



Linguistic Landscape of Referral Hospitals in Tanzania: Reasons for Language Choice on Signage

Generatha Benedicto

Department of Languages and Linguistics, St Augustine University of Tanzania P.O. BOX 307, Mwanza, Tanzania
E-Mail: genekokub2@mail.com

Received: 29 Jan 2022; Received in revised from: 11 Mar 2022; Accepted: 20 Mar 2022; Available online: 28 Mar 2022

©2022 The Author(s). Published by Infogain Publication. This is an open access article under the CC BY license

(<https://creativecommons.org/licenses/by/4.0/>).

Abstract— *Language choice on signage is a vital role in the display of language on signage in hospital compounds. This study aimed at assessing the reasons for language choice on signage that constitute the popular notion known as linguistic landscape at Bukoba and Sekou Toure referral hospitals. The study employed Language choice theory on signage which was developed by Spolsky and Cooper (1991). A total of 36 respondents were involved. They include hospital management teams, medical care providers, patients, and their aides. Purposive and convenience sampling techniques were used to get the sample while data were collected through observations and interviews. The findings show that there are different reasons for language choice on signage which are categorised into three, namely monolingual in Kiswahili, English, and bilingual language on signage. These reasons include the use of monolinguals as the national language, foreign language, official language whereas bilingual is used to complement monolingual language on signage. Despite the use of bilingual language on signage, monolingual language on signage was predominant where some targeted people were excluded from the message displayed on signage. The study recommends increasing the number of bilingual languages on signage for smooth communication, especially in hospital surroundings, including adapting bilingual policy on signage.*

Keywords— *Linguistic Landscape, language choice, signage, monolingual, bilingual, Tanzania.*

I. INTRODUCTION

Language choice on signage plays a big role, especially when individuals or institutions want to communicate a certain message through the signage. The language needs to be very clear to help the targeted people to get the message at the right time. As Benedicto and Tibategeza (2021) comment, “The choice of languages on the public space is very important in forming an appropriate linguistic landscape” (p. 71). They add that failure to select suitable language on signage, leads to the limitation of the information displayed on signage. Thus, planners of language choice on signage should consider their targeted people. As far as referral hospitals are concerned, the hospital management team should consider their clients.

This article is based on the assessment of reasons for language choice on signage in referral hospitals in Tanzania,

specifically Bukoba and Sekou Toure hospitals. Tanzania as a country is composed of different regions whereas each region has a referral hospital. These referral hospitals offer more specialized services than those found at district levels such as different operations, X-rays, or CT-Scan with advanced tools and specialised doctors.

II. BACKGROUND TO THE STUDY AND LITERATURE REVIEWS

Language on signage is arguably the most visible representation of language in society Backhaus (2019, p. 158). Backhaus also added that curiously enough, though in line with a general bias towards spoken language, it took sociolinguists quite some time to discover the writing on the wall as an object of study. Hence, it is from this notion that the linguistic landscape emerged.

Shohamy (2006, p. 110) defines public space as the actual language items that are found in streets, shopping centres, schools, markets, offices, hospitals, and any other public space (and often private ones, such as homes), for example, names of streets, public signs, names of shops, advertisements, documents, newspapers, billboards, verbal as well as non-verbal items such as pictures and images. This implies that the language on signage is like a compass direction where it helps the reader to get a message if the selection of language suits the targeted people.

According to Landry and Bourhis (1997), the linguistic landscape refers to the visibility and salience of languages on public and commercial signs in a given territory or region. They give the exact meaning of linguistic landscape as, “The language of public road signs, advertising billboards, street names, place names, commercial shop signs, and public signs on government buildings combines to form the linguistic landscape of a given territory, region, or urban agglomeration” (p. 25).

Backhaus (2005, p. 104) declares that linguistic landscape first appeared in regions where linguistic conflict had traditionally been relatively pronounced in Quebec and Belgium. The conflict arose as a result of the contention on which language could be displayed in the public spaces among the Quebec and Belgium communities.

