



Policy Study Executive Summary: Arabic Language Access and Presence in Israeli Hospitals

May 2023

Research and initial writing:

Dr. Michal Shuster, Loria Dally

Editing and writing:

Loria Dally, Kholod Edres, Edan Ring



לשוויין ושותפות ע"ר. ללמساواة والشراكة ج.م.
Sikkuy-Aufoq For a Shared and Equal Society R.A.

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Editing and writing: Loria Dally, Kholod Edres, Edan Ring

Professional advice: Shaked Orbach

Investigation and mapping: Fares Lalawi, Lotfy Aborken, Amir Marzouk

Reviewing: Amjad Shbita, Ofer Dagan, Ya'ala Mazor

English translation: Leora Gal

Language editing: Noa Cohen

Arabic translation: Dr. Ruba Samaan-Gal - Glocal Translation Services

Graphic design in Hebrew & English: Oso Bayo

Graphic design in Arabic: Hamdan Hamdan

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Public spaces are where Arab and Jewish citizens of Israel physically encounter each other in Israel. Such spaces include healthcare, higher education, culture and art institutions. The presence of Arabic in such public spaces is a crucial factor in the ability of Arab citizens to exercise their fundamental rights, including to receive clear and accurate information in their native language. When Arabic is absent from these public spaces, or when it is only partially present or employed inaccurately, it conveys exclusion and disregard for Arab citizens.

Hospitals are key public spaces for the advancement of shared society because they are entrusted with safeguarding the most essential human and civil rights – the right to life and the right to health. In addition to the services they provide, hospitals are a central place of employment for Arab citizens - as physicians and nurses, therapists and many other staff.¹ For these reasons, promoting the presence of Arabic in healthcare institutions has great potential to help advance values of shared life and building a shared society in Israel. The Ministry of Health itself recognized the importance of this issue in a 2011 directive: "Signage in healthcare institutions must be adapted to the language composition used by the main groups receiving services in relevant facilities. Signage will appear in three languages whenever possible: Hebrew, Arabic and English." Sikkuy-Aufoq believes that as part of providing fundamental and quality medical treatment, the Ministry of Health and hospitals are also obligated to create an equitable and shared space, which is inclusive of Arab citizens and their language.

1. Diversifying the Civil Service – 2021 Report on Diversity and Representation in the Civil Service (Civil Service Commission, 2022 - Hebrew).

The Goal of this Document and Background to the Mapping Process

This document presents our mapping and assessment of the current level of Arabic present in hospitals. Mapping was conducted in early 2022 in twelve public hospitals nationwide. We evaluated the existence of Arabic translation on the various types of signage posted on common pedestrian pathways on hospital grounds, including:



emergency signs



instructions and prohibitions



warning signs

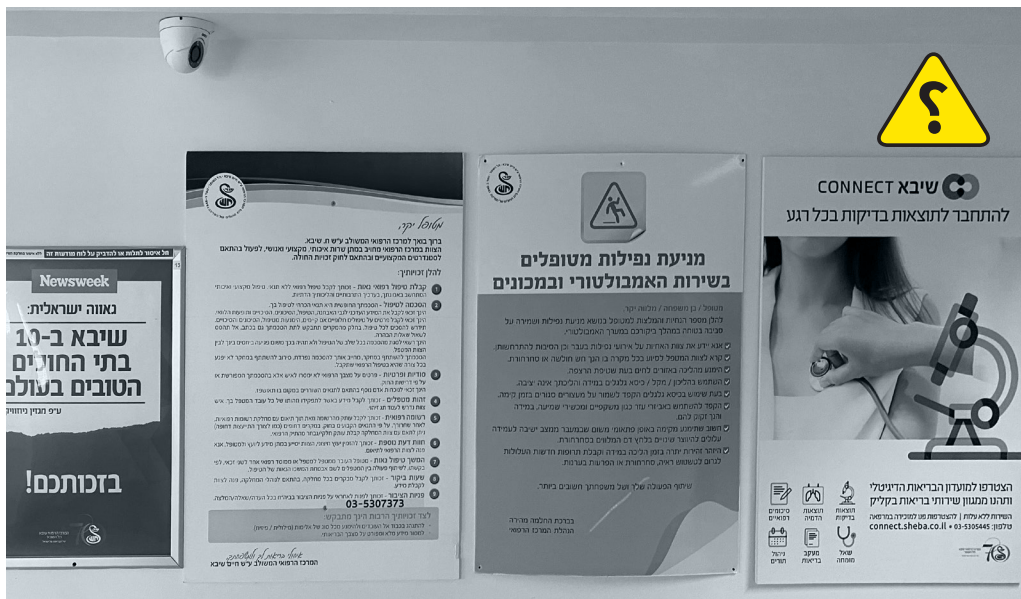


vital information



directions and navigation

The findings and the institutional barriers we located during the mapping process are detailed in the full document, along with a series of practical recommendations for the Ministry of Health and hospitals, designed to improve the situation.

