



## Hausa in Hospitals: Exploring Healthcare Communications in Yariman Bakura Specialist Hospital Gusau, Zamfara State, Nigeria

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**Abstract:** This study investigates healthcare communication at Yariman Bakura Specialist Hospital (YBSH) Gusau in Zamfara state, focusing on the use of the Hausa language. A quantitative approach was employed through a self-administered survey questionnaire distributed to both patients and staff (n=200) at YBSH. The survey explored language preferences, dialect variations, challenges, and communication strategies. Purposive sampling ensured a representative sample of staff (doctors, nurses, etc.) and patients with diverse backgrounds. Data analysis focused on the prevalence of Hausa use, dialect variations, and staff perspectives on communication strategies and medical terminology. The study found Hausa as the dominant language (77% of staff, 64% of patients). However, dialect variations within Hausa (particularly Zamfarcic) pose the challenges. The study identified a gap in using Hausa medical terminology. While staff primarily rely on interpreters (50%) and simplified explanations (45%), limited resources and knowledge restrict the use of medical terms in Hausa (5%). To improve communication, the study recommends developing a Hausa medical dictionary (focusing on Standard Hausa and Zamfarcic dialects) and staff training programs on medical terminology. Additionally, a multi-pronged approach that includes interpreters, simplified explanations, and Hausa medical terminology is recommended for effective communication.

**Keywords:** Hausa Language, Healthcare Communication, Dialect Variation, Medical Terminologies, Patient Care.

### Research Paper

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## INTRODUCTION

Effective communication is the foundation of quality healthcare, yet language barriers can hinder this crucial exchange. Studies by prominent Nigerian researchers like Adeduro (2017), who investigated the social and linguistic factors affecting communication between healthcare providers and patients in Nigerian hospitals, highlight the dangers of miscommunication in healthcare settings, including misdiagnosis and incorrect treatment plans. This is especially concerning in local communities where residents may not speak the dominant language used in hospitals.

In Nigeria's Zamfara State, Hausa is the primary language for the majority of residents. Recognizing this linguistic reality, the Yariman Bakura Specialist Hospital, a key healthcare provider since 2013, serves a significant Hausa-speaking population. This study

investigates the use of Hausa within the hospital to improve communication and ultimately, healthcare outcomes for the local community. By exploring the challenges faced by medical personnel in understanding Hausa dialects, the potential benefits of utilizing Hausa for improved patient trust, understanding, and treatment adherence will be examined. Additionally, recommendations for enhancing communication in Hausa, such as staff language training or translated materials, will be proposed. This research aims to contribute to a more inclusive healthcare environment at the Yariman Bakura Specialist Hospital, empowering them to deliver better healthcare through improved patient-provider communication in Hausa.

### Language Barriers in Healthcare Settings

Language barriers in healthcare settings occur when a patient and a healthcare provider do not share a common language, or when communication is hindered

despite sharing a language (Flores, 2015). These barriers can significantly impact the quality of care delivered. Sociolinguists, who study the relationship between language and society, offer valuable insights into the complexities of language barriers in healthcare. Thus, Language barriers extend beyond simply not sharing a common language. Even when a patient and provider share a language, limited proficiency in the medical vocabulary or the dominant dialect can create a barrier (Olsen, 2012). Imagine a patient unfamiliar with medical terms struggling to understand a diagnosis or treatment options proposed by their doctor (Olsen, 2012).

Similarly, Significant differences in dialects or accents can lead to misunderstandings (Lin & Erickson, 2010, p. 124). Words might have different meanings in different regions, or strong accents could make speech difficult to comprehend. Misinterpretations can also arise when healthcare providers use figurative language or idioms that patients don't understand literally (Scarcella, 2003, p. 87). Literacy disparities can create a barrier. Patients with limited reading skills might struggle to understand written instructions or consent forms (Flores, 2015, p. 229). Cultural differences in non-verbal communication like eye contact or gestures can lead to misunderstandings (Lin & Erickson, 2010, p. 132).

