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ELF and migrant categorization at family clinics in Finland

Englannin käyttö yleiskielenä (English as a lingua franca) ja maahanmuuttajien kategorisointi neuvoloissa Suomessa

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Abstract: The aim of this paper is to examine how nurses in family clinics use language, and clients' perceived English proficiency in particular, when categorizing their non-Finnish-speaking clients in their talk. Through membership categorization analysis (Schegloff, Emanuel A. 2007. A tutorial on membership categorization. *Journal of Pragmatics* 39(3). 462–482), this study shows that perceived proficiency in English, along with migration status and reliance on the native English speaker norm, seemed to be the most decisive elements in how the nurses categorized their migrant clients. The findings demonstrate the power of categorization as an instrument in institutional decision-making and highlight the role language plays in these categorizations. In particular, the study shows how influential perceived English language proficiency and the native speaker norm are in how nurses categorize their migrant clients. The findings suggest that being able to interact with clients in English is becoming a more and more important skill in working life in Finland, also in the health care sector. It would be important to understand how influential perceived language proficiency is in the way nurses conceptualize their clients, and to what extent this relates to the standard language ideology (Milroy, James. 2001. Language ideologies and the consequences of standardization. *Journal of Sociolinguistics* 5. 530–555).

Keywords: migrant, immigrant, English, family clinic, standard language ideology

Abstrakti: Artikkelin tavoite on selvittää, miten neuvolan terveydenhoitajat käyttävät puheessaan kieltä, erityisesti englannin kieltä, ei-suomea-puhuvien asiakkaidensa kategorisointiin. Tutkimuksessa hyödynnetään jäsenkategoria-analyysiä (Schegloff, Emanuel A. 2007. A tutorial on membership categorization.

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Journal of Pragmatics 39(3). 462–482) osoittamaan, miten englannin kielen osaaminen maahanmuuttostatuksen ja syntyperäisen englannin puhujan normin ohella näytti olevan määräävin tekijä siinä, miten terveydenhoitajat kategorisoivat siirtolaistaustaisia asiakkaitaan. Tutkimustulokset osoittavat kuinka vahvasti jäsenkategoriapohjainen luokittelu näkyy institutionaalisessa päätöksenteossa, ja ne korostavat kielen roolia tässä luokittelussa. Tutkimustulokset antavat viitteitä siitä, miten merkityksellisiä asioita koettu englannin kielen osaamisen taso ja syntyperäisen kielenpuhujan normi ovat siirtolaistaustaisten asiakkaiden kategorisoinnissa. Tulosten perusteella voidaan olettaa, että englannin kielen osaamisesta on tulossa yhä tärkeämpi osa ammattitaitoa suomalaisessa työelämässä, myös terveydenhuoltoalalla. Olisikin tärkeää ymmärtää asiakkaiden kielitaidon vaikutus heistä terveydenhoitajille muodostuvan mielikuvan muotoutumisessa ja missä määrin tämän mielikuvan muodostuminen liittyy syntyperäisten kielenpuhujien mallin eli standardikieli-ideologian ihannointiin (Milroy, James. 2001. Language ideologies and the consequences of standardization. *Journal of Sociolinguistics* 5. 530–555).

Avainsanat: siirtolainen, maahanmuuttaja, englannin kieli, neuvola, standardikieli-ideologia

1 Introduction

In the rapidly globalizing world, English is considered the language of the global economy, allowing access to quality education and upward social mobility (Park and Wee 2012; Dong 2016). The expanding use of English means that it is used much more frequently between non-native speakers than native speakers, i. e. as a lingua franca (Seidlhofer 2011). Despite the growing numbers of non-native speakers, the teaching of English still relies quite heavily on native speaker norms (Canagarajah 1999; Holliday 2009; Seidlhofer 2011), often referred to as the standard language ideology (Milroy 2001; Seidlhofer 2011). Furthermore, native speaker varieties seem to be the ones that are valued the most (Holliday 2009; Leppänen et al. 2008; Pihko 1997). It is interesting to see how migrants are placed in this space. What kind of a role does English play in how migrants are perceived in municipal services by Finns, who are, by definition, non-native speakers of English? Is the native speaker the norm against which migrants' use of English is compared or are other variants also considered acceptable? And if so, how does this play out in practice when they are dealing with municipal service providers, for example?

Until recently, migrants' use of English remains a largely neglected area of study in Finland, as most current research concentrates on migrants' learning how to cope with the Finnish language (see e. g. Kärkkäinen 2011; Pöyhönen and

Tarnanen 2015). Nevertheless, there are some indications as to how knowing English provides migrants with significant advantages during the initial period of integration before they learn Finnish (Iikkanen 2017). However, there is also evidence to the contrary: different ways of speaking English can be considered "deviant" or "marked" and studies have shown that it is not only a question of which language a person speaks but *how* they speak it, which may, in some contexts, have rather serious consequences (Guido 2012; Maryns 2012).

The aim of this paper is to examine how family clinic nurses, who are the most prominent municipal contacts for migrant families with small children, navigate in the jungle of language use with migrant parents. Through membership categorization analysis (MCA) (Schegloff 2007), I aim to show how nurses categorize their clients on the basis of the clients' perceived language proficiency in their talk, with a specific focus on the clients' use of English. In the following, I will first discuss the position of English in Finland and, then, focus specifically on how research conducted in the sphere of English as a lingua franca (henceforth ELF) related to the standard language ideology (Jenkins 2007; Milroy 2001; Seidlhofer 2011), intercultural communication (Baker 2015) and cross-cultural immigration domains (Guido 2012) could be of use in explaining why and how these categorizations may take place. This is followed by a description of methodology, participants and data. Findings will be discussed in Section 5, after which I will consider the broader implications of this study.

