Perceptions of Accent Modification Programs: Assimilation or Racism?

Aimee Kabala, MD, Indiana University Health; Eleazar Montalvan, MD, Internal Medicine Resident, Department of Medicine at Indiana University School of Medicine; Mariel Luna Hinojosa, MD, Internal Medicine Resident, Department of Medicine at Indiana University School of Medicine; Ahmed Al-Hader, MD, Assistant Professor of Clinical Medicine, Indiana School of Medicine; Sylk Sotto-Santiago, EdD, MBA, MPS, Associate Professor of Medicine, Indiana School of Medicine

Corresponding Author
Dr. Sylk Sotto-Santiago, Ed, MBA, MPS,
ssotto@iu.edu, Indiana University School of Medicine

ABSTRACT
Background: International medical graduates (IMGs) represent approximately 25% of practicing physicians in the United States (US), including residents and fellows. Unfortunately, often non-American English accents often challenge professional credibility. In fact, many healthcare providers and scholars in the US face linguistic discrimination. This type of discrimination has not been examined in great depth, especially in academic medicine.
Objective: The objective of this study is to examine IMG perspective as they relate to linguistic accent, explore accent modification programs, and analyze the message such programs may send to trainees.
Methods: The authors utilized semi-structured interviews. The interviews took place virtually for 30 to 45 minutes. Interviews were transcribed and all response summaries were relayed back to the participant to assure correct meaning. Data was analyzed by 3 authors using the constant comparative method to extract recurrent themes. Secondary data specifically explores accent modification programs. Selection of institutions was purposeful and derived from web searches. We selected eight institutions, which allowed for a content analysis of each institutional website. A final thematic analysis was performed via discussing the themes as a group, inclusive of the publicly available institutional messages.
Results: We identified three main themes: (1) perception of accent modification as racist and as forced assimilation, and (2) accent as linguistic discrimination and deficit-based thinking (3) hidden message in accent modification programs.
Conclusions: Our research highlights an unsettling sentiment among IMGs: accent modification programs might harbor a racist undertone, potentially suggesting forced assimilation and covert biases. A significant number of participants expressed that perceived accents can be a source of discrimination.

Keywords: *international medical graduates, diversity, discrimination, racism, health equity*

1. Introduction

International medical graduates (IMGs) represent approximately 25% of practicing physicians in the United States, including residents and fellows.[1] Before applying for residency in the US, IMGs must have to be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). The ECFMG certification requirements include passing the US Medical Licensing Examination (USMLE) multiple exams, Step 1 and Step 2 Clinical Knowledge. The approved English language and communication skills test for IMGs is the Occupational English Test (OET). This test was designed for physicians to assess healthcare specific communication skills as a crucial step in the ECFMG pathway program to certification.[2]

In 2022, the top ten nations for ECFMG J-1 visa sponsorship were (in descending order) Canada, India, Pakistan, Saudi Arabia, Jordan, Lebanon, Egypt, Nepal, Nigeria and Colombia with 13,822 physicians approved for J-1 visas in 2022 .[3] Many of these countries' citizens speak English as their second language with accents and pronunciation different from the American English accent, inclusive of all regions in the US. For the purpose of

this study, we define an accent as a phonetic trait from an individual's original language that is carried over into a second language.[4,5.]

Unfortunately, often a non-American English accent often challenge professional credibility.[6] Furthermore, many scholars in the US face language discrimination because they speak English with a foreign accent or an accent deemed foreign by the listener.[6,7] Scholars in linguistics and social psychology have demonstrated how accents can have subtle and unconscious effects predisposing listeners to react and form opinions of individuals differently. This type of linguistic discrimination has not been examined in great depth, especially in academic medicine.[6]

Accent modification programs are described as part of communication programs that are meant to teach the individual a combination of pronunciation, syntactic, and intonation skills. Other goals were related to confidence, ease, and spontaneity in communication.[8] Related terms also include accent reduction or American-English for international students. Such programs are also available in many major academic institutions with some studies evaluating the efficacy of those programs. [5,9] Khurana and Huang reported outcomes of an accent modification program, acknowledging that international medical graduates compose 20% of the U.S. physician workforce, and that, despite knowledge and expertise, pronunciation patterns often become a barrier to being understood.[9] The program reported a significant improvement in their ability to pronounce words distinctively, stress words or syllables more accurately and use of body language/facial expressions appropriately". In addition, Khurana and Huang reported that in order "to attain their full potential, they must learn to communicate in a manner that is consistent with U.S. language and cultural norms".[9] No large, randomized studies have been performed to evaluate their effectiveness.