The language choice on signage is vital because the proper selection of language can help for direction, instruction, education especially if a person is navigating in public areas such as schools or hospitals. This concurs with Akindele’s (2011) study where he provides the use of signs that, “Signs are used to disseminate messages of general public interest such as topographic information, directions, and warnings” (p. 2). Akindele also adds other importance of signs that a sign indicates a direction on how to get to a place, as in the case of guidance signs, or simply call attention to it as advertisement signs do.

In addition, Mdukula’s (2017, p. 102) study on the linguistic landscape, indicates that public signs are meant to enable hospital clients to access information related to directions, instructions, warnings, and health information. Hence, there is a great need of choosing a suitable language according to the targeted people. Thus, improper choice of language on signage may limit the message to reach the targeted people on time.

Habitually, stakeholders must consider different factors such as linguistic factors. This is in line with Nofal et al. (2015, p. 167) who comment that language choice is determined by several factors including attitudinal, linguistic, commercial, and other factors. The consideration of factors leads to appropriate language on signage whereas

ignoring the factors like the nature of the intended people may limit understanding the information on the signage.

Although language choice on signage is meant for communicative reasons, the selection of language in public space leaves a lot to be desired. That is, in some institutions such as schools, hospitals, and shops, language displayed on signage excludes some targeted people. To understand the message on the signage as it was reported by different scholars (Akindele, 2011; Lusekelo, 2019; Shohamy, 2006) that languages on signage do not favour all the targeted people. For example, some signs are monolingual or bilingual without the consideration of readers of such signage. This is contrary to Spolsky and Cooper (1991) on one of the rules of language choice on signs in Jerusalem. The rule states, “Write the sign in a language which can be read by the people you expect to read” (p. 83). This indicates that before choosing a certain language on signage, there must be reasons.

In the case of Tanzania, both English and Kiswahili are in position to be displayed on the public signage as these are the only recognized official languages in the country (United Republic of Tanzania [URT], 1995). Nonetheless, the practice shows that monolingual signage in Kiswahili or English is commonly used. This limits some people who only have the knowledge of a single language. Sometimes there is less consideration of foreigners where Kiswahili is more dominant than English on the signage. Similarly, Mdukula’s (2017) study on the linguistic landscape at Muhimbili National Hospital, indicates the same. He emphasises, “Most signage in public space are monolingual and only very few are bilingual” (p. 104). Therefore, there is a need to have a purpose on which language should be displayed on signage.

As far as referral hospitals are concerned, the language choice on signage should aim at communicative goal. With language on signage, stakeholders should consider the nationality, of foreigners, including the nature of targeted people. In selecting which language should be displayed on signage, some signs are displayed with spelling errors, acronyms, foreign languages, or monolingual format. This is in line with Martinez’s (2014) study on the linguistic landscape in Spanish in health care facilities. Martinez’s study indicates, “Spanish signs were plagued with spelling errors, grammatical errors, and unintelligible translations...” (p. 21). Therefore, it is from this backdrop that this study sought to assess the reasons for language choice on signage at the selected referral hospitals.

Theoretical Framework

Spolsky and Cooper (1991, pp. 81-84) formulated three rules for language choice on public signs based on their

study of signs in Jerusalem. They posited three rules explaining language choice on signs as analysed below.

Sign-writer's skill: This refers to writing a sign in a language one knows. The rule requires a writer of language on signage to write the language which he or she knows in order to avoid the spelling errors which can happen especially if the writer chooses the foreign language. This can limit information to reach the targeted people.

Presumed reader: This refers to writing a sign in a language that can be read by the targeted people. It is a communicative goal, where the writer expects that the intended people can read the message displayed on signage.

Symbolic value: This refers to writing a sign in one's own language or in a language with which they wish to be identified. Shohamy and Gorter (2009, p. 33) comment that this accounts for the order of languages in multilingual signage for the reverence of monolingual signs to understand the message clearly. The writer must follow the order, where the language with majority speakers should be the first on the signage.

Generally, Spolsky and Cooper's rules helped the researcher to assess whether the language displayed on the signage had proper spellings and whether the order symbolizes the targeted people. Moreover, through the rules above, the researcher was able to identify whether the reasons for language choice on signage fits the targeted people or not.