### Patient-Provider Communication

Patient-provider communication is a cornerstone of quality healthcare. However, from a sociolinguistic perspective, it's more than simply exchanging information. It's a complex social interaction shaped by language, power dynamics, and cultural backgrounds (Li *et al.*, 2019). Sociolinguists emphasize the importance of considering various factors that can impact this interaction:

#### I. Linguistic Register:

The level of formality and technical vocabulary used can create barriers. Imagine a doctor using complex medical terms while a patient struggles to understand them. Sociolinguists advocate for finding a balance between clear communication and appropriate medical terminology (Li *et al.*, 2019).

#### II. Turn-Taking and Interruption Patterns:

Communication can break down if patients feel rushed or unable to express themselves fully. Sociolinguists highlight the importance of active listening and respectful turn-taking patterns for effective patient-provider communication (Li *et al.*, 2019).

#### III. Non-Verbal Communication:

Facial expressions, gestures, and body language can convey unspoken emotions and influence the interaction. For example, a patient with crossed arms might appear closed off, while a hesitant tone could indicate fear or uncertainty. Sociolinguists encourage healthcare providers to be mindful of non-verbal cues to better understand patients' needs (Li *et al.*, 2019).

#### IV. Cultural Beliefs and Expectations:

Cultural understanding of illness, communication styles, and expectations of HCP interaction all play a role. Sociolinguists emphasize the importance of cultural sensitivity in healthcare communication to bridge potential gaps and build trust with patients from diverse backgrounds (Li *et al.*, 2019).

#### Literature Review

Effective communication between patients and healthcare providers is a cornerstone of quality care. While factors such as infrastructure and funding are crucial, clear communication transcends these tangible elements. This review examines the existing literature on language and communication in Nigerian healthcare, highlighting a significant gap in research on specific language contexts within hospitals. We then propose a case study approach to address this gap, focusing on the use of Hausa, a major Nigerian language, at the Yariman Bakura Specialist Hospital.

Previous studies, including those by Tsaure & Sani (2016), Sama & Sani (2018), and Tsaure & Sani (2024), have emphasized the significance and influence of communication in human social dynamics. On the other hand, several studies underscore the importance of language in healthcare delivery. (Antia & Bertin, 2004) Antia *et al.*, (2003) and Yassin *et al.*, (2003) demonstrate how language barriers can impede effective communication and ultimately, hinder quality care. The World Health Organization (WHO) framework for health system performance further emphasizes this concept through "linguistic responsiveness" (Tandon *et al.*, 2000). This principle highlights respect for patients and client orientation, both of which rely heavily on clear communication. Nigeria's low ranking (187th out of 191) in the WHO assessment suggests a need for improvement in linguistic responsiveness within its healthcare system.

While existing research underlines the importance of language, a critical gap exists in examining specific language contexts within Nigerian hospitals. The vast linguistic landscape of Nigeria presents unique challenges and opportunities depending on the dominant language spoken in a particular region. This study approaches to bridge this gap by focusing on the use of Hausa, a major Nigerian language, at the Yariman Bakura Specialist Hospital Gusau, Zamfara. Research on this specific context is limited, and further investigation is needed to understand the specific challenges and opportunities surrounding Hausa within the hospital setting. Focusing on the Yariman Bakura Specialist Hospital, key areas for further research include:

- i. Prevalence of Hausa-speaking patients: Understanding the proportion of patients who primarily speak Hausa is crucial for assessing the need for language-based interventions.

- ii. Language proficiency of healthcare staff: The ability of staff to communicate effectively in Hausa is essential for ensuring quality care for Hausa-speaking patients.
- iii. Existing strategies for addressing language/Dialect barriers: Investigating current approaches, such as the use of interpreters or translated materials, can reveal their effectiveness and identify areas for improvement.
- iv. Impact of language barriers on patient care: Understanding how language barriers affect patient experiences, including adherence to treatment plans and overall satisfaction, is vital for informing solutions.

