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# **The role of the Welsh language in community pharmacy service provision in Wales**

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## Abstract

In Wales, around 20% of the population (580,000) speak Welsh<sup>1</sup>. Although most of these also speak English, it has been reported that bilingual patients find it easier to communicate in their first language in times of stress, for example when ill<sup>2,3,4,5</sup>.

Prior research specifically relating to community pharmacy has found that Welsh-speakers would generally prefer to use Welsh when discussing health issues, yet that option is not always available to them<sup>4, 5</sup>. Indeed, there is no formal requirement for community pharmacists working in Wales to possess Welsh language skills. Further, the number and distribution of community pharmacies in Wales with Welsh-speaking staff is currently unknown.

The aim of this study was to investigate the role of the Welsh language in community pharmacies in Wales. In particular, the (Welsh) language abilities of pharmacy staff, the availability of Welsh-speaking staff during pharmacy opening hours and community pharmacists' perceptions and experiences of a local need for Welsh-language services.

A further intention was to investigate how these issues relate to geographical area based on the levels of Welsh-speakers in each area.

The self-complete postal questionnaire was sent to every community pharmacy in Wales (n=715). After two follow-up mailings, a response rate of 76% was achieved. The results show that while there are high levels of Welsh-language provision in some pharmacies, this is not the case uniformly across Wales. Indeed, the levels of Welsh-speaking pharmacy staff vary widely from region to region and appear to mirror the data from the 2001 census showing levels of Welsh-speaking ability in the different areas of Wales. Promotion of the availability of pharmacy services through the medium of Welsh relied, in most cases, on local knowledge - meaning that even those Welsh-speakers who do have access to Welsh-language pharmacy services may not realise this. In addition to finding the baseline for current levels of provision of community pharmacy services through the medium of Welsh, this study suggests important follow-up work to examine how this provision can be extended.

<sup>1</sup> Office for National Statistics. *Census 2001: Key statistics for wards in England and Wales* (CD-ROM) London: Stationary Office, 2003

<sup>2</sup> Roberts G. *The Use of the Welsh Language in Nurse-Patient Verbal Interaction Within a Bilingual Healthcare Setting*. Unpublished MN thesis. University of Wales College of Medicine. School of Nursing Studies: 1991

<sup>3</sup> Thomas G. *The Experiences of Welsh Speaking Women in a Bilingual Maternity Service*. Unpublished MSc thesis. University of Wales College of Medicine. School of Nursing Studies: 1998

<sup>4</sup> Jones EH, John DN, Jones AT and Hughes ML. *Effective communication in the pharmacy: The role of the Welsh Language*, 2004 WSP UG Research Abstract Book, (ed. John DN) STS Publishing, Cardiff (2004) 40. ISBN: 0 9489 17 28 8.

<sup>5</sup> Wilkins ML, John DN, Jones AT and Hughes ML *An exploratory study into the role of Welsh language communication in community pharmacy*, 2004 WSP UG Research Abstract Book, (ed. John DN) STS Publishing, Cardiff (2004) 84. ISBN: 0 9489 17 28 8.

## Crynodeb

Yng Nghymru, rhyw 20% o'r boblogaeth (580,000) yn siarad Cymraeg <sup>1</sup>. Ac er bod y mwyafrif ohonynt hefyd yn siarad Saesneg, cafwyd adroddiadau bod cleifion dwyieithog yn ei chael hi'n haws cyfathrebu yn eu hiaith gyntaf pan fyddant dan straen – er enghraifft, pan fyddant yn sâl <sup>2,3,4,5</sup>.

Mae ymchwil flaenorol sydd wedi ymwneud yn benodol â fferylliaeth gymunedol wedi gweld y byddai'n well gan siaradwyr Cymraeg, fel rheol, ddefnyddio'r Gymraeg wrth drafod materion iechyd, ond nad yw'r dewis hwnnw ar gael iddynt bob amser<sup>4, 5</sup>. Yn wir, does dim rheidrwydd ffurfiol ar fferyllwyr cymunedol sy'n gweithio yng Nghymru i fod â sgiliau iaith Gymraeg. Ar ben hynny, nid yw nifer a dosbarthiad y fferyllfeydd cymunedol yng Nghymru ac ynddynt staff sy'n siarad Cymraeg yn hysbys ar hyn o bryd.

Nod yr astudiaeth hon oedd ymchwilio i rôl y Gymraeg mewn fferyllfeydd cymunedol yng Nghymru ac, yn arbennig, i alluoedd ieithyddol (Cymraeg) staff fferyllfeydd, i argaeledd staff sy'n siarad Cymraeg yn ystod oriau agor fferyllfeydd, i ganfyddiadau fferyllwyr cymunedol, ac i brofiadau o angen lleol am wasanaethau yn Gymraeg.

Bwriad pellach oedd ymchwilio i'r ffordd y mae'r materion hynny'n perthnasu ag ardal ddaearyddol ar sail niferoedd y siaradwyr Cymraeg ym mhob ardal unigol.

Anfonwyd yr holiadur drwy'r post i bob fferyllfa gymunedol yng Nghymru (n=715). Ar ôl anfon dwy eitem bellach drwy'r post, cafwyd cyfradd ymateb o 76%. Mae'r canlyniadau'n dangos bod lefelau uchel o ddarpariaeth Gymraeg mewn rhai fferyllfeydd, ond nad yw'r ddarpariaeth honno'n gyson ledled Cymru. Yn wir, mae'r lefelau o staff Cymraeg eu hiaith sy'n gweithio mewn fferyllfeydd yn amrywio'n fawr o ranbarth i ranbarth ac fel petaent yn cyd-fynd â'r data o gyfrifiad 2001 a ddangosai'r lefelau o fedru Cymraeg mewn gwahanol rannau o Gymru. Gan amlaf, yr oedd hyrwyddo'r ffaith fod gwasanaethau fferyllfa ar gael yn Gymraeg yn dibynnu ar wybodaeth leol, a golygai hynny y gall hyd yn oed y siaradwyr Cymraeg sy'n defnyddio gwasanaethau fferyllfa a all fod ar gael drwy'r Gymraeg beidio â sylweddoli hynny. Yn ogystal â dod o hyd i linell waelod y lefelau cyfredol o ddarparu gwasanaethau fferyllfa gymunedol drwy'r Gymraeg, mae'r astudiaeth hon yn awgrymu bod angen gwneud gwaith dilynol pwysig i weld sut y gellir estyn y ddarpariaeth honno.

<sup>1</sup> Office for National Statistics. *Census 2001: Key statistics for wards in England and Wales* (CD-ROM) London: Stationary Office, 2003

<sup>2</sup> Roberts G. *The Use of the Welsh Language in Nurse-Patient Verbal Interaction Within a Bilingual Healthcare Setting*. Unpublished MN thesis. University of Wales College of Medicine. School of Nursing Studies: 1991

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## Chapter 1. Introduction

For healthcare professionals, communication with patients and colleagues is an essential part of their role. The gathering and provision of information is key to good patient care: the Audit Commission has determined the role of effective communication to be the “heart of healthcare delivery”<sup>1</sup>.

With the move towards the development of concordant relationships between patients and health professionals, the role of good communication becomes even more important. Indeed, the General Medical Council (GMC) states that “Accurate diagnosis and effective communication is key to informed decisions”<sup>2</sup>. While the Royal Pharmaceutical Society of Great Britain (RPSGB) make reference to the same issue in their Code of Ethics: “Pharmacists must respect patients’ rights to participate in decisions about their care and must provide information in a way in which it can be understood”<sup>3</sup>.

When considering communication, language-choice is of great importance. Clearly, in order for successful communication both parties must be able to understand one another. In multi-lingual societies, the majority language is perceived to be superior and its use can affect the dimensions of power within a conversation<sup>4,5</sup>. In a situation such as a consultation between a patient and a health professional, a power imbalance already exists, and so the role of language choice is of even greater significance<sup>5</sup>. Research investigating language-related communication problems in the healthcare setting has shown that patients who have limited proficiency in the majority language can experience many disadvantages. These include lack of understanding of medication regimes which may lead to compliance problems<sup>6,7,8</sup>, reduced quality of care<sup>9</sup> and reduced patient satisfaction<sup>8,10,11</sup>.

In the Europe Union, 50 million people are bilingual<sup>12</sup>, however ambilingualism (equal competence in the two languages) is rare<sup>13</sup>. More usually a bilingual person has differing competence in the two languages (and even from language skill to language skill)<sup>4,14</sup>. Indeed, linguistic research has shown that a person’s mental capacity allows one language special status over the other in the brain, allowing for more rapid access<sup>15</sup>. While most research has focussed on patients with little or no proficiency in the majority language, it has also been found that even those patients who are proficient in the majority language, but for whom it is not their first language, can experience disadvantages such as poorer emotional health<sup>16</sup>.

Wales is such a bilingual society - in Wales there are two official languages, Welsh and English. The 2001 census revealed that 21% of the Welsh population speak Welsh<sup>17</sup>, a figure which is on the increase. Research with Welsh-speaking patients has further indicated that, in times of stress, for example when ill or in pain, a patient finds it easier to communicate in their first language, and may even completely lose their use of English<sup>18,19</sup>. Inability to communicate through the medium of English is also a particular problem for the very old and very young, for whom Welsh may be their only language with which to communicate<sup>12,20</sup>.

The bilingual status of Wales and its people is recognised by a number of Acts including the Welsh Language Act of 1993<sup>21</sup> which determined that the two languages be treated on a basis of equality. In addition, the Welsh Language Act required, through the Welsh Language Board (Bwrdd Yr Iaith Gymraeg), that public services, including the NHS, should develop a Welsh Language Scheme<sup>22</sup>. Thus all sectors of the National Health Service in Wales have a statutory duty to provide services through the medium of both Welsh and English. As NHS contractors, community pharmacies are considered private sector and, as such, fall outside of this requirement of the Welsh Language Act. However, in 2004, the Council of the Royal Pharmaceutical Society of Great Britain agreed the recommendation in the Fraser Report that a Welsh Language Scheme should be developed<sup>23</sup>.

In addition to the Welsh Language Act, the United Kingdom is a signatory of the European Charter for Regional or Minority Languages<sup>24</sup> which seeks to protect and promote such languages, respecting the rights of speakers to use them in both their private and public lives. Further, the Welsh Assembly Government through its Welsh language scheme and related action plan, Iaith Pawb (Everyone's Language), states:

*“The provision of [Health and Social] services in Welsh is an integral part of quality of care and we will require those inspecting the quality of services generally to assess the provision of services in Welsh as an integral element of their work. Training and recruitment policies, research and the structuring of the service will reflect the need to provide services in Welsh.”<sup>25</sup>*

A recently-published Welsh Assembly Government report<sup>20</sup> recommended that “Healthcare organisations be encouraged to consider their future needs for appropriately qualified healthcare professionals with the required levels of Welsh language proficiency”. Community pharmacies are a vital source of information and advice about medication, health and illness. It has been estimated that 100,000 people visit one of over 700 community pharmacies in Wales every day for a health-related matter<sup>26</sup>. However, due to the differing proportions of Welsh-speakers in areas across Wales, local need for community pharmacy services in the Welsh-language may vary. In addition, at present it is unknown how many community pharmacists working in Wales actually have Welsh language skills.

The aim of this research project is to investigate the role of the Welsh language in community pharmacies in Wales.

The prime objectives are therefore to investigate:

1. What languages are spoken by pharmacists and other staff in contact with pharmacy customers, with particular reference to Welsh language abilities.
2. The availability of Welsh-speaking staff during pharmacy opening hours.

3. Community pharmacists' perceptions and experiences of a local need for Welsh-language services.
4. How these issues relate to geographical area based on the levels of Welsh-speakers in each area.

