

ENGLISH FOR NURSING: THE IMPORTANCE OF DEVELOPING COMMUNICATIVE COMPETENCES

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Abstract. *The role that English plays in the Italian academic setting has considerably changed during the last decades: in fact, it is not only considered just a language to be learnt by those who are studying linguistics and literature in the Departments of Foreign Languages anymore, but it is seen as an important means of communication for all those who are attending university. Given the fact that English has spread throughout Europe as a Lingua Franca, indeed, the ability to use it and to interact with people not sharing the same mother tongue has become of central importance. The present article aims at explaining the relevance that the English language has in medicine and, specifically, in courses addressed to future nurses, who are supposed to be the caregivers having the most intimate relationship with patients. After a brief but detailed explanation of the reasons why students are asked to devote their attention to English, a more practical approach to the teaching of the language and to the development of communicative competences will be offered.*

Key words: *English for Medical Purposes, communicative skills, nursing, terminally ill patients*

1. INTRODUCTION

Twenty-five years ago, David Crystal (1988), maintaining that “maybe in a century or so we shall all be bilingual in our own language, with our home variety of English co-existing with an English international lingua franca” (275), suggested the probability, already become tangible, that people all over the world would have been forced to learn the English language to be able to interact with individuals not sharing the same mother tongue. As a matter of fact, in the last two decades of the twentieth century, as well as in recent times, English has continued to rapidly spread becoming the medium of international communication *par excellence*. As Graddol (1997) explains, indeed, “English is closely associated with the leading edge of global scientific, technological, economic and cultural development” (4): in addition to the central role that it plays in global politics and economy, it has become the dominant language of technology and computer science.

Along with its widespread use in the above-mentioned areas of research, the English language has gained great importance in the medical world too. Basically, caregivers at any level have been asked to become good and fluent users of English for at least two reasons: first of all, as Ribes and Ros (2005) testify, experts working in the field of medicine are constantly forced to deal with English both when they have to attend international conferences and meetings, and every time they need to read and examine documents including the latest medical research or the most recent studies in all those disciplines directly related to medicine. Secondly, the usefulness of being good speakers of English is demonstrated in every context in which caregivers, such as doctors, nurses

or other healthcare professionals need to interact with colleagues or patients whose mother tongue is different from theirs.

Although not in the case of research and professional development, the possibility to face any situation in which interlocutors do not share a *lingua franca* can bring problematic obstacles: yet in 1978, Margaret M. van Naerssen, highlighting the importance of teaching and learning English in the medical world, stated that the lack of a shared means of communication can foster “situations which are potentially dangerous for the patient and a threat to the emotional well-being of the foreign physician and his accompanying family” (193). Some years later, Hutchinson and Waters (1987) devoted their attention on the advantages the teaching of English for Specific Purposes could bring within all those academic areas different from the Departments of Foreign Languages and Literatures. Simply by focusing on the role the English language played, and still plays, in every-day life, they pointed out that “it created a new generation of learners who knew specifically why they were learning a language – businessmen and –women who wanted to sell their products, mechanics who had to read instruction materials, doctors who needed to keep up their developments in their field [...] (6) are just a few examples of workers who are required to regularly use English to positively carry out their tasks.

Most of daily work activities, indeed, come often into contact with the English language for several reasons that can be roughly summarized in two wide branches: English as a *lingua franca*, as Juliane House (2002) clearly explains, can have both an *international* and an *intranational* value. With the former term, she defines all those settings “which involve participants from many different linguistic and national backgrounds who are not communicatively competent in one another’s native language” (243); while the latter definition include any interaction “between members of different migrant populations in an officially English speaking country” (244). As an inevitable consequence, the linguistic heterogeneity existing in all these situational contexts contributes to re-shape the English language which is not considered a *language of identification* anymore, but a *language of communication*, as Hüllen (1992) would define it, which brings, citing Lee McKay’s explanation (2003), to the de-nationalization of the language itself (3).

Therefore, acknowledging the crucial position English has gained and still has in people’s every-day activities, the advantages of being good users of it are evident: given the *lingua-cultural* heterogeneity of daily encounters, whether they are private or public, speaking English helps individuals to get and keep into contact with other people and, as in the specific case of health care professionals, allows them to build effective communicative exchanges with their interlocutors.

