Implementation of Innovative Strategies to Increase French Language Services in Three Canadian Health and Social Services Organizations

FINAL REPORT

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Partner organizations

Actionmarguerite, Winnipeg, Manitoba

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EXECUTIVE SUMMARY

Language has been defined as an important determinant of health, and the absence of linguistically appropriate healthcare and social services has been shown to have a negative impact on access to care and health outcomes (Bowen, 2015; de Moissac & Bowen, 2017, 2019; Schwei et al., 2016; Shamsi et al., 2020). Language barriers can lead to poor patient assessment, misdiagnosis, and delayed treatment; poor understanding of diagnosis or treatment; and low confidence in the healthcare encounter. In Canada, two official languages, French and English, are recognized as having equal status under the Official Languages Act (Official Languages Act, 1985). English is the language spoken by the majority of people in all the provinces and territories except Quebec, making French the official minority language in these jurisdictions.

Given that access to French-language health and social services for Francophones living in official language minority communities (OLMCs) can be challenging, the active offer of French language services (FLS) can help ensure safe and quality care. According to Bouchard et al. (2012), the active offer of healthcare services is "a verbal or written invitation to users to express themselves in the official language of their choice" that precedes the request for such services. Active offer practices include greeting the user in both official languages, wearing a form of identification to indicate the ability to provide services in both official languages, and having visual signs within the organization that indicate the availability of services in both official languages.

Although health and social service organizations are increasingly recognizing the importance of actively offering services in both official languages, few studies have examined the organizational factors that influence the implementation of actions to improve FLS. With this in mind, our research team set out to gain a better understanding of the implementation process, factors impacting its success, and barriers encountered by three organizations making changes to improve their services for French-speaking users: a community hospital in Manitoba, a community centre in Ontario, and a health network in New Brunswick.

Research goals

- to gain a better understanding of the implementation process
- to gain a better understanding of the factors impacting its success
- to gain a better understanding of the barriers encountered by three organizations making changes to improve their services for French-speaking users

Actions implemented by the three organizations

Manitoba Community Hospital

(1) Create and display bilingual signage in the emergency, rehabilitation, and geriatric mental health units.
(2) Improve active offer by better identifying bilingual employees and providing "Hello/Bonjour" tags/badges.
(3) Identify and implement strategies to improve recruitment of bilingual staff.
(4) Increase the number of bilingual student placements in the hospital.
(5) Translate pre-surgical forms to be made available in a bilingual format.

Ontario Community Centre

(1) Create a working committee with community members to address FLS issues.
(2) Improve signage in both official languages.
(3) Identify and translate priority documents.
(4) Translate the website to make it available in both English and French.
(5) Improve active offer by identifying bilingual staff and volunteers with "Hello/Bonjour" pins and implement concrete and ongoing active offer practices.
(6) Encourage active offer with cultural and linguistic sensitivity training for staff.

New Brunswick Health Network

(1) Conduct dialogue sessions to gather feedback and comments.
(2) Identify patients' preferred official language in their medical file at first visit.
(3) Identify bilingual staff with the use of tags/badges and/or create a repertoire of bilingual staff.
(4) Create contingency plans to always ensure the presence of bilingual staff.
(5) Improve access to language training for staff.
(6) Create and provide bilingual resources to staff.
(7) Create public awareness tools on the availability of FLS.

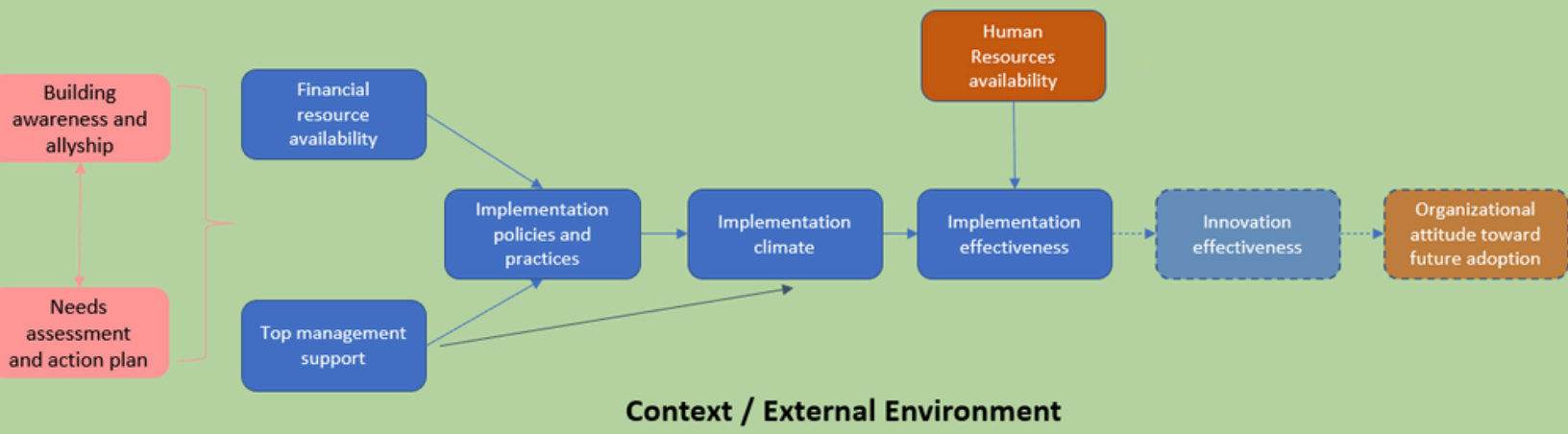
Analysis

The description of the implementation process and experience of the three participating organizations was guided by Sawang and Unsworth's implementation effectiveness model (2011). The model identifies financial resource availability and top management support for implementation as important criteria for proper implementation of policies and practices to improve FLS.

Results

Our results confirm the relevance of the main elements of the Sawang and Unsworth's model, while suggesting the need for some adaptation of the model. The presence of an onsite team dedicated to official languages issues also facilitated the implementation of changes. This study confirmed that shared perceptions of an organization's employees impact the organizational climate for the implementation of new practices. In our study, when managers and employees considered FLS to be a priority, and felt supported in the implementation of new initiatives, the organization's climate for change was positive. However, in organizations with limited bilingual staff and few clients requiring services in French, it is less likely that the organizational climate for the improvement of FLS will be favourable.

Figure: Adapted Implementation Effectiveness Model



The above figure presents the model adapted by our team from Sawang and Unsworth's implementation effectiveness model to reflect the results of our study. In addition to facilitating elements and barriers mentioned in Sawang and Unsworth's model (top management support, financial and human resources, clear and efficient policies and practices, and positive work environment), our study revealed a critical initial phase. Important elements included the need to build awareness around the importance of service delivery in both official languages and to create strong allyship with key players before implementing a new initiative, both within and outside the organization, as well as the need for an initial needs and resource assessment to better identify priority actions to be put into place. Building and maintaining awareness and allyship was a common thread throughout the implementation process of the participating organizations and had a significant impact on the implementation climate and positive attitudes within the organization, and on the motivation to improve FLS, especially when awareness was built in a positive, open manner, and with proper linguistic and cultural sensitivity training. The initial needs assessment was also necessary since the initiatives were not established in advance. The Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of Healthcare and Social Services for OLMCs proved very useful for the participating organizations, giving them an overview of their strengths and challenges, and enabling them to explore areas of opportunity that they had not previously considered. This exercise guided them in identifying their priorities.

Despite this preparation phase, a lack of financial or human resources was an important barrier for certain organizations. Since FLS are not always considered a top priority, targeted initiatives needed to be realistic taking into account both the financial and human resources available and the allotted time frame for implementation. It seems that for organizations in a low-density Francophone context, targeting small-scale initiatives that require limited resource investment has proven to be more successful than implementing large-scale initiatives requiring considerable resources to implement. However, while this factor facilitates the mobilization of organizations, it also brings into question issues surrounding the implementation of larger-scale projects that could have a greater impact.

The importance of laws, policies, and regulations regarding service delivery in both official languages was also observed. When an organization is under the obligation to provide at least some services in both official languages, there is a stronger motivation to prioritize FLS and to receive top management support. The existence of these laws allows Francophone communities to vindicate for better FLS. The presence of an onsite team dedicated to coordinating FLS provision and improvement was also identified as a facilitator.

Discussion

This study has shown that when all stakeholders are aware of the impact of language barriers on the quality and safety of services, and of the importance of offering services in French, it is possible to implement gradual actions to improve services to the French-speaking minority population. The implementation of more substantial changes to address barriers such as a lack of resources remains to be studied. Future research could examine how initiatives such as those implemented are maintained post-implementation and their impact on the quality of services offered to French-speaking users.

INTRODUCTION

Language has been defined as an important determinant of health, and the absence of linguistically appropriate healthcare and social services has been shown to have a negative impact on access to care and health outcomes (Bowen, 2015; de Moissac & Bowen, 2017, 2019; Schwei et al., 2016; Shamsi et al., 2020). In Canada, two official languages, French and English, are recognized as having equal status under the Official Languages Act (Official Languages Act, 1985). English is the language spoken by the majority of people in all the provinces and territories except Quebec, making French the official minority language in these areas.

ACCESS TO FRENCH-LANGUAGE SOCIAL AND HEALTH SERVICES

Access to French-language social and health services for Francophones living in official language minority communities (OLMCs) can be challenging. In one study, over 20% of participants declared that they sometimes choose not to seek healthcare because of the lack of services in their preferred language. For those who do seek care, language barriers can lead to poor patient assessment, misdiagnosis, and delayed treatment; poor understanding of diagnosis or treatment; and low confidence in the healthcare encounter (de Moissac & Bowen, 2019). To mitigate and prevent such negative health outcomes, some jurisdictions have supported French language services through legislative and regulatory mechanisms, changes in organizational policies and culture, drawing on the vitality of the local Francophone community and on opportunities for networking, knowledge mobilization, and training of current and future social services and healthcare leaders and professionals. (Tremblay & Leis, 2021; Savard J et al., 2020a; Vézina, 2017; Savard S et al., 2013). In addition, under the leadership of a national not-for-profit organization, Société Santé en français (SSF), 16 provincial or territorial French Language Health networks (FLH networks) are working to improve equitable access to quality health programs and services in French, by engaging with the Francophone community, facilitating capacity building and pilot projects, and advising provincial healthcare authorities (https://www.santefrancais.ca/reseaux/).

Francophones do not always request services in their own language as they believe services are not available and fear a longer wait time, or they experience linguistic insecurity or lack confidence using French medical terms during a health-related encounter (Drolet et al., 2017). In such a context, the active offer of French-language services (FLS) can help ensure safe and quality care. According to Bouchard et al. (2012), the active offer of healthcare services is "a verbal or written invitation to users to express themselves in the official language of their choice" that precedes the request for such services. Active offer practices include greeting the user in both official languages, wearing a form of identification to indicate the ability to provide services in both official languages, and having visual signs within the organization that indicate the availability of services in both official languages.

The practice of active offer by healthcare providers is not a simple matter when the value inherent to its provision is not recognized or acknowledged through legislation or regulations, regional or provincial health and social service systems, and organizational policies and practices. (Savard J et al., 2020a). There are also challenges to an organization's ability to actively offer services in both official languages, including the difficulty in recruiting and retaining employees able to provide care in both official languages (Savard S et al., 2017). Even for organizations mandated to offer FLS, it may be a challenge to provide these services, offer them actively, or integrate active offer throughout the continuum of services to ensure a coherent and complete offer of health and social services in the minority official language, at each access point throughout the health system and in relation to social services (Tremblay, Angus & Hubert, 2012). Better coordination and integration of services available in the minority language would increase access and benefit the populations concerned.

While health and social service organizations are increasingly recognizing the importance of actively offering services in both official languages, few studies have examined the organizational factors that influence the implementation of actions to improve FLS. With this in mind, our research team set out to gain a better understanding of the implementation process, success factors, and barriers encountered by organizations that are making changes to improve their services for French-speaking users.

RESEARCH OBJECTIVES

Through a participatory community research approach (Israel, Eng, Schultz & Parker, 2013; Minkler & Wallerstein, 2008), the objective of our project was to support health and social service managers and decision-makers in following an efficient process to improve access to and integration of official language minority services by providing them with reflection and decision-making tools. Two tools were developed by the GReFoPS based on a conceptual framework (Savard et al., 2020b) and were expected to be useful for decision-making in various contexts: The Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of Healthcare and Social Services for OLMCs (Savard, S. et al., 2021) and the accompanying Directory of Innovative Practices in Health and Social Services in Official Language Minority Contexts (Savard, J. et al., 2021). Innovative practices from this Directory were incorporated into the Self-Assessment Tool.

The research involved two phases:

- **Phase 1 aimed at validating the Self-Assessment Tool with a larger sample.**

- **Phase 2 had two objectives:**

a. Verify if the Self-Assessment Tool is helpful to organizations seeking to identify priorities aimed at improving FLS.

b. Document the implementation of FLS action plans from three organizations working towards meeting the needs of French-speaking users in a minority situation.

After briefly describing our conceptual framework and the validation of the Self-Assessment Tool, the current report will describe the implementation process of three health and social service organizations in more detail. These participating organizations expressed an interest in improving their FLS and active offer to better serve the Francophone community and in implementing actions, in collaboration with the research team, that would address their priority concerns.