III. METHODOLOGY

3.1 Research Design and Approach

The study used descriptive research in assessing reasons for language choice on signage. Descriptive research was used in order to capture and describe data in detail. The qualitative approach was employed in order to get the views and feelings of participants on the reasons why a certain language was used on signage.

3.2 Area of the Study

The study was conducted in Tanzania, particularly in Kagera and Mwanza regions. Bukoba and Sekou Toure

referral hospitals were selected. Both hospitals were selected because the researcher wanted to conduct an intensive study on the linguistic landscape in the selected hospitals on reasons for language choice on signage. Again, the hospitals are located in urban areas where there are people from different linguistic backgrounds. For example, Bukoba referral hospital is expected to receive patients from Uganda and Burundi. Sekou Toure referral hospital also is located at the centre of Mwanza city where there are people from different areas with different linguistic backgrounds. The targeted people like patients and their aides are affected by the public signage in the selected referral hospitals. The nature of the study also, made a researcher conduct a study on the hospitals. In general, the researcher wanted to get more information from the hospital management teams on why a certain language is displayed on the signage in their hospital environments.

3.3 Sampling Procedures and Sample size

The study used purposive and convenience sampling techniques to get the sample based on the knowledge and suitability of respondents on the language choice on signage. Purposive technique involved hospital management teams because they had diverse knowledge and experience on why a certain language was used on hospitals' signage where medical care providers were involved because they are involved in directing their patients. Therefore, they have to know the suitability of a certain language in the hospital. Similarly, convenience sampling involved patients and their aides in order to capture the perceptions and feelings of individual patients on the reasons for language choice on signage in the hospital environment whether they help them or not.

The study was composed of 36 respondents, namely three officials from the management teams, five medical care providers, five outpatients, and five patient aides from each of the selected hospitals. The sample size was selected in accordance with the knowledge and experience of the respondents since they all serve or get service from the hospital. Table 1: 1 indicates the summary of the sample size.

Table 1 Summary of Sample size and their Sample Techniques

<i>SN</i>	<i>Respondents</i>	<i>Sampling Techniques</i>	<i>Sampling Size</i>
1.	Management Team	Purposive sampling	6
2.	Medical Care Provider	Purposive sampling	10
3.	Outpatients	Convenience Sampling	10
4.	Patients' Aides	Convenience Sampling	10
		Total	36

3.5 Data Collection, Presentation and Analysis

In order to get detailed information on the reasons for language choice on signage, the researcher employed interviews and observations. Semi structured interviews were used with all participants in order to complement data from observations which had no answers from observation on the present study. Interviews also were used since the researcher wanted to acquire thorough information from both hospital management teams and medical care providers on why a certain language is displayed on the signage in their hospital environment.

Additionally, the researcher used observation to identify the type of language used on the signage, location, roles of language on signage, and observing the most frequent language on signage found in the hospital environment. This was accompanied by taking photos with a digital camera and a notebook for note-taking as an essential in noting important key issues for report writing in the future.

Data were recorded, coded, analysed, and presented through thematic and narrative analysis. The narrative was employed in order to make participants' stories more coherent and interesting to the readers where thematic was used to summarise the key findings from both interviews and observations.

IV. FINDINGS AND DISCUSSION

In this section, the research findings are presented to answer the research objective on why a certain language was displayed on signage in the selected hospitals. The results are categorized in terms of monolingual signage in Kiswahili, monolingual signage in English, and bilingual signage in both English and Kiswahili.

4.1 Monolingual Signage in Kiswahili

4.1.1 The Nature of Population

The majority of members in management teams said that the nature of population which attends their selected hospitals are mainly Tanzanians. The experience shows that most Tanzanians are conversant in Kiswahili. That is why the hospital management teams decide to use Kiswahili on the signage in order to make their information understood by most of their clients. This concurs with Petzell (2012) who says, "Kiswahili is used all over the country, even in isolated areas, and it has deeply penetrated the Tanzanian society" (p. 139).

Correspondingly, the current study is similar to the second rule of the theory on the language choice on signage by Spolsky and Cooper (1991) which states, "prefer to write signs in a language which can be read by people you expect to read it" (p. 83). In relation to the present study, Kiswahili

is understood by most Tanzanians that is why it is displayed and predominant on signage.