The following chapters will review the literature on this topic in order to explain the importance and necessity of this study (Chapter 2), and will explain the rationale for the study design and the practicalities of the methodology (Chapter 3). Chapter 4 will present the key results (in general, and also related to geographical area), which will then be discussed in Chapter 5. Final conclusions and recommendations will be presented in Chapter 6.

## Chapter 2. Literature review

To date, there has been very little research into the use of the Welsh language in pharmacy. This chapter will, however, review the limited literature available in this area, together with some research which has looked at the issue of Welsh language usage in other healthcare areas. Much of this research is of a small-scale or qualitative nature. Indeed, the current study will be the first large-scale quantitative survey of the role of the Welsh language in community pharmacy.

The literature search was primarily focussed on issues relating to use of the Welsh language in the pharmacy setting, however papers relating to the use of Welsh and other minority languages in different healthcare settings were also sought. The literature search was carried out using abstracting databases such as Medline, CSA Linguistics and Language Behavior Abstracts and International Pharmaceutical Abstracts; individual journals such as Pharmacy World and Science and The Pharmaceutical Journal; and, finally, the internet search engine Google. Keywords utilised wild cards where appropriate and included pharmac\*, Welsh, language\*, bilingual, multilingual, communication, barrier\*, access, health\* and patient\*. In addition, searches were undertaken specifically relating to countries with a similar bilingual nature to Wales including Ireland (Irish (Gaelige)/ English), Scotland (Gaelic / English) and Canada (French / English).

From the information presented in Chapter 1, it is clear that health-care professionals, including pharmacists, need to consider the language preferences of their patients in order to provide best care for them. A number of studies looking at the role of language in healthcare have shown that the development of an effective relationship with the patient is hindered when a patient's first language is not shared by the health professional, since the patient may not understand fully what is being said<sup>9, 27, 28</sup>. Such a barrier can affect not only patient satisfaction but may also affect the accuracy of diagnosis since the patient may not be able to express themselves effectively and may de-intensify the situation by using less complex descriptors<sup>12</sup>. This failure to communicate has been cited as a source of negligence in legal cases in the United States<sup>28</sup>. Conversely, when able to speak their native language with a health professional, patients are more likely to ask questions and recall information accurately<sup>29</sup>. In addition, the relationship between the health professional and the patient is strengthened, with patients describing feelings of familiarity, comfort and trust<sup>14, 30, 31</sup>.

Most of the research into language issues in healthcare has focussed on patients from ethnic minorities who had limited or non-existent abilities in the majority language coupled with cultural differences from their health practitioners<sup>6, 8, 9, 10, 11, 29, 30, 31, 32</sup>. The role of the Welsh-speaker living in Wales is somewhat different. The cultural differences between Welsh-speakers and English-speakers in Wales are less marked and the majority of Welsh-speakers are also able to speak English proficiently. However, even bilingual patients can experience problems when communicating in their second language, especially in a stressful situation such as when ill<sup>16, 18, 19, 30</sup>.

It is therefore important that patients who have Welsh as their first language have access to Welsh-speaking health professionals<sup>14, 18, 19</sup>.

However, in spite of the Welsh Assembly Government's (WAG) commitment to provision of health services in Welsh, there are problems in evidence. A survey was carried out in 2000 on behalf of the Welsh Consumer Council<sup>12</sup>. In addition to semi-structured interviews with NHS staff and users, a questionnaire survey of 452 users of the NHS in Wales was undertaken. It was found that patients' language needs were not being fully considered and that there was a shortage of Welsh speaking staff. In spite of this, the results suggested that pharmacists are the health professionals with whom patients are most likely to use Welsh. However, the report concluded that "much more research work is needed before any definite conclusions can be drawn".

This issue of a lack of Welsh-speaking health care staff was also echoed in a WAG-commissioned report<sup>20</sup> which surveyed over 3,000 healthcare professionals who were working in Wales, 55% of whom were born in Wales. Unfortunately, very few of the participants were pharmacists. Although the majority of the health professionals showed a positive or neutral attitude towards the Welsh language, levels of Welsh-speaking ability were low: 48% could not speak Welsh at all and only 19% could speak Welsh fluently. The report concluded that health organisations should encourage health professionals to enhance their Welsh language awareness in practice and facilitate them in demonstrating this awareness to Welsh speaking patients.

Qualitative research has been carried out to investigate the role of the Welsh language in the field of midwifery<sup>18</sup>. The results of interviews with 23 Welsh-speaking women who had recently given birth suggested that the women felt closer to a Welsh-speaking midwife, as well as being more relaxed and confident. Those who had an English-speaking midwife, however, felt inhibited by having to accommodate the midwife and, at times, were even unable to communicate in English at all. Although the women said they would prefer a Welsh-speaking midwife there was a view that they would not ask to have a Welsh-speaker as they did not want to upset or undermine non-Welsh speaking midwives, or felt the repercussions would be too great.

Similarly, research carried out to investigate nurse-patient communication with regard to the role of the Welsh language<sup>19</sup>, found that patients were more comfortable and confident and found it easier to communicate when they were able to speak Welsh to nursing staff. When they were required to speak English, rather than their preferred Welsh, the resulting language barriers increased anxiety for these patients. Roberts recommended that patient care may be enhanced by providing care in the patient's first language.

Exploratory research has been undertaken to investigate the role of the Welsh language in pharmacy. Interviews and questionnaires to investigate the views of residents of North and West Wales with regard to the Welsh language and pharmacy have been carried out<sup>33, 34, 35, 36</sup>. The results indicated that language choice is important to the Welsh-speaking respondents. Although they were able to use English, they felt more comfortable discussing medical

problems in Welsh. Indeed, it was suggested that inability to use Welsh in these circumstances may result in the Welsh-speakers not asking as much as they would like to, and may result in harm where information has been poorly translated or understood. Although the Welsh-speakers surveyed would prefer to use Welsh in the pharmacy, this option was not always available – over two-thirds of those who used English on their last pharmacy visit did not do so through their own choice.

Qualitative interviews were also carried out with pharmacists and others in a role of policy-making or implementation<sup>37, 38</sup>. The results suggested that the need for Welsh-language services differed on a geographical basis across Wales. In addition, the interviewees felt that there was a general lack of specific guidance on provision of community pharmacy services through the medium of Welsh.

The New Pharmacy Contract expresses the need for Welsh pharmacies to consider the needs of Welsh Speakers - indeed, the Iaith Pawb update report for 2004/5 states that the “new contract for pharmacies ensures provision of services in Welsh”<sup>39</sup>. However, it is unclear whether this is happening in practice. What is clear is that there is a lack of information with regard to the Welsh language abilities of community pharmacists and their support staff.

### **Chapter 3. Design and methodology**

This study intended to answer the question: “what is the role of the Welsh language in community pharmacies in Wales?”. In order to do this, it was necessary to collect data on language usage from community pharmacies across Wales.

#### ***Study design***

The population chosen for the study was all community pharmacies in Wales. The rationale for this was that it would minimise selection bias and would allow the researchers to obtain views from across the country including rural and urban pharmacies, and pharmacies in areas of both high and low proportions of Welsh-speakers. The names and addresses of all community pharmacies in Wales were obtained on application from RPSGB (n=715).

The aim of the study was to collect data which could allow statistical comparison of results from all the regions of Wales. The data required was mostly factual and descriptive in nature. Quantitative research methods were therefore identified as the most suitable way of obtaining such data from hundreds of potential respondents. A self-complete postal survey was determined to be the most appropriate choice. It would be the most suitable method to gain data from the hundreds of community pharmacies spread across Wales, and would also allow a degree of confidentiality with regard to the data and comments provided by the respondents.

As the questionnaire was being mailed out to participants who were at liberty to choose not to respond, it was decided that the survey would rely on implied consent – the implication of returning a completed questionnaire meaning the respondent was happy to participate.

This research topic could be viewed as potentially controversial. Attempts were made throughout to treat Welsh and English equally – the letters were set out with the two languages side-by-side, and the questionnaire was designed so that the language which came first depended on which way round the questionnaire was viewed – i.e. there was no “first” language. Care was taken with regard to accuracy of translation – with back-translation being performed on all information translated from English to Welsh. In addition, it was felt that the confidentiality of the responses provided by participants was such that it would allow respondents to answer freely.

#### ***Questionnaire development***

It was necessary to design a bilingual (Welsh-English) self-complete questionnaire in order to collect information on current language use in the pharmacy and the language abilities of the pharmacy staff. The questionnaire was developed using information obtained from the literature search (see Chapter 2) and also the results of prior exploratory research carried out with patients, pharmacists and individuals with a role in health policy making and/or implementation<sup>33, 34, 37</sup>.

The questionnaire covered languages currently used in the pharmacy (Welsh, English and others), language abilities of staff, and views on local need for a Welsh language service. The use of free-text boxes allowed respondents to expand their views. The post-code of the pharmacy was also requested in order to relate the results to geographical area.

The style of the questionnaire was designed to be such that it could be easily and quickly completed (of particular importance in busy community pharmacies), yet still collecting the data required. As such, closed questions and tables were primarily used. There was, however, opportunity for respondents to add their own comments on the subject through the use of an open comments box. This was included to allow respondents to expand on answers provided and also add any additional views and comments which could help to explain and add context to answers provided.

The final draft version was reviewed by the researchers, and also by non-regular pharmacy staff in order to identify any problems with the wording or number of questions and to ensure face and content validity. Following this review, the questionnaire was translated into Welsh. The covering letter, to accompany the questionnaire and an introductory letter (see “Main Mailing”) were also translated. At this point a second review took place by first-language Welsh speakers in order to ensure that the Welsh version was asking the same questions in the same way as the English version.

### ***Pilot***

A pilot was carried out in order to ensure that it was unambiguous, clear, and easy to complete, and to highlight any potential problems which could be rectified before the main phase of the study. As such, the pilot questionnaire included an additional section on the questionnaire design and structure, together an opportunity for the pharmacist to provide their contact details and preferred language if they agreed to be telephoned for a brief interview following their reply.

The 50 pharmacies included in the pilot were randomly selected, in a geographically stratified manner, from the Annual Register of Premises (n=716). To obtain the sample, the pharmacies were first divided into strata according to their geographical area (based on those used in the 2001 Census). The number needed from each area was calculated by dividing 50 by 716 and multiplying this by the number in each strata. The pharmacies in each area were then drawn out at random to produce the sample for pilot.

The pilot mailing (questionnaire, cover letter and freepost return envelope) was sent out and brief telephone interviews, as requested, were carried out the following week. After the pilot, minor changes were made to the wording of some of the questionnaire instructions making it easier to complete. None of the content was, however, altered.

### ***Main mailing***

The main mailing was sent to all pharmacies on the list requested from RPSGB, minus those pharmacies who had participated in the pilot. Postcodes from the addresses were used to identify in which of the 22 unitary authorities in Wales each pharmacy was located (Figure 3.1).

Before the questionnaires were sent out a bilingual introduction letter (Appendix 1) was mailed to each of the non-pilot pharmacies. This briefly outlined the study and was intended to act as a warning of the questionnaire's impending arrival. It was hoped that this would encourage the pharmacies to set time aside for the questionnaire completion, and also would improve the response rate. The main mailing, comprised of the amended questionnaire (Appendix 2), cover letter (Appendix 3) and freepost return envelope was mailed out two days later.

Follow-up mailings of a reminder letter (Appendix 4), freepost envelope and copy of the questionnaire were sent out to non-responding pharmacies after approximately 3 weeks and 6 weeks.

