

# Linguistic landscaping in medical settings

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English as a de facto language in Jordanian medical spaces

## Introduction

The field of linguistic landscape (LL) is concerned with monolingual and bi-/multilingual patterns and practices enacted on ‘public road signs, advertising billboards, street names, place names, commercial shop signs, and public signs on government buildings’ (Landry & Bourhis, 1997: 25). Since the publication of Landry and Bourhis’ (1997) research study, much more attention has been paid towards LL research, especially after the appearance of a Linguistic Landscape special issue of the *International Journal of Multilingualism* 3(1) (2006) (reproduced as the book *Linguistic Landscape: A New Approach to Multilingualism* [Gorter, 2006]). There has also been increased discussion of specific locations, such as multilingualism in Tokyo (Backhaus, 2007), English in the neighbourhoods of Johor Bahru City in Malaysia (McKiernan, 2019), and Jawi, an endangered orthography in the Malaysian LL (Coluzzi, 2020).

English in Jordan is not only used for symbolic purposes but is also employed for communicative functions. The English language is the main medium of communication used by many members of the non-Arabic-speaking population in Jordan, especially the foreign economic workforce. Most importantly, English has been the main medium of university instruction in the domains of science, technology, industry, and innovation (cf. Alomoush & Al-Naimat, 2020: 103). The increasing use of the English language in bi-/multilingual advertising has recently attracted the attention of several linguists from a wide range of countries (cf. Alomoush, 2021a, 2021b; Kachoub & Hilgendorf, 2020). Although several LL studies have been recently conducted in the Jordanian context (cf. Al-Naimat, 2015; Alomoush, 2015, 2019, 2021a; Alomoush & Al-Naimat, 2018), it is still a very fertile context for undertaking LL research in

a somewhat under-researched area compared with LL studies conducted in other parts of the world. LL studies undertaken in the Jordanian context to date have not examined visual medical discourse. Exploring signage in the Jordanian medical LL is thus an opportunity to investigate the kind of monolingual and bi-/multilingual patterns and practices carried out in medical settings that have been little examined.

Although Arabic is stated in the Constitution to be the only official language of the state of Jordan, English appears as a de facto language in Jordanian medical discourse, as demonstrated in the extensive use of English on public signs in the visual medical domain in Jordan (see Tables 1 and 2). Hence, the current paper explores the use of English as a de facto language in Jordanian medical spaces from a LL perspective, since this can provide clues as to the value and importance of English in the lives of Jordanians.



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**Table 1: Absolute and relative frequency of occurrences of English and Arabic in the LL of the King Hussein Cancer Centre**

No.	Language/script	Occurrences No	%
1.	Arabic	139	85.0
2.	English	144	88.0
3.	Romanised Arabic	5	3.0
4.	Total	164	100

The use of English has become normalised throughout Jordan, and especially in medical settings, where English is essential to keep up to date with state-of-the-art medical developments. The hypothesis of the current study is that English is as crucially important as Arabic in visual medical spaces in Jordan, despite Jordan being constitutionally a monolingual Arabic-speaking country.

## Methodology

The data collection phase was undertaken between January and March 2021. The data of the current study was obtained exclusively from the King Hussein Cancer Centre in Amman, which was deliberately selected for study on the basis of being the only specialist cancer care centre in Jordan, and one of the most well-known medical centres in the Arab Middle East, treating thousands of patients from a wide range of countries each year. The King Hussein Cancer Centre in Amman was established in 1997 and named after King Hussein I, who died of cancer in 1999. Since then, the Centre’s mission has been to provide the latest and most modern medical care to

cancer patients, alongside ‘education, training, access to research, and public awareness to the citizens of Jordan and the region, in order to decrease mortality and alleviate suffering from cancer with the highest ethical standards and quality of care’ (King Hussein Cancer Centre). The main buildings of the Centre are the Nizar Al Naqeeb Building, the Sheikh Khalifa Bin Zayed Al Nahyan Outpatient Building, and the King Salman Bin Abdulaziz Al Saud Inpatient Tower (King Hussein Cancer Centre).

All the signs in the first and second floors of the Nizar Al Naqeeb Building were recorded, and an illustrative selection were photographed. The signs were analysed according to two main types of writing: monolingual writing and duplicating bilingualism (cf. Reh, 2004). The former includes English-only and Arabic-only signs (see Figures 1 and 2) while the latter is associated with signs provided in both Arabic and English in a completely duplicating pattern (see Figure 1). In addition, the principles of geosemiotics, ‘the study of the social meaning of the material placement of signs in the world’, as enumerated by Scollon and Scollon (2003: 110), were employed to analyse the placement of linguistic tokens and their font sizes in medical spaces.