4.1.2 National Language

Through interviews, most of the hospital management teams reported that Kiswahili is used as a national language since it symbolizes the identity of all the Tanzanians. As far as Tanzania is concerned, the national language is Kiswahili. For example, one of the hospital management team members from Sekou Toure said, "We decided to use Kiswahili on signage in order to maintain our national identity". The study correlates with Petzell (2012) who said that, Kiswahili is the symbol of national identity in Tanzania (p. 141). He also adds that at the national level, a larger regional language like Kiswahili is used. This implies that planners respect the identity of Tanzanians.

The present study also concurs with the symbolic value condition of the language choice theory on the signage by Spolsky and Cooper (1991) which states "Prefer to write signs in the designer's language or in a language with which he or she wishes to be identified" (p. 84). Correspondingly, this is supported by Latin (1992) who said that today in Tanzania, almost 90 per cent of the population speak Kiswahili. Hence, the selection of Kiswahili on signage is very significant since it is known by the majority of Tanzanians.

From observations, the study findings show monolingual signage is the most commonly used in the selected hospitals. That is 254 out of 317 signs were monolingual in either Kiswahili or English whereas 164 signs are in Kiswahili. The evidence is very clear in percentage (see Figure 1).

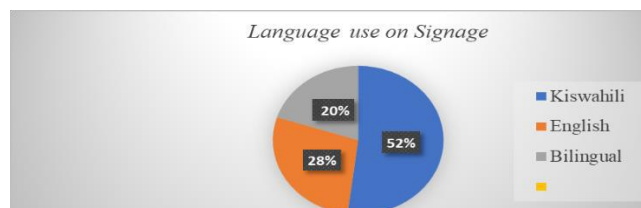


Fig.1. Linguistic landscape for Sekou Toure and Bukoba referral hospitals

Figure 1 summarises the study findings in percentage at the selected hospitals. The data show that Kiswahili is predominant with 52 percent, followed by English 28 percent, and lastly is bilingual signage with 20 Percent. The general results indicate that monolingual signage consists of 80 percent while bilingual has 20 percent. This correlates with Mdukula's 2017, p.102) study at Muhimbili National Hospitals that about 70 percent were in monolingual signage. Therefore, the dominance of Kiswahili on signage implies the proper choice of language on signage though few are excluded who cannot read the information in

Kiswahili. Figure 2 illustrates very well the sample of monolingual signage in Kiswahili.



Sekou Toure Hospital



Bukoba Hospital

Fig.2. National Language Used on Signage

Reasons for Monolingual Signage in English

Generally, the presence of Kiswahili on signage (see Figure 2) indicates that the choice of language on signage suits the targeted people of the selected hospitals since Kiswahili is the major language understood by majority of Tanzanians. This concurs with Tibategeza's (2010) who notes, "Kiswahili is described as a language spoken and understood by the majority of the whole country" (233).

4.2 Monolingual signage in English

The hospital management teams provided various reasons for the selection of monolingual signage in English within their hospital surroundings as follows:

4.2.1 The Presence of Foreigners

Most of the hospital management team members said that English was used on signage because it is an international language. The respondents reported that Tanzania usually receives many foreigners from different countries like tourists, interns, and investors especially when they visit the hospitals as patients. The present study correlates with Xie's (2019) study on language choice and language functions of official signs in China. He reports, "Signs with English in the research site were in relation to tourism, transportation

and public service, which might be the first step taken by the local government to purposefully build an international image for the city" (p.190). Thus, the use of English on signage is inevitable because it helps foreigners to navigate in a given environment without difficulty.

Correspondingly, Mdukula (2017) says, "English is the most dominant foreign language, and it is an official language in Tanzania, just like Kiswahili" (p. 89). Similarly, one of the management team members at Bukoba referral hospital said:

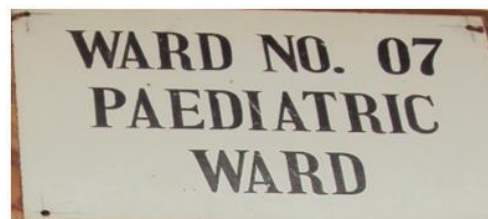
We understand that this is the referral hospital found within our region. Sometimes we receive clients from Uganda and Rwanda who cannot understand Kiswahili. That is why we consider all these visitors because they are able to understand English.