The primary purpose of this study is to examine the IMG's perspective as they relate to linguistic accent (RQ1), accent modification programs and the message such programs may send to trainees (RQ2). We are informed by a previous study by Sotto-Santiago & Vigil in which they examined racist nativist attitudes in academic medicine.[6] The findings confirmed experiences of racism, discrimination and microaggressions amongst minoritized faculty, Latine, as well as calling attention to accents as exclusionary identifiers, and their effect on academic credibility.[6] We aim to raise awareness of the institutional role in perpetuating inequities and systemic messages that counter the values professed in diversity, equity, inclusion and justice.

Conceptual framework: Racist Nativism

Racist nativism is defined as the assignment of values to real or imagined differences in order to justify the superiority of the "native." Nativists see outsiders as foreigners, un-American, and threats to the American system who have failed to assimilate into the dominant White-American national identity.[10] While nativism is traditionally associated with immigration and other race/ethnic policy preferences, it also affects attitudes towards health care policies and reform.[11] Since racist nativism has been used to examine minoritized college students' experiences and minoritized faculty, we are interested in seeing if similar messages and perspectives exist for IMGs in residency training.[6,12,13] In what follows, we discuss our study's approach and findings.

1. Methods

Sampling and study population

After obtaining approval from the Indiana University Institutional Review Board (12270), we sent an email to the IM residency program and potential participants. They met the inclusion criteria if they were an IMG and a resident physician. The participants were voluntarily enrolled in the study without compensation.

We used purposive sampling for the selection of participants. We initially planned to interview eight participants in accordance with prior research on thematic saturation that showed that the majority (70%) of the themes emerged at six interviews with 10-12 interviews resulting in 80-92% of themes.[14-17] We decided to add four interviews to every new theme that emerged. A total of 12 participants at a large research university in the

Midwest were interviewed between August and December 2022. Participants were informed of the topic of the interview and provided informed consent to participate in the study. We performed the study using the Standards for Reporting Qualitative Research (SRQR) reporting guideline.

All participants have been living in the US for between three to five years. They were from Asian and South American countries. Countries of origin are not revealed to protect the confidentiality of participants. Most participants had exposure to English either because it was their first language or the official language of the educational system or because it was required by the said system. Two participants learned English in middle and high school but did not seriously start to speak it until they considered a career in the US. One of them noted that he had taken courses, listened to tapes for pronunciation, and practiced with his US friends before taking any English proficiency test. Despite the difference in the age of exposure to English, all participants passed the required medical board examinations (USMLE) and relayed doing well on their Step 2 Clinical Skill, a former portion of USMLE, which includes English proficiency.

The participants' medical education was a 4-year or a 7-year program. Those who attended a 4-year program had similar structure to medical training in the US. The 7-year program consisted of 5 years of basic science and 2 years of clinical training. Some participants who attended a 7-year program had a slight variation of the program which included four years of basic science, two years of clinical training, and a year of social service whereby the participant spent time in an underserved community where they practice independently. The clinical years of participants who pursued a 7-year program training had longer rotation months of 3 months for basic clinical rotation such as internal medicine, pediatric, obstetrics and gynecology, and general surgery. All participants completed a year or more of clinical training and/or research experience compared to their US counterparts before starting residency in the US. We choose to describe their training as a reminder that these IMGs had exceptional training and had considerable exposure to the English language.