2 Standard language ideology and the categorization of migrants

Although lacking in official status, English is by far the most widely studied and commonly used additional language in Finland (Leppänen et al. 2008). A study on the uses of English in educational, media and business contexts found that "the increasing use of English [...] obviously reveals a lot about its status as an almost self-evident common language and lingua franca in many situations" (Leppänen and Nikula 2007: 366). However, the teaching of English in Finland, as it does in many other parts of the world, still relies heavily on the standard varieties, i. e. British and American English. Therefore, it is hardly a surprise that Finns seem to find British (40 % of respondents) and American English (36 % of respondents) the most "pleasant" varieties of English (Leppänen et al. 2009). Furthermore, a study on the intelligibility of native and non-native English pronunciation to Finnish learners of English (Pihko 1997: 235) found that all native-speaker varieties were evaluated more positively than non-native

varieties. Moreover, the English spoken by native speakers was considered "real English," whereas non-native variants (particularly Gambian and Ethiopian English) were downgraded and viewed as "strange" (Pihko 1997). In a similar vein, Seidlhofer (2011) also argues that ethnicity and socioeconomic status affect speakers' perceived intelligibility, i. e. the higher their social status, the more easily they will be understood. Hence, in light of the current socioeconomic power of nations where English is spoken as a native language (Seidlhofer 2011: 36), it is particularly challenging for ELF speakers to be accepted as legitimate and communicatively effective speakers of English.

2.1 Standard language ideology

This kind of a standard language ideology (Milroy 2001), or standard English ideology as it was referred to by Seidlhofer (2011), is problematic because "beliefs and attitudes are usually transmitted and reproduced through education without either teachers or learners being aware of them" (Seidlhofer 2011: 43). Furthermore, this "privileged variety representing a prestige linguistic norm recognized in particular communities and set up as gatekeeping for the achievement of education and therefore social status" (Seidlhofer 2017: 87). This historically "deep-rooted" (Jenkins 2007: 33) standard language ideology has been widely critiqued by many scholars (see e. g. Pennycook 2000), most profoundly so by those in the field of ELF (e. g. Dewey 2012; Jenkins 2007; Seidlhofer 2011). The critique is based on how profoundly such an ideology affects ELF speakers, as for example failing to meet the correctness requirements of Standard English (Milroy 2001) would, thus, deem ELF speakers automatically as communicatively incompetent (Seidlhofer 2017). In fact, ELF scholars find the exact opposite often to be the case: a willingness to adapt, in other words to "deviate" from the standard language forms, can be communicatively *more* effective rather than less so (Cogo and Dewey 2012; Seidlhofer 2011, 2017).

However, the notion of standard language ideology does shed light on understanding the politics of language related e. g. to immigration (Garrett et al. 2003) or the use of ELF in "inter-communal" domains (Widdowson 2017). Guido (2012), for example, has found in her study of African immigrants being interviewed by Italian immigration officials that as interlocutors often transfer features from their first languages to their use of ELF, their talk may, then, be perceived as "deviant" and pragmatically "marked" by others (Guido 2012: 236; quotation marks original). These different "linguacultural conventions" and the idealization of the standard language may, then, lead to a lack of authentication of different ELF variations (Guido 2012). Therefore, there is a call for increasing

awareness of the fact that, although possibly lacking in its conformity to the rules of English as a native language, English spoken by non-natives may be just as effective means of communication as the native speaker variants, given the right contexts, purposes and shared understandings for using the language (Baker 2015; Cogo and Dewey 2012; Seidlhofer 2011, 2017). As the standard language ideology is essentially transmitted through educational practices (Seidlhofer 2011), teachers and researchers, linguists and non-linguists alike, are the primary target groups to be addressed when attempting to shed light on why "our conceptualizations of the nature of language and communication in general" are in an urgent need of re-thinking (Seidlhofer 2017: 97).

2.2 ELF and the categorization of migrants

By definition, ELF refers to English being used as a common medium of interaction in situations where interlocutors do not share a first language (Seidlhofer 2011). However, given the strong preference towards the native speaker norm and the intercultural nature of communication in the case of my participants, I wanted to see how clients' backgrounds and their perceived proficiency in English affected the way family clinic nurses (as representatives of Finnish society) categorized their non-Finnish-speaking clients. In fact, cultures are based on the premise that people try to organize their experiences, which are naturally "messy" (Douglas et al. 2000: 46 – 52), and, as they try to overcome this messiness, they give meanings and divide things into different categories using various classification systems. According to Sacks, Jefferson and Schegloff, "a great deal of the knowledge that members of a society have about the society is stored in terms of these categories" (Sacks et al. 1992: 40).

Essentially, categorization takes place through language use, because "linguistic practice is a powerful means of exercising power in and through occasions of social categorization" (Codó and Garrido 2010: 300). In fact, the ways people use language are always "related to issues of identity and power [...] creating social stratification and inequality" (Baker 2015: 111). Here, Baker refers to poststructuralist theories (Bourdieu 1991), and how they have been used in attempts to shed light on how non-standard varieties and less prestigious languages both reflect and create social inequality (Baker 2015: 111).

The social category of immigrant, for example, as Huttunen (2004: 138 – 139) describes it, consists of people of extremely varied backgrounds, but all their individual characteristics disappear as a consequence of being ascribed to this category. However, there seems to be a more fine-tuned system of differences, which makes people who are different in physical appearance, gender or country

of origin either acceptable or suspicious in relation to being accepted as members of Finnish society (Huttunen 2004). People of different origins, then, need to negotiate their position in society individually in relation to these assumed characteristics (Huttunen 2004). Although language use as such was not addressed in Juhila's (2004) or Huttunen's (2004) studies mentioned above, the importance of language and the role of the standard language ideology in how people are categorized on the basis of their language use, cannot be ignored. In the following, I will first describe how membership categorization analysis is used in interpreting the findings. Then I will introduce participants and data.

3 Methodology, participants and data

3.1 Membership categorization analysis

Membership categorization analysis (MCA) was originally developed by Harvey Sacks, the founding father of conversation analysis (CA). In practice, the membership categorization device (MCD) is a set of resources and practices used in MCA and consists of two parts: one or more collection(s) of categories and some rules of application (Schegloff 2007). The categories referred to are everyday ones, such as women, students, infants, Catholics or patients, which then, in turn, are organized into collections of categories that "go together" such as male/female or Catholic/Protestant/Muslim (Schegloff 2007: 467). Furthermore, these collections of categories are always empirical and culture-specific, meaning that the categories which "belong together" may be appropriate in one culture but not in another one (Schegloff 2007: 467). Categories are "the store house and the filing system for the common-sense knowledge that ordinary people [...] have about what people are like, how they behave etc." (Schegloff 2007: 469). As to the rules of how categories are applied, it is quite striking that if a member of a category appears to contradict "what is 'known' about members of the category, people do not revise that knowledge". Instead, they see the person as 'an exception,' 'different,' or even a 'defective' member of the category (Schegloff 2007: 469). So-called category-bound activities, which refer to the "activities or actions or forms of conduct that are characteristics to the members of a certain category" (Schegloff 2007: 470), are also an important part of MCA. This means that it is possible to "allude" to a certain category membership of a person by referring to them being engaged in a "category-bound" action, such as in "a baby *cried*" (Schegloff 2007: 470; emphasis added).