CONCEPTUAL FRAMEWORK: MODEL OF IMPLEMENTATION EFFECTIVENESS

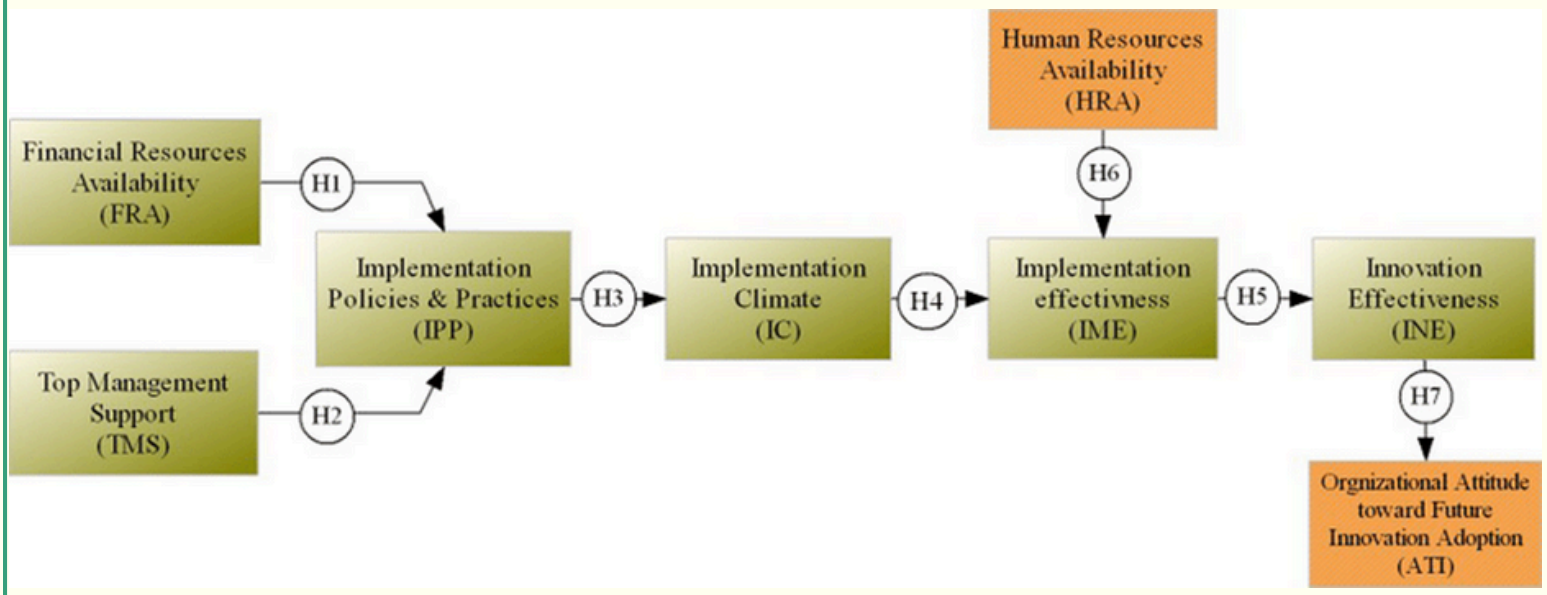


Figure 1: Sawang, S. & Unsworth, K. (2008). Innovation implementation effectiveness: a multiorganizational test of Klein Conn and Sorra's model. https://www.researchgate.net/publication/38183961

Sawang and Unsworth's (2008, 2011) implementation effectiveness model was used to examine the implementation process of three organizations. This model was helpful in the analysis of challenging and facilitating elements experienced by these organizations, and the categorization of the qualitative data.

Sawang and Unsworth (2008, 2011) enhanced and validated Klein, Conn, and Sorra's (2001) implementation effectiveness model, which studied the implementation of computerized technology in manufacturing plants. Sawang and Unsworth (2011) tested the model in small businesses in the context of product innovation, process innovation, and management innovation.

Zaltman, Duncan, and Holbex (1973) define innovation as "an idea, practice, or material artifact perceived to be new by the relevant adoption unit" (cited in Sawang and Unsworth, 2008), whereas Klein, Conn, and Sorra (2001) define it as "a technology or practice that an organization is using for the first time, regardless of whether other organizations have previously used the technology or practice." (p. 811). Sawang and Unsworth (2008) integrated various definitions and defined innovation as "a broad conceptualization ranging from new ideas, systems, technologies, products, processes, services, or policies that is new to the innovating organization" (p. 16). For the purpose of this study, we retained Sawang and Unsworth's broader definition. Innovation adoption is defined by Klein et al. (2001) as "an organization's decision to install an innovation within the organization. Adoption is a decision point, a plan, or a purchase." (p. 811). They also explain that implementation follows adoption and is "the transition period during which targeted organizational members ideally become increasingly skillful, consistent, and committed in their use of an innovation" (Klein et al., 2001; p. 811).

Sawang and Unsworth's model includes the following components:

FINANCIAL RESOURCE AVAILABILITY
To engage people in the implementation process and in applying an innovation, organizations need to provide supportive schemes, training, rewards and/or incentives, and effective methods of communication and/or technical support, all of which can incur substantial financial costs. In the absence of sufficient financial resources, an organization may find it challenging to offer this support.

TOP MANAGEMENT SUPPORT
Support from top management refers to "the degree to which senior management views the implementation activities as a top priority and critical to organizational effectiveness" (Sawang et al., 2011; p. 7). In their literature review, Klein et al. (2001, p. 814) posit that the more committed managers are to implementation, the more likely they are to invest in and monitor the quality of implementation policies and practices.

IMPLEMENTATION POLICIES AND PRACTICES
Klein et al.'s (2001) original model suggests that financial resource availability and management support for implementation foster high-quality implementation policies and practices. In particular, organizational policies and practices include:

- (a) the quality and quantity of an organization's efforts to train organizational members to use the new technology; (b) user support – the provision of technical assistance to technology users on an as-needed basis; (c) rewards, such as promotions, praise from supervisors, or improved working conditions, for technology use; (d) effective communication regarding the reasons for the implementation of the new technology; (e) the provision of time for users to experiment with the new technology; as well as (f) the quality, accessibility, and user-friendliness of the new technology itself (Klein et al., 2001, p.813).

Sawang et al.'s (2011) study showed a lack of association between financial resource availability and implementation policies and practices, proposing that different types of innovations may affect this link. For example, Klein et al. (2001) examined a radical innovation producing extensive organizational, operational, and managerial changes, at a sizable cost. In contrast, incremental innovations, such as upgrades to technology or modifications to existing products or services, are less likely to require this level of financial investment. Sawang et al.'s (2011) study investigated both incremental and radical innovations. As such, these researchers propose that radicalness may affect the relationship between financial resource availability and implementation policies and practices.

IMPLEMENTATION CLIMATE
Klein et al. (2001) define implementation climate as "employees' shared perceptions of the importance of innovation implementation within the organization. If employees perceive that innovation implementation is a major organizational priority—promoted, supported, and rewarded by the organization—then the organization's climate for implementation is strong" (p. 813).

The model posits that organizational policies and practices influence the implementation climate. According to Sawang et al. (2011): "Given that senior managements deliver the importance of the implementation message to organizational members through the endorsement of various policies and practices, the members should perceive the implementation as a top priority" (p. 8). Moreover, Sawang et al. (2011) found that top management support had a significant impact on the policies, practices, and climate related to the implementation process. These researchers added a direct relationship between upper management support and implementation climate in their enhanced model, calling for their endorsement of activities that foster implementation effectiveness, such as clarifying communications, providing supportive policies, and reducing organizational resistance.

IMPLEMENTATION EFFECTIVENESS

Implementation effectiveness is "the consistency and quality of targeted organizational members' use of the specific innovation," or how smoothly the implementation went (Klein et al., 2001; p. 812). According to this model, a positive implementation climate should lead to implementation effectiveness, where Sawang et al. (2011) noted that "related research suggests that organizations that view changes positively are more likely to make those changes smoothly," despite no direct research supporting this link (p. 8).

HUMAN RESOURCES AVAILABILITY

Sawang and Unsworth (2011) add that although implementing new technologies and/or practices may enhance work effectiveness, it may also require more skillful and competent organizational members to implement and apply the innovation. Managers would therefore need to recognize the importance of skilled human resources to oversee the implementation and use of the innovation. Therefore, in their enhanced model, Sawang and Unsworth (2011) add that human resource availability is positively and significantly related to implementation effectiveness. As such, managers need to engage with employees to take on the implementation process as an organization. Sawang and Unsworth (2011) make the following suggestions for managers:"(1) provide clear communication about the implementation process; (2) empower employees to participate in the implementation plan, and (3) recognize the employees' contribution to the implementation process." (p.24). Employees who perceive the implementation as a priority (i.e., promoted, supported, and rewarded by the organization) tend to be more engaged and contribute to successful implementation.

INNOVATION EFFECTIVENESS

Implementation effectiveness is therefore related to innovation effectiveness, which Sawang et al. (2011) define as "the organizational realization of benefits from the adopted innovation and can be seen as a function of implementation effectiveness, that is a smooth process (e.g., fewer problems during implementation or a less complicated implementation process) and organizational members' acceptance" (p. 9). Klein et al. (2001) define innovation effectiveness as "an organization's realization of the intended benefits of a given innovation (e.g., improvements in productivity, customer service, and morale)" (p. 812).

ORGANIZATIONAL ATTITUDE TOWARD FUTURE INNOVATION ADOPTION

Lastly, Sawang and Unsworth's (2011) enhanced model of implementation effectiveness goes beyond the implementation stage by incorporating a post-implementation stage. The authors add that when members of an organization perceive that the innovation is effective, they have a more positive attitude toward future innovation adoption. Therefore, they posit that innovation effectiveness is positively and significantly related to organizational attitudes towards future innovation adoption.

PHASE 2: VALIDATION OF THE SELF-ASSESSMENT TOOL

This section will describe the method selected to validate the Self-Assessment Tool, as well as the results pertaining to this first objective of the project.

The Self-Assessment Tool was created in 2016 and was a collaboration between our research team, the Société Santé en français, and two Ontario healthcare and social service planning organizations. The first pilot testing was done in 2017 and involved managers from five social and health organizations in Ontario, as described in Savard S et al. (2020). In the current project, the tool was validated for a second time in 2018-2019 and involved 26 managers from 11 organizations in three Canadian provinces (Ontario, Manitoba, and New Brunswick).

METHOD

The 26 managers completed the Self-Assessment Tool and identified priority actions that would help their respective organizations better serve the Francophone population. The research team provided a personalized report for each participating organization based on their responses in the Self-Assessment Tool. These reports used the Self-Assessment Tool's dimensions to identify the organization's strengths and challenges when delivering services to the Francophone population, as well as the organization's FLS priorities. The report also provided examples of best practices and recommendations from the research team to help increase the active offer of FLS across the continuum of social and health services within their organization.

After completing the Self-Assessment Tool and receiving the personalized report, managers participated in a focus group to provide feedback on their experience and suggestions to improve the Tool.

RESULTS

During the focus group, managers reported that the Self-Assessment Tool prompted them to identify what could be done within their organization to anticipate and respond to their French-speaking clients' needs. Qualitative analysis of the focus group verbatim demonstrated that the Self-Assessment Tool:

- Provides a complete picture of the organization's strengths and gaps in providing FLS;
- Prompts a deep reflection on the organization's readiness to work on improving FLS;
- Helps identify top priorities for improvement; and
- Provides examples of existing practices that have been deemed successful.

Based on feedback received from managers during the focus group, a final revision of the Self-Assessment Tool was done in 2021. The revised version is shorter, more user-friendly, and easily accessible in fillable and printable PDF format (Savard, Savard, Van Kemenade, Benoît, 2019, rev. 2021).

PHASE 2: CHANGE IMPLEMENTATION

This section will present the method selected and results obtained from the second phase of the study, which met both Phase 2 objectives, given that they relate to the implementation of initiatives aimed at improving FLS in three organizations from three different provinces.

PARTICIPATING ORGANIZATIONS AND THEIR PROVINCIAL CONTEXT

The organizations participating in the validation of the Self-Assessment Tool were invited to continue the research process and work with the team to implement priority actions that would help better serve the Francophone community. Two organizations, one in Ontario and one in Manitoba, expressed an interest in the follow-up study, while the third organization in New Brunswick was already implementing important changes to improve their FLS and agreed to share their experience with us. The three organizations are described below, and their provincial context is described more extensively in Appendix 1.

Community Hospital in Manitoba

In Manitoba, where French is the first official language spoken by 3.1% of the population (Statistics Canada, 2023), the overall management of French-language health and social services is supported by a combination of legislation and Francophone community engagement.[1] For instance, The Regional Health Authorities Act (SM 1996, c. 53) encompasses the French-Language Services Policy (2017) and the Bilingual and Francophone Facilities and Programs Designation Regulation (2013). The French-Language Services Policy applies to designated bilingual health authorities and facilities that are mandated to provide health and/or social services in French.

The participating organization from this province is a community hospital that offers a wide range of inpatient and outpatient services. In 2017, the Regional Health Authorities (RHAs) began a clinical consolidation plan to improve patient care and wait times within its facilities, which also changed the way FLS are provided within the region's hospitals. Prior to the consolidation, FLS were primarily offered by another hospital located in a more Francophone neighbourhood. After the implementation of the plan certain designated bilingual services were transferred to the community hospital, and partnerships were established with bilingual family physicians from the Francophone health centre in Winnipeg. Following this restructuring, the Winnipeg Regional Health Authority (WHRA) had to ensure that services in French would be maintained.