### ***Reliability and validity***

As previously stated, the pre-pilot questionnaire had been reviewed by a selection of Welsh and English-speaking pharmacists, pharmacy staff and also non-pharmacy personnel to assess not just the validity of the questionnaire but also of the translation. The results of the pilot also allowed reflection on the questionnaire content with regard to validity and reliability.

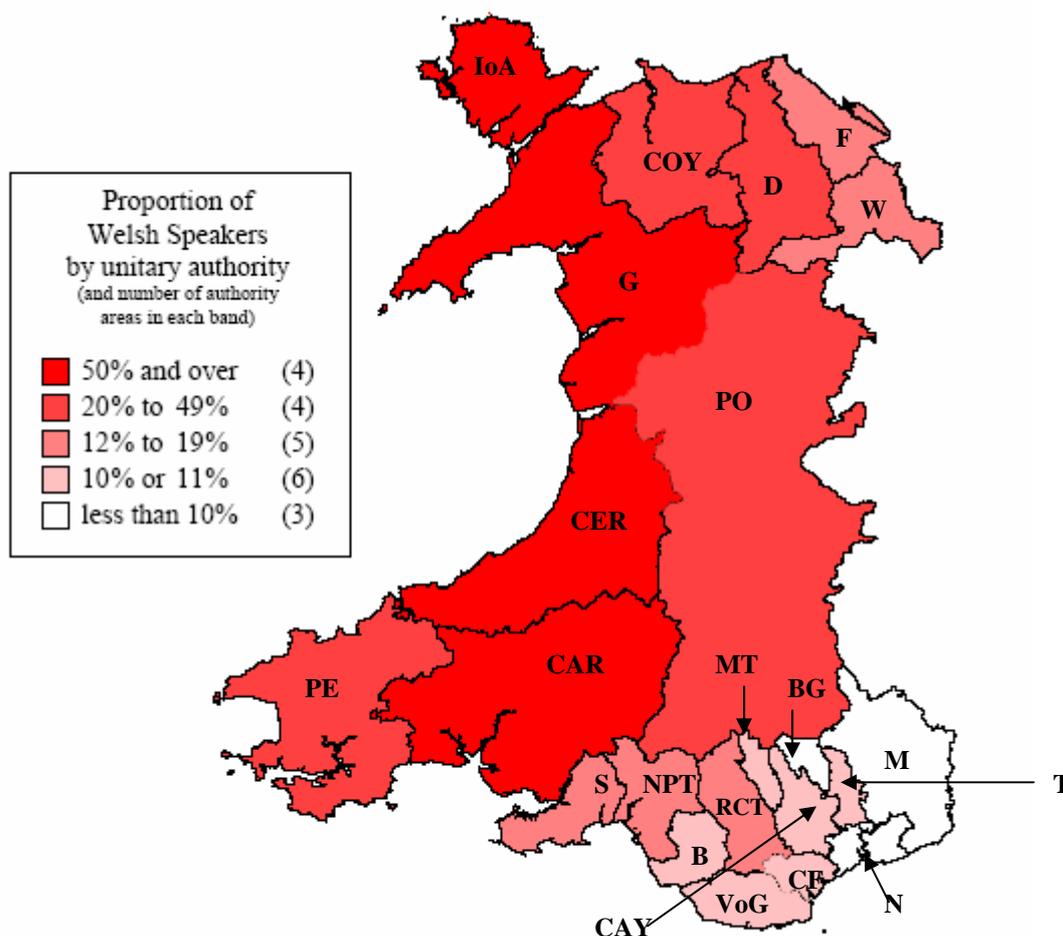
The questionnaire was designed such that the questions were as clear and simple as possible to answer. Although, inevitably, variations in staffing would have some effect on the reliability of the questions relating to individual staff members, the aim of the survey was to gain a snapshot view of the role of Welsh language within community pharmacies which would never be entirely unchanging.

### ***Analysis***

The data was entered into SPSS 12 and analysis carried out to produce simple descriptive statistics. Wales is split into 22 unitary authorities and the proportion of Welsh-speakers resident in each authority varies widely (Figure 3.1). The results were also, therefore, compared according to unitary authority. The final question comprised an open comments box. This was to obtain any supplementary information that the respondents may have wished to add in order to explain their answers or express further views on the subject. As this project did not aim to obtain qualitative data, these comments were purely of a supplementary nature. The comments were thematically analysed through coding and indexing and illustrative quotes were chosen and presented to supplement the quantitative results.

**Figure 3.1** 2001 Census of Population: Proportion aged 3 and over who can speak Welsh <sup>(a)</sup>

From National Statistics / National Assembly for Wales. Statistical Bulletin SB 22/2003 <sup>40</sup>, page 4



(a) Excluding those who said they could speak and write but not read Welsh expected to be relatively small in number and not affecting the broad picture

**Key:** Unitary Authority abbreviations (will be used throughout Chapter 4, Results)

BG = Blaenau Gwent; B = Bridgend; CAY = Caerphilly; CF = Cardiff;  
 CAR = Carmarthenshire; CER = Ceredigion; COY = Conwy;  
 D = Denbighshire; F = Flintshire; G = Gwynedd; IoA = Isle of Anglesey;  
 MT = Merthyr Tydfil; M = Monmouthshire; NPT = Neath Port Talbot;  
 N = Newport; PE = Pembrokeshire; PO = Powys;  
 RCT = Rhondda Cynon Taff; S = Swansea; T = Torfaen;  
 VoG = Vale of Glamorgan; W = Wrexham

## Chapter 4. Results

The addresses for the pilot stage were taken from the Annual Register of Premises (n=716). For the main mailing, the Royal Pharmaceutical Society provided address labels from their database (n=715). All of the 50 pharmacies in the pilot stage were included in the RPSGB list, except for two which had closed down. In addition, one pharmacy was originally included in both the pilot and main mailing as the details on the labels varied slightly from those in the Annual Register of Premises. When replies were received from the main mailing, one came from a pharmacy in England, and one from a BUPA hospital. These were ineligible as they were not community pharmacies in Wales, and were therefore not included in the study results. As a result, there were 713 community pharmacies in Wales included in the study.

Non-responders to the pilot mailing were contacted again in the follow-up mailings (second and third mailing) and all were included in the final analysis since there had been no significant changes to questions between the pilot and the main mailing. The responses from each stage are shown in Table 4.1. There were four duplicate responses (replies received from earlier mailing just after later reminder mailing posted i.e. crossed in post), in which case the first response received was used. The duplicate replies are not included in Table 4.1.

**Table 4.1** Responses from each stage

	<b>Replies received</b>
Pilot (n=47)	21
1 <sup>st</sup> mailing (n=666)	347
2 <sup>nd</sup> mailing	116
3 <sup>rd</sup> mailing	58
<b>Total</b>	<b>542 = 76%</b>

Two returned questionnaires were not suitable for analysis, leaving a total of 540 analysable questionnaires.

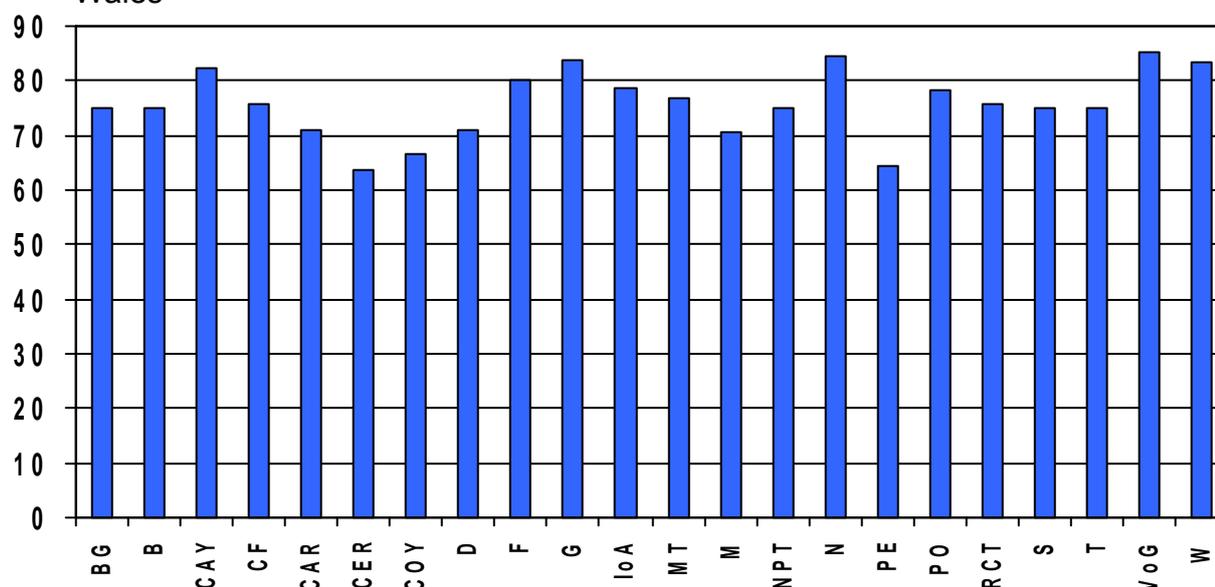
The response rate from each unitary authority was calculated (Figure 4.1). One respondent (not included in Figure 4.1) had removed the code number and thus the local authority was not identifiable.

Only 33 questionnaires (6%) were completed in Welsh. The remaining 94% were completed using the English language version. The majority of questionnaires were completed by either managers (63.8%) or proprietors (14.1%), although nine were completed by dispensing staff, three by pre-registration students and four by superintendent pharmacists.

The completed questionnaires contained details of 3,380 members of staff (767 pharmacists, 1,090 dispensary staff, 1,448 shop staff and 36 others - most commonly delivery drivers). The roles of 39 staff members were not completed by the respondents. Of these, the majority came from just four

pharmacies with 13, 10, 6 and 4 missing staff roles each. The remaining six comprised job titles which could not clearly be defined in terms of the four categories above (e.g. “university student” and dispensary manager / manager where it was unclear whether this meant they were a pharmacist or not).

**Figure 4.1** Percentage response rate from each of the 22 unitary authorities in Wales



### ***Nationality of staff members***

The majority of the listed staff were of British nationality (97.6%), however many other nationalities were also represented, as shown in Table 4.2

### ***Languages spoken by staff***

Respondents were asked to state each staff member’s first language and then any other languages which the staff-member could speak to a competent level, i.e. which they could use to speak professionally to patients. The languages used by staff are shown in Table 4.3. There were 26 staff members for whom data were not provided and who are therefore classed as missing values.

Of the 3,380 staff members for whom data were available, all were able to speak English. In addition 636 (18.8%) spoke Welsh, while a further 90 (2.7%) described themselves as either having basic skills in the Welsh language or currently learning Welsh. With regard to first language, 85.5% (2866) of staff members spoke English as a first language while a further 437 (13%) spoke Welsh as first language.

NB The discrepancies in Table 4.3 are because some staff were described as English speaking but gave no indication as to whether this was as a first or second language. In addition, two members of staff described themselves as bilingual Welsh-English speakers, i.e. no differentiation between the two

languages as to which was their first language, while another person was Welsh and English speaking but did not state which was the first language.

In addition to the data on spoken languages shown in Table 4.3, six members of staff listed Sign Language as a language which they were able to use with customers.

### ***Welsh language ability of staff***

The 637 members of staff able to speak Welsh are shown distributed according to role in the pharmacy in Table 4.4 (NB 39 did not give details of role and 3 did not state whether they were able to speak Welsh and are, as such, classed as missing values). Table 4.5 then shows the number of Welsh-speaking staff split according to the unitary authority in which the pharmacy is based. The proportion of Welsh speakers in each authority (from the 2001 census) is also shown for information.

