which brings confusion to the targeted people. This shows that whether the signage is in English or Kiswahili, if presented in short forms or technical terms, it will tend to limit the understanding of information found on the signage to the targeted people. Similarly, hospital management teams were asked why they included these technical and short terms on the hospital signage. They defended their decision by arguing that some information is not meant for everyone but only specific targeted people like staff members. On the other hand, clients said that they do not understand these technical terms when they are navigating around the hospital surroundings. All these bring about confusion to the targeted people especially when they are around the hospital surroundings. This is in line with Mdukula (2017) who says, "When the information is presented in a language that is not accessible to the reader, it becomes worthless in that public space" (p. 103). This

becomes a serious weakness especially to most of the clients who do not understand the meaning of these technical and short terms.

The other weakness observed was at Sekou Toure hospital where some sign posts were less visible and illegible. This is because most of them were written in very small writings. Therefore, most of patients and their aides had to verbally ask for assistance from people though they were close to the signage. One of the signage at Sekou Toure presents evidence about the size of words on some signage (see Figure 14).



Figure 14. Signage with Small Words

Source: Field data (2020)

Figure 14 presents words on the signage at Sekou Toure hospital. The study reveals that the information which is found on the signage does not reach the targeted people easily. The signage carries important information meant for the client charter. However, clients fail to read the information on the signage because the words on the signage are very small.

The study further found that, in the process of selecting the language on the signage, there was no clear policy from the hospital management teams or the government to direct the hospital management on which languages should be used on the signage. Therefore, the decision on the choice of language is made on the discretion of the hospital management teams. This idea is supported by Akindele (2011) whose study on the linguistic landscapes as public communication in Botswana suggests, “Regulations related to linguistic landscape go side by side with a language policy for the use of languages in education, the media, social and economic life or other domains” (p. 3).

Likewise, this observation concurs with that of Mdukula (2017, p. 104) who suggests the use of the language of the most commonly encountered groups at the hospital and adopting a bilingual policy signage. That is, lack of a clear policy led to the preferences of monolingual signage in the selected hospitals. This implies that the availability of a language policy on the signage can help the hospital management teams at the two hospitals to select the most suitable languages for their signage.

Furthermore, through observations made researchers noted that there was no any signage written in any native language. Researchers' interview with hospital management team members revealed that native languages are discouraged from being used on the hospital signage. On contrary, some patients and their aides suggested the use of their native languages on the signage. For example, one of the patients at Bukoba regional referral hospital said:

Although they have used official languages on the signage, I would prefer my native language. I understand both English and Kiswahili but I will be proud if I find my native language on the signage. This is because, currently, our native languages are being discouraged in almost all the domains of communication or even to be spoken in our daily life. This may lead to underdevelopment of our languages for the future generation.

This argument is related to that of Petzell (2012) who argues:

The under-described minority languages are threatened not by English but by Kiswahili. It is very important to describe these under-described languages before the process of their decline has gone too far; not just for the obvious benefit of the present speakers, but also to contribute to linguistics as a science (p. 142).

The hospital management teams and language planners need to think on the choice of language on the signage that not only caters for the issue of understanding information on the signage but also the development of our native languages.

Generally, the aforementioned weaknesses contributed to the limitation of access to the information found on the signage within the selected hospitals. Because of these weaknesses, clients can easily be discouraged when seeking health services at these hospitals.

#### 5.1.9 Challenges on the Choice of Languages Used on the Signage

The data showed that some clients feel shy especially when they enter into the wrong place. Some labelling of wards is done using a single language such as English only. From the interviews conducted, some clients reported that sometimes they entered wrong wards. Their claims were that, they do so due to the single language used on the doors of their wards. Therefore, the possibility of entering the wrong place is possible due to the use of monolingual signage. This shows that there is a great need of using two languages on the same doors for the benefit of the targeted people within the hospital's community. Furthermore, the collected data revealed that some clients wasted time in looking for the appropriate place. The nature of these hospitals seemed to be complicated in terms of the places where the clients are expected to visit. For example, from the observation made, it was witnessed that the directive signage to the office of the Medical Officer In-charge (MOI) at Sekou Toure and Bukoba regional referral hospitals as well as the signage to the laboratory at Bukoba regional referral hospital do not show directly the intended place. That is, they are located at places where they cannot lead the client easily to the required places. Clients have to go through other sign posts and corridors before they get

to the intended areas. This implies that, although sign posts are there, it is difficult to reach such places on time without some extra assistance.

Moreover, the data show that the clients get unnecessary disturbances when they are looking for the places where they are required. This is especially when the language used on the signage is not clear to them. Some of them receive discouraging responses from the hospital staff while other people walk for a long time when looking for the intended place. Those outpatients who cannot tolerate the situation postpone their appointments due to such disturbances. One of the respondents at Sekou Toure said:

One day I asked for assistance from other patients who just told me to keep waiting.

One of them arrogantly told me, “Don’t you see that we are on the same queue?

Follow this direction you will reach intended place”.

This implies that when the language is not clear to the targeted people, then there are bound to be problems to the clients.

This concurs with Mdukula’s (2017) study on linguistic landscape at Muhimbili National Hospital in Tanzania on the implication of the access to the information whereby Mdukula concluded that “the Linguistic Landscape (LL) of the hospital does not guarantee access to information to the majority of hospital clients-specially the visitors and patients admitted to the hospital” (pp. 102-103). The only difference is based on the monolingual signage in Kiswahili at Muhimbili National Hospital while in the current study, the monolingual in Kiswahili is predominant at Sekou Toure and Bukoba regional referral hospitals. However, it should be noted that every client, whether it is in or outside the country, has a right to understand the information on the signage in the hospital environments. This is because at any time, any person can go to get services at the hospitals but fail to get the direction easily due to the monolingual usage.

## **6. Conclusion**

This study assessed the choice of languages used on the signage at Sekou Toure and Bukoba regional referral hospitals. Therefore, the study concludes that, monolingual signage in Kiswahili or English are dominating unlike bilingual signage at the selected hospitals. In this case, the selected languages are beneficial to those clients who are able to understand the two languages and exclude those who cannot. This is due to lack of specific policy on the language choice on the signage as well as the tendencies of management teams assuming that all their clients can understand the languages used on the signage. This can be problematic to some clients because some feel shy to ask for assistance or to cause disturbance to hospital staff.

The native languages such as Sukuma, Haya, Kerewe and Nyambo are excluded on the hospital signage. This undermines home languages, which people are proud of in their societies.

In order to select the suitable language on the signage in the regional referral hospitals, the government should include guidelines on language. Similarly, the hospital management teams should initiate a

language policy on the signage which will guide them in selecting the most suitable languages to direct, warn or inform their clients around the hospitals.

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