The unit of analysis in the current study is defined as ‘any piece of text within a spatially definable frame’ (Backhaus, 2007: 55). On the one hand, all signs displaying linguistic information were considered. Each sign, whether it is an instruction, a direction, a medical unit name sign, a waiting area sign, a certificate, a coin donation box, or a leaflet, was counted as a separate sign. On the other hand, signs displaying neither monolingual nor bi-/multilingual writing were not included in the study. In addition, transgressive inscriptions, especially graffiti, which sometimes appeared on desks in waiting areas, were also excluded from examination as being irrelevant to the core research questions of the current study.

**Table 2: Use of languages across the King Hussein Cancer Centre’s LL**

No.	Linguistic pattern	Number of signs	%
1.	Arabic	20	12.2
2.	English	25	15.3
3.	Arabic-English	114	69.5
4.	Arabic-English-Romanised Arabic	5	3.0
5.	Total	164	100



Figure 1. 'Waiting Area' sign in Arabic-English duplicating bilingual writing

Fieldnotes and observations within the on-site fieldwork were written down to provide an ethnographic context for the LL items (see Alomoush, 2021b). Based on my observations of linguistic practices and patterns in use in medical settings, I draw conclusions about a dominant bilingual ideology, i.e. Arabic-English, while 'attitudinal and perceptual information' can also be 'gleaned from observation' (Schilling, 2013: 92).

## Results

As Table 1 shows, English (144 of 164 occurrences, approximately 88.0%) is the most frequently used language in the LL of the King Hussein Cancer Centre, followed by Arabic (139 of 164 occurrences, 85.0%). What is remarkable is that code-mixing practices (five occurrences, about 3.0%) are chiefly underrepresented.

As Table 2 shows, two main languages, Arabic and English, are monolingually and bi-/multilingually used in visual medical spaces in Jordan. The number of LL items are shown in Table 2.

Table 2 shows the bi-/multilingual patterns used in the King Hussein Cancer Centre in Amman. Bilingual Arabic-English (114 of 164 occurrences, approximately 69.5%) is much more frequently used than other linguistic patterns. The names of medical units and departments, sub-centres, waiting areas, and restrooms are usually named in a duplicating Arabic-English pattern such as *غرفة التقارير* *Reporting Room* and *قسم الأشعة التشخيصية* *Diagnostic Radiology Department*. According to the top-bottom placement of languages on signs in visual medical spaces (cf. Scollon & Scollon, 2003: 94), Arabic is usually placed in the top position to symbolise its status as the official language of Jordan (see Figures 1–5).

The majority of linguistic tokens collected in the current study are visible in both Arabic and English in a wholly duplicating bilingual pattern. In most



Figure 2. 'Wait here' sign in response to the spread of COVID-19

waiting areas in the King Hussein Cancer Centre, there are a wide range of information signs, instructions, guidelines, leaflets, and booklets. This is clearly evident in the sign in Figure 1, which shows that the Arabic lettering *منطقة انتظار* in larger font size is completely translated into the English *Waiting Area*.

It is not surprising that English as a de facto language alongside Arabic is also widely used in directions and instructions in the King Hussein Cancer Centre. Figure 2 represents an instruction sign painted on the floor to maintain social or physical distancing among the patients in order to slow down the spread of COVID-19. The message is provided in both Arabic and English in completely duplicating bilingual writing (see Reh, 2004), which shows that English is widely used for visual communication with patients and people speaking a language other than Arabic.



Figure 3. Coin donation box featuring both Arabic and English in a duplicating bilingual format

Coin donation boxes are very widespread and contribute to fundraising campaigns to save the lives of the poor who cannot afford the high expenses of cancer medications and operations. To attain this goal, both Arabic and English in a duplicating format are used to publicise the Centre's fundraising campaigns. The coin box in Figure 3 is duplicated in both Arabic and English. The Arabic wording *داووا مرضاكم بالصدقة*, literally meaning 'Treat your

patients with donations' translated as *Every Coin Saves a Life*, demonstrates that the Arabic text is Arabic-Islamic culture-bound in the sense that it addresses and reminds Muslims in Jordan of the significance of donations in Islam. That is why such coin donation boxes are widespread throughout all types of commercial businesses and stores in Jordan, especially in Amman in such places as shopping malls, supermarkets, restaurants, and bakeries.