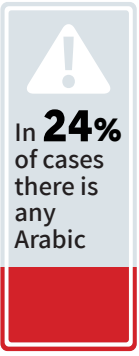
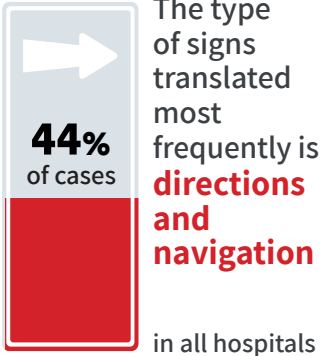
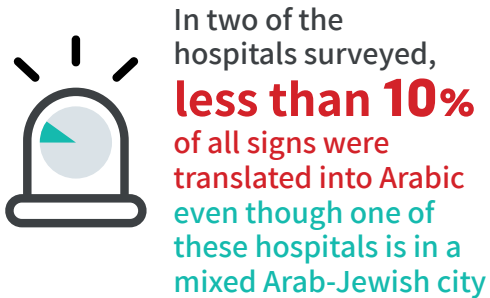
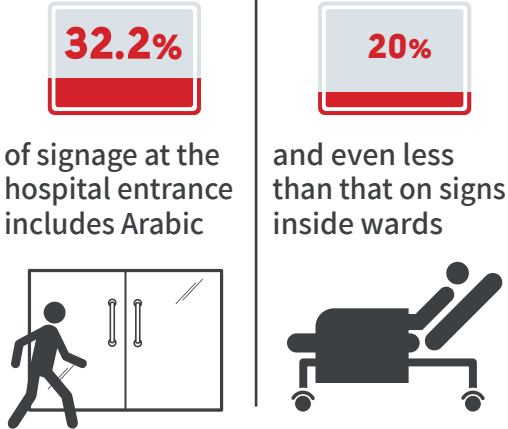


Main Findings:

Mapping conducted in twelve targeted hospitals reflects a concerning reality in which there is remarkably inadequate and imprecise Arabic on signage:



Access to Arabic decreases the deeper one goes physically into the hospitals. For Example:




Barriers




Based on our findings from the process of mapping, we held detailed discussions with Ministry officials, which led us to identify the following barriers to sufficient and appropriate signage:

-  **1. Lack of consistent policy across hospitals.** Although there is a general policy based on the Ministry of Health's directive, hospitals lack clear and consistent policies for ensuring Arabic appears on signs, and in some hospitals no policy was ever formulated. This creates inconsistency in the scope and quality of translation.
-  **2. Lack of a designated budget.** Most hospitals do not have an internal designated budget for translating their signage. Neither does the Ministry of Health direct resources in their budget or directives for this purpose. As a result, the cost of making information publicly available in Arabic at hospitals is never a high priority.
-  **3. Infrequent and poor enforcement.** The Ministry of Health's enforcement in general includes infrequent inspections that address a host of hospital goals, of which translation is just a small part. This precludes the possibility of properly addressing the matter of signage in Arabic.
-  **4. There is no appointed party responsible for the existence of Arabic signage at the Ministry of Health.** The issue of language access is not clearly assigned to any party in the Ministry who could promote change and provide hospitals with the tools that they need.
-  **5. Reliance on bilingual staff members.** Frequently, signs inside hospital departments are translated informally by bilingual staff members, who lack the professional capacities for precise and complete translations and who are performing these duties beyond the scope of their official roles.

 **6. Related to this, translation is often performed by unprofessional translators or through translation apps.**


Amateur translations, including those relying on translation apps, are not a suitable alternative to the work of a professional translator, who is familiar with the context, cultural background and the target audience's literacy.


 **7. The absence of a database for signage.** The Ministry of Health's initiative for a multilingual signage database has not been completed. The absence of a unified database impedes hospitals' ability to improve the existence of Arabic signage and wastes precious resources by decentralizing translation and accessibility efforts among the various healthcare institutions.

Recommendations





Recommendations for the Ministry of Health



 **1. Set a uniform policy.** It is necessary to formulate a consistent policy for making Arabic signage accessible in hospitals. Every new sign posted in a hospital should appear in Arabic in a location and font size equal to the sign in Hebrew.

 **2. Carry out enforcement and inspection.** Hospital signage accessibility in Arabic must be reviewed in order to follow up and ensure that the Ministry's directive is satisfactorily applied. We recommend that an inspection team specifically and regularly review Arabic signage. The methodology we used for our mapping can be replicated for inspection purposes.²

1. The mapping method is based on the research: Schuster, [M., Elroy, I. and Elmakias I. \(2016\), We are lost: Measuring language accessibility of signage in public general hospitals. Language Policy \(16\), 23–38.](#)

-  **3. Appoint a responsible official with authority at the Ministry of Health.** A diversity and inclusion coordinator responsible for Arabic language accessibility must be appointed and supervised. This will ensure there is a specific party able to promote changes and work to support change and enforcement in hospitals.
-  **4. Build a signage database.** A uniform multilingual database, available to healthcare institutions, will save resources and increase professionally translated signage.
-  **5. Purchase suitable generic signage.** Much of hospital signage is generic and uniform, therefore more awareness of the possibility of purchasing signage that already includes an Arabic translation would improve access to Arabic in hospitals.
-  **6. Allocate a budget for making signage accessible.** Adding a designated budget line for Arabic signage in hospital grants would encourage systematic, professional and consistent translations and prevent sidelining this important issue.

Recommendations for Hospitals

-  **1. Examine accessibility regularly.** We recommend a periodic review of how prevalent Arabic is as a language in the hospital. We recommend contracting an external professional from Arab society, who, as an outsider to the hospital, will be able to identify blind spots related to Arabic signage.
-  **2. Strategically position signs in Arabic.** The most significant places that require signage in Arabic must be identified and used as a basis for determining priorities.



3. Use multilingual electronic signage. This type of signage can promote accessibility, especially in complex instances when there is a great deal of text. However, it should not substitute making the permanent signage accessible.



4. Appoint a staff member responsible for language accessibility. While some hospitals we researched did appoint staff to oversee language accessibility, in several cases the issue was still neglected. We recommend taking a greater step by ensuring every ward has a staff member responsible for language accessibility.



5. Use professional translators. We recommend hospitals use only the services of professional translators who have a profound understanding of the translation's context and circumstances.



6. Engage with the public. Establish a channel for the public to report lack of access or translation errors, such as on the hospital's Facebook page or by a designated publication that provides contact information for the language accessibility coordinator.



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