After introducing the participants and the data, membership categorization analysis will be used in the following to try and explain how Finnish family clinic nurses categorize their migrant clients. I will look into how migration status and the native English speaker norm are reflected in the nurses' categorizations. Finally, I will discuss the potential consequences these categorizations have for the individuals placed in specific categories.

3.2 The wider context of the study

This paper is part of a larger study, the goal of which is to investigate how language affects migrant parents' individual integration pathways into Finnish society and what role language use (in particular, their perceived English proficiency) plays in that process. I initially interviewed eight migrant parents in a medium-sized Finnish town (Iikkanen 2017). The parents had migrated to Finland recently on a voluntary basis and they were interviewed twice during the period of three years (two of them were interviewed three times). The rationale behind the longitudinal research process was an interest to find out how integration and language use relate to one another and how language practices evolve during the research period. The findings indicate that in the beginning, specifically in official domains, the parents managed quite well with English. Unofficial encounters with Finns in pursuit of achieving genuine social integration, however, seemed to be more challenging. Moreover, some of the parents' attempts at socializing with Finns had resulted in having been ignored or rejected (Iikkanen 2017). Although the Integration Act (2010) places some responsibility on the host society as well, and talks about "two-way integration," the major responsibility for integration still seems to rest on the newcomers' shoulders. Furthermore, it seemed that the participants equated integration very strongly with learning Finnish, which is most likely a by-product of taking part in highly language-oriented migrant integration programs (Pöyhönen and Tarnanen 2015).

Perhaps not that surprisingly, there seemed to be a strong link between the assumed length of stay in Finland and how intensively the study of Finnish was taken on by the participants (Iikkanen 2017). Those who had come to stay were very eager to learn the language, whereas those who had only come for a limited period of time or were still not quite decided on whether they intended to stay in the country permanently, did not invest nearly as much time or effort in language study. The participants also had different reasons for learning the language. Being able to find work was obviously an important goal, but some of them had also made a conscious

choice that Finland offered the best possibilities for their offspring and, hence, were prepared to compromise as far as their own professional aspirations were concerned.

A three-year research period was essential in showing how, as time passed and the parents' Finnish proficiency increased, they had less and less use for English. Nevertheless, they still sometimes needed English when carrying out very important tasks, such as making a business plan for a company they were establishing, or when only wanting to relax and speak more freely (as speaking Finnish still required a lot more effort from them). The findings indicate that it is of extreme importance to let the integration process proceed on its own pace. Clearly, it had not been easy for the participants to find their place in a new society, since earlier qualifications could not really be utilized, and extensive re-thinking in terms of both personal goals and available opportunities had to be done. Given a few twists and turns, however, most of the participants who stayed in Finland in the end, had managed to make their life meaningful and felt like they had found a new home.

As part of the research process, I also conducted interviews with five family clinic nurses whom the parents visited regularly with their children, and two senior nurses, who were the superiors of the nurses interviewed. This was done to get an outsider's perspective on how using English works in Finland, to see how non-Finnish-speaking clients are categorized at family clinics and what kind of consequences this categorization might have. This paper focuses on the interviews with the nurses and the senior nurses.

3.3 Family clinics in Finland

The family clinic plays an essential part in preventive and health promoting work in primary health care (National Institute for Health and Welfare 2015). Family clinics, along with pre-natal (*äitiysneuvola*) and child health clinics (*lastenneuvola*), are the responsibility of the municipality. Using the family clinic services is voluntary and free of charge. At the clinic, parents learn how their child is developing compared with other children of the same age, and they are given advice e. g. on daily routines, hygiene, nutrition, play, sleep and learning. The aim of family clinics is to discover needs for special support as early as possible and provide help in appropriate ways. Migrants are entitled to health care services if they have a residence permit and a registered place of domicile in Finland (Ministry of Social Affairs and Health 2017).

3.4 The participants and the data

As Table 1 indicates, the nurses' ages varied between 37 and 61 years and, on average, they had been working in municipal family clinics for more than 13 years. I have used pseudonyms to protect their privacy. The individual nurses' ages, the number of years they had been working as nurses in family clinics, and the number of their non-Finnish-speaking clients at the time of the interviews are summarized in Table 1.

Table 1: Background information on the nurses and the number of non-Finnish-speaking clients they were seeing.

Nurse/Details	Age	Number of years working as a nurse in a family clinic	Number of non-Finnish-speaking clients
Nurse Kaija	42	12	about 30% of all clients
Nurse Sari	48	11	about 10 families
Nurse Marja	52	14	could not say exactly
Nurse Anne	37	6	occasionally some families
Nurse Leena	57	15	none at the moment, but used to have a lot when working in a different area
Senior nurse Kati	42	7 years as a nurse and 7 years as a senior nurse	senior nurses did not deal directly with clients
Senior nurse Eeva	61	10 years as a nurse and 10 years as a senior nurse	senior nurses did not deal directly with clients

The data consist of two sets of semi-structured thematic interviews. I interviewed the nurses during the summer and fall of 2016, and the senior nurses were interviewed a year later, in the fall of 2017. I asked the nurses about the number of non-Finnish-speaking clients they had and how they usually worked with them, whether they spoke English (or some other language) or used interpreters, and if the city had any general guidelines on when to use an interpreter. I asked if materials in other languages besides Finnish were available for their clients, and how the nurses felt about working in a foreign language; whether it affected their work in any way, and if they had had any language-related misunderstandings with their clients. In the senior nurses' interviews, in addition to the questions mentioned above, I concentrated on finding out if the nurses had

talked to their superiors about potential language-related challenges and what kind of instructions the nurses had been given regarding the use of interpreters. Appendix 1 includes more detailed interview questions. The interviews lasted from 36 minutes to an hour, the total amount of data being 260 minutes. The interviews were originally conducted in Finnish and transcribed verbatim. I have translated the excerpts presented here into English. A note on transcription conventions can be found in Appendix 2.