At the time of this research project, only urgent care, patient-client relations, and inpatient beds on certain units (Geriatric Mental Health, Geriatric Rehabilitation, and Family Medicine) were designated as bilingual in this community hospital. With the new bilingual mandate for specific units and services, the community hospital was working on building bilingual capacity to offer better FLS. The interest to participate in the study and receive relevant guidance in the process allowed us to collaborate with two managers of patient care from different units.

[1]For more information about the context of FLS in Manitoba, see Appendix 1.

PHASE 2: CHANGE IMPLEMENTATION

Community Support Centre in Ontario

In Ontario, where French is the first official language spoken by 4.3% of the population (Statistics Canada, 2023), overall management of French language health and social services is also supported by a combination of legislation and community engagement.[2] The French Language Services Act (FLSA) guarantees a person's right to receive services in French in designated facilities in publicly funded para-governmental sectors (e.g., hospitals, Children's Aid Societies, community agencies, and long-term care facilities).

The participating organization from this province was a non-profit community support centre that offers services such as Meals on Wheels, food security, transportation, home support, and an adult day program. During the COVID-19 pandemic, the organization also launched a "virtual community centre" to allow clients to continue to socialize by participating in a variety of virtual programs (e.g., fitness, yoga, crafting, bingo, etc.). Designated under the FLSA as an organization that would provide French language services, the Centre strived to establish practices that would ensure the active offer of their services in both official languages, given that 4.7% of the population they serve is composed of Francophones (population aged 65 years and over in the Windsor-Sarnia Economic Region, Canadian Heritage, n.d.). The project was carried out with the centre's CEO and a program coordinator. This community support centre also had external incentives to improve their French language services, that gave participants in the project access to guidance and support from the research team.

Health Network in New Brunswick

In New Brunswick, the only official bilingual province in Canada, French is the first official language spoken by 30.8% of the total population (Statistics Canada, 2023). New Brunswick's overall management of French-language health and social services is supported by legislative provisions, as well as robust Francophone and Acadian community engagement. In comparison to those implemented in Manitoba and Ontario, the legislative provisions in New Brunswick are much more extensive.[3]

New Brunswick's Official Languages Act (2002) requires that all publicly funded health facilities in each Regional Health Authority provide services to members of the public in their official language of choice.

An active offer of services in the official language is required by legislation, and each organization can use one or both official languages in their day-to-day operations.

The participating organization from this province was a health network that operates 12 hospitals and more than 100 medical facilities, clinics, and offices across the province. They provide services ranging from acute and specialized care to community-based health services.

[2] For more information on the context of FLS in Ontario, see Appendix 1
[3] For more information on the context of FLS in New Brunswick, see Appendix 1

PHASE 2: CHANGE IMPLEMENTATION

METHOD

This section presents the method used to study the implementation processes carried out in the three participating sites. Data collection and analysis are described in the following section, including the impact of the COVID-19 pandemic.

Data Collection

Data was collected throughout the second phase of the research process and included note taking and semi-structured interviews. The Chief Executive Officer and a program coordinator from the Ontario site and two patient care managers from the Manitoba site met regularly (total of five to six meetings) with the research associate, during the formulation of an action plan and the implementation process from winter 2020 to spring 2021. These meetings were conducted using action research principles and included documenting the progression of the plan and collaboratively searching for solutions, as needed. In New Brunswick, two qualitative semi-structured interviews were conducted with one of the network's official languages advisors to document the initiatives being implemented by the health network without the support of the research team. Documents and examples of initiatives and resources were also shared. For the three sites, qualitative interviews were conducted both at the end of the implementation phase (April-May 2021), and a few months later (February-March 2022) to capture achievements.

- **Action Plan**

The first step was to create an action plan for each organization. To do so, managers from the Ontario community centre and the Manitoba community hospital used the Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of French Language Healthcare and Social Services to conduct their organizational needs assessment. After the participating managers from both organizations completed and reviewed their results from the Self-Assessment Tool, a brainstorming process was conducted first with the research team, and then with colleagues in the organization. The brainstorming session with the research team sought to identify and formulate concrete and feasible actions to improve FLS. During this session, the research team evaluated the top priorities identified by the organization in the Self-Assessment Tool and offered ideas that aligned with these priorities. The research team also provided tools to facilitate organizations' planning of the implementation process: a classification grid to rate ideas according to their feasibility (see Appendix 2), a table of existing practices in relation to the five sections of the Self-Assessment Tool (see Appendix 3), as well as an implementation timeline that was completed collaboratively (see Appendix 4).

Following this initial brainstorming session with the two organizations, managers continued the process with other managers and/or staff to assess their organization's capacity and readiness for these changes and completed the classification grid to choose and plan the four or five actions to be implemented.

The New Brunswick health network had previously conducted a survey of staff, patients, and visitors on the quality of active offer. This served as a first needs assessment for this organization, although certain facilities within the network also completed the Self-Assessment Tool. Following the survey, a series of focus groups (which they called dialogue sessions), were held with staff members with a view to building awareness, gaining allyship, and identifying possible actions. While the New Brunswick managers, who were already engaged in their own FLS improvement project, did not feel the need to obtain support from the research team, they consented for their implementation process and innovative actions to be documented and shared with the other participating organizations.

PHASE 2: CHANGE IMPLEMENTATION

- **Implementation Process**

The research team provided a customized implementation grid to the Ontario and Manitoba organizations (see Appendix 5), which was then used to plan the timeline, necessary steps, material and human resources, and milestones for each initiative. During each of the meetings with the participating organizations, the research associate guided the managers through the implementation steps; noted each organization's achievements, challenges, and updates in the grid; and shared best practices and ideas from other organizations and the Directory of Innovative Practices (Savard J et al., 2021).

Given that they had already implemented various practices, the official languages advisor of the New Brunswick health network described their achievements and implementation process through interviews, and by sharing documents with the research associate.

- **Achievements**

During the spring of 2021, semi-structured interviews were conducted with the five managers from all three organizations to evaluate the achievements with regard to the implementation process. Managers were asked about their overall experience in the implementation of their initiatives, their motivation and confidence in the process, barriers encountered along the way and supporting resources, the organizational climate, support from higher management, human and financial resources, outcomes, and perceived sustainability of the implemented initiatives. A follow-up interview was conducted in early winter of 2022 to determine if there had been other action plan developments, if the initiatives remained in place, if any feedback had been received, and if the organization felt motivated to implement further initiatives to improve FLS.

Data Analysis

Data from the meetings, the semi-structured interviews, and the shared documents were compiled using NVIVO-10 software and were analyzed following a thematic analysis initially inspired by Sawang and Unsworth's model of implementation effectiveness (Sawang & Unsworth, 2008, 2011). The research associate conducted an initial analysis of the documents and transcripts, and a validation process was carried out with the other researchers in the context of three one-and-a-half to two-hour meetings. During these meetings, the themes were discussed and some of them were clarified, modified, or combined. Our analysis led us to adapt Sawang and Unsworth's model, as discussed in the Results section.

Impact of the COVID-19 Pandemic on Project Activities

The research project was carried out between 2017 and 2022 and was affected by the COVID-19 global pandemic that began in late 2019. The pandemic impacted hospitals and healthcare facilities around the world, with many hospitals having to postpone non-urgent care or surgeries, deal with outbreaks, healthcare worker overload and burnout, staff shortages, restrictions on visitation rights, and a shift in focus to other healthcare priorities. In this study, the implementation process in the three organizations was slowed down or temporarily suspended due to the pandemic. For example, the New Brunswick network's dialogue sessions were put on hold and later transferred to an online format. The community hospital in Manitoba felt they were unable to move forward as they would have liked, having to first deal with outbreaks and staff shortages. The added stress of the pandemic also led the community centre in Ontario to realize how much they needed the extra help to attain their objectives.

PHASE 2: CHANGE IMPLEMENTATION

RESULTS

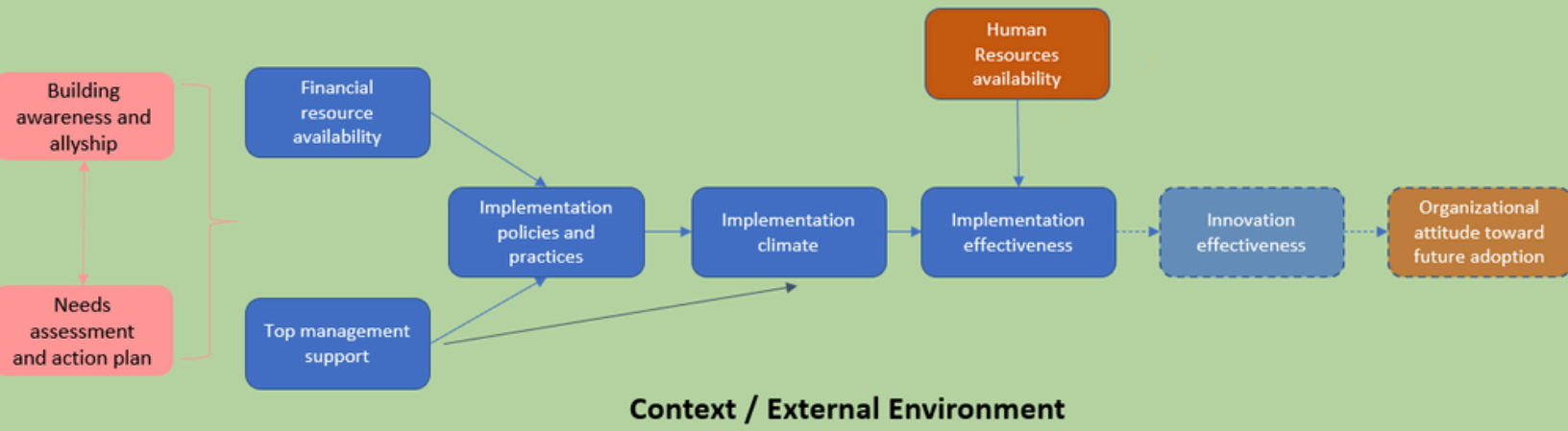
The description of the implementation process and experience of the three participating organizations was informed by Sawang and Unworth's implementation effectiveness model (2011).

In analyzing our data, we saw how successful implementation relies on alliance building and a thorough needs analysis. In the context of our study, it was essential that managers and employees fully appreciate and understand their clients' linguistic needs and the importance of ensuring the delivery of safe and quality services in both official languages. Without proper awareness, managers and employees may not sufficiently perceive the need to implement the targeted initiatives and thus may not necessarily adhere to the changes. We also noted that fostering allyship and consolidating relationships with colleagues or key players before embarking on the change process driving innovation implementation was necessary to establish and mobilize the team both within and outside the organization.

We therefore decided to adapt Sawang and Unsworth's model by adding a pre-implementation phase during which the organizations prepared for the implementation of their action plan. This pre-implementation phase includes two components: (1) building awareness around the importance of FLS and allyship with colleagues or key stakeholders, and (2) conducting a needs assessment to develop an action plan.

We have also incorporated the implementation process within the provincial and linguistic context and external environment. The Francophone population is very diverse and differs from one region to another. Also, as indicated above, each Canadian province and territory has their own laws and regulations governing healthcare and the language of service delivery, which will impact each organization's financial and resources availability, as well as any pressure they may have to improve their active offer of FLS. It was thus important for us to consider the organizational context and external environment when examining each participating organization's process and experience.

Figure 2: Adapted Implementation Effectiveness Model



Building Awareness and Allyship

Among the organizations participating in our study, awareness of the importance of FLS was not always apparent, nor was it consistent across the organization. For example, some employees believed that FLS only involved those directly concerned with French language services. One manager stated, "I just think if you're not really involved in French-language services, you just don't necessarily feel like you need to be at all responsible for any of that work. So, it tends to just fall to certain people to move that work forward." (MAN2). Due to the multicultural setting, "FLS offer" is comparable to "service offer" in any other language. FLS was often not seen as a priority given that many clients spoke languages other than English and/or French.

I think they [frontline staff] understand that people that are French-speaking, it's important for them to receive service in French. But I also think that based on the number of different cultures and languages that we see at our sites, they probably don't think of French as any different than...Arabic or Punjabi, or you pick a language, right?...It just becomes another language in which we need to try to serve our patients. Which is unfortunate because French is obviously our second official language, but the lived experience is that most of our patients speak other languages other than French. (MAN2)

'Why do we want to serve all these people and put all our resources for this only, like, I don't know, 12% of the population? That doesn't make sense!' That's the feedback that I received often in the active offer dialogue session..., but when that 12% of the population turns into 5,500 people, that makes more sense… that to me drives the message home better than 12%. (NB1).

While there are FLS policies, many staff members are not aware of them, or see no incentive to be familiar with that information. Even the French-speaking staff do not always understand the impact of actively offering services in French, as "they are happy to do it because they speak French…but I don't know that it's translating all the way down to how this benefits our patients regularly." (MAN2).

I don't know that a lot of the staff really know about the policies that are listed and the information in French-language services. Particularly if they don't speak French, there's less incentive for them to be familiar with that kind of information. (MAN2).

Misconceptions about the importance of FLS also often created hesitancy among staff, sometimes coupled with the fear of losing job opportunities if they were not bilingual. The New Brunswick official languages advisor noticed that some people were more negative because they "might have been jaded because there was a job that was posted bilingual, and they thought they were a shoo-in for it because they had the seniority. There's the odd times that people were jaded for those reasons, yeah." (NB1).

