Foreign-trained versus British-trained: 
Exploring the identity of non-Australian trained medical professionals in the Australian print media

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Abstract

In view of an escalating need for foreign-trained health professionals in Australia today, social issues related to migrant doctors have become salient in the Australian media. The aim of this paper was to analyse the ways in which the identity of a medical professional is constructed in the context of news reports in the Australian print media. Moreover, it was sought to contrast the media representation of a foreign doctor from a non-western background with that of one from a British background. Ten newspaper articles from the Courier Mail, dating from 2005 to 2007, were analysed using narrative theory and critical discourse analysis. This analysis indicated that within the social category of overseas-trained doctors there is a good–evil opposition being created between foreign-trained and British-trained doctors. In addition it was observed that the constructed identities of foreign-trained doctors tend to have a dual nature. They are portrayed as the desired addition to the society through government programs on one hand and as the villain that the same-said society should be wary of on the other. The targeted audience is being presented with issues of ethnicity, religion, social heritage and country of origin as the main components of the identity of a migrant doctor.

1. Introduction

Medicine is rapidly becoming a multicultural realm characterised by a high level of mobility among healthcare professionals on an international scale. Foreign-trained doctors (FTD), defined as medical professionals who obtained their primary medical qualifications outside Australia (Han and Humphreys 2005), play an imperative role in solving labour shortages and will increasingly continue to do so in tomorrow’s aging societies of the receiver countries, such as Australia (Ray, Lowell, and Spencer 2006). Australia exhibits a strong need for healthcare workers, particularly in rural areas. Therefore, government policies are seen as more inclined to ease the migration process for FTDs in comparison to other western countries, making the country a more preferred destination for such migrants (Ray et al. 2006).

The main issues arising from that situation are the integration of FTDs, on the one hand, and the dilemma of their retention on the other (Han and Humphreys
The need for the integration of FTDs is highlighted in the literature (Ray, Lowell and Spencer 2006), and the main salient elements identified as pertinent to integration include race and ethnicity, physical features, social and political heritage, religion, ancestry, country of origin, language skills and the existence of stereotypes linked to migrant workers in general (Price et al. 2005; Bhopal 2001). All these can be observed to represent parts of the social identity of a FTD. Therefore, this identity is anchored in their social role, the socially recognisable category of a doctor. It is formed during the communication processes FTDs engage in, and is based upon the specific expectations related with that identity (Hecht, Jackson and Pitts 2005: 31–32). On the basis of that identity, FTDs have been found to suffer the following social consequences and diverging communicative actions: discrimination on the basis of foreign-sounding names (Bhopal 2001), harassment by patients and managers, and patients being reluctant to consult a FTD, for instance, “I don’t want to see that yellow doctor” (Han and Humphreys 2005). As a result, quality of care and retention are affected (Napoles-Springer, Santoyo, Houston, Perez-Stable and Stewart 2005). Therefore there is a call for more research on the community perceptions of FTDs and on the cultural component in medical encounters, in order to elaborate strategies FTDs can use to be successful (Napoles-Springer et al. 2005). However, to create a basis for these, a thorough understanding of how the identity of a FTD is formed, and perhaps the underlying reasons of its salient traits, is needed.

Media culture, embracing a variety of media, has become imperative in understanding modern society, dominated by its omnipresence and universal commercial traits (Kellner 1995: 5–6). Media texts have the power to influence social opinions, and at the same time, the representational and conceptual tools used to create these media texts are aimed at audiences and therefore construct narratives that audiences are familiar with and are prepared to hear (Selby and Cowdery 1995: 14). The area of analysing media discourse is central in analysing how meanings are co-constituted in the interaction between media texts and the audience (Arundale 2006; Hall 1997: 19).