4 Non-Finnish-speaking clients at family clinics

I set out to find out through membership categorization analysis (MCA; as described in more detail in Section 3) how nurses in family clinics categorize their migrant clients in their talk and what role the clients' (perceived) English language proficiency played in these categorizations. The first part of the analysis will deal with the role that the clients' migration status played in the nurses' categorizations and how this role was tied to perceived use of language. In the second part of the analysis, in Section 4.2, I will focus on the native English speaker norm in how the nurses perceived (and evaluated) the clients' English proficiency. In the last section, I will discuss the potential consequences these categorizations may have on the nurses' everyday working practices and the services (such as interpretation) that were provided for the clients.

4.1 Migrant categorization on the basis of migration status

I started the analysis by looking at how the nurses categorized their non-Finnish-speaking clients in their talk. What categories did they use when referring to people who did not speak Finnish as their first language? Excerpt (1), below, demonstrates how nurse Leena talked about her non-Finnish-speaking clients.

Excerpt 1: Interview with nurse Leena.

Finnish (original)	English (my translation)
L: ja tota, sitte mä siirryin [kaupunginosa] ja sielläki **mulla oli maahammuuttaja-asiakkaita,** mut täällä mul oli yks	L: and then, well, I moved to [a part of town] and there **I also had some immigrant clients,** but here I had one

(*continued*)

Excerpt 1: (*continued*)

maahammuuttaja-asiakas,	immigrant client,
joka muutti pois @@	who moved away @@
P: okei @@	P: ok @@
L: nyt ei oo yhtää	L: now I don't have any
P: onks tää [neuvola] nimeomaa tähän	P: is this [clinic] meant particularly
[kaupunginosa] alueen asukkaille	for the people from this
tarkotettu sitten?	[part of town] then?
L: joo, kyl tää on niinku semmosta aluetta, että,	L: yeah, this is the sort of area where not
ni tääl ei nyt niin välttämättä tai sitte ne on, toki	necessarily, well, there are
on **tämmösiä yliopistoihmisiä**	**those sort of university people**
P: joo	P: yeah
L: **jotka sit puhuu englantia**	L: **who speak English then**
P: aivan	P: right
L: mut et ihan tällei, et joutus niinku tulkin	L: but not like you would have to work a lot
kanssa pelaamaan paljo, ni	with an interpreter

At the beginning of Excerpt (1), nurse Leena first mentions that, earlier, she had *had some immigrant clients*,[1] but, at the moment, she did not have any. She goes on to say that some of her current clients were, however, *those sort of university people, who speak English then*. In her talk, these two, immigrants on the one hand and university people on the other hand, are completely separate categories. Notably, it is the clients in the university people category, but not those in the immigrant category, who speak English. Nurse Marja, in Excerpt (2), seemed to categorize migrants in a similar way.

Excerpt 2: Interview with nurse Marja.

Finnish (original)	**English (my translation)**
P: kuinka paljo sulla käy semmosia	P: how many clients do you have
asiakkaita, jotka ei puhu	that don't speak Finnish
äidinkielenä suomea? Noin suurin piirtei?	as their first language? About?
M: Emmä nyt osaa prosenttiosuutta	M: well, I can't say how many per cent,
sanoo, mut kyllähä niitä o aika paljo tässä	but there are quite a few of them
P: joo	P: yeah
M: (xxx) mulla o tää keskusta-alue tässä, nin	M: (xxx) I have this town center area here, so
P: mm	P: mm

(*continued*)

1 The examples mentioned in the text are marked **in bold** in the interview excerpts.

Excerpt 2: (*continued*)

M: aika paljo yliopistolla	M: quite a lot of university
P: joo	P: yeah
M: porukkaa, sit on tietty **maahammuuttajia**	M: people, and then of course **immigrants**
P: **opiskelijoita**	P: **students**
M: **opiskelijoita**	M: **students**
P: ja **työntekijöitä**	P: and **staff**
M: **työntekijöitä, ja sit om** m**aahammuuttajia**	M: **staff, and then there are immigrants**
P: joo, joo	P: yeah, yeah
M: et kyllä niitä nyt aika	M: there are quite a few of them

Excerpt (2) reveals how strongly nurse Marja's thoughts, too, were fixed on the separation of people at the *university*, which included *students* and *staff*, on the one hand, and *immigrants* on the other hand. She first mentions the university, in addition to which there are immigrants. After acknowledging my prompts for *students* and *staff*, she still maintains: *and then there are immigrants*, so by further pointing out the distinction, she emphasizes the fact that, for her, immigrants are placed in a totally different category than university people.

As Excerpts (1) and (2) show, English-speaking clients were not called migrants (or immigrants) at all. Instead, the category of *university people* was used. The history of categorizations, and especially of classifications and systems based on legislation, is often connected to the history of social institutions (Juhila 2004: 21). Earlier research also suggests that Finnish professionals who work with immigrants often categorize their clients on the basis of their reason for migrating, and refugees may be seen as reflecting a "stronger" immigrant status than people who have come to Finland because of marriage, work or study (Ekqvist and Pylkkä 2016: 56). Furthermore, financial considerations related to the migration status of the client (namely, the fact that the state covers interpretation costs for refugees but not for other migrants) seemed to play an important part in client categorization as well, especially from the senior nurses' point of view, as Excerpt (3) shows.

Excerpt 3: Interview with senior nurse Kati.