Raising staff awareness early in the process about the importance of offering services in the official language of choice was deemed important. The New Brunswick health network therefore organized dialogue sessions with managers and staff. The organization's previous surveys on the quality of active offer of FLS in the network's facilities demonstrated that some services were doing well, while others were experiencing challenges. It was therefore deemed that the starting point for improvement would be to ensure awareness and compliance of all staff and management with the with the province's Official Languages Act, and to promote best practices in both official languages to ensure patient- and family-centred care. The primary objective of the dialogue sessions was to foster communication with staff and managers to obtain comments, opinions, and recommendations that would promote adherence to active offer practices and improve FLS quality. However, challenges encountered included the difficulty in obtaining support from managers and the fact that some managers did not have the budget to replace employees participating in the sessions. Some misconceptions about the provision of FLS were also the source of challenging conversations during the sessions. The session facilitators needed to be appropriately trained to lead respectful and productive discussion. According to the official languages advisor, the dialogue sessions were successful in breaking down the preconceptions of FLS, and in promoting a better understanding of both the importance of cultural awareness to better serve French-speaking service users, and the active offer of services in both official languages. The dialogue sessions also led to concrete actions, such as patient language identification, contingency plans, and reminder tools, which will be discussed later.

The other participating organizations did not go into a comparably deep awareness building process at that point of the project. However, one staff member described collaboration with the research team and the regional official language officer as an "eye-opener" in understanding the lack of FLS delivery in their organization.

Awareness and allyship building often went hand in hand. The New Brunswick health network's dialogue sessions were useful to consolidate alliances among the official languages advisors, department managers, and staff. The role of the network's official languages advisors was often misunderstood, given that "people didn't know who official language [advisors] were. I mean, they knew they were there…but the whole concept of official languages, we were quite often referred to as the language police." (NB1). The dialogue sessions allowed for a better understanding of the advisors' role and for establishing a better collaboration between staff and advisors. When they attended the dialogue sessions, "staff would say, 'oh, this isn't at all what we thought it was going to be. We thought you were going to ram French down our throat,' and that's exactly the words from some of them. And I said: 'No, no. I'm not here to do that. I'm here to have a conversation, take back your comments'." (NB1). The official languages advisors were starting to be perceived more as accompanying agents or coaches, rather than enforcing language laws or policies. As the dialogue sessions progressed, the advisors' role was better understood, and staff became more receptive to the process of implementing new actions to increase and ensure services in both official languages.

The official languages advisors can plan an important part in creating coworker engagement. A receptive personality and many years of experience within the network were helpful when facilitating the dialogue sessions. In addition, as an English speaker, the participating NB advisor understood the challenges for unilingual employees but was also concerned about the importance of receiving services in one's preferred official language:

"I know people find that strange 'cause I'm an Anglophone…but I'm compassionate, too. You know, I don't want you to come into the hospital or come in for an appointment and be in a fishbowl and not know what people are saying. I mean how anxiety-provoking is that?…Being Anglophone, I also have a good grasp on the challenges it poses for other Anglophones trying to provide that service…" (NB1).

At the Manitoba site, one manager mentioned that existing positive relationships within the organization helped build allyship and begin implementation of the targeted initiatives. "The relationships that we currently have, I knew, would be beneficial. Like with the surgery program, for example, you know, having worked in surgery and having close ties with them already really, really helped." (MAN1). Identifying that the key champions within the organization—the people who demonstrate strong leadership and commitment to move things forward—were crucial in developing allyship: "Just connecting with the right people, asking, you know, first some ideas or presenting ideas about how we thought the implementation can go. They would offer their suggestion. We came up with a plan and then we do it." (MAN1). The relationship that the hospital already had with the bilingual family medicine physicians' group was a beneficial aspect in their process, but also a motivator to improve their functioning:

"Just knowing that we have a commitment with the French physician group, it really seems like we need to meet them halfway. If they want to be able to provide services for their French clients, then as a site we also need to be just as committed to doing that, too." (MAN2).

At the Ontario site, the program coordinator indicated that, since they are a small team, there is usually less resistance, and it is relatively easy to get staff on board with new practices: "It was a common goal, right? So, when you share a common goal, it's all good." (ON2).

Building awareness of the needs of French-speaking clients, a better understanding of the importance of proper communication in healthcare and active offer of services in both official languages and creating strong connections and allyship with staff and key partners were the starting point for a positive experience and effective implementation.

Needs Assessment and Action Plan

To develop an action plan that would guide implementation, the Ontario and Manitoba sites used the Self-Assessment Tool to conduct an initial assessment of their organization's needs and resources. The Self-Assessment Tool proved to be useful in stimulating a brainstorming process on possible actions that could be implemented in their organization, and on their existing resources. Sharing the assessment results with colleagues also helped to raise awareness and increase motivation for action. The participating managers from the Manitoba and Ontario sites were able to meet and share ideas with colleagues to identify priority units or actions.

With the results of both the Self-Assessment Tool and the brainstorming process, the Manitoba community hospital established the following goals: (1) create and display bilingual signage in the emergency, rehabilitation, and geriatric mental health units; (2) improve active offer by better identifying bilingual employees and providing "Hello/Bonjour" tags/badges; (3) identify strategies to improve recruitment of bilingual staff; (4) increase bilingual student placements in the hospital; and (5) translate pre-surgical forms to be available in a bilingual format.

Based on their results and the brainstorming sessions with the research team and with their colleagues, the community centre in Ontario felt that they needed to do more work on active offer and re-examine whether active offer was apparent in their organization. They identified the following priority actions: (1) create a working committee with community members to address FLS issues; (2) improve signage in both official languages; (3) identify and translate priority documents; (4) translate the website to be available in both English and French; (5) improve active offer by identifying bilingual staff and volunteers with "Hello/Bonjour" pins, and work on concrete and ongoing active offer practices; and (6) encourage active offer with cultural and linguistic sensitivity training for staff.

The results from the New Brunswick health network's regional survey led to the idea of conducting dialogue sessions to gather feedback and comments about strengths and weaknesses across different facilities and units, and to brainstorm ideas about what could be done to improve FLS. The survey showed that some services were doing well, while others were experiencing challenges for reasons ranging from a lack of resources to a lack of compliance.

As a result, methods were sought to improve their practices of active offer, with the starting point being dialogue sessions intended to create a safe space to share comments, opinions, concerns, and recommendations that would both promote adherence to active offer practices and improve FLS quality. The data resulting from the dialogue sessions led to the implementation of various initiatives to improve FLS in the network's facilities. These include identifying patients' preferred official language, identifying bilingual staff with "Hello/Bonjour" pins, creating contingency plans to make sure a bilingual employee is always available, improving access to language training, creating and providing bilingual resources for staff to facilitate FLS, and creating tools to raise public awareness of the use of "Hello/Bonjour" and to remind employees of the importance of offering services in both official languages.

In conclusion, we observed that this needs assessment process was helpful not only to identify priorities for action, but also to raise awareness and build alliances within teams and organizations.

Financial Resource Availability

Financial needs vary depending on the scale of the innovation. In the context of our study, some targeted innovations were incremental, while others could be perceived as more radical or extensive and impactful. Despite FLS legislation in many Canadian provinces, and the encouragement or mandate of designated healthcare facilities to offer services in both official languages, funding to improve FLS practices often competes with other priorities, especially in communities where there are few Francophones. Organizations need to think about small-scale innovations and actions that require limited financial resources to accomplish their goals.

During the pre-implementation brainstorming, the Ontario and Manitoba sites were encouraged to aim for feasible, smaller-scale goals that would not require extensive costs. One manager from the Manitoba site observed that they were able to easily implement the less costly actions, but required more financial resources for the asignage, which they considered to be the most impactful element in their facility.

"A lot of the changes didn't really cost us a lot, right?...I mean, the badges, you know, those types of things. One of the bigger ones was the signage, and that's where the cost comes in and that's where I think it's sitting right now. So, in that respect, and to be honest, the signage, I think is one of the biggest, would have the biggest impact in service. You know, when you're coming up to a building or to the unit and it's supposed to be French language speaking and to be able to offer those services, but there's absolutely no signage to tell you." (MAN1).

The Ontario site faced an important challenge regarding financial resources as a small organization: "It would be wonderful to have a pot of money, even in the French-language service area of our Ministry, that could be dedicated to doing this type of work […] we are so lean that we don't have an advertising budget or a signage budget or a graphic budget or any of that stuff, so we don't have that whole department that can help support this. So, it just feels like everything we want to do in this regard comes from an area of the organization that's not funded to do that kind of work, right?" (ON1). Managers and staff from the Ontario site needed to be creative to identify ways and resources to help them improve their FLS. The idea of the working committee was a breakthrough for them, allowing them to move forward with their initiatives despite limited financial resources and staff.

Top Management Support

The value that top management places on the active offer of French-language services has important consequences on the organization's climate and service offer and is an essential criterion for successful implementation of FLS practices. One manager from the Manitoba site mentioned how top management who feel a strong affiliation with the official language minority are more likely to be committed to improving FLS in their organization:

"I believe that the site, and the CEO particularly, she's also bilingual and she's still committed to wanting to be a French beacon really for the south part of [city]... They've been very committed from the beginning, and they strategized about different things that we could do to work together...If we had just been doing this project, and not had the site support, I can pretty much say that it probably wouldn't have gone as far as it did." (MAN2).

All three participating organizations were provincially designated to offer at least some FLS. Therefore, senior management may have been motivated by external factors, such as language laws and policies, to improve the quality of French services.

In Ontario, at the time of our study, all health service providers were mandated to complete a French language services report and data were collected across the province through the OZi Web portal. Through the development of specific indicators, the analysis of this data illustrated a comprehensive portrait of FLS offer at the levels of the province, region, and sub-region or healthcare sector. The data report also identified gaps in services that needed to be filled, as well as opportunities for improving French language health services. The CEO of the community support centre was motivated to re-evaluate their FLS offer in light of the OZi report: "I really took the documents that are requested and all of those questions within the OZi report. And I gave that as the actionable items to the committee that we formed and really started to say, 'Here is what our library in OZi needs to have and our organization would benefit from.' " (ON1).

In New Brunswick, the Official Languages Act requires that all facilities in the province be prepared to offer services in both official languages. Given that the health network had to meet this legal obligation, the project they had underway was geared towards implementing a concrete, robust plan to ensure that patients could receive their care in English or French. However, the official languages advisor felt that they could have benefited from better support:

"The only thing that might have been more helpful is if we'd had stronger support from leaders in the beginning. 'Leaders' covers all levels of leaders, right? It could be a supervisor, it could be a manager, it could be a director. Leaders are at every level. Not everybody has the same personal opinion of what we stand for." (NB1).

Whether motivated by external policies or by awareness and a strong connection to the importance of FLS, support from top management is an important element in the implementation of FLS initiatives, and in supporting the overall organizational climate for FLS improvement.

Implementation Policies and Practices

Internal policies and practices, as well as external resources supported the implementation of changes to improve FLS. Klein et al. (2001) include the importance of training for organizational members concerning the innovation in the implementation policies and practices, as well as user support, rewards, effective communication, and time to experiment.

- **Training**

In the context of our study, managers and organizational members participated in training sessions. The training focused on increasing their awareness of the importance of offering services in both official languages for better patient care and safety, and on learning appropriate behaviours and actions to promote and ensure services in both official languages.

The New Brunswick site began this process with the dialogue sessions, followed by more focused training sessions geared toward the use of the contingency plans and reference tools. In the second phase of their implementation, the New Brunswick site had just begun a mandatory program that was developed with external consultants to assist department managers and team leads build their action plans, including mandatory cultural sensitivity training for all staff and learning how to use the available tools. In addition, some French language training was offered to staff, with a focus on learning vocabulary frequently used in their practice.

In Ontario, the LHIN (Local Health Integration Network) developed and released an online training program exploring concepts related to cultural and linguistic sensitivity, information about the Francophone community, and FLS delivery. Managers of the participating community centre were encouraged to take part in this training to gain more insight into the needs of the Francophone community and the delivery of FLS to their French-speaking clients.

At the Manitoba site, one manager mentioned that new employee orientation includes basic active offer training, as well as an online module on this topic.

In all three organizations, staff also had access to training to increase their French language proficiency, either through the region's colleges and universities, in the community, or through informal training, such as the Café de Paris program held by the Société Santé en français (Savard, Savard, Van Kemenade, et al., 2021; Société Santé en français, n.d.).

- **User Support**

Having the appropriate resources and assistance is also necessary for positive and successful implementation of a new initiative in an organization.

The Manitoba site managers could obtain "Hello/Bonjour" pins from their regional health authority French Language Services Coordinator for bilingual staff to wear to indicate their ability to communicate in both official languages. In Ontario, the community centre was able to receive support, materials, and services from the LHIN and the French Language Services Lead. The FLS Lead provided the centre with "Hello/Bonjour" stickers and was also helpful in recruiting members for the centre's working committee. While translation services were also provided by the LHIN, they were quite limited, and it could take some time to receive the translated texts. The New Brunswick health network also had access to a translation service, but only for generic educational handouts. The translation policy did not allow for translation of clinical documents with a client's specific information. For example, they were not able to have patient letters with personal health information translated when a patient was transferred to or from another hospital where the working language is French. This led to challenges for unilingual staff, although one official languages advisor took the initiative to find a private translation company that could provide that service, as required.

In New Brunswick, part of the active offer project involved developing tools and resources to support employees in their service offer, based on suggestions made during the dialogue sessions. The facilitator explained: "That's where a lot of the tools were developed. People felt they needed more tools, they needed support...It's been well received, and we need to continue to build because there are still gaps in there." (NB1). Rather than imposing new tools on staff, specific tools and resources were developed in response to employees' stated needs (e.g., reminder tools and contingency plans).