### ***Proportion of customers who are Welsh-speakers***

In order to gain an approximation of the proportion of each pharmacy's customer base who were Welsh-speaking, respondents were asked to tick boxes to estimate the proportion of their customers who were Welsh speakers. Options given were all, most (50% or over), some (under 50%) and none. Over a quarter (28.1%) said they had no Welsh-speakers, 57.0% had some, and 14.7% had mostly Welsh-speaking customers. Just one pharmacy described all of their customers as Welsh-speaking. (There were two missing values, and one stated that they did not know). There was some variation between the different local authorities (Figure 4.2).

### ***Availability of pharmacy services through the medium of Welsh***

In total, in 323 (59.8%) pharmacies there was no option for customers to use Welsh with the pharmacy staff. The figures, however, varied widely between local authorities. No pharmacies in Merthyr Tydfil offered pharmacy services through the medium of Welsh, whereas all pharmacies in Ceredigion and Gwynedd gave customers this option (Figure 4.3).

When the availability of services through the medium of Welsh was compared to the proportion of Welsh-speaking customers, it was found that while almost all pharmacies whose customers were mostly Welsh speakers offered services in Welsh, almost 60% of pharmacies with some Welsh-speaking customers did not offer such a service (Table 4.6).

**Table 4.2** Nationality of staff members as described by respondents. (37 missing values).

Nationality	Frequency of total staff (pharmacists)		% of staff
<b><i>British:</i></b>			
Welsh	2539	(473)	75.9
English	445	(140)	13.3
British	259	(7)	7.7
Scottish	20	(9)	0.6
Northern Irish	1	(1)	
<b><i>European</i></b>			
Irish	12	(7)	0.4
Spanish	11	(10)	0.3
Polish	8	(6)	0.2
Austrian	1		
Catalan	1		
Finnish	1		
Italian	1		
Norwegian	1		
Slovakian	1		
<b><i>International</i></b>			
Malaysian	6	(6)	0.2
Zimbabwean	4	(4)	0.1
Chinese	3	(2)	0.1
Indian	2	(1)	0.1
Iranian	2	(2)	0.1
Pakistani	2	(2)	0.1
Persian	2	(2)	0.1
American	1		
Canadian	1		
Iraqi	1	(1)	
Kenyan	1	(1)	
New Zealand	1	(1)	
Nigerian	1		
Sierra Leonean	1	(1)	
South African	1	(1)	
Tanzanian	1		
West African	1	(1)	
Dual or mixed nationality	11	(6)	0.3
<b>Total</b>	<b>3343</b>	<b>(763)</b>	<b>100</b>

**Table 4.3** Language abilities of staff members as described by respondents

<b>Language</b>	<b>Frequency (1<sup>st</sup> language)</b>	<b>Frequency (as additional language)</b>	<b>Total number able to speak language</b>
English	2866	486	3380*
Welsh	437	197	637*
French	1	54	55
Spanish	10	16	26
Italian	2	18	20
German		19	19
Urdu		19	19
Punjabi	1	16	17
Gujarati	3	11	14
Polish	8	5	13
Hindi	1	11	12
Cantonese	2	8	10
Malay	2	8	10
Arabic	2	7	9
Catalan	2	6	8
Chinese	1	7	8
Russian		8	8
Afrikaans	2	5	7
Gaelic (Irish)		7	7
Bangladeshi	1	5	6
Dutch		6	6
Swahili		6	6
Austrian		5	5
Bengali		5	5
Chewa		5	5
Finnish		5	5
Greek		5	5
Mandarin		5	5
Nigerian		5	5
Pakistani		5	5
Portuguese		5	5
Serbo-Croat		5	5
Ukranian		5	5
Vietnamese		5	5
Tumbuka		5	5
Turkish		5	5
Zulu		5	5
Shona	4		4
Persian	1	1	2
Farsi	1		1
Gambian	1		1
Iranian	1		1
Hebrew		1	1
Maori		1	1
Norwegian	1		1
Slovakian	1		1
Tswana	1		1

**Table 4.4** Distribution of Welsh-speaking staff according to role (42 missing values)

	<b>Number of Welsh speakers</b>	<b>% Welsh-speaking within job</b>	<b>% of total Welsh speaking staff</b>
Pharmacist (n=767)	191	25.0	30.2
Dispensary staff (n=1089)	159	14.6	25.1
Shop staff (n=1448)	275	19.0	43.4
Other staff (n=36)	8	22.2	1.3

**Table 4.5** Welsh language ability of staff by unitary authority.

	<b>Total staff who speak Welsh</b>		<b>Pharmacists who speak Welsh</b>		<b>% of Welsh-speakers in area*</b>
	<b>N<sup>o</sup></b>	<b>%</b>	<b>N<sup>o</sup></b>	<b>%</b>	
Blaenau Gwent	3/74	4.1	3/18	16.7	9.5
Bridgend	10/146	6.8	7/27	25.9	10.8
Caerphilly	4/205	2.0	2/45	4.4	11.2
Cardiff	30/375	8.0	13/90	14.4	11.0
Carmarthenshire	139/236	59.0	31/52	59.6	50.3
Ceredigion	51/95	53.7	11/22	50.0	52.0
Conwy	21/105	20.0	6/25	24.0	29.4
Denbighshire	28/108	25.9	9/26	34.6	26.4
Flintshire	8/131	6.1	5/29	17.2	14.4
Gwynedd	131/175	74.9	32/44	72.7	69.0
Isle of Anglesey	49/82	59.8	11/17	64.7	60.1
Merthyr Tydfil	0/55	0.0	0/8	0.0	10.2
Monmouthshire	2/92	2.2	1/24	4.2	9.3
Neath Port Talbot	25/151	16.6	5/31	16.1	18.0
Newport	4/169	2.4	3/36	8.3	10.0
Pembrokeshire	21/139	15.1	6/27	22.2	21.8
Powys	28/134	20.9	6/27	22.2	21.1
Rhondda Cynon Taff	25/278	9.0	10/60	16.7	12.5
Swansea	36/264	13.6	18/68	26.5	13.4
Torfaen	3/81	3.7	2/20	10.0	11.1
Vale of Glamorgan	10/144	6.9	5/31	16.1	11.3
Wrexham	9/138	6.5	5/37	13.5	14.6

\* Reference: 2001 Census

**Table 4.6** Availability of Welsh-language services related to proportion of Welsh speaking customers using the pharmacy.

Option of speaking Welsh	Proportion of customers who speak Welsh (%)			
	All n=1	Most n=79	Some n=306	None n=151
Yes	100	92.4	40.5	11.3
No	0	7.6	59.5	88.7

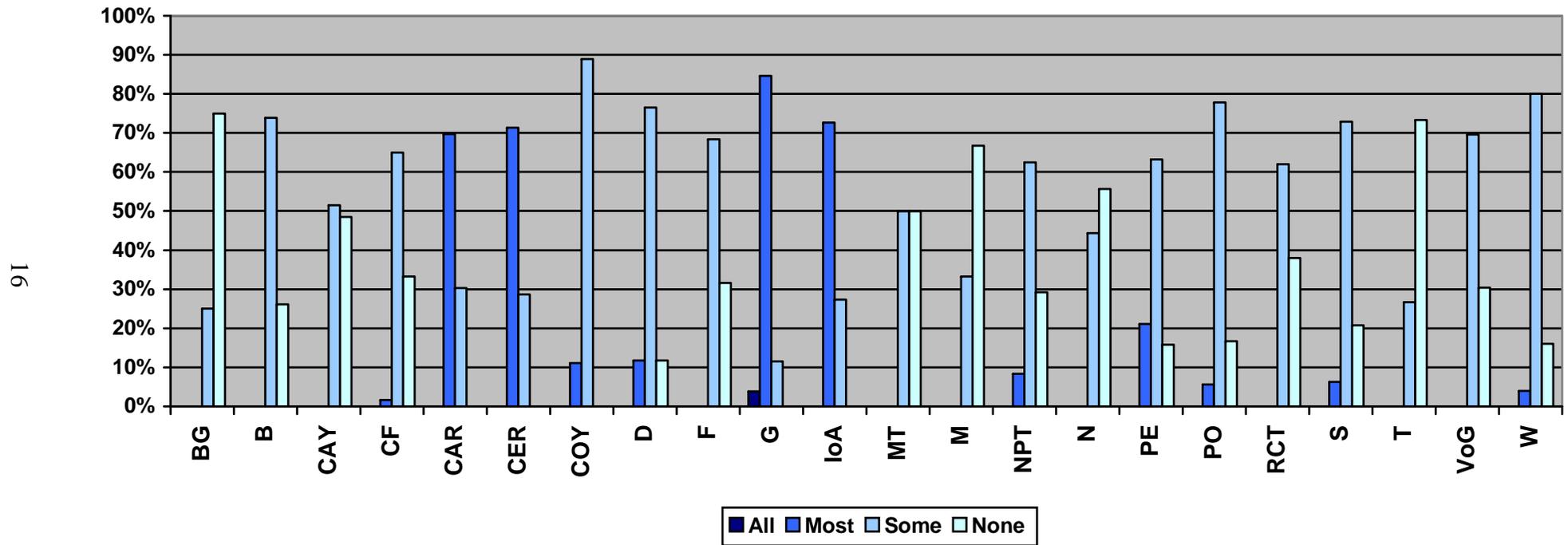
Those pharmacies able to offer services through the medium of Welsh were asked how customers would know that they were able to speak to staff in Welsh. While some pharmacies used formal advertising strategies such as badges (24%), posters (8.9%) and the laith Gwaith scheme (6.8%)<sup>41</sup>, the majority relied on local knowledge (86.5%). Other, lesser-used strategies included speaking Welsh to customers with Welsh names (n=1), reliance on customers detecting the staff member's Welsh accent (n=1), bilingual signage (n=2). In one Carmarthenshire pharmacy the staff speak Welsh naturally as a matter of course. Two pharmacies said that customers would have to ask in order to discover they could use Welsh, and five others stated that they did not publicise such a service, therefore customers would not know.

#### ***Availability of Welsh-speaking staff***

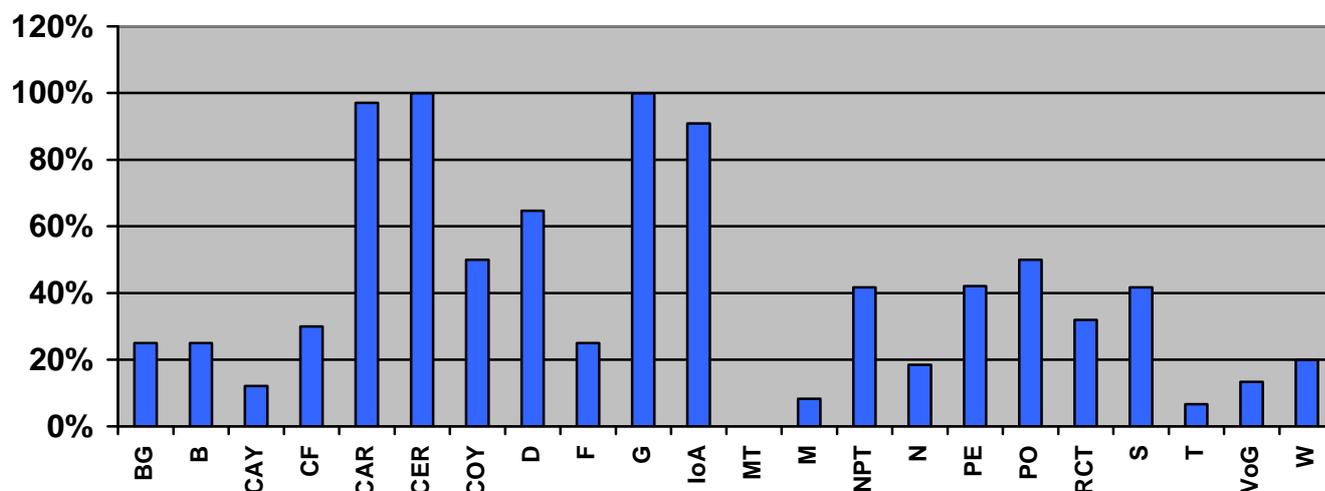
Based on the staff listed, 294 (54.5%) pharmacies had no Welsh-speaking staff while a further 111 (20.6%) had just one Welsh-speaking member of staff. In only 91 pharmacies (16.9%) could at least half of the identified staff speak Welsh. However, in 25 (4.6%) pharmacies, all staff spoke Welsh. Of 498 pharmacies who listed one or more pharmacists amongst their staff, 68.9% had no Welsh-speaking pharmacist available. Again, there was huge variation between the local authorities from 0% of pharmacies in Merthyr Tydfil and Monmouthshire through to 91.3% in Gwynedd.