Data Collection

The authors utilized semi-structured interviews to explore the impact of accent on the experience of IMGs as healthcare providers and gauge their perception of accent modification programs. Semi-structured interviews were preferred for the personal nature of the subject matter and to allow for follow up questions to clarify any ambiguous answers. One-on-one interviews assess participant's belief and motivation and allow for the collection of more information with follow up questions.[18] The interviews took place via Zoom for 30 to 45 minutes. All response summaries were relayed back to the participant to assure correct meaning. Immediately after completing each interview, the researcher transcribed the interview into a word document.

The interview focused on the participant’s length and make-up of medical training; additional clinical training after medical school; exposure to English before starting their training in the US; and performance on the communication portion of the USMLE with emphasis on English proficiency. Additionally, they were asked about their experiences as an immigrant and as a resident physician in the US, their perspectives on accent, patient care, and building relationships with colleagues. We concluded the interviews by discussing accent modification programs to gauge their awareness and perceptions of such programs, and whether they would consider participating in one, if they had not already or if they had the opportunity (see Table 1. Interview Questions).

Table 1. Semi-structured Interview Questions

Tell me a bit about your journey here? (Medical school, training, etc.)
What strengths do you feel you bring to medicine in the United States?
What have been the most difficult challenges in your experience here?
We have been exploring accent modification programs in healthcare. Have you heard of those?
If yes, what is your understanding of such programs? Have you ever participated in one?
If not, would you consider joining such programs?

Have you experienced colleagues and patients commenting on what they may perceive as an accent?
If yes, how often did it occur? (Less than 25%, 50%, or greater than 50?)
Do you feel your perceived accent had a positive or negative impact in patient care and/or physician-patient relationship?
What about your career in general?
Going back to accent modification programs. Do you consider accent-modification programs as fostering inclusion or assimilation?
Is there anything else you would like us to consider or communicate specifically about language accents or accent medication programs?

The secondary data specifically explores accent modification programs. Selection of institutions was purposeful and derived from web searches. Total sample of institutions via Google search resulted in several programs. We selected eight, which allowed for a content analysis of each institutional websites from 2021.

Table. 2 Accent Modification Programs in Academia

Institutions	Academic Medicine
Northwestern University	University of Pittsburgh Medical Center
George Washington	Emory Healthcare
Vanderbilt University	University of Missouri, Health Professions
University of San Diego	University of Miami Health System
Google search terms:	
accent modification programs in academia	
accent modification programs in academic medicine	
accent reduction programs in academic medicine	
accent reduction training in academic medicine	
Results:	
American English for Internationals	
Accent Modification Program for the Medical Professional	
Foreign Accent Modification Program	
Accent Modification Professional Program	
Accent Reduction	
Accent Modification and Professional Speaking	

Data Analysis

Initial data was analyzed by 3 authors (SSS, AK, AAH) using the constant comparative method to extract recurrent themes. Responses to the questions about the impact of perceived accents in patient care and careers in general, as well as perspectives on accent modification programs were categorized and thematized. This allowed for the interpretation of nuanced responses for participants with mixed feelings and opinions on these matters. For instance, it would be possible that participants experienced both positive and negative impacts of perceived accent, or that they would identify both positive and negative aspects of accent modification programs. A final thematic analysis was performed via discussing the themes as a group, inclusive of the publicly available institutional messages. A reanalysis of these interviews (SSS, AAH) and findings (EM, MLH) was conducted in August 2023 for relevance and concordance.

2. Results

This study examines IMG's perspective on accent (RQ1), accent modification programs and the message such programs may send to trainees (RQ2). We identified three main themes: (1) perception of accent modification as racist and as forced assimilation, and (2) accent as linguistic discrimination and deficit-based thinking (3) hidden message in accent modification programs.

2.1. Perception of accent modification as racist and as forced assimilation

Participants discussed their experiences and shared the types of linguistic accents considered acceptable versus others. Participant A reported:

> "Only certain accents are targeted. If I was from the UK or Australia, no one will ask me to change my accent. English is spoken worldwide with different accents and that will not change. One only needs to have empathy when dealing with people."

For many participants, accent was strongly tied to the participant identity and changing it was considered assimilation as echoed by participants B and K below.