The Ontario community support centre adopted some ideas from the New Brunswick health network. For example, they developed a simplified version of the contingency plan to remind staff of the steps involved in providing services to French-speaking clients.

On another note, some potentially beneficial resources were not available. The Manitoba site wanted to establish a way to better identify their bilingual staff. One manager explained that this was currently being done informally in each department and they were hoping to adapt their education software to track bilingual staff; however, the software did not allow it at the time. Not having the appropriate tools can therefore hinder the implementation process and effectiveness.

- **Rewards**

We were not made aware of any incentives (e.g., bilingualism bonus, work schedule privileges) to staff for implementing the action plans to improve FLS. However, as reported in other research (Savard, S et al., 2013) staff satisfaction from increased quality of services and client satisfaction could be viewed as a rewarding internal motivation.

- **Effective Communication**

In Manitoba, a manager commented on effective communication. She felt that leaders at different levels of the organization have a role to play to effectively communicate the reasons and the importance of the initiatives being implemented:

"I think the fact that managers need to be aware of what the [FLS] policies are, they're the ones—we are the ones—that are moving that forward and sort of filtering it down to the frontline staff. So, I think it really just depends on what the commitment level is with the leadership to move those priorities forward." (MAN2).

In New Brunswick, the dialogue sessions opened the lines of communication between the departments and the Official Languages Office to obtain the support needed to implement the planned actions. Moreover, the official languages advisors were able to hear staff concerns and use this feedback to select the tools to be put in place. As the advisor told dialogue session participants: "I'm here to have a conversation, take back your comments. We know things aren't going great, but hearsay is all we have, so I need some documentation. What's not working? What is working? And do you have ideas on what we could do?" (NB1). She then explained during the interview: "So anyway, we took that information, and it was compiled in a database, and they made reports...And that showed us areas that we needed to work on. And out of those areas came all kinds of other initiatives and projects." (NB1).

- **Time to Experiment**

Klein et al. (2001) suggest that staff need time to experiment with new tools and practices before the new process becomes efficient. The initiatives put in place in Ontario and Manitoba, such as translating a website or obtaining bilingual signage, were time limited and did not require much staff involvement. In these cases, time to experiment was not an issue. In Ontario, the members of the FLS working committee took the time to develop their modus operandi as they were learning to collaborate. The New Brunswick Health Network involved the care providers, administrative support workers, and managers at all levels of the organization. The gradual approach taken by the health network provided the time necessary for individuals to learn the tools and incorporate active offer into their usual practice.

- **Information Sharing**

In addition to the elements suggested by Klein et al. (2001), in the context of this specific research project, the presence of the research team allowed for information sharing among the three organizations. The research associate met regularly with the Ontario and Manitoba sites and was able to provide ideas and examples from other organizations when they faced barriers. For example, when one manager from Manitoba mentioned communicating with the local universities and colleges to increase bilingual placements within the hospital, the research associate provided him with a handbook for welcoming and integrating student trainees to serve clients in Francophone minority communities (Savard et al., 2017). The Ontario site was inspired by the "Hello/Bonjour" tags and the contingency plans implemented by the New Brunswick health network and adapted these ideas to their own context.

Moreover, the research associate had a central role among the three organizations and was able to facilitate the sharing process. One Manitoba manager mentioned the usefulness of this collaboration, as the "team with some of the suggestions that we had never thought about, about implementing things. I mean, you know, that's one of the reasons we agreed for, you know, to be a part and have some of those suggestions and discussions." (MAN1).

The research team was also a motivating factor for the participating managers. The team provided the managers with guidelines to facilitate the implementation of their action plan, such as a summary report of their Self-Assessment results, a brainstorming method, guidance for pre-implementation brainstorming, a timeline with the necessary steps for implementation, an implementation process chart that was updated by the research associate after each meeting (documenting the process, barriers, possible solutions to overcome barriers, and means to assess results), and regular meetings with the research associate throughout the entire process. The CEO of the community centre in Ontario said that this "held us to term and task and, you know, the same as meeting with you. Oh, boy, [research associate is] in my calendar now...That's the way you get work done. That's how you can implement and do better work. So, we're better because of it and we're better because of you, so thank you." (ON1).

According to the official languages advisor, sharing among the different units within the organization was also a helpful practice in the New Brunswick health network: "Look at this. Or look, I did that, or they worked together in their own programs and say somebody had a problem, well, you know what? We did this and it worked. So, a lot of sharing amongst themselves I think gave us some positive recognition." (NB1). Aside from receiving assistance from the official languages advisors, unit managers were able to connect and work collaboratively to develop their action plan, which was quite helpful. Overall, working collaboratively and sharing information and strategies proved to be very efficient for all three organizations, whether it was with an expert team (e.g., the research team or the official languages advisors) or internal staff and managers.

In summary, a combination of formal and informal policies and practices was used to facilitate innovation in FLS practices, depending on the size and scope of the initiative to be implemented.

Implementation Climate

In accordance with the implementation effectiveness model, the implementation climate within the three organizations was affected by the implementation policies and practices of the organization and by senior management support. Without the support of top management and existing policies and practices that are put into place to endorse FLS and support employees, the implementation climate becomes less positive. In this section, implementation climate will be discussed in terms of general change climate, attitude toward FLS, as well as the confidence of managers and staff members in their plan and commitment to its execution.

- **General Change Climate**

FLS are not always considered a priority and are often ignored due to other more pressing and important organizational priorities. Such was the case of the Manitoba site, which was in the midst of a major reorganization at the beginning of the project. The Regional Health Authorities (RHAs) had begun a clinical consolidation plan to improve patient care and wait times that involved changes in the responsibilities of the various regions' facilities. The community hospital was also undergoing major renovations. All of this had the potential to lead to change fatigue. "As much as we want to prioritize French-language service delivery, it sometimes gets lost in all the other priorities that the site's trying to work with." (MAN2). "It was also the renovations that are happening throughout the building and the involvement of capital planning of what was kind of the most important pieces." (MAN1).

Moreover, the COVID-19 pandemic caught healthcare systems around the world off guard and had an impact on the implementation climate in all three participating organizations. The implementation process was just beginning when the pandemic was declared, and priorities abruptly shifted across all three organizations. At the Manitoba site, government restrictions led to difficulties in planning student placements, collaborating with the French Physician Group, and it was not possible to recruit potential candidates from other provinces. The bilingual signage plan was no longer a priority for the organization. One manager from the hospital in Manitoba indicated that the pandemic was an added layer to an already fragile climate: "It was also the renovations that are happening throughout the building and the involvement of capital planning of what was kind of the most important piece. We're still waiting for signs for the room numbers on Unit 2; it's been two years!" (MAN1).

At the Ontario site, clients were not allowed to attend services for many months. To continue serving the now dynamic needs of the community, the site adapted their services, for instance, by creating a virtual community centre.

The dialogue sessions and the active offer project were put on hold for many months in New Brunswick. Due to barriers stemming from the pandemic, the implementation climate was likely not as positive as it would have been in another context. Nonetheless, the three organizations still managed to build on their goals and get some initiatives underway. For example, the Ontario site came up with the idea to create a working committee, "because we were drowning, basically. With COVID, the impact of that just added an additional layer, right? So, we are already all stretched to our limits right now and then now, you have COVID and now this additional project that we want to accomplish. So, it just made us realize that we could use a little help." (ON2).

- **Attitude Toward FLS**

The attitudes of organizational members toward the two official languages and FLS delivery also impacts the implementation climate. Canadians' representations of both the official languages and their mandates are sometimes mixed. Francophones are often perceived as being bilingual by default, and services in French are thus seen as unnecessary, even though research highlights the importance of services in the client's most proficient language for quality and security of care (Bowen, 2015; de Moissac & Bowen, 2019). In the three organizations, non-bilingual staff sometimes did not see it as part of their role to ensure services in both official languages, given that they do not speak French. One manager from the Manitoba hospital said, "I don't think anyone's really opposed to it. I just think if you're not really involved in French-language services, you just don't necessarily feel like you need to be at all responsible for any of that work, so it tends to just fall to certain people to move that work forward." (MAN2).

In Ontario, the community centre also dealt with historic issues surrounding the way different tasks and roles were viewed among employees. In particular, the CEO felt the need for an organizational shift in climate to consider FLS as a shared responsibility in ensuring quality care to their clients:

> **I think that folks, mainly because there's some historic kind of things in the corporation around… Are we funded to do that? And is there funding in someone's role? Do I earn more money if I do this type of work? And I think that [with] this process we've kind of moved away from that old thinking and more into dealing with the same as health and safety or the same as anything else. (ON1).**

However, it was relatively easy for the community centre as a small-scale organization to get everyone on board with the project, as the program coordinator explained: "We've got such a small staff that pretty much everyone is on board. When we have a project, usually everybody is pretty involved and pretty accepting of the project." (ON2).

At times, long-standing cultural and historical issues between the two official languages and two cultures still arose. For example, the official languages advisor in New Brunswick noticed some tension during the dialogue sessions, especially from non-bilingual members:

> **Some people will buy into it, some won't. I think it's all on how you present it. Especially in New Brunswick, you have to present it with kid gloves because you may get pushback…There were a couple participants there that were very strong, opinionated, negative people, forces in the room and they were a challenge for a couple of facilitators…The ones that were negative were more history, cultural, family ties from years gone by…(NB1).**

In an effort to promote a more positive and favourable work climate, given that the dialogue sessions at the New Brunswick site were effective in changing perceptions about FLS, they were seen as a collaborative effort to ensure service quality and patient safety:

> **The culture…has changed even more on the positive side through all the teaching and education we're doing, but also, I think by showing managers and employees that we're here to support you. And that's something that I've tried to drive home in any of my presentations, any memos I've written. We're here to support you. […]. It's a law and we have to abide by the law. But it's more than just a law. It's morals and values. And you know what? If I can help you be that person who can help another person, that's why we're here. (NB1).**

Managers from the Manitoba site considered positive attitudes toward FLS to still be evolving, given that "not everyone has the same commitment to French-language services, so you know, individual attitudes I think I knew we would sort of experience a little bit. But we're working on that. That's kind of a work in progress." (MAN2).

- **Confidence and Commitment**

Implementation climate was also impacted by confidence and commitment from the project leaders and other unit managers. Confident and committed leaders describe communicating and transferring the value of the innovation among their staff, fostering a positive climate and motivation for change: "I'd always go into a project with a positive outlook and if I feel that it's a really good thing, I'm in it like a dirty shirt, like right full force into it. Some people will buy into it, some won't. I think it's all on how you present it...I just think for me personally, if I see the value in it, I just want to show everybody else the value in it." (NB1). The CEO of the community centre in Ontario was also committed to improving their services in French and decided to formalize their actions by including FLS in their strategic plan: "This isn't the be all and end all...It's something that you actually have to commit to and put into a strat plan and say no, this is what we are doing and it's an expectation of senior leadership, myself, to implement through my team here." (ON1).

At the community hospital in Manitoba, the pre-established allyship between different units facilitated both a relatively faster agreement and application of the proposed objectives and commitment from the other managers:

"I mean, you know, at the unit levels, we had the managers' engagements of where we identified changes. You know, there was definite, quick uptake in engagement with the surgical team, with their forms and, you know, senior leadership, you know, for sure, facilitated a lot with what they could." (MAN1).

Overall, the climate was favourable for implementing the changes identified at the beginning of the project, except when the COVID-19 pandemic hit. Once things stabilized and the organizations learned to work in post-pandemic conditions, they resumed their FLS improvement action plans. The leaders' commitment was crucial to building this positive climate.

Availability of Human Resources

As shown in Sawang et al.'s (2001) implementation effectiveness model, skillful and competent human resources are needed to implement and apply innovation. This study particularly required the availability of human resources on two fronts: (1) availability of skilled managers and team leaders to implement the innovative practices geared towards improving FLS, and (2) the presence of bilingual staff to ensure service offer in both official languages.

- **Availability of Human Resources for Implementation**

Managers need to fully understand the importance for patients (in terms of safety) to receive services in their preferred official language and convey this value to staff. Key players are also needed to lead the concrete actions of the change process. At the New Brunswick site, the official languages advisors held that specific role, and a full-time facilitator was assigned to lead the dialogue sessions. The official languages advisors needed to adopt a collaborative approach to demonstrate that they were there to help managers and staff in FLS delivery. The dialogue sessions proved to be positive in this regard, and official languages advisors and staff were better able to work collaboratively to provide the best possible service to their clients. The challenge was in the availability of department managers and employees to participate in the dialogue sessions and the different project stages. Department managers often have a full load of responsibilities that does not necessarily include FLS: "Again, because of the hospital barometer being so high all the time, and our managers here...they have to run their departments, but they also have their finances, this, that, and the other thing. And the list grows and grows and grows exponentially." (NB1). Employees taking time out of their schedule to participate in the dialogue sessions meant having to find and cover the costs of their replacements. As the New Brunswick facilitator explains, "You can't go hire people off the street to come in and replace them if there are no nurses to hire, for one thing, but we can't hire more nurses than we're government funded for, right?" (NB1).