Finnish (original)	**English (my translation)**
P: kyllä, mites tota, mm, ohjeistetaanko ylipäänsä t erveydehhoitajat jotenki tähän	P: yeah, well, do the nurses have some kind of guidelines

(*continued*)

Excerpt 3: (*continued*)

tulkkipalveluitten käyttöön,	for using interpreters,
onko kaupungilla olemassa joku	does the city provide them with
[ohjeistus siihe]?	some sort of [instructions]?
K: [joo, joo]	K: [yeah, yeah]
kyl siitä on olemassa ihan	**yes there are**
kirjalline ohje, ohje ja,	**written instructions**,
ja samoin se, että miten tarkistetaan	instructions and also how to check
niinku esimes se, että **millä statuksella**	for example **what status**
kukaki maahammuuttaja on,	**the immigrant has**
on täällä Suomessa, ja tota,	here in Finland, and well,
et miten nää kustannukset	what it then means in terms of
sitte niinku kohdistuu ja	the allocation of the costs then
miten se tulkkitilaukseen	and **how that kind of affects**
niinku vaikuttaa sitte se	**booking the interpreter**
P: [joo]	P: [yeah]
K: [se] **henkilön status**,	K: [the] **status of the person**,
et ne on ohjeet,	so those are the instructions,
ja saman-	and the same
P: **eli onks siihe joku**	P: **so is there some sort of**
erottelu sitte, että kenelle	**stratification then, for who**
sen saa tilata ja kenelle ei? @@	**can have one and who can't? @@**
K: **no, no tota**, ei oikeestaan	K: **well, well**, it is not really
sillä tavalla, että, et kaikkihan	like that, everyone who
siis ketkä tulkkii tarvitsee,	needs an interpreter,
tai, ja se voi olla joskus niin,	or, and it can also be that the clients
että, et tää asiakas ei itse ehkä	themselves do not necessarily
välttämättä koe tarvitsevansa,	feel that they need an interpreter
mutta terveydenhoitajan	but the nurse
(...)	(...)
K: kyllä, joo, joo, että,	K: yes, yeah, yeah, well,
et kyl se tota, se terveydehhoitaja	**it is the nurse who kind of**
sen tulkin tarpeen niinku	**defines the need for**
määrittelee, ja, ja tota,	**the interpreter** and, and,
et se kuka sen tilaa,	the institution that orders
ni sehän sen maksaa sitten,	the interpretation is who pays for it,
jos ei ole tällaista niinku	unless someone's got that
statusta, että menee	kind of status, that it goes
P: mm	P: mm
K: esimerkiks valtion piikkiin	K: for example that the state
tai, tai sitte, et jos on näitä	covers the costs, or then,
kiintiöpakolaisia, ni siinäki	if they are refugees
on sitte se aikaraja	there's the time limit

(*continued*)

Excerpt 3: (*continued*)

P: joo	P: yeah
K: minkä puitteissa sitten	K: that then sets the limits,
niinku se menee sitten tota,	well, yeah, but yes, yes,
`mut joo, että kyl niistä on,	there are, are guidelines about it,
on ohjeet ja, joo	and, yeah

In Excerpt (3), the senior nurse first acknowledges that there are *written instructions* for using interpreters. However, she does not explain further what these guidelines are. After that she redirects the interview towards migrant *status* and the allocation of costs based on that, which is yet another type of categorization (see Ekqvist and Pylkkä 2016: 56). Then, Kati dodges my inquiry about *stratification* as a basis for booking an interpreter. She also uses a hedging expression *well, well*, as if she were trying to avoid answering the question directly and trying to buy more time.

I am assuming that senior nurse Kati was referring to the same set of instructions that I received, upon request, from the other senior nurse, Eeva. The instructions included the order form that was used for booking an interpreter and technical details for contacting the interpretation service. Apparently, there were no instructions regarding the *circumstances* when it would be advisable to book an interpreter, or they were not disclosed with me. After further inquiry about whether a person's migration status had an effect on the use of interpreters, Eeva maintained that, to her knowledge, they had never refused the use of an interpreter if one had been required by a nurse. Obviously, this was somewhat of a sensitive issue that the nurses did not quite know how to address – being caught in the middle of financial constraints and their superiors' instructions for using their existing language skills – so I did not pursue it any further. Nurse Eeva added, however, that many of the nurses had such good English skills that they were able to work in English. This relates the decisions made about the need for services directly to language and shows the strength of institutional control exercised through categorization. Although the nurses were led to believe that they could make the decision about booking an interpreter themselves, something that was also emphasized by the senior nurses, in reality it may only be an illusion, as it was finances that really seemed to matter.

In a nutshell, as both Excerpts (1) and (2) show, the nurses interviewed in this study had noticed that university people, who spoke English, did not fit the "historical" category of immigrants that they had constructed for themselves during their extensive work history with migrant clients. The clients' ability to speak English,

often combined with a higher educational background than the nurses were accustomed to with the immigrant clients, did not fit the immigrant category. In other words, to use MCA terminology, speaking English constituted a category bound activity, which was *not* characteristic of the category of immigrant and, therefore, was considered exceptional. Since, as explained in Section 3.1 above, people do not revise their understanding of a category, but, rather, treat contradictory information as an exception (Schegloff 2007: 469), a new category of university people had to be devised. In fact, this new category closely resembles that of an *elite migrant* (Leinonen 2012), alluding to the fact that, in addition to ethnicity, the category of immigrant also entails connotations attached to class and social status (Huttunen 2002). Excerpt (3) reveals the conflicting interests related to the nurses' potential needs for using interpreters on the one hand, and the city's strict financial situation, on the other hand. The following section will look at what role the native speaker norm played in the nurses' categorizations of their migrant clients.

4.2 Native-speaker norm as a basis for categorization

The native speaker norm, as discussed in Section 2, also seemed to play a role in how the nurses had experienced the interactions with the clients and, hence, categorized them accordingly. The nurses seemed to feel quite strongly that it was easier and more effortless to communicate with clients who had English as their first language, as Excerpt (4) shows.

Excerpt 4: Interview with nurse Sari.

Finnish (original)	**English (my translation)**
S: **no kyllä mä koe, että, että**	S: **well, I do feel that**
englanninkielellä ihan pärjään,	**I manage quite well with**
pärjään totanin,	**English**, manage yeah,
mulla on useempi näistä	**I have several of these**
asiakkaista on semmosia,	**clients who speak English**
jotka puhuu itse äidinkielenään	**as their first language**
englantia, ni, jotenki, koska ainaki	**themselves**, so somehow,
mä ymmärrän englantia	at least I understand English
aika hyvin, (...) mut useimmiten	quite well (...) but mostly
semmosten asiakkaitten kanssa,	with those clients
jotka ite käyttää	who use English as their
äidinkielenä englantia,	first language,
ni he niinku auttaaki,	**they kind of help you,**

(*continued*)