The times when Welsh speaking staff were available were given by the respondents. Using these data, an approximate percentage of opening hours when there were Welsh speakers available was calculated for each pharmacy (figures could not be exact as hours were counted in whole hours and some staff worked e.g. 41.25 hours a week). These ranged from 0% (299, 56.1% of pharmacies) through to 100% (119, 22.3% of pharmacies) although the mean was 34.8% (+- 43.4). Once again there were differences between the different local authorities: from Merthyr Tydfil (0%) and Monmouthshire (1.9%) to Gwynedd (97.8%) and Carmarthenshire (91.5%).

**Figure 4.2** Approximation of proportion of pharmacy customers who speak Welsh (shown by unitary authority)



**Figure 4.3** Percentage of pharmacies able to offer a Welsh-language service (shown by unitary authority)



**Comments**

One hundred and twenty-two respondents made additional comments at the end of the questionnaire. A large number (46) simply commented that there were very few Welsh-speakers in that area:

“We have over 11,000 patients registered on one computer system of which only a handful (less than 20 as far as I know) speak Welsh.”  
(307)

“Very few customers speak Welsh in this area”  
(84)

There were a number of comments made about confidence issues when using Welsh:

“Although I have a “reasonable” vocabulary of “every-day” Welsh language, I don’t feel confident to get into a conversation, in case I get out of my depth!”  
(231)

In one case, this lack of confidence raised another issue:

“This frustrates me then, when I see overseas pharmacists from the EU whose command of English is worse than my Welsh yet they provide services to the public”  
(142)

This sentiment was echoed by another respondent.

For those respondents for whom the question was applicable, just under a half (n=188, 49.2%) said they would like to learn Welsh, while 46.2% would

like to improve or refresh their skills in the Welsh language. Some of these respondents used the comments box to describe a desire for training, but noted some of the barriers associated with learning Welsh:

“I would really appreciate the opportunity to learn some basic welsh – especially for healthcare related topics.”

(118)

“I would like to improve my Welsh skills so that I would feel comfortable speaking it professionally but can not see me having the time in the near future”

(66)

“Mae genym un ferch sydd a lefel A Cymraeg a fuasai'n fodlon mynd i ddosbarth er mwyn ceisio bd yn rhugl a Chymraeg. Buasai cwrs sydd wedi ei ariannu yn dderbynnol iawn I hi a fi fel cyflogwr”

(360)

*(“We have one girl who has an A-level in Welsh and she would be willing to go to a class to try and speak Welsh fluently. A funded course would be very acceptable to her and to me as an employer”)*

“In Wales we are expected to pay ourselves to learn the languages of the country where in other countries, local government have set budgets to teach outsiders the country's language but this does not seem to be the case in Wales”

(117)

Eight respondents commented on the local need for other languages, in particular Asian and Eastern European languages:

“This pharmacy is in an area where approximately 50% of our patients do not speak English as a first language, or at all. Their languages range from Urdu, Bengal, Gudjerat etc.”

(340)

“We contend with Polish, Russian, Turkish, Hindi at present”

(556)

Understandably, on such a contentious topic, there were mixed views about the value of offering services through the medium of Welsh. Some respondents described how it was important to offer such a service:

“I am very proud of the fact that there is always at least one of my staff that can and does speak to our customers in their native tongue. I think this is very important with old people, children and sick people”

(627)

Children and the elderly were singled out by other respondents as groups for whom ability to discuss health matters in Welsh was of particular importance.

“Mae wedi bod yn bwysig siarad cymraeg, yn enwedig efo pobl bregus, e.e. plant neu’r henaid”

(159)

*“It is important to speak Welsh, especially with frail people e.g. children or the elderly”*

On the other hand, some respondents held opposing views as:

“I have yet to meet a Welsh speaker who cannot speak English”

(381)

While some were unsure of the value of speaking Welsh to patients,

“Not convinced this is an important subject, surely quality of care is more important than the language it is given in. A Welsh speaking pharmacist giving no advice is less use than a non-Welsh speaker giving loads of advice in English”

(281)

others were more emphatic:

“Pharmacists (sic) time is spent dealing with people about drugs, not giving them lessons in languages”

(357)

“This is Cardiff. We all speak ENGLISH. If they want to speak Welsh, they can F\_\_\_ off somewhere else”

(324)

One area where queries over the value of the Welsh language were particularly raised was in relation to the publication of bilingual leaflets and documents:

“I also feel the fact that all civil service / NHS documents that are duplicated into both English and Welsh just further deplete monies better spent elsewhere. A huge expense is involved for a small minority.”

(402)

Finally, for three respondents there were concerns about legal responsibilities if their lack of, or minimal ability in, the Welsh language meant they could not understand conversations between counter staff and customers:

“I... have had problems with supervision of OTC sales which have taken place entirely in Welsh and yet I have not

understood what is being said. I am not sure legally where I would stand with the Pharmaceutical Society on this point; and yet if I requested that all requests for medicines should be in English that would cause an understandable furore!”

(110)

***Summary of results***

The results show that while there are high levels of Welsh-language provision in some pharmacies, this is not the case uniformly across Wales. Indeed, the levels of Welsh-speaking pharmacy staff vary widely from region to region and appear to mirror the data from the 2001 census showing levels of Welsh-speaking ability in the different areas of Wales. This trend can be seen in Table 4.7, which shows the key results related to unitary authority for ease of comparison.

**Table 4.7** Summary of results to show differences between unitary authorities, and related to Wales as a whole

	Response rate (%)	% Welsh-speakers in area*	%Total staff who speak Welsh	% Pharmacists who speak Welsh	% pharmacies with Welsh-speaking customers	% pharmacies offering Welsh language services	% pharmacies with Welsh-speaking pharmacist(s)	Mean % of opening hours Welsh speaker(s) present
Blaenau Gwent	75	9.5	4.1	16.7	25.0	25.0	27.3	9.6
Bridgend	75	10.8	6.8	25.9	73.9	25.0	28.6	22.6
Caerphilly	82.5	11.2	2.0	4.4	51.5	12.1	6.3	11.9
Cardiff	75.9	11.0	8.0	14.4	66.7	30.0	24.1	22.2
Carmarthenshire	70.8	50.3	59.0	59.6	100.0	97.1	66.7	91.5
Ceredigion	63.6	52.0	53.7	50.0	100.0	100.0	64.3	83.4
Conwy	66.7	29.4	20.0	24.0	100.0	50.0	29.4	39.0
Denbighshire	70.8	26.4	25.9	34.6	88.2	64.7	41.2	51.2
Flintshire	80	14.4	6.1	17.2	68.4	25.0	22.2	15.9
Gwynedd	83.9	69.0	74.9	72.7	100.0	100.0	91.3	97.8
Isle of Anglesey	78.6	60.1	59.8	64.7	100.0	90.9	63.6	89.1
Merthyr Tydfil	76.9	10.2	0.0	0.0	50.0	0.0	0.0	0.0
Monmouthshire	70.6	9.3	2.2	4.2	33.3	8.3	0.0	1.9
Neath Port Talbot	75	18.0	16.6	16.1	70.8	41.7	26.1	36.5
Newport	84.4	10.0	2.4	8.3	44.4	18.5	16	12.9
Pembrokeshire	64.5	21.8	15.1	22.2	84.2	42.1	36.8	36.1
Powys	78.3	21.1	20.9	22.2	83.3	50.0	33.3	42.8
Rhondda Cynon Taff	75.8	12.5	9.0	16.7	62.0	32.0	23.3	28.3
Swansea	75	13.4	13.6	26.5	79.2	41.7	29.5	34.8
Torfaen	75	11.1	3.7	10.0	26.7	6.7	14.3	4.2
Vale of Glamorgan	85.2	14.6	6.9	16.1	70.0	13.4	19.0	13.3
Wrexham	83.3	11.3	6.5	13.5	84.0	20.0	20.8	19.6
<b>Wales</b>	<b>76</b>	<b>20.8</b>	<b>19.0</b>	<b>25.0</b>	<b>71.9</b>	<b>40.2</b>	<b>31.1</b>	<b>34.8</b>

## **Chapter 5. Discussion**

This study has addressed the aim of investigating the role of the Welsh language in community pharmacies in Wales. A picture of the language abilities (in particular the Welsh language) of pharmacists and other staff in contact with pharmacy customers has been obtained, together with an overview of the availability of Welsh-speaking staff during pharmacy opening hours. The results obtained also describe how these issues relate to geographical area based on the levels of Welsh-speakers in each area.

Finally, some information on community pharmacists' perceptions and experiences of a local need for Welsh-language services has also been gained which can be used to set the scene for further in-depth research.

### ***Response rate***

The questionnaire was mailed to every community pharmacy in Wales (n=715) and a response rate of 76% was achieved. A similar study investigating views and experiences of community pharmacists in Atlanta, Georgia to Spanish-speaking customers<sup>42</sup>, in contrast achieved a response rate of just 31%. It would appear that the current study has achieved a very high response rate on what could be considered a politically-charged subject. The survey methodology used strategies such as sending an introduction letter prior to the questionnaire mailing, and two follow-up mailings to non-responders. These methods have been suggested as ways of increasing response rate<sup>43,44</sup>, and appear to have been successful in this instance. Further, the response rate was similar for all regions, including those with low levels of Welsh-speakers such as Merthyr Tydfil (77%) and Newport<sup>17</sup> (84%). This would suggest that potential bias, which could have been caused by skewed high response rates from Welsh-speaking areas, has been minimised.

### ***Language used to complete questionnaire***

The majority of the questionnaires were completed in English, even those completed by Welsh-speakers. However, this can be considered a historical hang-over: as a result of the Acts of Union in the 16<sup>th</sup> century, English became, by law, the only official language of Wales despite the fact that most of the population spoke only Welsh. As a result all political, legal and other official business took place in English only<sup>13</sup>. Traditionally, therefore, the completion of forms and other official business has taken place in English, rather than Welsh. In addition, research has suggested that there is a fear that forms completed in Welsh will not be processed properly<sup>20</sup>.

### ***Nationality of staff members***

As would be expected, the majority of staff were British (especially Welsh): 76% of staff about whom details were obtained were Welsh, and in total 97.5% were British. These figures are higher than those obtained in the Welsh Assembly Government survey of NHS staff<sup>20</sup>, which found 55% of respondents were born in Wales, and a further 31% were from the rest of the UK. This, however, could be accounted for by the fact that many non-pharmacist staff are likely to be local to the area. Indeed, when the figures for just pharmacists are considered, these proportions decrease: 62% of pharmacists were Welsh and 82.6% British. Pharmacists accounted for a much higher proportion of non-British personnel than the non-pharmacist staff. For example, pharmacists accounted for most of the Spanish staff (10/11), and all of the Malaysian (6/6) and Zimbabwean (4/4) staff listed.