The fact that both the Manitoba and Ontario sites did not have a dedicated team or staff members tasked primarily with working on official languages led to certain challenges in priority setting and task allocation. According to one manager:

> **Because we don't have sort of onsite designated French resources, or a team of French people designated specifically to work on this stuff, it just easily gets bumped by other things…I would say that they should probably try to identify some key champions for French language…If you have people working on a project and they're not motivated, then it's really not going to go anywhere. (MAN2).**

The two hospital managers involved in this project were tasked with improving FLS in their unit, but time was a major challenge given that they had several other priorities. One manager said, "time I think we anticipated might be a little of a challenge just to try to…I mean, it's not always terribly difficult, but you have to be creative sometimes to get people to meet together and to identify priorities and then do the side work after the meeting." (MAN2).

The Ontario site had a small team, which led to difficulties in identifying who would be responsible for looking after FLS. In the words of the centre's CEO: "So, the human resources here, you know, I'm pulling a person who actually runs an adult day program and I'm pulling a person who, you know, is the chief executive officer of the corp, and I'm pulling a person who's a scheduler in my transportation department. I'd really love to pull a person whose job it is to maintain just this or this with something else, you know, with policy development or translation." (ON1). The program coordinator described the same difficulty: "So, we all have five other jobs that we're doing on our desk that are part of the organization, and then this is an added task. So, it's just finding the time and managing our time that's probably one of the biggest challenges." (ON2). To overcome this challenge, the community centre created a working committee of community and French language association members that would be led by one employee from the centre to focus on FLS. The working committee is what allowed them to mobilize and develop strategies to improve FLS in the organization, which the CEO described as follows:

> **I think some of the brilliance in the committee was how do we get other people sharing the responsibility…I feel like it's one of those fundamental things that it's almost like now, it should be like in the rules somewhere. You're a designated organization. […] Like you must have a group that involves French-speaking people in the decision-making, you know? (ON1).**

The committee met approximately once a month (or as required) and worked on identifying and translating forms and/or policies, reviewing French-language documents, and finding appropriate resources for support.

While there were good intentions and a willingness to improve FLS and to participate in our research project in all three organizations, time and competing priorities were significant barriers to move things forward consistently. Having human resources dedicated to working on the planned change is a facilitating element for health organizations seeking to implement initiatives to improve FLS.

- **Availability of Bilingual Staff**

In order to offer FLS, organizations need to have some bilingual staff assigned to serve the French-speaking population. All three organizations had internal policies on bilingual positions. Certain positions were designated and advertised as bilingual, meaning that the person occupying this position should be able to speak both French and English. But the reality of the Francophone minority context is that bilingual candidates were not always available. One manager from the Manitoba site felt that frustration:

> **"But how does it roll out when, you know, we don't see the numbers that warrant it. We try to recruit staff but, you know…we've had…every posting that goes up almost is bilingual required, but we're just not getting the applicants." (MAN1).**

The second manager from Manitoba explains the situation in more detail:

Quite honestly, I think it really just comes down to the human resources…Even if you think about the mental health program, that program is very driven by conversation and in order to support people in a mental health crisis, you need to talk with them…We don't need more money. We just need the actual people. (MAN2)

Considering the low availability of bilingual employees, this manager also indicated that it is not always possible to have a bilingual professional available on all units: "Depending on, you know, shift work, you may have a staff member that works regularly one week and then is off the following week. So, if that patient is in hospital for a long time, there may not be someone else that can actually address them in their language." (MAN2)

The community centre in Ontario was in a similar situation: "So here, we have three staff members who can speak French and not everybody's French is at the same level. So, it's a matter of finding the resources that we need to become better at offering services in French to our clients." (ON2)

To overcome this challenge, organizations and managers also need to be creative in their job postings. Managers need to do active recruitment and extensive research to find bilingual candidates. The Manitoba site did this by building allyship with the educational supervisors from the region's colleges and universities, and advertising bilingual student placements. In doing so, they were able to increase the organizational presence of bilingual student trainees, and subsequently increase their chances of being able to hire them. Another strategy is to advertise job postings in the appropriate places, such as in educational health programs offered in French, community centres that offer services in French, and French-language newsletters and newspapers.

As regulations and policies are issued to ensure service offer in the preferred official language of the patient or client, organizations and individual departments need to design a plan to ensure active offer in both official languages and connect French-language patients with French-speaking professionals, in the context of resource shortage. The contingency plan developed in the New Brunswick health network and specifying the steps to be taken when a client requires services in French served exactly that purpose. Other organizations also mentioned strategies to compensate for the lack of bilingual staff, such as the use of translation apps or interpretation services (e.g., Interpreters on Wheels), as required.

As illustrated in the implementation effectiveness model, we were able to see the importance of dedicated human resources to advance the implementation process. The New Brunswick site had this dedicated team of official languages advisors who were able to move the project forward. In the two other sites, some managers were responsible for the organizational improvement of FLS along with other responsibilities, therefore the process was slower and more impacted by competing priorities. In addition, the requirement of sufficient bilingual staff to ensure constant service access in both official languages was a challenge.

Implementation Effectiveness

Despite barriers along the way (e.g., related to the pandemic, lack of awareness, financial or technical issues), the three organizations managed to develop some awareness among managers and staff and have succeeded in initiating the process of improving FLS in their organization.

In this section, we will take a closer look at whether the organizations were able to achieve the stated goals of their action plans.

- **Successful Objectives**

The Manitoba site had planned to improve their bilingual signage, establish a better method to identify bilingual employees, increase recruitment of bilingual staff and trainees, and translate pre-surgical forms. In general, the two participating managers from the Manitoba site felt that they were able to move some things forward. One manager stated:

"I think it was a positive experience, and I think we were able to make some small gains. I do feel like there's a lot more work that needs to be done. And as much as we want to prioritize French-language service delivery, it sometimes gets lost in all the other priorities that the site's trying to work with." (MAN2)

Some objectives were straightforward and easy enough to achieve, such as the translation of pre-surgical forms facilitated by the pre-established positive connections between unit managers and translation resources. The RHA provided "Hello/Bonjour" tags, which served to informally identify the bilingual staff wearing them. At the time of the final interview with the managers, the organization was still working on a way to better identify bilingual employees and to improve active offer. One manager said, "If we're really talking about the true active offer, they're supposed to identify themselves by saying 'hello, bonjour,' when they initially introduce themselves. And I would say even our French-speaking staff members don't do that consistently...We've got some work to do in that way, for sure." (MAN2) However, one unit was piloting strategies to advertise services in both languages and to connect French-speaking professionals with clients identified as French-speaking. They were also still working on improving recruitment of bilingual staff. Furthermore, one of the participating managers took the opportunity to develop stronger links with the region's universities and colleges to increase bilingual student placements at the hospital. The pandemic temporarily prevented student placements, but the relationship with the placement supervisors was established. Although the hospital's primary objective was to increase bilingual signage within the organization, this initiative fell outside of the control of the participating managers: "That's such a huge project that involves more than just a handful of individuals. It's funding, it's the region, it's more than just our site, even." (MAN2)

The Ontario site wanted to create a committee to support them in achieving their planned objectives, such as bilingual signage, translation of documents and the website, identification of bilingual staff and volunteers, as well as active offer and cultural sensitivity awareness training. The CEO of the community centre felt very satisfied with what they had accomplished. The idea of the working committee arose after the project had started and the pandemic had hit, and it became a significant breakthrough in allowing them to work on this implementation process. As such, they were successful in advancing all the objectives they had identified, as they improved the centre's signage in both official languages and identified and translated priority documents. They also received "Hello/Bonjour" tags from the official languages advisor of the LHIN, which bilingual staff members started wearing. Moreover, the centre's website was in the process of being fully translated, and certain staff members had taken the cultural and linguistic awareness training offered by the regional network. The CEO felt the results had exceeded expectations: "So, I don't think that I fully understood that we would get as far as we did...I think that we learned along the way and the outcome is better than planned." (ON1)

In New Brunswick, the health network sought to improve the active offer of FLS in compliance with provincial regulations. By mid-spring 2019, over 250 dialogue sessions were held across all sites, with the participation of over 3,400 employees, 90% of whom provided more than 1,400 written comments, and more than 3,600 ideas and suggestions for the future. The dialogue sessions led to the development of a variety of initiatives, resources, and tools to improve active offer, including improving the identification of both a patient's preferred official language and bilingual employees; increased accessibility of linguistic training; creating a variety of reminder tools (i.e., the use of "Hello/Bonjour" tags or badges, sticky notes...) to raise public awareness and to remind employees of the importance of offering services in both official languages; creating contingency plans in every unit; and developing a course to guide managers in the conception of their contingency plan. According to the official languages advisor, the implementation of these initiatives was generally positive:

"The culture I will have to say has changed even more on the positive side through all the teaching and education we're doing, but also I think by showing managers and employees that we're here to support you. And that's something that I've tried to drive home in any of my presentations, any memos I've written. We're here to support you. We're not here to make life hard for you. I'm here to make your life a little easier for you." (NB1).

The advisor also mentioned that employees now have a better understanding of the importance of both cultural awareness to better serve French-speaking users and the active offer of services in both official languages.

- **Sustainability**

Once the initiatives were approved and implemented, managers from the three organizations were concerned about their sustainability and ensuring that these initiatives were embedded into daily organizational practices. The CEO of the Ontario site was particularly motivated to anchor their new welcoming strategies, contingency plan, and the working committee in the centre's formal practices and policies: "I have put that committee now with a full-blown terms of reference to a minimum of quarterly meetings…And we made that part of the board's strat plan…So that committee is now formed long term the same as a health and safety or a fundraising and donor committee. So that, I think, is what will give it longevity." (ON1). The CEO also described:

"feel[ing] like it's one of those fundamental things that now, it should be in the rules somewhere. You're a designated organization…thou shalt have these things in your letters patent. You must have a group that involves French-speaking people in the decision-making, you know? And there should be a working group." (ON1).

Similarly, the official languages advisor of the New Brunswick health network was pleased that a linguistic component was included in the new strategic plan: "This is the first time I believe, from what I understand, that anything to do with language of service has shown up in the strategic plan. So, there is a line…So, I think we're constantly going to be improving." (NB1). The health network was in constant evolution and moving forward from what was previously established, where recommendations from the dialogue sessions led to the creation of tools, resources, and procedures that were subsequently combined into a required learning program to guide managers through the creation of an action plan to improve FLS in their unit.

In Manitoba, the managers were reflecting on strategies to embed their new initiatives into day-to-day practice. One manager focused on new employee orientation: "So, making sure that the orientation for new staff continues to include active offer and what that means. Providing people [with] the name tag stickers or clips or whatever, even in orientation, if people could identify themselves then and there." (MAN2). Another manager talked about the need to have a committee focused on linguistic issues: "I think the only way we can, you know any kind of sustainability, especially where there's not a lot of demand for, it really needs continual follow up…it would have to be followed by a committee, I mean it would have to be put on the task list of somebody."

Innovation Effectiveness

The timing and funding of the research project did not allow for a complete evaluation of innovation effectiveness among the participating organizations. However, during the individual interviews, managers were able to consider and plan evaluation strategies of the effectiveness of their initiatives on the active offer of FLS.

- **Client Feedback to Evaluate Effectiveness**

Receiving feedback from actual clients was found to be an important method to evaluate the effectiveness of the new initiatives. The New Brunswick health network was already in the process of working with a private company to plan and conduct a patient satisfaction survey that would include specific questions about official languages. In Ontario, the community centre was contemplating the idea of receiving feedback and suggestions from the Francophone community in order to continue improving FLS, such as adding a Francophone adult day program and looking at designated times for programs in French. However, the managers from the community hospital in Manitoba were not yet ready to begin an actual survey or other client feedback process but wanted to plan ahead following their discussions with the research associate. One manager said:

"You also want to pick a target group that you know is going to be benefitting and maybe even be vocal about the benefits that they receive from your initiative so that you can then report back how successful it was, and that's in itself motivating, right, to see that you've actually achieved what you wanted to. And you're engaging the community in that project." (MAN2).

The other manager was considering a third-party (and thus neutral) evaluation of their initiatives, which would offer insight into their strengths and weaknesses.

- **Impact on Cultural Sensitivity**

In New Brunswick, the different initiatives of the active offer project significantly changed the staff's perceptions of FLS and the role of the official languages advisors. It was imperative to continuously develop allyship between staff and the advisors, as these relationships and the cultural and linguistic sensitivity that staff gained through education and awareness led to positive attitudes toward FLS and more commitment toward future innovations. The advisor observed that staff were "more willing to come to us for resources and for advice…I think relationship building has been kind of a really good positive thing. They have learned to trust us and, for the most part, they've learned to believe that we're here to help them. […] II think relationship building is probably the biggest thing that made an improvement. Relationship building and maybe cultural understanding or cultural sensitivity, maybe, because that's part of our teachings, right? French and English are two different cultural backgrounds."(NB1).

In Ontario, the project strengthened the connection with the Francophone community. The working committee was the driving force in increasing awareness of the needs of the community. In particular, the CEO explained, "I think we have the right people in the right place as well, so you know, when you think about making French language services a priority, we have people now dedicated through that committee that utilize that lens right away, so as soon as we're doing something, that lens happens immediately." (ON1).

As such, building relationships, allyship, awareness, and linguistic and cultural sensitivity was a starting point for engaging managers and stakeholders in the process of implementing change, but it was also an effect of the project on their human resources that became more committed to understanding FLS needs and improving services that will likely contribute to the sustainability of the new initiatives.

Organizational attitude toward adopting future FLS initiatives

Participating in the research project and having regular meetings with the senior research associate allowed the participants from the Manitoba and Ontario sites to reflect on what was already being done in their organizations, and what could be improved.