Instructions in both Arabic and English are spread all over the centre, particularly at entrances, exits, and lifts. The sign in Figure 4 is a prime example of Reh's (2004) duplicating multilingualism and is placed at every lift entrance door. It seems that the Centre's management team caters to the linguistic needs of all members of speech communities in Jordan.

The Arabic–English–Romanised Arabic linguistic combination (five of 164 occurrences, 3.0%) is much less visible than the aforementioned bilingual patterns. The sign in Figure 5 shows how Arabic, English, and Romanised Arabic are employed as a prime instance of Reh's (2004) duplicating multilingualism, representing a sign used for naming a newly established centre in 2017, which is sponsored by the Prince Sultan Bin Abdulaziz Al-Saud Foundation.

In addition to detailed administrative reports such as radiology reports, such as CT scans, ultrasounds, MRI, and liver function reports which are exclusively written in English, monolingual English signs (25 of 164 occurrences, 15.3%) are scattered everywhere in the Centre, instances of which include a range of instructions such as *Pull* and *Push bar to open*. Figure 6 shows Avagard Instant Hand Antiseptic placed for patients and visitors to the Centre near waiting areas, to kill germs on one's hands that may spread diseases, especially COVID-19.



Figure 4. 'Don't use elevator at fire alarm' sign



Figure 5. Example of medical centre name signs in Arabic–English–Romanised Arabic combination

Certificates of accreditation are exclusively provided in English, which is aimed at symbolising high standards of professionalism and competence to perform medical procedures. According to *The Jordan Times* (2019), the King Hussein Cancer Centre was given the award of ‘MAGNET

accreditation from the American Nurses Credentialing Centre (ANCC), to become the first oncology hospital outside of the US that enjoys membership to the MAGNET Recognition Programme’. The certificate in Figure 7 is a prime example of monolingual writing (Reh, 2004) acknowledging that the King Hussein Cancer Centre is a provider of continuing nursing education. According to our observations and fieldnotes, this type of sign is placed at main entrances and exits, probably to draw the attention of passers-by to the fact that the Centre maintains the high medical standards required by American and European medical institutions.

The Centre offers a variety of leaflets and booklets available in racks at waiting area corners, which are provided in both Arabic and English in a completely duplicating pattern. The leaflet presented in Figures 8 and 9 is provided in both Arabic and English. The leaflet is a prime example of Reh’s (2004) covert multilingualism, where Arabic is completely presented on the other side of the leaflet page in Figure 9.

It is noteworthy that English is ubiquitous in the linguistic construction of leaflets and information about the Centre. Figure 8 shows a leaflet in English used to invite Jordanian nurses to participate in The DAISY Award for Extraordinary Nurse. The leaflet in Figures 8 and 9 is provided in both Arabic and English in a duplicating format. This clearly shows that linguistic landscaping in the King Hussein Cancer Centre is deliberate in



Figure 6. Monolingual English label on Avagard Foaming Instant Hand Antiseptic products



Figure 7. Example of a certificate solely in English placed near main entrances and exits

the sense that signs are presented in both Arabic and English.

Monolingual Arabic signs only account for 12.2% (20 occurrences) of all signs. These signs include instructions, patient complaint and

suggestion signs such as 'افتح الباب اضغط هنا' 'to open the door press here', 'هل لديك اي شكوى' 'do you have any complaints?', and 'هل لديك اي اقتراح' 'do you have any suggestions?'. Arabic-only signs sometimes include some administrative