### ***Languages spoken by staff***

All staff members spoke English, in line with the Royal Pharmaceutical Society's requirement for pharmacists<sup>3</sup>. In addition, 18.8% of the staff were able to speak Welsh (13% as a first language) while a further 2.7% stated that they spoke basic Welsh or were learning the language. This figure is slightly lower than the Census data, which shows that 20.8% of the population of Wales are able to speak Welsh<sup>17</sup>. However, this can be explained by the fact that children form the largest group of Welsh speakers due to increased Welsh-language education in schools<sup>17</sup>. The number of Welsh-speaking pharmacy staff may therefore increase in the future as these children reach working age.

Pharmacists were more likely to be Welsh-speaking than other staff: 25% of the pharmacists listed spoke Welsh, compared with 19% of shop-based staff and 14.6% of dispensary-based staff. This figure is above the national average of 20.8%<sup>17</sup>. In a previously mentioned survey of NHS staff<sup>20</sup>, the staff were divided into three categories, pharmacists being allocated to the clinicians group. While 19% of the total respondents spoke fluent Welsh, 27% of those in the clinicians group were fluent Welsh-speakers. These figures reflect closely those obtained in the present study, although the reasons for this difference are unknown.

In addition to English and Welsh, 45 other languages were listed by respondents when asked about languages spoken by the pharmacy staff to a level which could be used professionally with patients. It is not possible to compare this range of languages with those spoken in the general population as such data is not available<sup>45</sup>. At present the only language questions on the National Census relate to Gaelic (on the Scottish Census forms) and Welsh (on the Welsh Census forms). It is, however, an item under discussion for inclusion in the 2011 Census<sup>45, 46</sup>.

The most commonly-spoken languages in the present study were European languages such as French, Spanish, Italian and German, however Urdu, Punjabi, Gujarati and Hindi also featured high on the list. Polish also appeared in the "Top 10" languages. There has been a recent increase in the number of Polish nationals moving to Britain. In 2005 the number immigrating numbered around 49,000, higher than any other nationality<sup>47</sup>, and recent estimates from the Polish Embassy are that there are now around 500,000 to 600,000 Polish nationals living in Britain<sup>48</sup>. This would make them the third largest ethnic minority group after Pakistanis and Indians<sup>48</sup>, a fact which ties in with the languages listed by respondents to the present research. Indeed, some respondents commented that in the area where their pharmacies were located, ability to speak languages such as Urdu, Gujarati and Polish would be more beneficial than being able to speak Welsh.

### ***Availability of pharmacy services through the medium of Welsh***

The availability of services through the medium of Welsh varied dramatically. It was found that in 60% of the total pharmacies there was no option for customers to speak to staff in Welsh. However when analysed according to Unitary Authority, the rates varied from no pharmacies in Merthyr Tydfil (an area of low levels of Welsh speakers<sup>17</sup>) through to 100% of pharmacies in Ceredigion and Gwynedd (areas of high levels of Welsh speakers<sup>17, 40</sup>) and the distribution appeared to reflect the levels of Welsh speakers in the Unitary Authorities.

In addition to whether they offered services through the medium of Welsh, respondents were asked approximately what proportion of their customers spoke Welsh. When these answers were compared with the availability of Welsh

services, there were found to be some gaps: 7.6% of pharmacies most of whose customers spoke Welsh offered no Welsh language services, while the same was true for 60% of pharmacies some of whose customers spoke Welsh. Although previous exploratory research has suggested that minority-language speaking patients choose the pharmacy they use on the basis of whether or not the pharmacist speaks that language<sup>31, 33, 34</sup>, it appears that there are a number of Welsh-speaking customers who have no access to Welsh-language services in the local community pharmacy which they use.

### ***Availability of Welsh-speaking staff***

Again, the results varied widely from Unitary Authority to Unitary Authority. While 54.5% of the total pharmacies listed no Welsh-speaking staff members, and 68.9% listed no Welsh-speaking pharmacist, this ranged from 0% of Merthyr Tydfil pharmacies to 91.3% of Gwynedd pharmacies. Again, while this is to be anticipated, it still means that Welsh-speaking patients in areas such as Merthyr Tydfil may be at a disadvantage if there are no Welsh-speaking staff members for them to discuss their health with.

Respondents were also asked to demonstrate on an hourly basis the number of staff members who speak Welsh who were present in the pharmacy throughout the week. Clearly the resulting figures cannot be entirely accurate: some staff members work different hours on different weeks, locum pharmacists may vary from day to day and other staff members have roles which mean the hours they are in contact with patients may vary considerably and unpredictably (e.g. staff involved in sealing monitored dosage systems in a room away from the pharmacy floor). However, the results when calculated as a percentage of opening hours do reveal some interesting trends. For 56.1% of pharmacies there were no times when there was a Welsh-speaking staff member available in the pharmacy to deal with Welsh-speaking patients. In contrast, 22.3% of pharmacies always had at least one Welsh-speaking staff member available. Once again the differences between Unitary Authorities reflected the levels of Welsh speakers in the area with results ranging from a mean of 0% and 1.9% of opening hours in Merthyr Tydfil and Monmouthshire respectively, through to 91.5% and 97.8% in Carmarthenshire and Gwynedd respectively.

### ***Promotion of Welsh language services***

Those respondents who offered services through the medium of Welsh were asked how customers would know they had the option of using Welsh with staff. Although some used posters and badges, the majority (86.5%) relied on their customers' local knowledge. The danger of this is that customers who are not local may not be aware of this facility, and even some of those who are local may also be unaware. Previous research has found that the ability to gain access to Welsh-speaking health services depends on where you live and also who you know<sup>12</sup>.

The issue of promotion of Welsh-services and identification of Welsh-speaking staff has been identified by other researchers as being of great importance. While studies have recommended that consideration should be made of signposting availability of Welsh-language services through the use of signs, leaflets and badges<sup>12, 20</sup>, other research has explained why this is important – because patients do not and will not ask whether they can speak Welsh with health professionals<sup>18, 33, 34</sup>.

In particular, those health professionals who are not National Health Service employees have often been left outside of discussions and awareness campaigns.

For example, the Iechyd Da training pack was initially available to NHS personnel and has only recently been distributed to pharmacists<sup>49</sup>. Also, it has been found that many independent health practitioners, such as pharmacists, were generally unaware of Welsh Language Schemes<sup>12</sup>, although this situation may have changed in the past five years now that all 22 Local Health Boards in Wales now have approved Welsh Language Schemes<sup>49</sup> and the Welsh Executive of the Royal Pharmaceutical Society is in the process of developing theirs<sup>50</sup>.

### ***Respondents' comments***

The comments made by respondents in the free-text box at the end of the questionnaire covered a number of topics. Although they cannot be considered as generalisable as each was only highlighted by a small number of respondents, some are worth noting as they reflect prior research findings or tie in with the results from the current study which merit further investigation.

Firstly, there were widely differing views and attitudes expressed. While some respondents felt that the role of the Welsh language in pharmacy was of great importance, others were equally emphatic that it was a waste of time and money. In addition to reiterating the fact that the survey was not biased in collection of just the views of those who thought the topic was of importance, these contrasting views also concur with prior research of the views of health professionals towards the Welsh language<sup>20</sup>. This survey showed the variation in attitude: while 42% of respondents had a positive attitude towards the language, 43% held neutral views and 15% demonstrated negative attitudes. Again, the results varied according to location – those living in regions with high levels of Welsh speakers (Anglesey, Gwynedd, Ceredigion and Carmarthenshire) were significantly more likely to hold positive views than those in regions with medium and low levels of Welsh speakers, while those in regions with medium levels of Welsh speakers (Conwy, Denbighshire, Powys and Pembrokeshire) were significantly more likely to hold positive views than those in regions with low levels of Welsh speakers.

Some respondents commented that the value of Welsh language pharmacy services was particularly high for groups such as children and the elderly. These are groups who have been identified in previous research as those who particularly benefit from the opportunity to use Welsh with health professionals<sup>12, 20, 33, 34</sup> and it is of interest that some of the pharmacists in the current study also felt this was an important issue to note.

As mentioned previously, some respondents commented that while they had no demand for Welsh services locally, there was a need for provision of services in Asian and Eastern European languages. Although the current survey focussed on the Welsh language it was interesting to see this issue highlighted, and this may be a subject meriting further research.

Finally, there were concerns raised by some respondents. Some were concerned that there would be a requirement for all pharmacists to learn Welsh and made pleas that they should not be forced to learn, either due to lack of local necessity, or due to lack of time to take on additional commitments. The Code of Ethics<sup>3</sup> states that it is “desirable” that pharmacists are able to speak languages common to the area in which they work and there have been suggestions that there should be financial and career benefits for doctors working in Wales who are able to speak Welsh<sup>51</sup>, however this is a controversial issue. There are many practical problems associated with learning Welsh, the most obvious of which is the time and money required for training. In addition, it is not enough to be able to converse

in Welsh – the language must be learned to a standard which could be used professionally to counsel and question patients. The previously mentioned survey of NHS staff <sup>20</sup> investigated the situations where Welsh was used with patients and, for clinicians, found that the most common situation was providing reassurance, followed by providing simple advice. One possible reason is, as commented on by some respondents to the current study and as identified in prior research <sup>12</sup>, that even when pharmacists have learned Welsh, they lack the confidence and also the knowledge of specific medical terminology to be able to use the language in a professional situation. It is hoped that the launch of a Welsh Health Encyclopaedia in Summer 2007 <sup>52</sup> will address at least one of these issues.

### ***Limitations***

For any survey with a response rate of less than 100% there is always a risk of responder bias. However, due to the high response rate across Wales from areas of both high and low levels of Welsh speakers, it is hoped that such bias is minimised in this case.

Because of the ever-changing nature of pharmacy staffing, due to staff leaving, new staff joining and also the use of different locum pharmacists to cover holidays and illness, it is impossible to give a definitive answer as to how many pharmacies in Wales have Welsh-speaking staff. However, these results offer a snapshot view of the situation and give an approximation of the availability, at any one time, of Welsh language services in community pharmacies across Wales.

An approximation of the proportion of Welsh-speaking customers using the pharmacy was estimated by just one person, the respondent. This could potentially introduce bias, however this method was utilised as the data is not available elsewhere – census data would only inform about the people living in the area of the pharmacy, who are not necessarily the pharmacy's customers. Indeed, previous research <sup>33, 34</sup> indicated that choice of pharmacy can be determined by the availability (or otherwise) of Welsh-speaking staff and so where there are a number of pharmacies in one enumeration district, one pharmacy may attract many Welsh-speakers while the customers of the others may be mostly English-speakers.

It could also be considered that the completion of the questionnaire by just one respondent may introduce bias, but the majority of the data related to factual information about the pharmacy and its staff, rather than views or attitudes. It is therefore less likely that this data would be biased.

It was difficult to gain information about the exact times when Welsh speakers were available in each pharmacy. Again, this was due to the variable nature of staffing, and also because some roles meant that the time when certain members of staff were in contact with patients was impossible to definitively state. In an attempt to overcome this, the approximate percentage of opening hours when Welsh speakers were available was calculated, although it should be noted that this could not be calculated exactly as hours were rounded and did not take account of, for example, short coffee breaks.

### ***Further research***

Now that the baseline has been determined with regard to availability of Welsh language services in community pharmacies, the next question is “what are the barriers and facilitators to widening access to these services?”. While qualitative research methods could be used to gain further, detailed, information on the nature

of these barriers and facilitators, it can be seen from the current results that they are likely to include a range of issues including promotion, training and financial support.

The current study has found that the majority of pharmacies offering Welsh language services rely on customers' local knowledge, yet this means that many Welsh-speakers may not realise that they have this option. A follow-up study using key informant interviews and a questionnaire will be used to gain more information on this aspect of the role of the Welsh language in community pharmacy.