The aim of this study is, therefore, to explore how the identity of a FTD is created and reflected in the Australian print media by looking at the components of the stories and the positions of power and dominance established in those stories. The study seeks to compare the positions of FTD and British trained doctors (BD). Firstly the paper will present the method used to collect the data. Secondly, the theoretical framework applied and the results obtained will be discussed. Finally, the paper will conclude that the identity of a foreign-trained medical professional, as constructed in the news narratives, is complex and not static, albeit the main trends identified seem to be bearing more and more negative connotations as the higher
temporal narrative of the progression of the topic is developing in the discourse of news.

2. Method

In order to research the social category of a doctor as projected through an outlet of Australian media, a corpus was formed (Goddard 2006: 2, 15). The data was collected from the print-media database Factiva. The Courier Mail was searched using a number of combinations of various keywords, with the combinations “foreign-trained doctors” and “British doctors” proving to be most efficient; the second formulation was modified because the combination “British trained doctors” was not yielding results. In total there were ten articles included in the corpus for detailed analysis, dating from 2005 to 2007. More specifically, there were seven articles containing FTD as the main focus, and four articles focusing on BD for the Courier Mail (see list of articles in Appendix 1). In addition, The Australian was also searched and two sets of data formed, comprising eight FTD-related and three BD-related articles respectively. This second data set from The Australian was examined, and in the final stage of analysis the findings from the FTD-related data set were contrasted with observations made regarding the BD-related data set (see list of articles in Appendix 2).

3. Analysis of the data

3.1 Theoretical framework

The analysis of the articles collected in the corpus was carried out using narrative theory and the critical discourse analysis (CDA) framework. Narratives organise smaller units of media texts, comprising signs, into chronological and causal chains of events that facilitate creating a mental meaning and therefore are central to cognition, interpreting and intertextuality (Thwaites, David and Mules 1994: 113; Ryan 2004: 3, 38). Within the structure of a media narrative, a number of characters can be distinguished as operating and interacting, which, being conceptualised by Propp, constitute a set of functions in the narrative (Lacey 2000: 51). The analysis of these can provide an insight into potential narrative building strategies behind news stories (Fulton 2005: 218). As a result, Propp’s functions were included in the analysis. Furthermore, the data examined in this paper forms part of the discourse of news, and its interpretation needs to address the linguistic choices and their pertinence to meaning construction in the narrative (Fulton 2005: 245). The CDA framework is recognised as one of the main mediums for studying the linguistic
components of media texts in their relation to society (Garrett and Bell 2000: 5–6). The main focus of CDA is upon analysing how social and political inequalities are manifested and how power relations are enacted in social cultures (Wooffitt 2005: 137–138), making it very relevant to the current research.

3.2 Results and discussion

Every article examined in the corpus represents a manufactured news story that appears to pursue the goal of informing its audience of important developments regarding domestic issues, particularly in the area of healthcare. Therefore, these articles appear to be objective, informative “hard” news items (Fulton 2005: 226). However, they also represent narratives, constructed on the basis of news gathering methodologies within a commercial newspaper establishment and destined for consumption by a particular type of audience. Therefore, a conventional story template, which can be easier to sell to the mass audience, can be observed to form and reoccur throughout the news articles in both sections of the primary corpus regarding FTD and BD (Fulton 2005: 221, 246).

3.2.1 Foreign-trained doctors

Article A1, reproduced below, from the section of the corpus of articles on “Foreign-trained doctors” is an example of possible trends in the ways the identity of a FTD are represented.

Posters urge race respect
ANTI-racism signs have been erected at Bundaberg Base Hospital in a bid to stop racial abuse of foreign-trained doctors. Acting district manager Monica Seth revealed there had been several incidents at the hospital where people had made "disgusting racial comments" to medical staff.
The hospital's controversial former director of surgery, Dr Jayant Patel, was trained in India and the US. "Racial abuse against our staff will not be tolerated under any circumstances," Ms Seth said. "It is not only offensive, it is an offence. "All patients in Bundaberg Base Hospital are treated according to their clinical needs but if a patient refuses to be treated by a particular doctor, they are free to seek clinical care at another facility." Ms Seth said if patients had concerns about the qualifications of any medical staff member they needed to raise those concerns with the hospital's executive.
"We are putting up posters in all areas advising patients and clients that racism is not tolerated here and we expect our patients to treat our medical staff with the respect they deserve," she said. (J. Watt, *Courier Mail*, 30 June 2005)