Excerpt 4: (*continued*)

koska sit löydetää kuitenki se	because we kind of
ikäänkui	find it together
P: se o helpompaa	P: it's easier
S: se o helpompaa,	S: it's easier,
mut sit jos molemmat ollaa	**but then if both of us are**
niinku samassa tilanteessa,	**kind of in the same situation,**
ni sitten se tietysti ois	**then it might be more**
järkevämpää,	**advisable to have**
et se tulkki ois apuna (...)	**the interpreter there to help** (...)
S: **se ääntämys**	S: **the pronunciation**
on niin erilainen Intian englannissa,	**is so different in Indian English,**
kun sitte vaikka kanadalaisella	**like compared to Canadian,**
tai australialaine, **australialainenki**	**for example or Australian,**
voi olla vähä	**Australian can be a bit more**
haasteellisempi	**challenging**
P: @	P: @
S: mutta vaikka Kanada	S: but take Canadian for example
P: joo	P: yeah
S: tai amerikkalaine	S: or American
P: ne perinteiset	P: the traditional ones
S: nii, **et kyllä niinku omalle korvalle**	S: yeah, **so that Canadian**
selkeesti Kanadaj	**and American English**
ja USA:n englanti	**and British English**
ja Englanni englanti	**are kind of**
on helpompaa,	**easier on your ears,**
ku sitte	like compared to
P: niin, niitä kuulee enemmän	P: yeah, you hear them more often
S: nii, kun se	S: yeah, because it
P: Euroopassa	P: in Europe
S: intialaisella, on niin selkee, tai	S: Indians have such a clear, or
vaikeempi se aksentti jotenki	**somehow more difficult accent**

First, nurse Sari explains that she feels like she *manages quite well with English*, because many of her clients *speak English as their first language*. In her experience, dealing with native speakers is easier, as they are often able to *help* the nurses along in the interaction. But if *they are in the same situation* [with the client], obviously referring to an encounter where both the client and the nurse are non-native (ELF) speakers, *it might be more advisable to have an interpreter there to help*.

Another interesting point in what nurse Sari says, is how she comments on the way English is spoken by her clients. She says that *Canadian and American*

and British English are kind of easier on your ears. In contrast, in Indian English *the pronunciation is so different* and *the accent is somehow more difficult* compared to the native-speaker variants mentioned above, making it much more difficult to understand. Interestingly, *Australians can also be a bit more challenging*, although they are native speakers of English. Apparently, Australian English is not as familiar to nurse Sari as Canadian, American or British English, mostly due to exposure to the latter at Finnish schools and in the mass media. Below, nurse Anne talks about her experience with clients of differing origins.

Excerpt 5: Interview with nurse Anne.

Finnish (original)	**English (my translation)**
A: pääsääntösesti pyritään	A: in general, we use
käyttämään tulkkia,	interpreters during client visits,
mm, käynneillä,	mm,especially,
vallankin kun, kun	well, well
riippuu tietysti	**of course it depends**
mistä maasta,	**on which country,**
mistä maasta	**which country**
tullaan,	**they come from,**
Afrikka, Iran, Irak, Thaimaa	**Africa, Iran, Irak, Thailand**
– tyyppiset, niin, aina	**– like that, so, we always**
mietitään se, että mikä on	**have to think what the family's**
se perheen englanninkielen taito,	**level of English proficiency is,**
voi olla Euroopan	**there may be people from**
maista tulijoita,	**European countries**
joilla on hyvä englanti	**who have good English a**
ja he toivovat sillä	**and would like to use English**
englannilla sitä asiointia,	**when they visit the clinic,**
ja totanin, välttämättä	and, well, not necessarily
englannin kielen tulkkia,	English interpreters,
yritin kysellä myös kollegoilta,	I tried to ask my colleagues, too,
niin aika vähän	it seems that they
tuntuu että käytetään (...)	are not used very often (...)
A: ja on joitai vanhempia,	A: and there are some parents,
on joku äiti joskus sanonu,	**some mother has said some time**
että hän ei halua	**that she does not want**
tulkkia,	**an interpreter,**
että hän kyllä pärjää,	**that she'll manage,**
vaikka se englanti on ollu	**although the English was**
aika huonoa, ja sit on	**quite bad, and then one**

(*continued*)

Excerpt 5: (*continued*)

pitäny miettiä,	**has to consider**
että onko mun vaadittava	**whether I need to insist on**
hänen oman kielen	**having an interpreter**
tulkki,	**in her own language,**
vaikka hän kieltää sen,	**although she doesn't want one,**
vai hyväksynkö mää sen,	**or do I just accept it**
että, että me pärjätään	**that, that we'll manage**
sitten välttävästi, asioita	**then somehow,** things
P: miten sä oot toiminu?	P: how did you handle it?
A: se, hänen kohallaan ei tilattu	A: that, with her we didn't book
tulkkia, hänellä oli isompi lapsi	an interpreter, she had a bigger child
P: joo	P: yeah
A: ja totanin, ja sit	A: and well and then
mä hänelle kerroin sen,	I told her that,
että tota, et hän niinku	well, so that she
ymmärtää sen,	kind of understands,
että jos on, asioita,	if there are things
joita hän ei ymmärtänyt,	she didn't understand,
tai mää yritin selventää,	or I tried to make it clear
mitä hän tarkoittaa,	what she means,
että hän niinku	so that she kind
ymmärtää sen,	of understands it,
et jos ei ole tulkkia,	if there's no interpreter,
että mitä se tarkottaa (...)	what it means (...)
A: **ja [materiaalia] varsinki**	A: **and especially [materials]**
sellaselle, joka niinkun sanoo	**for someone who like says**
tai näyttää siltä, että	**or looks like they will**
ei ehkä niin mene sinne nettiin,	**probably not go online,**
se on hyvin vaihtelevaa,	it varies a lot,
että ehkä mä mietin,	**that maybe I think that**
että jos tulee	**if they come from**
Englannista tai Euroopasta,	**England or Europe**
heillä on jotenki	**their starting point is**
eri lähtökohat,	**somehow different,**
kun sitten joistain muista	**than with those who come from**
maista tulleilla	**some other countries**
[että se englanti itsessä on	**[that the English in itself is**
P: [on ja se hyvinvointiyhteiskunta	P: [they have the welfare society
on siellä olemassa samalla tavalla	in the same way
ku täällä	as we do
A: on, et **jos puhutaa**	A: yes, so **if we are talking about**
englanninkielisistä asiakkaista,	**English-speaking clients,**

(*continued*)