This implies that the use of English is of great significance to our foreigners since the use of Kiswahili would exclude foreigners from understanding the information found on the signage. The current study is in line with Cenoz and Gorter (2006) who did a study on linguistic landscape and minority languages. They noted:

The spread of English on the signage is due to two reasons namely, i) English is clearly the language for international communication and its use, and ii) it can be perceived to be more prestigious and modern than using the local languages (pp.78-79).



Sekou Toure Hospital



Bukoba Hospital

Fig.3. Signage in English

This shows that the selection of English on the signage is expected because Kiswahili only cannot help the foreigners

to reach their intended places around the hospital. That is why there is a need of using English on the signage in order to supplement information from Kiswahili to foreigners. Through observation, the study found various monolingual on some signage in English in hospital surroundings. Some are indicated in Figure 2.

Figure 3 demonstrates the use of monolingual language on signage in English in different places of the hospitals such as theatre and some wards. This validates the belief that the planners of the language to be used on the signage (hospitals management teams) considered the foreigners in the selection of language on signage.

In general, the use of English on signage is important in referral hospitals because it is a language for wider communication. Since the selected hospitals tend to receive people from different linguistic backgrounds and sometimes different countries, a client may opt for English rather than Kiswahili. This corresponds with Petzell's (2012) study on the linguistic situation in Tanzania. Petzell says, "On international level, English is used as a language of wider communication" (p.141). In relation to foreigners, Shohamy and Gorter (2009) comment that some signs may be intended for foreigners only. Hence, the presence of English is very crucial in public signs like hospitals.

4.2.2 Translation Challenge

Most hospital management teams revealed that some medical terms are difficult to translate into Kiswahili. They provided some terms on the signage such as PIH, APCU, and gyno (see Figure 3). They also reported that, in the translation of medical terms, one may end up with wrong information. One of the hospital management team members at Sekou Toure said, "Some medical terms are difficult to translate. When it comes to the issue of translation, this may result in a different meaning. That is why some signs are only in medical terms". The researcher also witnessed that signage as indicated in Figure 3.

Figure 4 indicates one of the medical terms used on the signage.

Apart from the challenge of translating medical terms, one of the hospital management team members at Bukoba referral hospital said:

In medical fields, almost all the subjects are taught in English only. That is why in some departments like the laboratory and dental departments, some information is written in English only since they are meant for workers, not their clients.

Generally, translation for hospital techniques is a bit challenging. If the translator is not an expert in the field, some information may lose meaning. This

corresponds with Gambier's (2014, p.11) study on changing landscape in Translation that the heightened demand for translation and interpreting work is felt acutely, even if the work is invisible, non- or poorly recognized, or quickly assumed as a "loss". Similarly, Martinez's (2014, p. 21) study on health facilities in Spanish. The study indicates that Spanish signs were plagued with spelling errors, grammatical errors, and unintelligible translations. It can be concluded that the translation can be done only if there is an expert in the specific field.



Sekou Toure Hospital



Bukoba Hospital

Fig.4. Signage of Medical Terms

4.2.3 The Issue of Space on the Signage

Through interviews, most of the members of the hospital management teams said that they decided to use English on the signage because in most cases English tends to use few words and occupy a small space on the signage compared to Kiswahili (see Figure 5). One of the hospital management team members at Sekou Toure gave some pieces of evidence of English words written in English with fewer words compared to Kiswahili as she said:

There is a lot of evidence that indicates English has few words, especially when used on the signage such as 'Client Charter' instead of *Mkataba wa mteja na mtoa huduma*, 'gynaecological ward' instead of *wodi ya magonjwa ya akina mama*, 'no parking' instead of *usiegesho gari hapa* or 'doctor's room' instead of *chumba cha daktari*, and 'Surgical Female Ward' instead of *wodi ya upasuaji ya akina mama*.