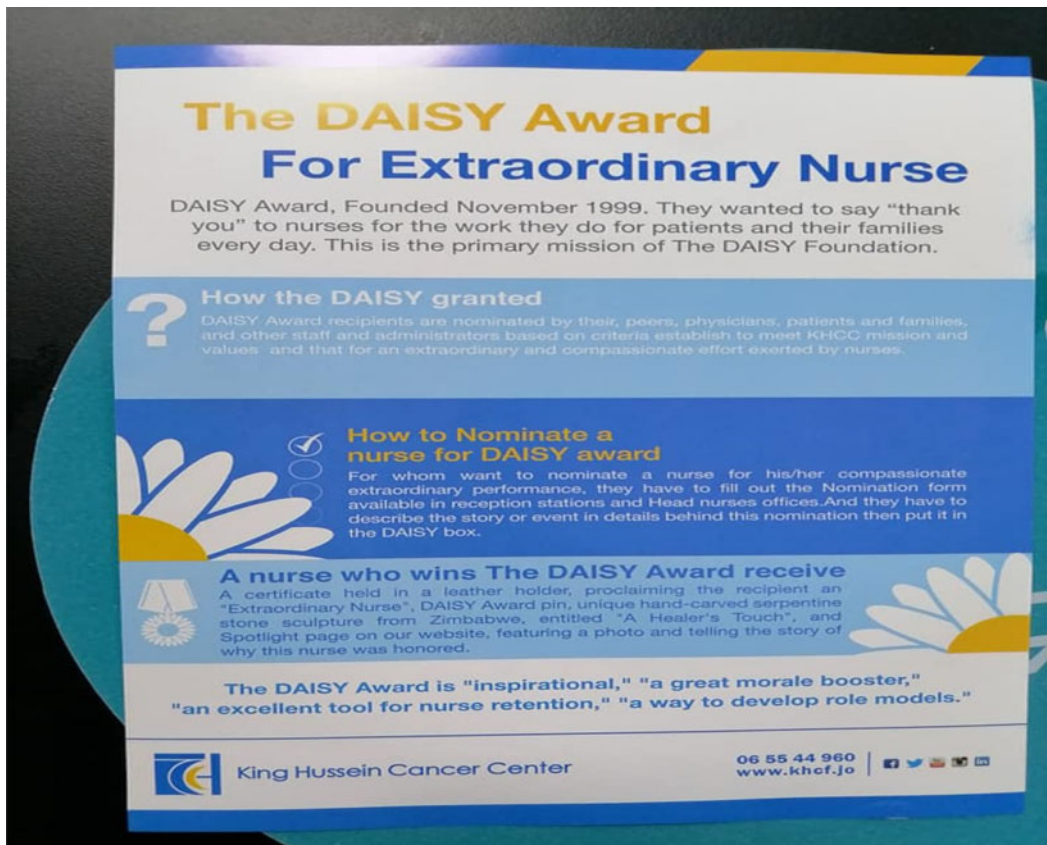


Figure 8. Leaflet featuring English in a duplicating Arabic–English bilingual pattern



Figure 9. Leaflet featuring Arabic in a duplicating Arabic–English bilingual pattern

room names such as 'Diagnostic Radiology Department coordinator' and 'Cannulas Insertion Room'.

## Discussion and conclusions

In the LL of the King Hussein Cancer Centre, both Arabic and English are significantly used in a duplicating bilingual pattern while English-only and Arabic-only signs are used to a much lesser extent. As Table 1 shows, it is unsurprising that the English language accounts for 88.0% (144 of 164 occurrences) of all monolingual and bi-/multilingual signs recorded in the study, whereas Arabic accounts for 85% (139/164). Romanised Arabic, which is little represented in the LL of the King Hussein Cancer Centre, only accounts for 3.0% (five out of 164 occurrences). The figures provided in Table 1 suggest that English is highly represented in Jordan's visual medical discourse, which clearly

indicates that English is primarily conceived as a *de facto* language in medical settings. Within the framework of 'code preference', one of the principles of Scollon and Scollon's (2003) geosemiotics, Arabic normally occupies the top placement of Arabic–English signs in the medical LL, which indicates the fact that Arabic is the official language of Jordan and English is the second most valuable language after Arabic. The distinctive status of English in visual medical spaces is also emphasised through the visibility of Arabic–English signs in a pattern of duplicating bi-/multilingual writing, as suggested by Reh (2004).

The power of English in the visual medical domain of Jordan, as evidenced by the data in Tables 1 and 2 and signs presented in Figures 1–8, is also clearly evident in the domains of education, commerce, fashion, and technology. In comparison with other LL studies conducted in Jordan (e.g. Al-Naimat, 2015; Alomoush, 2021a,

2021b), code-mixing practices, i.e. Romanised Arabic, Arabised English, and Arabinglish, are highly underrepresented, which could be attributed to the fact that English in medical settings often tends to be not intended for the purpose of making appeals to people, but is presumably conceived as a means for communication, being effective and practical in medical institutions. Based on my observations in Jordanian medical discourse and the quantitative data in Tables 1 and 2, in contemporary Jordan, English opens the door widely to ‘modernity, progress, development, and elitism’ (Alomoush, 2021b).

The current linguistic impact of English in the Jordanian LL is unprecedented, and has been intensified by its symbolic and instrumental functions nationwide and worldwide. To keep pace with the latest developments in all domains, particularly medicine, education, technology, and industry, it seems essential to develop competence in English. In this respect, the quantitative data presented in Jordan’s medical LL (see Tables 1 and 2) reflects this perception.

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