As the community centre in Ontario began work on the priority actions identified, new questions arose, and sometimes unexpected improvements were made. The CEO said, "It's the unknown things that we didn't realize had happened. Like the pulling of a policy and then saying 'Oh, boy, like this policy's old'…It actually prompted, I would say, better work and better implementation across the board." (ON1). The community centre was particularly involved in the ongoing evaluation of their FLS offer, as the working committee helped them to consider official languages in a manner similar to organizational health and safety. The community centre was motivated to continue improving their services, recognizing that participating in the research project allowed them to develop a new perspective on FLS. As the CEO stated, "I do want to be mindful of that as we plan out our 2022 objectives…" The program coordinator said that "the process itself just outlined areas where obviously we needed improving… So again, it just makes you look at things differently." (ON2). She also reflected on new programming development: "Especially with the virtual community centre that I'm running now, I could see a need for us to do some French-language service there…the possibility of offering a French session…" (ON2).

In New Brunswick, the official advisors were constantly reflecting on their strengths and areas for improvement in the future, and how they could create a positive climate to further mobilize the active offer project. By collecting data from the project's various phases, they were able to continually evaluate their process and meet the needs of employees and clients alike. During the last interview, the advisor indicated that time and competing priorities were still barriers for managers to develop and submit their action plans, but that the overall atmosphere within the health network was now much more positive. More managers were now following the mandatory course and developing their plans, with the added guidance of the official languages advisors:

"So I think it's all been very positive. It's been well received, and we need to continue to build because there are still gaps in there…We're constantly observing, visiting, talking, promoting…Whether it's by just pure observation or if it's by a formal investigation, based on a complaint, there are always chances to improve." (NB1).

At the community hospital in Manitoba, the two managers who participated in the research project were also in this constant process of reflection, but the pandemic seemed to have been a critical barrier to a more positive and productive implementation climate. The regional consolidation planning was a heavy burden on employees, and one manager described difficulties in implementing more initiatives at that time:

"I think it would be a hard sell to…you know, of course, we can tell the facility to do whatever and staff to do whatever, right? But to actually make it beneficial and successful, you need the engagement. Right now, it would be hard to engage in this." (MAN1).

However, this manager was grateful for the tools they acquired and the work they have done to date and believed that more work would be possible at a later time.

DISCUSSION

The current study examined the implementation process of three health and social service organizations in Canada that expressed a desire to improve their FLS to better serve the Francophone community. Sawang and Unsworth's (2001) implementation model suggested that financial resource availability and top management support for implementation were important criteria for proper and quality implementation policies and practices. In the three participating sites, there was strong support from top management for implementing FLS initiatives, although this support took different forms. The presence of an onsite team dedicated to official language issues, such as the official languages advisors in the New Brunswick health network, facilitated implementing changes in FLS. Given that the Ontario community centre and the Manitoba community hospital did not have on-site FLS teams, the support of the research team was a motivator and a valuable resource for them for the duration of the study. This begs the question as to what motivator will be present when the study ends. In Ontario, it is expected that the working committee with community members will continue to challenge the organization about FLS delivery. In Manitoba, the Regional Health Authority's Francophone lead could also provide the support needed to pursue FLS improvement.

This study confirmed that when all members (employees, managers) of an organization share the same perception of the importance of French language services, it has a positive impact on the climate for the implementation of new practices. However, in organizations with limited bilingual staff and few clients requiring services in French, it is less likely that the organizational climate for the improvement of FLS will be favourable. As an example, at the Manitoba site, while employees did not object to incremental initiatives, they did not always feel involved. If the initiatives had been more radical and required more important changes, such as a change in their clinical practice to actively offer FLS to all patients, internal resistance may have been encountered.

In addition to facilitating elements and barriers mentioned in Sawang and Unsworth's model (top management support, financial and human resources, clear and efficient policies and practices, and positive work environment), our study revealed a crucial initial phase. It also identified the need to build awareness around the importance of service delivery in both official languages and to create strong allyship with key players before implementing a new initiative, within and outside the organization, as well as the need for an initial needs and resource assessment to better identify priority actions to be put into place. For example, the New Brunswick network's dialogue sessions were the starting point for open communication between staff and managers and consideration of concerns and suggestions, especially in situations where non-bilingual employees were worried about not being able to meet the requirements. Such open dialogue was more likely to lead to a more positive attitude towards change and a better understanding of the need to improve FLS. Building and maintaining awareness and allyship remained a common thread throughout the implementation process of the participating organizations and it had a strong impact on the implementation climate and positive attitudes within the organization and on the motivation to improve FLS, especially when awareness was built in a positive, open manner, and with proper linguistic and cultural sensitivity training. The initial needs assessment was also necessary since the initiatives were not established in advance. The *Organizational and Community Resources Self-Assessment Tool for Active Offer and Continuity of Healthcare and Social Services for OLMCs* proved very useful for the participating organizations, giving them an overview of their strengths and challenges, and enabling them to explore areas of opportunity that they had not previously considered. This exercise helped them to identify their priorities.

This initial preparation phase established the foundation for the organizations' readiness for change, which is considered a critical precursor to the successful implementation of complex changes in healthcare settings (Weiner, 2009). Weiner defines organizational readiness for change as a multi-level and multifaceted construct that refers to "organizational members' change commitment and change efficacy to implement organizational change" (p. 2). Change commitment is defined as "organizational members' shared resolve to pursue the courses of action involved in change implementation" and is largely a function of change valence (do organizational members value the change?). In our study, developing allyship, raising employee awareness of the importance of FLS, and conducting a needs assessment was crucial in starting to create this organizational readiness for change. For example, in organizations located in communities where there are very few Francophones, many employees did not understand why scarce and precious resources should be devoted to meet their specific needs. It is therefore important to increase resolve for implementation of change, invest time and energy to make employees aware of the importance of limiting language barriers for better quality of care and the existence of linguistic barriers, even with French-speaking clients who initially appear to be bilingual, and to identify people in the organization who can collaborate in achieving the desired change.

Change efficacy is defined as "organizational members' shared beliefs in their collective capabilities to organize and execute the courses of action" (Weiner 2009, p. 2). For example, in the New Brunswick initiative, the dialogue sessions served to identify ways by which employees could provide active offer of FLS as mandated by the provincial regulations. This fostered a sense that improvement was possible, that they could collectively make it happen. In the Ontario site, the idea of involving the Francophone community in a working committee was a game changer, making the change seem feasible.

Despite demonstrating certain elements of change commitment and change efficacy, the lack of financial or human resources was an important barrier to initiating change for certain organizations. Since FLS are not always considered a top priority, targeted initiatives needed to be realistic both with the financial and human resources available and within the allotted time frame. For example, the translation of documents, receiving tags indicating the bilingual status of staff, and creating allyship with key stakeholders (inside or outside the organization) were incremental actions that could be implemented in a timely manner. In contrast, more complex initiatives, such as signage, a complete website translation, and the improvement of actual active offer behaviours among staff, were more difficult to implement. These initiatives required more financial or human resources, more time, or more commitment from employees and/or senior management. It seems that for organizations in a low-density Francophone context, targeting small-scale initiatives that require limited resource investment has proven to be more successful. However, while this factor facilitates the mobilization of organizations, it also brings into question the issues surrounding the implementation of larger-scale projects that could have a greater impact. More research focusing on the implementation of large-scale projects should be conducted to identify the facilitators and barriers that influence the implementation process in this context and determine whether they differ from those observed in the present study.

DISCUSSION

The importance of laws, policies, and regulations regarding service delivery in both official languages cannot be ignored. When an organization is obligated to provide at least some services in both official languages, there is a stronger incentive to prioritize FLS and to receive top management support. Without the incentive or the pressure exerted by laws and regulations encouraging organizations to offer services in French, it would be difficult to convince senior management to prioritize FLS. The existence of these laws allows Francophone communities to support their vindication for better FLS. One question remains: Is the pressure from the law sufficient to lead an organization to prioritize the improvement of FLS in a context of resource scarcity where organizations are struggling to meet the basic needs of the majority? What are the consequences if they decide to put resources into services designed to meet other needs despite the presence of the law? One solution to this issue might be for the federal government to dedicate more funding to initiatives aimed at long-term and sustainable improvement of healthcare services for official language minority communities. Funding for tools and training is necessary for implementation of FLS laws (Cardinal, de Moissac & Deschênes-Thériault, 2023) This would mean that the needs of these communities would no longer be in competition with those of the majority.

Our research study focused more specifically on the initial phases of implementation. Future research could examine how initiatives such as those implemented are maintained post-implementation and their impact on the quality of services offered to French-speaking users.

CONCLUSION

This study has shown that when all stakeholders are aware of the impact of language barriers on the quality and safety of services, and of the importance of offering services in French, it is possible to implement gradual actions to improve services to the French-speaking minority population. The implementation of more substantial changes to address barriers such as a lack of resources remains to be studied. As well, sustainability of implemented changes has yet to be documented.

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Appendix 1: Provincial Contexts

MANITOBA

There are varying levels of bilingualism designations in Manitoba's health and social services. For example, within the Winnipeg Regional Health Authority (WRHA), the designation of sites, programs, and services can range from fully bilingual, to a negotiated percentage of designated bilingual sites, services, or programs, to identifying specific sites, service areas or positions for bilingual designation.[4] These may be in areas with a higher density Francophone population, or in a community with a well-established or identified Francophone presence.

In addition to the legislative mechanisms, the Francophone Community Enhancement and Support Act [5]of 2016 maintained the Francophone Affairs Secretariat,[6] which advises the Manitoban government on measures to enhance the vitality and development of the Francophone community. The Secretariat has several mandates, one of which is to ensure the French-Language Services Policy is implemented in accordance with the concept of active offer.

Francophone community engagement in Manitoba's health and social services has been officially in place since 2004, through the provincial French Language Health network called Santé en français. Processes for the establishment and improvement of Francophone and designated bilingual health and social services is undertaken by the government in conjunction with Santé en français.[7]

Since 2018, the Secretariat and Santé en français have been working with the new provincial Shared Health/Soins communs[8] health organization to ensure the latter's bilingual designation and the continuous improvement in the integration and accessibility of French language health services across the province.

[4] https://wrha.mb.ca/files/wrha-policy-10-40-220.pdf, consulted February 24, 2022.
[5] https://web2.gov.mb.ca/bills/40-5/b006e.php, consulted February 24, 2022.
[6] https://www.gov.mb.ca/fls-slf/intro.html, consulted February 24, 2022.
[7] https://santeenfrancais.com/en/overview-of-french-language-services-in-manitoba/, consulted March 1, 2022.
[8] "Shared Health plans clinical and preventive services for delivery across the entire province, supported by centralized administrative functions that use human, capital and financial resources in the best way possible. We work collaboratively with regional health authorities, service delivery organizations and communities to ensure the health care needs of Manitobans are met compassionately, effectively and as close to home as possible." www.sharedhealthmb.ca

Appendix 1: Provincial Contexts

ONTARIO

Francophone community engagement is fostered through three French Language Health networks affiliated with the Société santé en français (SSF) and six French Language Health Planning Entities ("Entities") created by the Ministry of Health and Long-Term Care.

Legislation includes the French Language Services Act, 1986,[9]the Connecting Care Act, 2019, and regulatory changes introduced in 2021 to the Ministry of Health and Long-Term Care Act s. 1(1)2. The French Language Services Act (FLSA) [10] guarantees a person's right to receive services in French from Government of Ontario ministries and agencies in 26 designated areas of the province (approximately 80% of Franco-Ontarians live in a designated area) or by designated facilities in publicly funded para-governmental sectors (e.g., hospitals, Children's Aid Societies, community agencies, and long-term care facilities).

Para-governmental organizations are not automatically subject to the FLSA and may ask to be designated under the Act. Such a designation requires that these organizations' French language services and communication meet several criteria, including providing permanent and quality services in French, proportional Francophone representation on boards and committees, and accountability of senior management.

The Entities were established in 2006 under the Local Health System Integration Act with a mandate from the Ministry of Health and Long-Term Care to liaise with and represent the Francophone community to the Ministry. The Entities play an active role in the identification, readiness, and preparation of service providers to become designated as French-language service providers under the FLSA.[11] There are six Entities, covering Eastern, Toronto, Central, Southern, Western, and Northern regions of Ontario. Further community engagement for the improvement of health care services provided to Ontario's Francophone population is undertaken via the regional Ontario networks of the SSF, representing East, South, and North Ontario.[12] The same organizations act as the Network and Entities in the eastern and northern regions of Ontario, while four distinct entities cover the southern area of the province.

[9] https://canlii.ca/t/55cch, consulted March 3, 2022.
[10] https://www.health.gov.on.ca/en/public/programs/flhs/flsa.aspx, consulted February 22, 2022.
[11] www.health.gov.on.ca/en/public/programs/flhs/docs/Guide_to_FLHS_FINAL.pdf, consulted March 2, 2022.
[12] https://www.santefrancais.ca/en/networks/ontario/, consulted March 3, 2022.

Appendix 1: Provincial Contexts

NEW BRUNSWICK

Amendments legislated in 2008 to New Brunswick's Regional Health Authorities Act[13] established two Regional Health Authorities (RHAs) in the province. The central, southern and western regions of the province, with a greater proportion of Anglophones, are under the Horizon Health Network, which mainly operates in English. In contrast, the northern regions along the east coast and down to the southeast corner of the province are regions with a greater proportion of Francophones and are served by the Vitalité Health Network, which operates mainly in French.

A further legislative amendment stipulates that each RHA is responsible for and required to improve the delivery of French language services.