Through the observations, method, the researcher noted some signage displayed in English only as indicated in Figure 5.



Sekou Toure Hospital



Bukoba Hospital

Fig.5. Considerations of space on the signage

Figure 5. reveals that in some areas, English only is used due to the consideration of space

From the study findings, the data show that the language choice on signage considers the space on signage. Sometimes, this might lead the improper choice of the language because, planners can base on the benefits of the church without considering the targeted people. The issue of cost also needs to be observed because the most reasons of language on signage is to give direction to the people found within the hospital's environment.

4.2.4 The Cost of Designing Signage

The study demonstrates that hospital management teams decided to use some signage in English only in order to avoid incurring extra costs. Most of the hospital management team members reported that, due to the increase in cost in some areas, monolingual signage in English are used. That is, the addition of another language on the same signage could lead to more cost since the number of words will increase as one of the respondents at Bukoba referral hospital said:

Due to the scarcity of funds, we decided to use some signage with English only on the signage because English normally uses few words compared to Kiswahili. Currently, we are struggling to get funds in order to use two languages on the same signage for

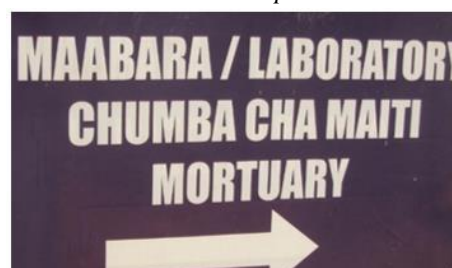
the benefit of our clients and the hospital community in general.

Similarly, respondents provided some examples of words or terms on the signage as evidence to demonstrate monolingual signage in English as it reduces the cost. These include 'theatre' instead of [theatre/*chumba cha upasuaji*], 'mortuary' instead of [mortuary/*chumba cha kuifadhi maiti*], 'gyno' ward instead of [gynaecology ward/ *wodi ya magonjwa ya wanawake*], and 'laboratory' instead of [laboratory/*maabara*].

On the contrary, the consideration of cost may result in ineffectiveness in relation to the aim of the language on signage. In the areas where monolingual language is used tend to exclude people who are not native speakers of that given language. This situation may cause difficulties to the clients as Mdukula (2017) reported in relation to monolingual signage. He says, "This affects the ability to process information as they navigate their way in the hospital compounds" (p. 99). During observation, the study identified some monolingual signage and bilingual signage as indicated in Figure 6.



Bukoba Hospital



Sekou Toure Hospital

Fig.6. Signage indicating both Monolingual and Bilingual Signage

Figure 6. indicates that the left part is designed with monolingual signage while the one to the right is designed with bilingual signage. The study reveals that in designing the signage on the right-hand side, which is bilingual, designers also can require a high amount of money because of the time and number of words included on the signage.

4.2.5 English as the Professional Language for Hospital Staff

The study findings show that English was used on signage because for professional workers in hospital compounds, English is used for reporting the medical conditions of their cases. One of the respondents at Sekou Toure referral hospital said:

We have some information which is meant for the hospital workers only. We believe that workers can read and understand. Some of this information on the signage include *sluice* and *sterilization* rooms where there are purposely for workers only. That is why we decided to use English language in some places around the hospital surroundings.

The researcher also witnessed signage with complex information as illustrated in Figure 7



Fig.7. Sekou Toure Hospitals Signage for Workers

Figure 7. indicates the signage which is meant for workers.

However, it was observed that the clients could be confused with such information. Being the language of daily use and practice, scholars (Akindede, 2011; Martinez, 2014; Schuster et al., 2016) support that the chosen language plays a central role in providing general information to patients and their aides as well as administration in general. Thus, the planners have to

select the best language in relation to the hospital environment.

4.3 BILINGUAL SIGNAGE

This is another reason why bilingual language on signage was used in both of the selected hospitals.