By addressing these research gaps, a case study focusing on Hausa at the Yariman Bakura Specialist Hospital can provide valuable insights into the challenges and potential solutions for improving communication and patient outcomes in this multilingual setting. This research aligns with existing literature on language and healthcare delivery, offering a more nuanced understanding of the specific challenges faced in a Nigerian context. This ultimately contributes to the broader goal of enhancing linguistic responsiveness within Nigerian healthcare systems, thereby improving the overall quality of care delivered to patients.

## RESEARCH METHODOLOGY

The study design employed a quantitative approach to gain insights into healthcare communication practices within Yariman Bakura Specialist Hospital. The primary data collection tool used was a self-administered survey questionnaire. The questionnaire was carefully developed and covered key aspects such as preferred languages for communication, use of dialects, challenges encountered and recommendations, frequency of language-related difficulties, and perceptions of communication quality.

To ensure accessibility, the survey was shared via both hard copies and a Google form sent through WhatsApp. This allowed participants who might be on leave or off duty to still have the opportunity to participate in the survey. To accurately gather information from patients and their relatives, the patient questionnaire was translated into Hausa. The research team also enlisted both male and female research assistants who were familiar with the hospital environment and had an understanding of the Zamfarcid dialect. These assistants visited the hospital regularly over two weeks to obtain accurate information. Additionally, the research team explored the possibility

of utilizing Hausa interpreters to assist patients who required further support in communication.

Participant selection was done through purposive sampling to ensure a sample that accurately reflected the hospital population. Participants were selected from various departments and units, including doctors, nurses, pharmacists, laboratory attendants, and administrators for the staff group, and a diverse group with varying backgrounds and medical conditions for the patient group. The target sample size was 200 participants, with an even distribution between staff and patients. This sample size was chosen to ensure statistically significant results.

## Data Presentation and Analysis

This section delves deeper into the findings of the survey conducted at Yariman Bakura Specialist Hospital (YBSH). The survey specifically explored the role of the Hausa language in healthcare communication, focusing on perspectives from both patients and staff.

### Understanding the Communication Landscape

In this section, we examine the prevalence of Hausa among patients. We explore the extent to which Hausa is utilized for communication and identify any variations within the spoken dialects. Additionally, we investigate language-related barriers faced at YBSH. Notably, we consider the potential need for a mini medical dictionary in Hausa, with particular attention to the Zamfarcid dialect.