> "Changing someone accent is stripping them of their identity." (PB)

> "I will never want to change my accent. I am so proud to be Latina." (PK)

Certain participants also pointed to the irony of the program in targeting IMGs' accents when there is such variation in accents in the US. Participant H and D said:

> "What is the standard accent we are trying to modify it to? There are several accents in the world and in the US" (PH).

> "There is no one correct accent. Otherwise midwestern Americans will not communicate with southern Americans." (PD)

Several participants considered accent modification programs an indicator of racism and discrimination in the US.

> "I have had racist comments from patients usually old and white, with comments that sounded racist such as being called, 'Brown alien.'" (PC)

> "Never had a patient not understand me because of my accent but I've had a patient refuse to talk to me because I was foreign." (PE)

> "A patient once told me 'Get me someone who speaks proper English.' English should not be in your accent to understand it. One must keep in mind the underlying microaggressions. Racism and discrimination cofound accent sometimes." (PH)

> "I was told during my ICU rotation: 'go back to your country.'" (PI)

2.2. Accent as linguistic discrimination and deficit-based thinking

Many participants perceived that accent modification programs were looking at IMGs accents as weakness without considering the strengths they bring into medicine. Participants C and I mentioned:

> "I bring diversity in medical practices. Taking care of other immigrants here who are usually grateful and happy to see someone who look like them." (PC)

> "I don't perceive my accent as a weakness. You don't want everything to be alike. A different accent adds to the diversity of the American population. It allows certain patients to see themselves reflected in the healthcare professional." (PI)

2.3. Hidden message in accent modification programs and their message

When asked whether they would join an accent modification program, only one (Participant I) said he would join the program, if the opportunity presented itself stating that he is still very much "paranoiac" about saying

the wrong things and being corrected even though he has not had any negative experiences with patients nor colleagues. For others, the decision to partake or not to partake in an accent modification program was primarily influenced on the participant's perception of the program. Many participants perceived the programs as perpetuating assimilation and racial discrimination. Consequently, these participants had strong objections. Participants A, I, and H reported:

> "I will not recommend. There is racist undertone." (PA)
>
> "There exist different accents in the US. It is not just about the accent. People understand us but the culture of racism here is the problem." (PI)
>
> "If language loses its purpose as communication tool, then may be such program has place. But it can be a dangerous tool when IMG is seen as "other" because of existing xenophobia." (PH)
>
> "Others who objected to the participation in accent modification program echoed the lack of consideration regarding diversity and the existing restrictive view of accent as purely phonetic ability."
>
> "My accent is never an issue. I always find a way to communicate with patients no matter where they are from. There are many accents in the US. Targeting accents is not helpful." (PK)
>
> "Although not interested in personally partaking in accent modification programs, participants E and F reported no strong objection to such programs if it was an individual's choice to pursue them, and not mandatory."
>
> "It can be a positive or negative thing depending on if it is mandatory (PJ) otherwise one can feel segregated." (PC)

The rest of the participants reported that the program had no place at their level of training stating that mandatory standardized testing exists to remedy any proficiency issue.

Hidden Message and Accent Correction: Programs That Perpetuate Assimilation

Through the examination and content analysis of websites in general, the mission of accent modification programs is said to emphasize how international medical professionals "learn to minimize their non-native accents and cultivate good conversational skills". Table 3 summarizes some of these aspects.

Table 3. Racist Nativist Commentary from Websites

	Target Audience-For those who want to…
	Be understood without having to repeat yourself.
	Whether you know it or not, you have an accent.
	Can improve your self-confidence and open doors to career advancement opportunities.
	A strong accent may interfere with the ability to be understood
	Included flier on Perspectives on communication disorders and sciences in culturally and linguistically diverse populations
	Sample marketing
	However, accents can sometimes adversely affect communication. If you've been told you have an accent, you may have faced the following difficulties:
	People not understanding you
	Avoiding social interaction with people you don't know or who may not understand you
	Frustration from having to regularly repeat yourself

People focusing more on your accent than on what you are saying

Such communication barriers can affect your job, education, and everyday life. For these reasons and more, you may want to work with a specialist to help modify your accent.