4.3.1 The Nature of the Community

The study findings revealed that bilingual signage is used due to the nature of the communities of the respective hospitals. The hospital community comprises patients and their aides as well as support staff such as cleaners and security guards. Again, hospital management teams reported that sometimes, a single language may not be clear to all; therefore, they said that to solve such a problem, another language was added to supplement the second language. This concurs with the sign-writer's skills as one of the conditions of the theory of language choice on the signage by Spolsky and Cooper (1991) which states, "Write a sign in a language you know" (p. 83). This implies that the presence of bilingual signage complements the understanding of information found on the signage within the hospital community.

4.3.2 Official Languages

The study revealed that Kiswahili and English are used on the signage because they are the official languages in Tanzania. One of the hospital management team members at Sekou Toure said, "There is no way that we can choose the language on the signage without consideration of official languages in Tanzania". This idea correlates with Lusekelo (2019) who comments, "It is obvious that in Tanzania, hybridity is a result of the merge between Kiswahili and English, the two official languages" (p. 45). This implies that the choice of language on the signage considers the official languages of the country.

4.3.3 The Nature of the Area

Most of the hospital management team members said that Bukoba and Sekou Toure are big hospitals; hence, in some areas, patients and their aides, and visitors tend to visit frequently for services such as emergence room and reception. The use of bilingual language on the signage is very crucial as one of the hospital management team members at Bukoba said, "In most cases, workers are too busy to direct clients, in case of any emergence, patients, aides and visitors. The presence of bilingual signage helps them to get direction immediately".

However, hospital management teams reported that bilingual language on signage helps them but in a real sense, even bilingual signage at both Sekou Toure and Bukoba referral hospitals seem to be limited. This brings out some difficulties that the targeted people face. Hence, it can be

concluded that the reasons for displaying bilingual signage in these selected hospitals need to rethink. Through

observation, the study findings showed the bilingual signage as shown in Figures 8 and 9.



Fig.8. Sekou Toure Bilingual Signage



Fig.9. Bukoba Bilingual Signage

Figures 8 and 9 illustrate the presence of bilingual signage at the selected hospitals.

Generally, the findings indicate that the use of bilingual signage is beneficial to the hospital communities. On the contrary, data indicate that very few signs contain bilingual signage at the two hospitals. This implies that the choice of the language on the signage does not favour all the targeted people. Due to this reality, the hospital management needs to increase bilingual signage within the hospital surroundings to make information accessible and clear to most of the targeted people.

4.3.4 Medical Care Provider's Views on the Language Used on the Signage

The medical care providers were asked to provide their views on the reasons for bilingual signage in the hospital surroundings. The study findings reveal different reasons for information on the hospitals' surroundings as explained.

To begin with, referral hospitals normally receive a lot of people from different parts of the country as well as other countries. The presence of bilingual signage helps people who do not understand Kiswahili to opt for English, especially those from outside the country. Also, the use of both English and Kiswahili language helps to display information widely to many people compared to the use of a single language on signage. Finally, Kiswahili is a national

language that is understood by most Tanzanians whereas English is an international language that is used in many countries.

In general, the results correspond with those by Calvera (2019) who did a study on the linguistic landscape of the Valencian community by analysing the bilingual and multilingual signs in three different areas. Calvera asserts, "Bilingual signs have to do with the two co-official languages of the region where the selected language is to communicate additional information" (p. 14). This shows that the use of bilingual signage, especially in multilingual nations or public signposts, gives the right information to the intended people. Thus, the use of two languages is considered reasonable for the benefit of the intended people who can understand the languages used on the signage.

V. CONCLUSION AND RECOMMENDATIONS

This study aimed at assessing the reasons for language choice on signage at Sekou Toure and Bukoba referral hospitals. Based on the findings of the study, the following conclusions are drawn.

Firstly, the study found that monolingual signage in Kiswahili or English language is predominant with 80 percent followed by bilingual signage with 20 percent at both of the selected hospitals. In this case, the selected

languages are beneficial to those clients who can understand the two languages and exclude those who cannot.

Secondly, due to some weaknesses and challenges, the study reveals that some clients fail to understand the information on the signage because of the use of monolingual signage only. This is because the hospital management teams have no guidelines on the choice of language to be used on the hospital signage. That is why some signs are monolingual while others are bilingual.