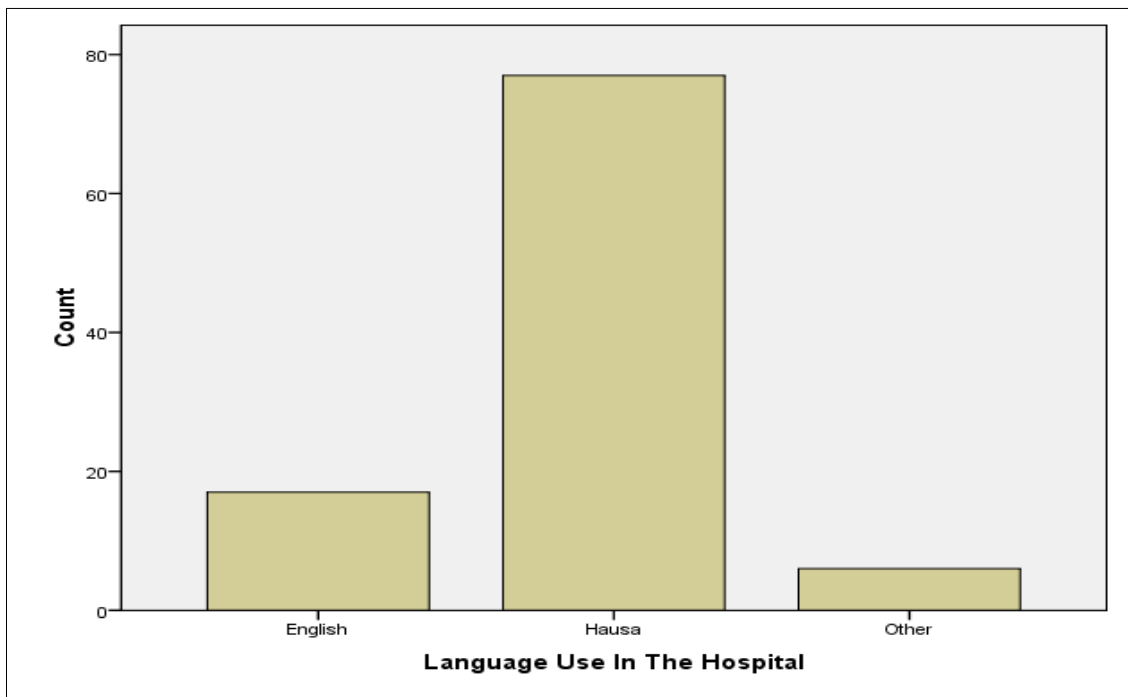
### Language Use in the Hospital

The data presented in Table 1 and the corresponding bar chart in Figure 1 illustrate the primary languages used for patient communication at Yariman Bakura Specialist Hospital (YBSH) among a diverse group of healthcare providers. Doctors, nurses, lab attendants, administrators, and others participated in the survey, reflecting the various departments and units within the hospital. The data reveals a clear dominance of Hausa, with 77.0% of respondents reporting it as their primary language for communication with patients. This dominance is visually evident in the bar chart (Figure 1), where the Hausa bar towers over the bars for English (17.0%) and "Other" languages (6.0%).

The prevalence of Hausa as the primary language of communication highlights a crucial aspect of patient care at YBSH. This data underscores the importance of ensuring healthcare providers are proficient in Hausa to effectively communicate with a significant portion of the patient population. The relatively low usage of English suggests potential language barriers for patients who primarily speak English.

**Table 1: Primary Languages Used for Patient Communication at YBSH**

	Frequency	Percent	Valid Percent	Cumulative Percent
English	17	17.0	17.0	17.0
Hausa	77	77.0	77.0	94.0
Other	6	6.0	6.0	100.0
<b>Total</b>	<b>100</b>	<b>100.0</b>	<b>100.0</b>	



**Figure 1: Distribution of Languages Used for Patient Communication at YBSH**

The information from Table 2 and the corresponding bar chart in Figure 2 sheds light on patient language preferences at Yariman Bakura Specialist Hospital (YBSH). The data highlights a significant preference for Hausa, with 64.0% of patients selecting it as their preferred language. Visually, this dominance is evident in Figure 2, where the Hausa section of the bar chart occupies the largest portion. Following Hausa, we observe preferences for English (13.0%), a combination of Hausa and English (15.0%), and other languages (8.0%) 1. This insight underscores the importance of accommodating diverse linguistic needs to ensure effective communication with patients during their recovery journey.

Dominant Use of Hausa Confirmed, the data reveals a clear alignment with the staff language proficiency. Hausa remains the dominant language preference among patients, with 64.0% selecting it for communication. This finding is visually reinforced in Figure 2, where the Hausa section of the pie chart occupies the largest portion. Importance of Multilingual Support While Hausa is preferred by the majority, the data also highlights the need for a multilingual approach at YBSH. English is the preferred language for 13.0% of patients, followed by a mix of Hausa and English (15.0%) and other languages (8.0%). This aligns with the presence of staff who reported using English and potentially other languages besides Hausa (as indicated by the "Other" category in Table 1).