Excerpt 5: (*continued*)

heillä on yleensä kyllä perusasiat	**they usually have the basic things,**
olleet minun kohdallani	**at least from my point of view**
aika hyvin,	**pretty well in order,**
että totanin	so that well
P: ehkä meiän kaikki käsitykset	P: maybe we have a similar
asioista on aika samallaisia	understanding about many things
A: kyllä, se on, se on hyvin,	A: yeah, it is, it is very,
on kulttuuri, **niinku näistä**	there's culture, **like these**
kulttuuriasioistaki,	**cultural things,**
että he ei oo ollekaa olleet	**they have not been**
semmone kuormittava asiakaskunta,	**a burdening group of clients,**
niinkun vaikka se	**like even though it is not**
kieli ei olisi oma,	**your own language,**
mutta sillä englannilla	**we have managed well**
on hyvin pärjätty	**with that English**

Nurse Anne seemed to have a very clear idea about those clients' origin whose English proficiency should be called into question: people coming from *Africa, Iran, Irak* and *Thailand*. In contrast, *there may be people from European countries who have good English and would like to use English when they visit the clinic*, which does not seem to present any problems. This reference resonates well with the earlier discussion (see Section 4.1) on how the nurses seemed to ascribe the immigrant category mainly to people of non-Western origin and, as a rule, clients belonging to the immigrant category did not speak English well, if at all.

Sometimes, however, there were conflicting opinions between the clients and the nurses about whether or not an interpreter was needed. Nurse Anne reports an incident where a mother refused to have an interpreter, *although the English was quite bad*, which led nurse Anne to contemplate whether she was able to accept the fact that they would just *manage then somehow*, i. e. use ELF. In this case, nurse Anne did not insist on having an interpreter, as the client *had a bigger child*, which apparently was a mitigating fact from nurse Anne's point of view, compared to the child in question having been an infant. As a rule, the nurses were rather rigorous about the fact that their obligation was to deliver information in such a manner that the client was able to receive it. Here, nurse Anne also tried to do her duty and explain to the client very carefully what it means if the client waives her right for interpretation. Nevertheless, this seemed to be an example of successful ELF interaction. There were also other instances where a mixture of English and Finnish was used, for example nurse Leena told me that she did speak little English but understood it much better. So, often, if clients were able to understand some Finnish, they

used a mixture of these languages: the client would speak in English and nurse Leena in Finnish, and the interaction was considered quite adequate by both parties.

In Excerpt (5), nurse Anne complained about a lack of materials in English (or in other languages) that they could give to *someone who like says or looks like they will probably not go online*, which reveals a highly stereotypical way of thinking and is, indeed, a very strong categorization, pointing towards the power of ethnicity in how interlocutors position one another (Hinnenkamp 1991). What is also quite interesting in the way nurse Anne categorizes her clients is the plain fact that, if clients speak English and come *from England or Europe their starting point is somehow different, than with those who come from some other countries*. These other countries are not named here but, most likely, nurse Anne means places like Africa, Iran, Irak and Thailand mentioned by her at the beginning of Excerpt (5). The fact that England and Europe are seen as a single unit is a telling example of how the nurses conceptualized the clients' origins: clients coming from locations that were more familiar to them, were seen as "better off" compared to those who came from places that are more unfamiliar and distant, both in cultural and geographical terms. In fact, as nurse Anne continues: clients who, in her view, are proficient enough in English, *usually have the basic things, at least from my point of view, pretty well in order*, and regardless of having to use a foreign language, nurse Anne feels that these clients *have not been a burdening group of clients*, and that they have *managed well with that English* together.

In sum, communication in English with clients in the native speaker category (potentially including Europeans) was considered easy and effortless, whereas other clients' presumed lack of English proficiency might require using an interpreter, although negotiation was also possible under certain circumstances. Sometimes a mixture of English and Finnish was also used. An adequate proficiency in English, as concluded by the nurses, seemed to indicate that clients placed in this category came from certain geographical areas, had a different starting point and were not a burdening group of clients, unlike those clients whose English proficiency failed to meet the nurses' standards and who, most likely, originated from "non-Western" areas. Consequently, being a "burdening" client and not possessing adequate English proficiency seemed to be category-bound activities associated with the immigrant category.

4.3 Discussion: migrant categorization at family clinics

As categorizations often rely on a historically accumulated fund of knowledge and the history of social institutions, and are often based on legislation (Juhila

2004), it is easy to see why the migration status played such a strong role in the nurses' categorization process. Initially, the nurses were accustomed to dealing with clients with a refugee background. Often these people had had limited access to education and had not had the opportunity to learn English. Now, with increasing globalization and voluntary migration, the situation has become quite different. The newly configured category of university people obviously entailed a set of attributes that were not shared with the category of immigrant, and speaking English certainly was not one of them. It seemed that having a high social status (e. g. Western origin), being able to speak a high-status language such as English and having migrated voluntarily, all mark a person as a non-immigrant, an *elite migrant* (Leinonen 2012: 249).

As Figure 1 shows, the primary deciding factor in the nurses' categorization of their migrant clients seemed to be whether the nurses and clients had a shared language resource (ELF) at their disposal. The next step in the process was for the nurse to decide whether they perceived the clients' English as proficient enough. If the client did not speak English at all, or their English was considered poor, the client was categorized as an immigrant. If, however, the clients' English was perceived as proficient enough by the nurses, they were categorized as university people, and English was used during the visit to the clinic. Financial constraints, the senior nurses' instructions on making use of existing language skills, and legal obligations all played a part in the decision-making process, which took place on many different levels at the same time. The decision-making process based on the nurses' judgements on the perceived English proficiency of their clients mentioned above and the underlying factors influencing the process are summarized in Figure 1.