Thirdly, some clients are not able to understand the language on the signage especially when the information is displayed in a single language (Kiswahili or English). The findings reveal that the selected hospitals also receive their clients from different linguistic backgrounds. Therefore, the selection of bilingual language on signage is very important.

It is therefore recommended that Kiswahili and English should be used on the same signage for the benefit of hospital clients, foreigners and workers. This will ease the understanding of the information on signage around the hospital surroundings. The government should also include guidelines on language choice on the signage in the national language policy. Similarly, the hospital management teams should establish a language policy on the signage which will guide them in selecting the most suitable languages to direct, warn or inform their clients around the hospital's compound. Hence, the selected languages should be the ones that are understood by most people including the international language (in this case English) because it is the language for wider communication.

REFERENCES

- [1] Akindele, O. D. (2011). Linguistic landscapes as public communication: A study of public signage in Gaborone Botswana. *International Journal of Linguistics*, 3(1), 1-11.
- [2] Backhaus, P. (2005). Signs of multilingualism in Tokyo: A diachronic look at the linguistic landscape. *International Journal of the Sociology of Language*, 175-176, 103-112
- [3] Backhaus, P. (2019). *Linguistic landscapes*. In Heinrich, P. & Ohara, Y. (Eds.). *Routledge Handbook of Japanese Sociolinguistics* (pp.158-169). London: Tylor & Frances publisher.
- [4] Benedicto, G. & Tibategeza, E. (2021) The linguistic landscape of regional hospitals in Tanzania: Language Choice on Signage: *Studies in Linguistics and Literature*, 5(4), 2573-6426.
- [5] Calvera, B. L. (2019). The linguistic landscape of the Valencian community: Analysis of bilingual and multilingual signs in three different areas. *Languages*, 38(4), 2-19.
- [6] Cenoz, J. & Gorter, D. (2006). Linguistic landscape and minority languages. *International Journal of Multilingualism*, 3(1)1-6.
- [7] Gambiers, Y. (2014) Changing landscape in translation. *International Journal of society, culture, and language*, 1-12.
- [8] Laitin, D. D. (1992). *Language Repertoires and State Construction in Africa*. Cambridge: Cambridge Univ. Press.
- [9] Lusekelo, A. (2019). The linguistic situation in Orkesmet, an urban Area in Simanjiro District of Tanzania: *UJAH*, 20(1), 29-60.
- [10] Martinez, G. A. (2014). Vital signs: A photovoice assessment of linguistic landscape in Spanish in health care facilities along the USA Mexico border. *The Journal of Communication Health*, 1: 1-21.
- [11] Mdukula, P. C. (2017). The linguistic landscape of Muhimbili National Hospital in Tanzania: Its Implication for access to information. *Journal of Linguistics and Language in Education*, 11(2), 87-108.
- [12] Nofal et. al., (2015). The language of shop signs in Amman: A sociolinguistic study *International Journal of Educational Research and Reviews*, 3(3) 155-156.
- [13] Petzell, M. (2012). The Linguistic situation in Tanzania. *Modernspråk*, 106(1), 136-144.
- [14] Schuster, M. et al. (2016). We are lost: Measuring the accessibility of signage in public, general hospitals. *Language Policy*, 16, 23-38.
- [15] Shohamy, E. (2006). *Language Policy: Hidden Agendas and New Approaches*. New York: Routledge Publisher.
- [16] Shohamy, E., & Gorter, D. (2009). *Linguistic Landscape: Expanding the Scenery*. New York: Routledge (Taylor & Francis Group).
- [17] Spolsky, B., & Cooper, R. L. (1991). *The languages of Jerusalem*. Oxford, UK: Clarendon Press.
- [18] Tibategeza, E. R. (2010). Implementation of Bilingual Education in Tanzania: The Realities in the Schools. *Nordic Journal of African Studies*, 19(4) 227-249.
- [19] United Republic of Tanzania (1995). *Education and training policy*. Dar es Salaam, Tanzania: Ministry of Education and Culture.
- [20] Landscape Study of Zhanjiang, China. *International linguistics, Education and Literature conference 186-192*.