**Table 2: Patient Language Preferences**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid English	13	13.0	13.0	13.0
Hausa	64	64.0	64.0	77.0
Mix Hausa and English	15	15.0	15.0	92.0
Other	8	8.0	8.0	100.0
<b>Total</b>	<b>100</b>	<b>100.0</b>	<b>100.0</b>	

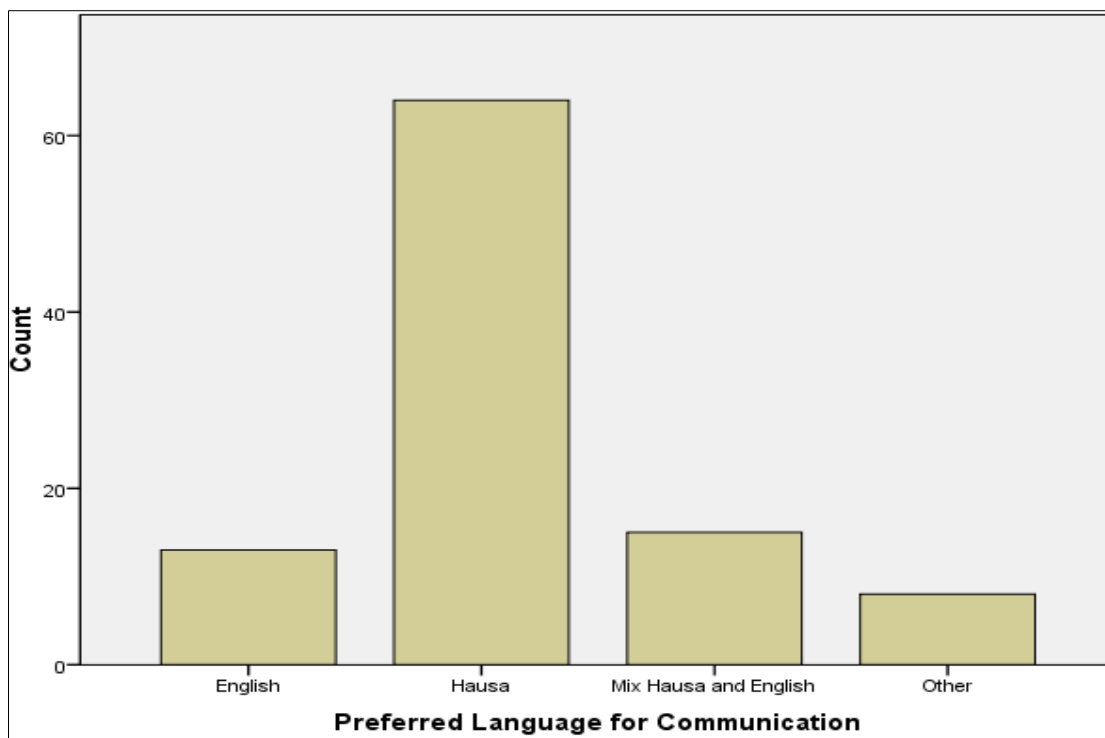


Figure 2: Language Landscape for YBSH Patients

Table 3: Preferred Varieties of Hausa for Communication at YBSH

	Frequency	Percent	Valid Percent	Cumulative Percent
	2	2.6	2.6	2.6
Valid Dialect	34	44.2	44.2	46.8
Mix Hausa and English	18	23.4	23.4	70.1
Standard Hausa	23	29.9	29.9	100.0
<b>Total</b>	<b>77</b>	<b>100.0</b>	<b>100.0</b>	

This table reveals that while a significant portion (77.0%) of staff utilizes Hausa for communication, dialect variation exists within this group. Dialect emerges as the most prevalent variety (44.2%), followed by Standard Hausa (29.9%) and a mix

of Hausa and English (23.4%). This highlights the importance of considering dialect variations and potential code-switching (using both Hausa and English) for effective communication within the hospital setting.