The narrative opens from the first sentence. The state of equilibrium is broken and the reader is immediately exposed to the problem. The state of equilibrium was the state of affairs before the “racial abuse” took place. Now, the disruption in the state of affairs has to be recognised: it came from an official person by the name of Monica Seth in paragraph 3. The use of the name can be potentially strategic in creating an association between the event and an individual person rather than an institution, making the story more “human” (Fulton, 2005: 237). Furthermore, there is an attempt to reinstate the equilibrium by putting the anti-racism posters up by the institution the official belongs to. By examining the narrative we can notice that the hero, the victim-hero, the text’s protagonist, can be identified straight away as “foreign-trained doctors”. Also, the villain seems to be introduced in the first paragraph of the story as pursuing the victim-hero and represented by those members of the public behind the “racial abuse”. However, the position of the villain, from the point of view of process–participant interaction, is of interest, as the actual agent is omitted and the individuality of the apparent villain is overcome by the affiliation with the wider community (Fairclough 2001: 101). As the story develops, it can be noted that it is the actions of the villain that are condoned in paragraph 3 and not the public itself. That strengthens the position of the villain in the text. Other characters emerging in the narrative are the helpers, the hospital officials, represented by Ms Seth, whose role is to assist the hero in restoring the equilibrium. On the first glance they seem to take a defensive stand against the villain and to help the victim-hero. This can be seen in the following textual features: declarative statements of high modality (“it is not only offensive, it is an offence”); extreme rhetoric (“disgusting racial comments”); the frequent use of the word “racial”, potentially bearing negative rather than positive connotations, which was mentioned five times in this short 196 word article.

A close examination also reveals that the alleged victim-hero is mentioned only once, albeit in an advantageous end-focus syntactical position (Van Dijk 1993: 277). In addition, the last argument in the whole piece seems to focus on the helpers themselves, not on the victim-hero. Thus, the use of the pronoun “we” is attracting attention to those behind the resolution of the disruption of equilibrium, the hospital institution (Van Dijk, 2003: 356). It also has to be noted that the use of the word “racism” is becoming significant: by reverting back into the middle of the article, we start to see that quite possibly the victim-hero is not a victim at all, but is in fact the whole reason behind the disruption occurring in the first place. Paragraph 4
introduces information about the “controversial Dr Jayant Patel”, who was trained in India. The introduction of that particular individual may have ideological consequences, affirming the view that the social order and its disruption are caused by an individual who is also a representative of a particular group in society (Fulton, 2005: 237–238), providing the justification for the actions of the initial villain, the angry public. Therefore, the dual identity of the FTD emerges.

The narrative template in which that identity is constructed is determined by the discourse angle chosen by the authors behind the news stories. That angle is established by the headlines of the articles including: “Dr Death backlash”, “Doctor jobs for foreign slaves”, “Time for a reality check” and “Check on 37 foreign doctors”. They serve as plot summaries and prime the audience into the expected format of moral panic in which the FTD identity is embedded (Fulton 2005: 233–234). Taking into consideration the already high newsworthiness value of healthcare issues, the element of an apparent threat to the social fabric potentially increases the magnitude of the news item, setting it high on the agenda of story selection and presentation by the newspaper (Fulton 2005: 221).