Francophone and Acadian community engagement has a long history in the province. These communities are currently represented in three action networks operating under the umbrella of the Société Santé et Mieux-être en français du Nouveau-Brunswick:[14] Réseau-action Organisation des services,[15] which manages aspects of French language health service delivery, quality, availability, and accessibility; Réseau-action Communautaire,[16] a network of over a hundred stakeholders committed to the quality of life of Acadian and Francophone communities in the province, with links to federal and provincial ministries, schools, and many provincial community organizations; and the Réseau-action Formation et recherche,[17] which promotes the recruitment and retention of professionals able to provide services in French, as well as the planning and implementation of training, research, and professional development activities to support French language health services delivery.

[13] https://www.canlii.org/en/nb/laws/stat/snb-2002-c-r-5.05/latest/snb-2002-c-r-5.05.html, consulted March 7, 2022.
[14] https://www.ssmefnb.ca/
[15] https://www.santefrancais.ca/reseaux/nouveau-brunswick/organisation-des-services/ , consulted March 7, 2022.
[16] https://www.santefrancais.ca/reseaux/nouveau-brunswick/communautaire/ , consulted March 7, 2022.
[17] https://www.santefrancais.ca/en/networks/new-brunswick/formation-et-recherche/, consulted March 7, 2022.

Appendix 2: Classification Grid

EASY / FEASIBLE SHORT-TERM	DIFFICULT / FEASIBLE SHORT-TERM
EASY / FEASIBLE LONG-TERM	DIFFICULT / FEASIBLE LONG-TERM

Appendix 3: Table of Existing Practices

SECTIONS	DIRECTORY OF INNOVATIVE PRACTICES	OTHER EXAMPLES	THESE PRACTICES AND EXAMPLES CAN HELP YOU MEET THE FOLLOWING OBJECTIVES
SECTION 1: Your organization's values and principles	• Practice #1: Actionmarguerite's Language Mandate: An Implementation Guide (Manitoba) • Practice #2: Summerset Manor's Francophone household (Prince Edward Island) • Practice #3: The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres (Ontario) • Practice #8: A Bilingual Nurse-Interpreter in a Halifax Hospital (IWK Health Centre) (Nova Scotia)		• Target innovation in the offer of services in the official language chosen by the user • Meet the needs of Francophone seniors, even in low-density Francophone settings • Promote the implementation of your organization's mandate regarding the provision of services to Francophone seniors • Improve the quality of services offered to Francophone seniors • Improve relations with the Francophone community to gain a better understanding of their needs
SECTION 2: Health Acts, Regulations, and Policies	• Practice #4: Linguistic Variable Integration in Data Collection (Prince Edward Island)	• Policy on intentional pairing between Francophone users and bilingual or French-speaking staff • Evaluation policy including a user satisfaction survey on access to services in French or in both official languages • User Committee including a Francophone subgroup to discuss the offer of services in French • Reserved seats on the Board of Directors and/or on the user committee for French-speaking users	• Make information on users' linguistic identity and employees' linguistic competence directly available to leading health professionals • Obtain administrative data necessary for the planning and implementation of French language services for the Francophone minority population • Improve the offer of services in French to Francophones and evaluate their satisfaction

Appendix 3: Table of Existing Practices

• **SECTION 3: Your Organization's Resources and Tools** • **SUB-SECTION 3.1 Active offer (AO) and coordination tools** • **WELCOME AND VISIBILITY**		• Written communication: Whenever possible, it is recommended to have both official languages on the same document. • Use of a university's translation program for trainees who could help translate documents. • Welcoming practices in both official languages when bilingual professionals are available: the wearing of "je parle français" pins, bilingual signs at the front entrance, bilingual external and internal signage and "Hello, Bonjour" telephone, voice mail, and front desk greetings. • Bilingual website: ensuring the website redirects visitors to complementary program information in English should such information be unavailable in French. • Bilingual intake forms, with information in both languages on the same document. • Posting the French Language Services Coordinator number on the reception desk of the various services.	• Ensure communication in both official languages; important for Francophones who may speak French fluently, but prefer to read in English, and vice versa. • Orient the reception staff towards the resources of the organization that can meet the needs and questions of Francophones.
HIRING AND RETENTION	• Practice #5: The *Framework for Recruitment and Retention of Bilingual Human Resources in the Health Sector and the Health Human Resources Strategy* (Pan-Canadian) • Practice #7: The Francophone Institutions Tour (Manitoba)	• HC Link's online document "Finders Keepers: Recruiting & Retaining Bilingual Staff" has some helpful tips on needs assessment, hiring, retention, and replacement of bilingual staff. See https://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/finders_keepers.pdf • Positions could be advertised in the newsletter of the Société Santé en français (SSF) networks and of the Consortium national de formation en santé's institution members.	• Promote the recruitment of bilingual staff • Provide support to bilingual staff

Appendix 3: Table of Existing Practices

TRAINING	• Practice #6: The Café de Paris (New Brunswick) • Practice #16: French-Language Placements to Help Serve a Francophone Minority Community's • Francophone Clientele (Ontario)	• Free online training in active offer through the "Toolbox for the Active Offer," a website that proposes an entire range of free and quality resources and pedagogical tools (videos, case studies, and online training) to better understand the underlying notions of active offer: See http://www.offreactive.com/home/ • Reflet Salvéo in Toronto has organized active offer training for managers of health service organizations, and their recently published Active Offer Planning and Implementation Guide: A Guide for Health Service Providers is available for download from their website http://refletsalveo.ca/formation-en-offre-active/ (in French) http://refletsalveo.ca/wp-content/uploads/2017/02/Active-Offer-Strategic-Planning-and-Implementation-Guide-for-HSPs-r%C3%A9duit.pdf • Contract renewals or new contracts with third party service providers can include clauses related to an obligation to pursue training in active offer and provide some services in French.	• Provide opportunities for staff to learn the principles of active offer, develop their French language skills, and meet other bilingual professionals
CONTINUITY OF SERVICES	• Practice #2: Summerset Manor's Francophone Household (Prince Edward Island) • Practice #3: The Pavillon Omer Deslauriers: A Francophone Unit at Bendale Acres (Ontario) • Practice #8: A Bilingual Nurse-Interpreter in a Halifax Hospital (IWK Health Centre) (Nova Scotia)	• Have mechanisms that make it possible to know the language of preference of users and to communicate that information to the various stakeholders who will ensure the continuity of care internally • Have a list of services that can be offered in French within the organization and make this list available to all staff • Have a French language services coordinator who knows about French language services in the institution and is able to refer patients to these services or help staff to do so	• Ensure a logical distribution of bilingual human resources in the organization • Facilitate the identification of French-speaking clients to lead to greater use of French language services • Respond to the needs of Francophone seniors, target seniors' engagement and participation, inform them and equip them to increase their quality of life

Appendix 3: Table of Existing Practices

EVALUATION OF ACTIVE OFFER		• Assessment of active offer behaviour of professionals (Measure of Active Offer) • Satisfaction surveys with users regarding the services received in their language and the active offer behaviour of the professional(s) • Language skills assessment of staff hired on designated bilingual positions	
SUB-SECTION 3.2 Inter-organization coordination, connectivity, and integration mechanisms COORDINATION MECHANISMS	• Practice #8: A Bilingual Nurse-Interpreter in a Halifax Hospital (IWK Health Centre) (Nova Scotia) • Practice #9: Primary Care Outreach to Seniors (Ontario) • Practice #10: Satellite Service Points (Ontario) • Practice #12: Lunch and Chats at the Vanier Community Service Centre (Ottawa) • Practice #13: A Public Health Nurse in a Community Service Centre: Ensuring Seniors' Referral to Appropriate Resources (Ontario)	• Formal inter-agency agreements for referring Francophone seniors to available French services	• Direct people to the right services in the right organizations • Assist in ensuring accountability and follow-up through formal agreements

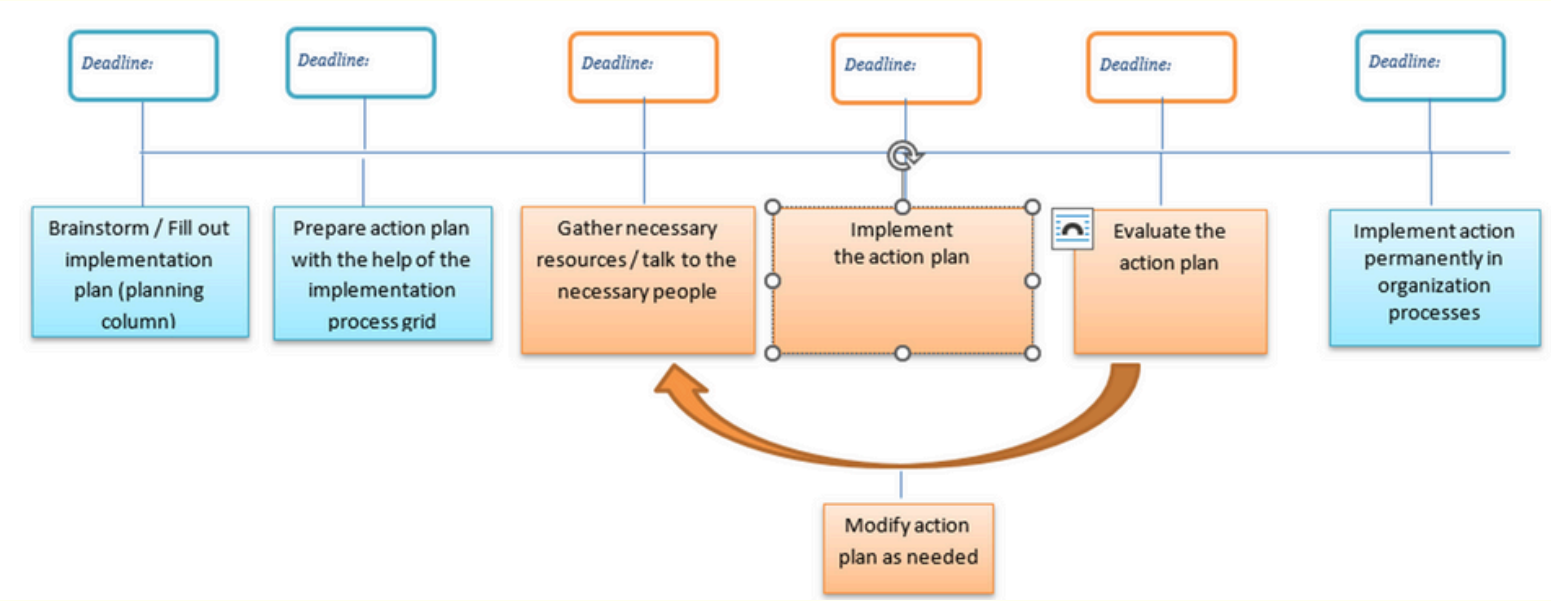
Appendix 3: Table of Existing Practices

EXCHANGE OF INFORMATION AMONG ORGANIZATIONS	Practice #13: A Public Health Nurse in a Community Service Centre: Ensuring Seniors' Referral to Appropriate Resources (Ontario)	• Work with other French Health Networks to promote advertising of bilingual positions to graduates of Francophone health and social service training programs • Develop a directory of agencies offering services in French and formal inter-agency agreements for referring Francophone seniors to these French services. The directory can help orient professionals and service users to French services and formal inter-agency agreements help ensure accountability and follow-through.	• Inform professionals and stakeholders of available French resources
SECTION 4: Users and professionals SUB-SECTION 4.1 Service users	Practice #11: The Information and Support Guide for Caregivers (Quebec)	• Information and tools for Francophone seniors on their linguistic rights and the importance of communication in the language of their choice (e.g., booklet or presentations to senior groups) • User Committee, participation of seniors • Procedures for assessing user satisfaction, including the linguistic dimension	• Inform and equip Francophone seniors • Provide support to caregivers • Ensure users' satisfaction with the services received and the linguistic dimension

Appendix 3: Table of Existing Practices

SUB-SECTION 4.2 Professionals	Practice #16: French-Language Placements to Help Serve a Francophone Minority Community's Francophone Clientele (Ontario)	• Workshops to educate professionals on the needs of Francophone users • Create a group of Francophone or bilingual professionals (community of practice) within the organization or region	• Make professionals aware of the needs of Francophone seniors and the importance of communication in the official language of their choice (quality and safety issue) • Promote networking and information sharing
SECTION 5: Community resources	• Practice #2: Summerset Manor's Francophone Household (Prince Edward Island) • Practice #14: The Fédération des aînés et des retraités francophones de l'Ontario (FARFO)'s Information Fairs (Ontario) • Practice #15: The Townshippers' Association Health and Social Services Component (Quebec)	• Community outreach activities to raise Francophone seniors' awareness of available French services • Outreach to Francophone seniors at their gathering places (churches, associations, social clubs) in addition to advertising via information networks (media) • Institutional data collection on the French-speaking community it serves • Have members of the organization responsible for French-language services participate in certain community activities to get to know them better • Involvement of Francophone volunteers with residents • Ensure that the institution consults the French-speaking community when it holds public consultations	• Mobilize the community to provide services in the official language in minority situations • Make Francophone seniors aware of services offered in French and their rights • Strengthen links between the institution and the community • Be familiar with the Francophone community served by the institution

Appendix 4: Timeline Chart



Appendix 5: Implementation Grid

Initiative	Timeline	Who....	....does what...	...with what resources?	...to reach this milestone?
Possible barriers					
Possible solutions to overcome barriers					
Facilitators (events, situations, people...)					
Support for implementation - **People** - **Information** - **Resources**					
Means to assess results					

Contact

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