Table 4: Preferred Dialects for Communication at YBSH

	Frequency	Percent	Valid Percent	Cumulative Percent
	33	42.9	42.9	42.9
Valid Sakkwatanci	2	2.6	2.6	45.5
Zamfarci	42	54.5	54.5	100.0
<b>Total</b>	<b>77</b>	<b>100.0</b>	<b>100.0</b>	

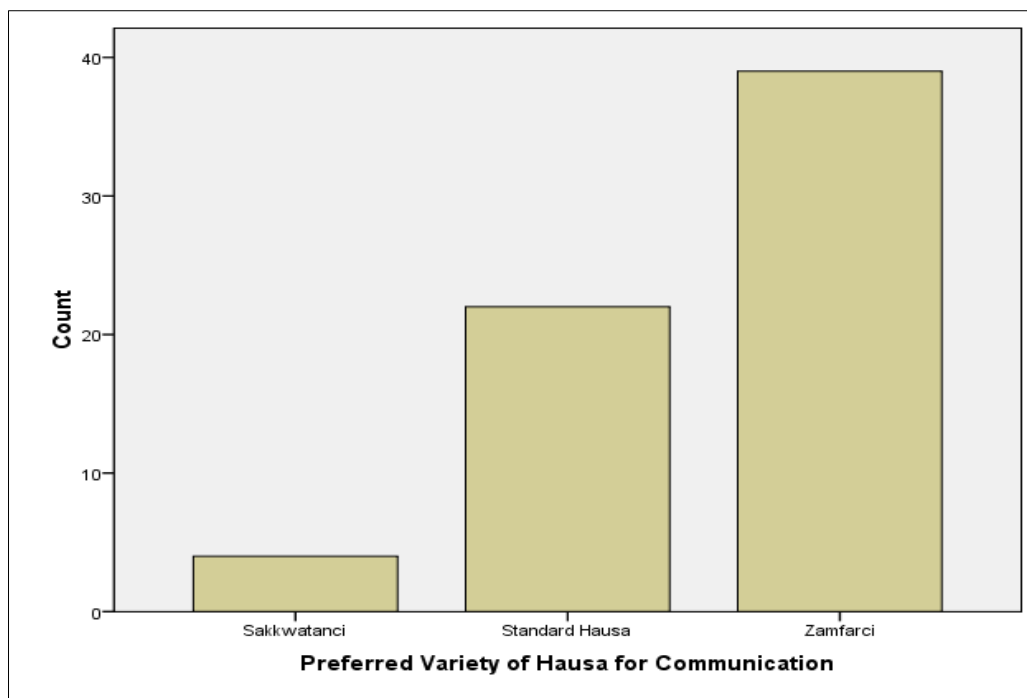
Table 4 delves deeper into the specific dialect used within the broader "Dialect" category from Table 3. It reveals that Zamfarci appears to be the dominant dialect among staff who use dialects. This finding aligns

with the reported challenges in communication with patients from villages who primarily speak Zamfarci and lack English comprehension.

Table 5: Distribution of Preferred Hausa Dialects Among YBSH Patients.

	Frequency	Percent	Valid Percent	Cumulative Percent
Sakkwatanci	4	6.2	6.2	6.2
Standard Hausa	22	33.8	33.8	40.0
Zamfarci	39	60.0	60.0	100.0
<b>Total</b>	<b>65</b>	<b>100.0</b>	<b>100.0</b>	





**Figure 3: Hausa Dialect Landscape among YBSH Patients**

Table 5 and Figure 3 reveal valuable insights for communication strategies. Zamfarci emerges as the most preferred dialect (36%) among Hausa-speaking patients. This likely reflects the hospital's location in Zamfara State, where Zamfarci is the dominant dialect. Staff familiar with Zamfarci can ensure clear communication and build trust with a significant portion of the patient population.

Standard Hausa is chosen by 23% of patients. This formal dialect, used in education and media, offers a widely understood communication channel. Staff proficient in Standard Hausa can effectively interact with patients accustomed to this broader dialect.