The subject of training was raised by some respondents. This takes into account not just language lessons but issues of confidence in using the language professionally. In addition this may require support from Welsh language bodies, such as Bwrdd yr Iaith, and the Welsh Assembly Government. Further research could investigate how community pharmacists wishing to learn Welsh or improve their Welsh language skills could be supported and encouraged.

## Chapter 6. Summary and main conclusions

This study has investigated the role of the Welsh language in Welsh community pharmacies, an area where, previously, little research had been carried out. The key conclusions, and associated further research needs, are summarised below:

- The proportion of pharmacy staff members able to speak Welsh is similar to that within the general population of Wales. Pharmacists are more likely than other staff members to be able to speak Welsh. It would be helpful to further investigate the availability and desirability of training opportunities in language-skills.
- The availability of pharmacy services through the medium of Welsh varies throughout Wales, approximately mapping the census data for levels of Welsh speakers. Support for, and barriers to, offering services through the medium of Welsh require further investigation.
- Some Welsh-speakers, especially those living in predominantly English-speaking areas, do not have access to pharmacy services through the medium of Welsh. Further research is required to investigate the impact of this on patient care, in particular for children and the elderly.
- Some patients have access to services through the medium of Welsh but may not be aware of this because of lack of advertising of the availability of Welsh-speaking staff. It is essential that availability of Welsh-speaking staff is advertised to patients who may otherwise be unaware and who may not like to ask whether they can use their preferred language with pharmacy staff.

While it is encouraging that a large number of pharmacies have Welsh-speaking staff, ideally all Welsh-speakers should have access to pharmacy services through the medium of Welsh, regardless of where they live. Although it may not be easy, or indeed practical, for all pharmacists working in Wales to be able to speak Welsh, consideration should be given to the needs of Welsh speakers.

It is hoped that, in addition to gaining a valuable insight into the role of the Welsh language in community pharmacy, this survey has raised awareness of this important issue with the pharmacists of Wales.

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## **Appendices**

For reference, the questionnaire and letters sent to community pharmacies are included in the Appendices.

Appendix 1: Bilingual introduction letter

Appendix 2: Questionnaire

Appendix 3: Cover letter sent out with questionnaire

Appendix 4: Reminder letter sent to non-responders

## Appendix 1

24<sup>th</sup> March 2006  
24<sup>ain</sup> Mawrth 2006

### Languages in the Community Pharmacy

#### Ieithoedd yn y Fferyllfa Gymunedol

Dear Pharmacist,

A few days from now you will receive a request in the mail to fill out a brief questionnaire for an important research project being conducted by the Welsh School of Pharmacy, Cardiff University with support from the *Royal Pharmaceutical Society of Great Britain* through the *Sir Hugh Linstead Fellowship*.

We are writing ahead of time because we have found many people like to know in advance that they will be contacted.

The questionnaire concerns your experiences regarding languages in community pharmacy, in particular the Welsh language. Your responses will be treated with the strictest **confidentiality**.

The study forms part of vital research that will allow us to gain an accurate picture of what languages are currently being offered to the public as well as which areas of Wales would potentially benefit from a Welsh language scheme.

Thank you for your time and consideration. It is only with the generous help of people like you that our research can be successful.

Yours faithfully,

Claire Brookes  
*Final Year Project  
Researcher  
Ymchwilydd Project  
Blwyddyn Derfynol*

Dr Louise Hughes  
*Project Supervisor  
Goruchwilydd y Project*

Carrie Cocker  
*Final Year Project  
Researcher  
Ymchwilydd Project  
Blwyddyn Derfynol*

Annwyl Fferylllydd,

Ymhen ychydig ddyddiau, fe gewch chi gais drwy'r post i lenwi holiadur byr ar gyfer project ymchwil pwysig sy'n cael ei gynnal gan Ysgol Fferylliaeth Cymru ym Mhrifysgol Caerdydd, gyda chymorth *Cymdeithas Fferyllol Frenhinol Prydain Fawr* drwy gyfrwng *Cymrodoriaeth Syr Hugh Linstead*.

Rydym yn ysgrifennu ymlaen llaw gan ein bod wedi cael ar ddeall bod llawer o bobl yn hoffi gwybod ymlaen llaw y bydd rhywun yn cysylltu â nhw.

Mae'r holiadur yn ymwneud â'ch profiadau chi o ran ieithoedd mewn fferylliaeth gymunedol, a'r Gymraeg yn benodol. Caiff eich ymatebion eu trin yn gwbl **gyfrinachol**.

Mae'r astudiaeth yn rhan o waith ymchwil hanfodol a fydd yn caniatáu inni gael darlun cywir o'r ieithoedd sy'n cael eu cynnig i'r cyhoedd ar hyn o bryd, yn ogystal â pha rannau o Gymru a allai elwa dryw gael cynllun iaith Gymraeg.

Diolch i chi am eich amser a'ch ystyriaeth. Dim ond gyda chymorth hael pobl fel chi y gall ein hymchwil lwyddo.

Yn gywir,

## Languages in the Community Pharmacy

This questionnaire covers all languages used in your pharmacy, but focuses in particular on the Welsh language.

The questionnaire should be completed by the regular pharmacist (could be a regular locum).

Please complete each question as instructed. If you need more space to answer any of the questions please use the comments box (Section C).

Please remember that all information supplied is completely **CONFIDENTIAL**

A1) First part of pharmacy postcode, e.g. CF24:

A2) Please tick position of person completing this questionnaire

Locum

Manager

Other (Please specify) \_\_\_\_\_

A3) Please tick one of the following as an estimate of the proportion of Welsh speakers who visit your pharmacy at this time of year (March).

- All
- Most ( $\geq 50\%$ )
- Some ( $< 50\%$ )
- None

A4a) Do members of the public have the option of speaking to the pharmacy staff in Welsh?

Yes  No

A4b) If yes, how do they know they have this option? Please tick all which apply:

- Iaith Gwaith scheme
- Local knowledge
- Badges
- Posters

Other (please specify) \_\_\_\_\_

A5) For each statement, please tick the box that applies to you:

	Yes	No	Non-applicable
Would you like to learn Welsh if you had the opportunity?			
Would you like to refresh or improve your Welsh speaking skills if you had the opportunity?			



**B2)** Please write the number of Welsh-speaking staff members (including pharmacists), who have contact with customers, during the following times. Your answers should be based on a “typical week”.

If **none**, write “0” in the box. If **closed**, please leave the box **blank**.  
 If additional hours are required please create a new row.

The table may look complicated but is relatively easy to complete:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>7 - 8am</b>							
<b>8 - 9am</b>							
<b>9 - 10am</b>							
<b>10 - 11am</b>							
<b>11 - 12pm</b>							
<b>12 - 1pm</b>							
<b>1 - 2pm</b>							
<b>2 - 3pm</b>							
<b>3 - 4pm</b>							
<b>4 - 5pm</b>							
<b>5 - 6pm</b>							
<b>6 - 7pm</b>							
<b>7 - 8pm</b>							
<b>8 - 9pm</b>							
<b>9 - 10pm</b>							

**C) Other comments**

If you have any other comments on this subject, please note them below:

## **Thank you**

For completing this questionnaire - the confidential information you have provided will help us with valuable research

Please return your completed questionnaire by **Monday 3<sup>rd</sup> April** to “The Director, Medicines Research Unit, FREEPOST, University of Wales, Cardiff CF10 1GZ” using the freepost envelope provided.

## Ieithoedd yn y Fferyllfa Gymunedol

Mae'r holiadur yma'n ymdrin â phob iaith sy'n cael ei defnyddio yn eich fferyllfa, ond mae'n canolbwyntio ar y Gymraeg yn benodol.

Dylai'r holiadur gael ei lenwi gan y fferylllydd rheolaidd (a allai fod yn locum rheolaidd).

Llenwch bob cwestiwn yn unol â'r cyfarwyddiadau. Os oes arnoch angen mwy o le i ateb unrhyw un o'r cwestiynau, defnyddiwch y blwch sylwadau (Adran C).

Cofiwch fod yr holl wybodaeth a rowch chi yn gwbl GYFRINACHOL

A1) Rhan gyntaf cod post y fferylliaeth, e.e. CF24:

A2) Ticiwch safle'r sawl sy'n llenwi'r holiadur

Locum

Rheolwr

Arall (Rhowch y manylion) \_\_\_\_\_

A3) Ticiwch un o'r canlynol fel amcangyfrif o gyfran y siaradwyr Cymraeg sy'n dod i'r fferyllfa yr adeg yma o'r flwyddyn (mis Mawrth).

- Y cyfan
- Y mwyafrif ( $\geq 50\%$ )
- Rhai ( $< 50\%$ )
- Dim un

A4a) Oes gan y cyhoedd y dewis o siarad Cymraeg â staff y fferylliaeth?

Oes  Nac oes

A4b) Os oes, sut maen nhw'n gwybod bod y dewis ar gael? Ticiwch bob un sy'n gymwys:

- Cynllun Iaith Gwaith
- Gwybodaeth leol
- Bathodynau
- Posterï

Arall (Rhowch y manylion) \_\_\_\_\_

A5) Ar gyfer pob datganiad, ticiwch y blwch sy'n gymwys i chi:

	Hoffwn	Na hoffwn	Ddim yn gymwys
Hoffech chi ddysgu Cymraeg pe bai'r cyfle ar gael?			
Hoffech chi wella neu loywi'ch medrau siarad Cymraeg pe bai'r cyfle ar gael?			



**B2)** Rhowch nifer yr aelodau o'r staff Cymraeg eu hiaith (gan gynnwys fferyllwyr) sydd â chysylltiad â chwsmeriaid, ar yr adegau canlynol. Dylai'ch atebion gael eu seilio ar yr "wythnos nodweddiadol".