Therefore, the swaying portrayal of the figure of FTD as an impure victim-hero continues throughout the higher order narrative of the news items covering the topic, with attributes of the villain becoming more and more prominent. As a logical development within the narrative structure of the moral panic, the potential threat needs to be resolved in some way. That is realised by the fact that the hidden hero of an Australian-born doctor is emerging more and more in the news narrative. Thus, in article A2, paragraph 1 (Appendix 1): “foreign-trained doctors, even those just with ethnic names” hints at those who suffer from the existence of this villain side of a FTD identity. The lexical items used in stories become stronger and can be perceived as more negative and damaging to the social status of FTDs: “suspicion”, “skepticism”, “foreign slaves”, “debacle”, “rogue”, “controversial”; “incompetent”; use of negative declarative statements: “they do not have the skills”, “quality control nightmare”, “Nigerian doctor still flummoxed by the branding of Australian medications”; use of demonstratives to highlight the position of FTD in relation to the rest of society: “these foreign doctors”; use of pronouns: “they come from afar”; racially charged adjectives: “33-year old Indian”, “Indian born-and-educated”, “Nigerian doctor”; religion related adjectives: “Muslim doctors”. In addition, a Levi- Strauss’s binary opposition of positive and negative connotations (Lacey 2000: 73), can be seen to be being created in terms of country of origin, so we have: “50 per cent of foreign doctor imports are from so-called developing nations” and whilst “they” used to arrive from “UK and Western Europe”, “they” are now arriving from “India, China, Eastern Europe, and the Middle East” (see A5, A6 in Appendix 1).
Therefore, with the purpose of solving the crisis that is causing public concern, it seems quite justified for more direct official interventions, regulations and policing to occur and for that group of people to be controlled by an entity such the Australian government, which would exert its power to control that group (Van Dijk 1993: 263). There is evidence of a possible presupposition being formed that such control is in fact a positive element and that the group should not oppose it, since the FTD bears the aspect of a villain in the social fabric: “doctors can be controlled because they know that if they complain they will be sent back overseas” (A3, Appendix 1); the outlining of the problem of “how did Australia become so reliant on imported medical workforce” (A6, Appendix 1); and that there is a need to “drop off the reliance on foreign doctors” (A5, Appendix 1).

3.2.2 British doctors corpus

In the light of the position developed in the case of FTD from non-UK, non-Western countries, it becomes important to examine how medical professionals of British origin are portrayed in the discourse of news, in the same newspaper and targeting the same audience. Rather than being two separate narratives, the stories featuring FTD and BD seem to be intertwined. The disruption of the equilibrium of the narrative can be seen as being encapsulated by “the recruitment of a particular overseas trained doctor” that caused a very serious disruption in the state of affairs of the whole Queensland health department (C1, Appendix 1). However, the villain does not seem to be the implied figure of Jayant Patel, whose name is omitted altogether from the sentence; it is the “foreign doctor” that the focus goes to. Peter Beattie here is a seeker hero who is seeking the “holy grail” or the princess, Propp’s most sought-after character, manifested by the “British doctors” (Lacey 2000: 51–52). The fact that the word “trained” does not appear to be used in the case of British health professionals may also be significant, as it takes the focus off the whole issue of experience and skill, even being salient when it comes to this social group. The fact that they are being sought after increases their value, their social capital in the media texts, and assigns them a vital role in the moral panic format of the news narrative. Thus they must be skilled, experienced and the opposite of everything other FTDs were portrayed to be: therein lies their importance to the seeker hero trying to solve the health crisis and restore the equilibrium in the health system. So, expressions like “poach British doctors”; increases their value. Also in article C2, we can see that, unlike the case of the narrative of FTD articles, the last argument is a call for better conditions for British doctors: “smart career move for British health professionals”; “need to fast-track”; “boost recruitment” and “great for recruitment” (C2, Appendix 1).
Their position in the society and the positive connotations associated with it are allowing for higher echelons of power to carry out certain actions in relation to BD, just as was observed in the case of FTD. However, the kinds of actions seen as justified are very different from those in the case of FTD. Thus British doctors should be made exempt from sitting the exam (C4, Appendix 1), with the authoritarian “medical industry source” arguing the validity of such actions by markedly saying “it is not meant to be racial discrimination, it is meant to be competency discrimination”. So it can be noted that the villain element of the FTD identity is quite salient in the narratives of the articles that are centred on the British doctors. Thus, there is indication that a good and evil opposition, albeit not absolute or clear cut, is being created between the two identities, FTD and BD. It can be seen especially in the rhetoric used in the case of FTD: “stringent checks”, whereby they have to be stopped and “numbers dropped” versus “need to fast-track recruitment” for BD and a call to destroy any other potential villains that come in the way, like “red tape” for instance. Also, the reference to an “embarrassing saga”, emphasising the crisis and the FTD’s central role in it, may be increasing the attractiveness of the solution of achieving more BD.