While some patients might prefer other dialects like Sakkwatanci (5%), prioritizing Zamfarci and Standard Hausa caters to a substantial majority (59%). This approach fosters better patient understanding, improves trust, and ultimately leads to more effective healthcare delivery at YBSH.

**Thematic Analysis: Staff Responses on Improving Hausa Use in YBSH**

This analysis examines staff feedback regarding improving the use of Hausa in a healthcare setting. A significant portion (80%) of respondents expressed a desire for improved communication strategies. Their suggestions reveal two key themes as follows:

**Theme 1: Addressing Dialect Variations with Qualified Interpreters**

Staff emphasized the need for professional interpreters who are fluent in English, Standard Hausa, and the dominant local dialect, Zamfarci. This highlights

the limitations of relying solely on staff proficiency in Hausa dialects. The variety of spoken Hausa dialects can create communication gaps if healthcare providers are not familiar with the specific dialect used by a patient. Qualified interpreters can bridge this gap, ensuring clear communication and addressing dialect variations for more effective patient interactions.

**Theme 2: Enhancing Communication with Hausa Medical Terminology**

Staff also identified the lack of readily available medical terminology in Hausa as a significant barrier. They suggested creating resources that translate medical terms into Hausa for staff reference. This would enhance their ability to communicate effectively with patients using the appropriate terminology in their preferred Hausa dialect. With access to these resources, staff can explain complex medical concepts clearly and accurately, even if they are not experts in all Hausa dialects.

**Interpretation: A Commitment to Effective Communication**

The staff responses demonstrate a clear recognition of the challenges associated with language barriers and dialect variations in a Hausa-speaking healthcare setting. Their suggested solutions, professional interpreters and Hausa medical terminology resources, directly address these challenges by:

1. Ensuring Expertise in Both Medical Terminology and Dialects: Professional interpreters can handle complex medical explanations while navigating specific dialect variations used by patients.

- Empowering Staff to Communicate Effectively: Staff with access to translated medical terminology can communicate more effectively in the patient's preferred language, even if their dialect knowledge has limitations.

Furthermore, this analysis reveals a commitment among staff at the healthcare facility to

improve communication with Hausa-speaking patients. The proposed solutions aim to bridge language gaps, enhance understanding, and ultimately deliver better healthcare services.

### Medical Terminology in Hausa

**Table 6: Strategies for Overcoming Language Barriers at YBSH**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Medical Terminology	5	5.0	5.0	5.0
Simplified Explanation	45	45.0	45.0	50.0
Use of interpreters	50	50.0	50.0	100.0
<b>Total</b>	<b>100</b>	<b>100.0</b>	<b>100.0</b>	

Table 6 sheds light on how healthcare providers at Yariman Bakura Specialist Hospital (YBSH) address language barriers. The data reveals a multi-pronged approach, with each strategy contributing significantly.

The most frequently reported strategy is the use of interpreters (50%). This highlights their critical role in bridging communication gaps, especially for complex medical discussions where accuracy and nuance are essential. Interpreters ensure clear understanding and informed decision-making for patients who may not be proficient in the language used by healthcare providers.

A significant portion of staff (45%) also utilizes simplified explanations. This demonstrates an awareness of the need for clear and concise communication adapted to the patient's language proficiency. By avoiding complex medical jargon and focusing on key concepts, healthcare providers can improve patient understanding and ensure they are actively involved in their care.

Interestingly, medical terminology in Hausa is the least used strategy (5%). This could be due to several factors. Standardized medical terminology resources in the specific Hausa dialects spoken by the patient population might be limited. Additionally, healthcare providers may not be fully familiar with the specific medical terminology in these dialects. It's also possible that interpreters or simplified explanations are perceived as more efficient or effective for certain situations.