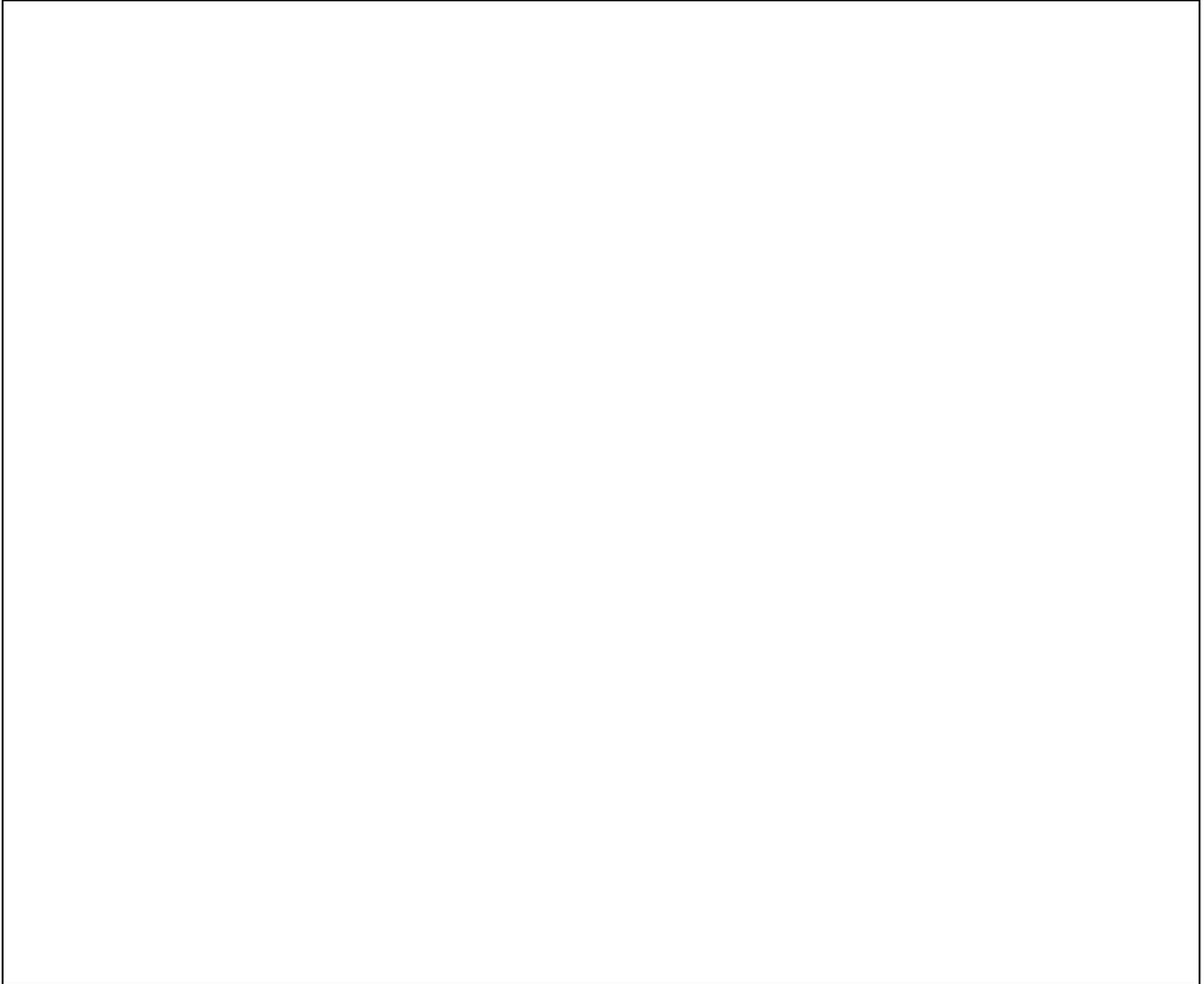
Os nad oes **dim**, rhowch "0" yn y blwch. Os yw'r fferyllfa **ar gau**, gadewch y blwch **yn wag**.  
Os oes angen rhagor o oriau, lluniwch res newydd.

Efallai bod y tabl yn edrych yn gymhleth, ond mae'n gymharol hawdd i'w lenwi:

	Dydd Llun	Dydd Mawrth	Dydd Mercher	Dydd Iau	Dydd Gwener	Dydd Sadwrn	Dydd Sul
7 - 8am							
8 - 9am							
9 - 10am							
10 - 11am							
11 - 12pm							
12 - 1pm							
1 - 2pm							
2 - 3pm							
3 - 4pm							
4 - 5pm							
5 - 6pm							
6 - 7pm							
7 - 8pm							
8 - 9pm							
9 - 10pm							

**C) Sylwadau eraill**

Os oes gennych unrhyw sylwadau eraill am y pwnc yma, rhowch nhw isod:



## **Diolch yn fawr i chi**

am lenwi'r holiadur - bydd y wybodaeth gyfrinachol rydych wedi'i rhoi yn ein helpu  
gyda gwaith ymchwil pwysig

Ar ôl llenwi'r holiadur, anfonwch e nôl, erbyn **dydd Llun 3<sup>ydd</sup> Ebrill**, at "Y  
Cyfarwyddwr, Yr Uned Ymchwil Meddyginiaethau, RHADBOST, Prifysgol Cymru,  
Caerdydd CF10 1GZ" gan ddefnyddio'r amlen radbost bwrpasol.

## Appendix 3

26<sup>ain</sup> Mawrth 2006

### Languages in the Community Pharmacy

#### leithoedd yn y Fferyllfa Gymunedol

Dear Pharmacist,

We are writing to request your help with the above study. The Welsh School of Pharmacy is conducting this research with support from the **Royal Pharmaceutical Society of Great Britain** and has received funding from the **Sir Hugh Linstead Fellowship**. The study is part of an effort to establish the language abilities of community pharmacists and their staff across Wales, in particular the Welsh language.

We are offering all community pharmacies in Wales the opportunity to take part in this research by completing the enclosed questionnaire. Although we know that numbers of Welsh language speakers vary from area to area, presently there are no figures relating to the different languages, in particular Welsh, which the public can use with community pharmacy staff. Therefore this study is an important one that will allow us to gain an accurate picture of what language services are currently being offered to patients.

**Whether or not you speak Welsh it is still of great importance that we receive your information regarding language use in your community pharmacy.**

The answers you give will be completely **confidential** as no identifiable data will be published from the information we receive. This survey is voluntary. However, you can help us very much by taking just **ten minutes** to share your experiences.

Annwyl Fferyllydd,

Rydym yn ysgrifennu i ofyn am eich cymorth gyda'r astudiaeth uchod. Ysgol Fferylliaeth Cymru sy'n gwneud y gwaith ymchwil, gyda chymorth **Cymdeithas Fferyllol Frenhinol Prydain Fawr** ac mae wedi cael cyllid drwy gyfrwng **Cymrodoriaeth Syr Hugh Linstead**. Mae'r astudiaeth yn rhan o ymdrech i ddarganfod galluoedd ieithyddol fferyllwyr cymunedol a'u staff ledled Cymru, a'u galluoedd yn y Gymraeg yn benodol.

Rydym yn cynnig cyfle i bob fferyllfa gymunedol yng Nghymru gymryd rhan yn y gwaith ymchwil drwy lenwi'r holiadur amgaeedig. Er ein bod yn gwybod bod niferoedd y rhai sy'n siarad Cymraeg yn amrywio o'r naill ardal i'r llall, does dim ffigurau ar gael ar hyn o bryd ar gyfer y gwahanol ieithoedd, yn enwedig Cymraeg, y gall y cyhoedd eu defnyddio gyda staff fferyllfeydd cymunedol. Oherwydd hyn, mae'r astudiaeth yma'n un bwysig a fydd yn caniatáu inni gael darlun cywir o'r gwasanaethau iaith sy'n cael eu cynnig i'r cleifion ar hyn o bryd.

**P'un a ydych chi'n siarad Cymraeg neu beidio, mae'n dal yn bwysig iawn ein bod yn cael gwybodaeth gennych am yr ieithoedd sy'n cael eu defnyddio yn eich fferyllfa gymunedol chi.**

Caiff eich atebion eu trin yn gwbl **gyfrinachol** gan na fydd dim data'n cael ei gyhoeddi ar sail y wybodaeth a gawn ni y bydd yn bosibl i'w adnabod. Arolwg gwirfoddol yw hwn, ond gallwch ein helpu'n fawr iawn drwy gymryd dim ond **deg munud** i rannu'ch profiadau.

*Drosodd*

PTO

If you have any questions or comments about this study, we would be more than happy to talk to you. Our number is 029 2087 6432 or you can write to us at the address on the letterhead.

We look forward to receiving your completed questionnaire which should be returned in the freepost envelope enclosed by **Monday 3<sup>rd</sup> April 2006**. Your responses will form part of vital research and will be treated with the strictest **confidentiality**.

**Thank you very much for your time and for helping us with this important study.**

Yours faithfully

Claire Brookes  
*Final Year Project  
Researcher  
Ymchwilydd Project  
Blwyddyn Derfynol*

Dr Louise Hughes  
*Project Supervisor  
Goruchwylydd y Project*

Carrie Cocker  
*Final Year Project  
Researcher  
Ymchwilydd Project  
Blwyddyn Derfynol*

Os oes gennych unrhyw gwestiynau neu sylwadau am yr astudiaeth yma, byddem yn fwy na bodlon siarad â chi. 029 2087 6432 yw'n rhif ni, neu gallwch ysgrifennu aton ni yn y cyfeiriad ar frig y llythyr.

Rydym yn edrych ymlaen at gael eich holiadur ar ôl ichi ei lenwi. Anfonwch yn ôl yn yr amlen radbost bwrpasol, erbyn **dydd Llun 3<sup>ydd</sup> Ebrill 2006**. Bydd eich ymatebion yn rhan o waith ymchwil hanfodol ac yn cael eu trin yn gwbl **gyfrinachol**.

**Diolch yn fawr i chi am eich amser ac am ein helpu gyda'r astudiaeth bwysig yma.**

Yn gywir

## Appendix 4

18<sup>th</sup> April 2006  
18<sup>ed</sup> Ebrill 2006

### Languages in the Community Pharmacy

#### leithoedd yn y Fferyllfa Gymunedol

Dear Pharmacist,

With regard to the above study, a questionnaire was sent to you recently and, to date, I have not received a reply from this pharmacy. Whether or not you speak Welsh it is still of great importance that I receive your information regarding language use in your community pharmacy. As such, in case you did not receive the first mailing or you have misplaced the questionnaire, I am enclosing a copy which I would be very grateful if you were to complete and return.

The study is part of an effort to establish the language abilities of community pharmacists and their staff across Wales, in particular the Welsh language. Although we know that numbers of Welsh language speakers vary from area to area, presently there are no figures relating to the different languages, in particular Welsh, which the public can use with community pharmacy staff.

The answers you give will be completely **confidential** as no identifiable data will be published from the information received. This survey is voluntary. However, you can help me very much by taking a few minutes to share your experiences. Please return your questionnaire in the enclosed freepost envelope as soon as possible.

If you have any questions or comments about this study, my number is 029 2087 6432 or you can write to me at the address on the letterhead.

**Thank you very much for your time and for helping with this important study.**

Yours faithfully

Annwyl Fferyllydd,

O gylch yr astudiaeth a nodir yn y teitl, anfonwyd holiadur i chi yn ddiweddar a hyd yn hyn does dim ateb wedi ei dderbyn o'ch Fferyllfa. P'un a ydych chi'n siarad Cymraeg neu beidio, mae'n dal yn bwysig iawn ein bod yn cael gwybodaeth gennych am yr ieithoedd sy'n cael eu defnyddio yn eich fferyllfa gymunedol chi. Rhag ofn na dderbynioch yr holiadur cyntaf neu eich bod wedi ei golli, amgaeaf gopi arall. Buaswn yn ddiolchgar iawn pe baech yn ei lenwi a'i anfon yn ôl i ni.

Mae'r astudiaeth yn rhan o ymdrech i ddarganfod galluoedd ieithyddol fferyllwyr cymunedol a'u staff ledled Cymru, a'u galluoedd yn y Gymraeg yn benodol. Er ein bod yn gwybod bod niferoedd y rhai sy'n siarad Cymraeg yn amrywio o'r naill ardal i'r llall, does dim ffigurau ar gael ar hyn o bryd ar gyfer y gwahanol ieithoedd, yn enwedig Cymraeg, y gall y cyhoedd eu defnyddio gyda staff fferyllfeydd cymunedol.

Caiff eich atebion eu trin yn gwbl **gyfrinachol** gan na fydd dim data'n cael ei gyhoeddi ar sail y wybodaeth a gawn ni y bydd yn bosibl i'w adnabod. Arolwg gwirfoddol yw hwn, ond gallwch fy helpu'n fawr iawn drwy gymryd ychydig funudau i rannu'ch profiadau. Buaswn yn ddiolchgar iawn pe baech yn anfon eich holiadur yn yr amlen radbost cyn gynted a phosibl.

Os oes gennych unrhyw gwestiynau neu sylwadau am yr astudiaeth yma, 029 2087 6432 yw fy rhif, neu gallwch ysgrifennu atof i'r cyfeiriad ar frig y llythyr.

**Diolch yn fawr i chi am eich amser ac am fy helpu gyda'r astudiaeth bwysig yma.**

Yn gywir

Dr Louise Hughes  
*Project Supervisor / Goruchwylydd y Project*