Analysing both sets of data in terms of the illocutionary audience constructed by the narratives and the textual feature choices making up the fabric of those narratives, the observation can be made that the narrative does not seem to speak to the audience in a special voice, but in a public idiom, a language they can understand, that belongs to the everyday life and that shapes their reality. This conveys a certain power to the meanings created by the stories described above, translating into an ability to exert ideological pressure among the actual perlocutionary audience and to influence the way in which the real world and real people are perceived by the readers. However, it has to be taken into account that, as a source of public idiom, the Courier Mail newspaper, examined in the present study, targets a particular perlocutionary audience of middle class people with a wide age range and is characterised by “watch dog” journalism. This may influence how the identities of FTD and BD are constructed in its discourse of news. In that light, examining the similar data sets collected from the Australian newspaper, which is aimed at a more conservative, nation-wide audience, it can be concluded that the trends identified in the Courier Mail data regarding the construction of FTD identity seem to continue and the binary opposition between FTD and BD is preserved, despite a different demographic (Fulton 2005: 221–222, 244–247). This can be indicative of the magnitude and the universality of the topic in Australian society and opens up a potentially important area for further research.
4. Conclusion

The data and the analysis conducted suggest that the position FTDs are assigned to by the news discourse within the Australian media is markedly less powerful and more restricted, in comparison with that of the BD; this creates a situation of inequality whereby solidarity within the social category of overseas-trained professionals is affected. Foreign doctors tend to be presented as the dominate group, influenced by the higher status of their British counterparts and also by the justified interventions on behalf of the powerful government entities which openly exert influence upon them. The observation made indicated that, despite FTD friendly policies and retention initiatives on behalf of the government, the climate reflected in the media narratives is highlighting the saliency of race, ethnicity, religion, social heritage and of country or origin in relation to the projection of FTD identity in the media. The narrative template constructed around that identity is formulaic in nature, and the news items selected from the information pool to be presented within that template are subjected to the implicit agenda of the newspaper, as a media entity, which is driven by the ever-increasing process of commodification of news reporting (Fairclough 1995: 10). Therefore, it can be asserted that the discourse of news bares elements of hegemony and the way the news is presented constitutes a social phenomenon affecting the lives of real people in their everyday interactions. Therefore, there is a need for more in-depth research to be conducted on the effects of that phenomenon on audiences, the beliefs the audiences hold about the social groups in question and the consequences of these on medical encounters.

It has to be acknowledged that this paper had a number of limitations. There was no consideration given to alternative readings of the media texts and the analysis was not exhaustive. Also, more articles could be included in the corpus and the narrative/CDA analysis could be further widened. Notwithstanding that, in order to improve the understanding of the topic, the identified potential trends can serve as a basis to elaborate interview questions and conduct ethnographic interviewing in order to compare and contrast the ways FTDs are portrayed in the media discourse and the opinions held by the population in different demographic regions.

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Appendix 1: Articles from Courier Mail and Sunday Mail

A. List of articles focusing on Foreign Trained Doctors (FTDs)
A2: Dr Death backlash, 19 June 2005.
A4: Time for a reality check. 19 March 2006.
A6: International terror has hit home, T. McLean, 7 July 2007.

B. List of articles focusing on British Trained Doctors (BDs)