The low use of Hausa medical terminology warrants further investigation. YBSH could explore potential solutions to address this. Developing resources with accurate medical terms in the most common Hausa dialects spoken by patients, in collaboration with language experts, could be a valuable initiative. Additionally, providing staff training programs to enhance their knowledge and use of medical terminology in these dialects could further strengthen communication strategies.

By implementing these suggestions, YBSH can ensure clear understanding for a wider range of patients,

ultimately leading to better healthcare delivery and improved patient outcomes.

### Thematic Analysis: Staff Perspectives on Hausa Medical Terminology in Healthcare

This thematic analysis examines staff responses regarding the use of Hausa medical terminology in a healthcare setting. The findings reveal valuable insights into communication practices and highlight a potential need for improved resources.

#### Theme 1: Limited Use of English Medical Terminology

When asked if they use English medical terminology with patients (Question C1), 70% of staff responded "No". While 30% selected "Yes," the qualitative responses (Question C1, Why?) suggest they primarily do so for "easy communication". This might indicate a lack of readily available Hausa equivalents for some medical terms, leading staff to use English as a fallback option.

#### Theme 2: Awareness of Hausa Medical Terminology, But Limitations Exist

Question C2 (Do you know any Hausa medical terms?) revealed that a majority of staff are aware of some Hausa medical terms. However, the provided examples (Question C2, Examples) focused on basic terms like "malaria," "fever," and "headache." This suggests a potential gap in their knowledge of more complex medical vocabulary.

#### Theme 3: Strong Support for Developing Hausa Medical Terminology Resources

Question C3 (Dictionary of Hausa Medical Terms?) received a majority "Yes" response. The justifications provided in the "Why?" section centered on "bridging the language gap" and "enhancing communication" at YBSH (Question C3, Why Beneficial?). This strong support indicates a staff recognition of the limitations in their current ability to communicate effectively using Hausa medical terminology.

#### Theme 4: Additional Considerations from Staff Comments

Section D (Additional Comments) might reveal further insights into staff experiences and suggestions. These comments could be analyzed to identify any additional challenges or potential solutions related to Hausa medical terminology use.

#### Conclusion: A Need for Enhanced Resources

The staff responses highlight a potential gap in the availability of Hausa medical terminology resources. While staff are aware of some basic terms, the limited use of English terminology and the strong support for a Hausa medical terminology dictionary suggest a need for improvement. Developing such resources could empower staff to communicate more effectively with Hausa-speaking patients using accurate medical language in their preferred dialect.

#### Summary of Research Findings:

This study investigated the role of the Hausa language in healthcare communication at Yariman Bakura Specialist Hospital (YBSH) through a survey administered to both patients and staff.

#### Key Findings:

1. Hausa is the dominant language used for communication at YBSH, with 77% of staff and 64% of patients preferring it.
2. Dialect variations exist within the spoken Hausa, with Zamfanci being the most prevalent dialect among staff (42.9%) and patients (60.0%).
3. Patients also showed a preference for Standard Hausa (23.8%) and a mix of Hausa and English (15.0%).
4. Staff identified challenges associated with language barriers and dialect variations.
5. The most common strategies to overcome these barriers are the use of interpreters (50%) and simplified explanations (45%).
6. Medical terminology in Hausa is the least utilized strategy (5%), potentially due to limited resources or staff knowledge.
7. Staff expressed a strong interest in developing a Hausa medical terminology dictionary.

#### Recommendations:

1. Develop a mini medical dictionary in Hausa, focusing particularly on Standard Hausa and Zamfanci.
2. Provide staff training programs to enhance their knowledge and use of Hausa medical terminology.
3. Continue to utilize a multi-pronged approach that includes interpreters, simplified explanations, and medical terminology in

Hausa (when appropriate) to ensure effective communication with patients.

## CONCLUSION

This study highlights the importance of acknowledging language variations and preferences within the Hausa language for effective communication in a healthcare setting. By implementing the suggested recommendations, YBSH can bridge communication gaps, improve patient understanding, and ultimately deliver better healthcare services.

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