3. Discussion

In an era where diversity, equity and inclusion, and the contributions of IMGs towards health equity in the US cannot be denied as paramount, the challenges and discrimination faced by IMGs in relation to linguistic accents remain a pressing concern. This study, a pioneering effort, delves into IMGs' perspectives on linguistic accents, accent modification programs, and the implicit messages these initiatives might convey.

Our research highlights an unsettling sentiment among IMGs: accent modification programs might harbor a racist undertone, potentially suggesting forced assimilation and covert biases. A significant number of participants expressed that perceived accents can be a source of discrimination.

Looking through a racist nativism lens, racism that sees foreigners as a group that has failed to assimilate into the dominant white-American national identity, we can see how linguistic discrimination and stereotyping can lead listeners to make biased judgments and assumptions. This judgment from the listener can determine status, ascribe intelligence and skills, and determine academic success.6

Accent modification programs risk perpetuating these racist nativist practices and inequities in academic medicine. Although programs may target international medical professionals, its hidden or potential message is difficult to avoid. These programs may overlook certain factors, like the perceptions of IMGs about feeling excluded. In addition, it implies a language deficit if American English is not used. It is also important to highlight that *an accent does not equal limited language proficiency,* and such programs sustain an assimilative mentality.

The presence of an accent is perceived as a foreign trait with negative consequences. For example, various participants mentioned a hidden connection with accent and race/ethnicity and nationality: *Only certain accents are targeted. "If I was from the UK or Australia, no one will ask me to change my accent. English is spoken worldwide with different accents and that will not change".* Racialized experiences around language elevate a serious concern for IMGs. In addition, it impacts personal and professional identity, as one participant mentions: "*Changing someone's accent is stripping them of their identity."*

Another participant remarked, "If language loses its primary role as a communication tool, then perhaps such a program is justified. However, it becomes perilous when immigrants, referred to as IMG, are perceived as the 'other' due to prevailing xenophobia." Delving into the nuances of human identity, the statement insightfully draws attention to the dangers of misusing language to create divisions rather than foster understanding. The potential for language to inadvertently label immigrants (denoted as IMG) as an 'other' heightens the risk of reinforcing xenophobic sentiments. Xenophobia, driven by a fear of the unfamiliar, becomes even more potent when combined with other biases, such as racism, gender, or class discrimination. Misappropriating language in this manner not only diverts its foundational role in communication but also deepens societal divides.[19]

Accent modification programs, supported by institutions, may reinforce policies that sustain institutional racism. "Well-intentioned" implicit messages become apparent when viewed and experienced by minoritized groups. *"Such communication barriers can affect your job, education, and everyday life. For these reasons and more, you may want to work with a specialist to help modify your accent."* We encourage our readers to think if this well-intended message can also communicate that an accent contributes to difficulties in job and career prospects? *"Frustration from having to regularly repeat yourself."* Is this frustration also hiddenly referring to listeners?

4. Conclusion

As such, the present study argues that racist nativism, by way of the accent modification program, directly targets a minoritized group of IMGs. Instead of diversity being respected and celebrated, non-white racial identities and multilingualism have been seen with equal views as an asset based on the demographics of the US, but also as a deficit.

We acknowledge the limitations of our research , being the first study in graduate medical education directly exploring racist nativist practices. As such, it becomes paramount that we continue to apply antiracist practices in the evaluation of institutional programs. There is nothing wrong with reassessing practices that challenge the status quo and question the reasons why certain programs are in place. Plenty of diversity statements suggest that we have the tools to do so and explore how our own programs perpetuate inequities and exclusion. Future research should expand upon linguistic discrimination in academic medicine and health professions and hopefully give rise to the awareness and biases that we may possess in this regard. While we do not advocate the outright elimination of accent-modification-reduction programs, a critical review of their marketing strategies and the implied messages is crucial. Institutions must ensure that their policies truly echo the spirit of diversity and inclusion they claim to champion.

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