In sum, then, in a very similar manner as Guido's (2012) findings suggest, the nurses in this study tended to activate quite strong "top-down" interpretative processes and resorted to their own previous experience with migrant clients when making assumptions about their clients' language proficiency, which Guido sees as "the very source of cross-cultural ELF miscommunication" (Guido 2012: 222). Moreover, the nurses tended to base their judgements on the standard language ideology and the native speaker ideal, which, in practice, were usually based on assumptions made about the clients' ethnicity and socio-economic status. Hence, clients who were, in the nurses' view, proficient enough in English, i. e. were *assumed* to speak English in a manner that adhered to native speaker norms to a sufficient degree in that context (Dewey 2012; Seidlhofer 2011), were given the opportunity to conduct the visits to the clinic in English. In contrast, then, if it was assumed that the clients' English would be "deviant" enough, these "displaced variations" (Guido 2012: 223) would fail to be authenticated, and the nurses would have to resort to using interpreters. In

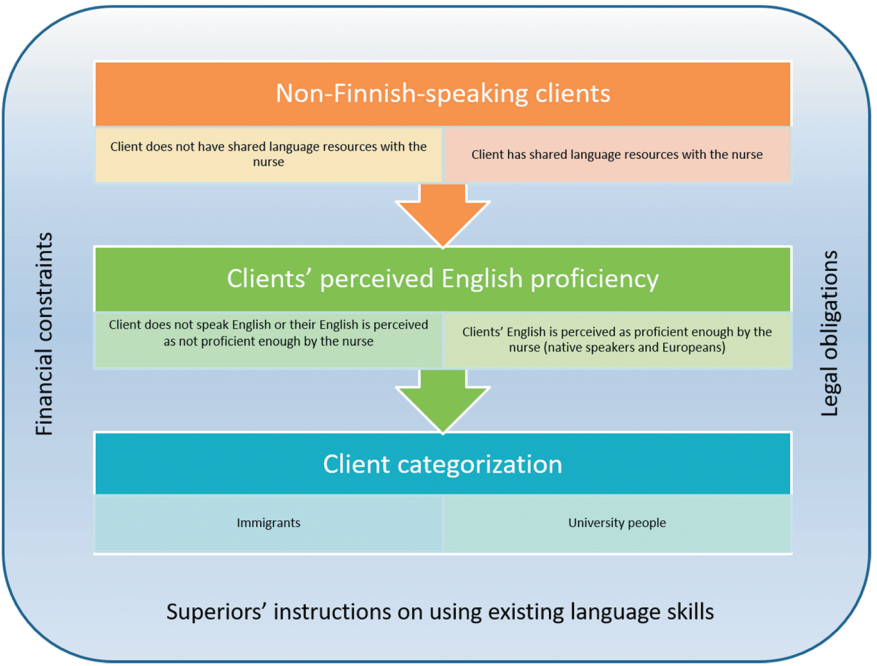

Figure 1: The nurses' decision-making process in categorizing non-Finnish-speaking clients.

other words, the manner in which the nurses categorized their clients, showed their "failure to acknowledge this adaptive appropriation by ELF speakers" (Guido 2012: 221) and take it into account that in certain contexts, an ELF variant could be just as effective means of communication as a native speaker variant would (Cogo and Dewey 2012; Seidlhofer 2011, 2017). Thus, given the unequal nature of communication between the nurses and the clients, there is an obvious need to "develop accommodation strategies of ELF reformulation and hybridization to make culture-bound discourses conceptually accessible and socially acceptable to all the participants," as Guido (2012: 236) also suggests.

5 Conclusion

In this paper I set out to discover how nurses in Finnish family clinics categorized their migrant clients in their talk. Interestingly, along with migration status, the clients' perceived proficiency in English and whether it conformed to the native

speaker norm seemed to provide a basis for the nurses' categorizations. Since speaking English was clearly not a category-bound activity entailed by the immigrant category, a new category of university people needed to be established. Partly based on historical reasons, migration status and the origins of the clients seemed to be quite pertinent in the way the nurses categorized their migrant clients. The native English speaker norm also played an important part in the process.

This paper shows how the categorization of migrants, into English-speaking university people, who usually were either native English speakers or Europeans, on the one hand, and to non-English-speaking immigrants who originated from places like "Africa, Iran, Irak or Thailand," on the other hand, is a powerful instrument in institutional decision-making and highlights the role language plays in client categorization. As the findings are limited to only a few individuals, the results are of course not generalizable. The findings indicate, however, that being able to interact with clients in English is becoming a more and more important skill in working life in Finland, also in the health care sector. There is also evidence that the status of a voluntary migrant, as opposed to that of a refugee, and reliance on the native speaker norm in evaluating clients' perceived English proficiency, play an influential role in how migrant clients are categorized at family clinics.

Consequently, as a possible future line of research, it would be interesting to have a look into the contents of national nursing programs in this era of globalization and possibly contribute in adding a new, ELF-based understanding of "English proficiency" in them. By observing teaching practices and materials as well as by interviewing teachers and students, it would be possible to raise awareness on migrant categorization and how strongly it seems to be related to language in general and to the standard language ideology in particular. Another interesting area of research would be to observe the actual interactions taking place between the nurses and the clients. Data on the speech-event level would be valuable to see how the decisions on the adequacy of the clients' English proficiency were actually made. In such an analysis, for example the microsocial perspective (Mauranen 2012) could be utilized. Although Mauranen's (2012) work focused on academic contexts, the microsocial approach would add an interactional perspective to the study of linguistic practice in real-life situations between the nurses and their clients.

Appendix 1: interview outline for the nurses

1. How many of your clients at the family clinic do not have Finnish as their first language? What languages do you usually use with these clients? Do you use English, book an interpreter or how does it work? Do you have any

general guidelines for this at the clinic or do all the nurses decide for themselves how they will handle these situations?
2. Do you have materials available in different languages (e. g. forms or instructions)?
3. How do you as a nurse deal with the fact that the client does not speak Finnish? What kind of effects does it have on the visit; are there some things that are more difficult to handle or talk about in another language?
4. Can you give any examples of situations where language-related issues have caused e. g. misunderstandings?
5. How well do current family clinic services address the needs of families who have migrated to Finland from abroad? Do you think any extra services are needed? How should these services be arranged?
6. Have you done any client surveys with different groups of clients on how well family clinic services suit their needs or how the services should be developed in order to better meet their needs?
7. What kind of co-operation do you have with third sector organizations (e. g. multicultural centers, social and health care organizations)?

Additional questions for the senior nurses:

1. Tell me about your work: what does it entail? How does the growing number of clients with different first languages show in your work?
2. How does the growing number of clients with different first languages show in the nurses' work? Have they faced any challenges related to that?
3. Have the nurses expressed any needs for further education regarding clients who use different languages?

Appendix 2: transcription conventions

[...]	simultaneous talk, inserted clarification, omitted place name
(xxx)	unidentifiable word/utterance
@@	laughter
(...)	omitted speech
,	separation of thought units
?	a direct question

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Bionote

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