2. ENGLISH FOR MEDICAL PURPOSES: INNOVATIVE DIDACTIC APPROACHES FOR NURSES’ SYLLABUSES

Once established the role of English as international means of communication, even more tailor-made didactic approaches to the teaching of the foreign language have been required: as Lee McKay (2002) states, indeed, “the teaching and learning of an international language must be based on an entirely different set of assumptions than the teaching and learning of any other second or foreign language” (1). The need to create didactic paths which aim at following learners’ desires seems to be one of the key-concepts of ESP studies: according to Basturkmen’s (2006) explanation, “ESP is understood to be about preparing learners to use English within academic, professional, or workplace environments,

and a key feature of ESP courses is that the syllabus is based on an analysis of the needs of students” (17).

In the light of these observations, a detailed analysis of target needs and interests is of central importance to develop a course of English that could be really useful in learners’ future professional environment. Simply by focusing on what Hutchinson and Waters (1987) calls “learning-centred approach” (14) it is possible to understand the way in which teachers of English for Specific Purposes should have to select topics and choose writing and speaking activities in order to help their students to improve their linguistic skills. According to the authors, teachers should design “appropriate courses for various groups of learners” (21) encouraging them to face their difficulties in using the language and inviting them to sink into the most probable situational contexts they will have to encounter once they graduate. Such an innovative goal, Hutchinson and Waters (1987) point out, can be met if the right balance between linguistic contents and students’ desires is found. In order to make the explanation clearer, they refer to three basic parameters that always have to interact with each other to build an intertwined net of cooperation:

1. Language descriptions (syllabus)
2. Learning Theories (methodology)
3. Needs Analysis (nature of particular target and learning situation) (22).

In this respect, appropriate courses for caregivers, and for nurses in particular, are greatly important to allow them to focus on what they really need: general English lessons, in fact, are not useful to teach them how to face every-day situations in which they have to use the language.

As recently clarified by Peih-ying and Corbett (2012), “medical students tend to grasp the technical language of the discipline quickly; they need to be able to function in the kinds of communicative situations that recur frequently in medical interactions; and they particularly need advanced communication skills to deal with difficult and stressful situations” (23). Therefore, the lack of linguistic and pragmatic competences can foster non-effective interactions that can cause several problems. Here some examples:

- misunderstandings among colleagues,
- misinterpretations between healthcare professionals and patients,
- misinterpretations between healthcare professionals and their patients’ relatives,
- medical errors.

As Dudley-Evans and St John (1998) maintain, what teachers of English for Medical Purposes have to remember is the fact that every class of students requires its specific didactic path; so, they must take into consideration “the needs of medical students (EAP), or practicing doctors, or consultants in hospitals (EOP), [because] each of these groups needs an awareness of and the ability to use different genres” (49).

In addition to their precious role within the national health system, and more specifically within the hospital staff, future nurses are supposed to be the ones who take constant care of patients throughout the period in which they are ill, supporting them both physically and psychologically. Thus, these professionals follow their patients when they first come to the ward, during their healthcare experience and when they can go home with the aim of fitting their needs.

According to the International Council of Nurses¹ and The American Nurses Association², indeed, these are some of the main tasks nurses generally have to fulfil:

- provide support from basic triage to emergency surgery,
- protect, provide and optimize patients' health,
- alleviate patients' suffering,
- enhance patients' well-being,
- interpret patients' information,
- connect patients to their doctors,
- ease patients' anxiety.

Taken into consideration the complex role these professionals generally play, English courses addressed to them cannot only deal with linguistic competences, but they also have to shed light on the communicative abilities which are fundamental to interact with the patient. Contemporary courses, therefore, should help students to devote their attention to specific terms related to anatomy, physiology and kinesiology, but they also have to foster and improve future nurses' pragmatic skills.

3. CARING FOR PATIENTS: COMMUNICATION STRATEGY ENHANCEMENTS

As stated above, current research demonstrates that communication strategies are vital to nursing in that, "ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm"³(Dingley, Daugherty, Derieg and Persing 2008). In this light, responsible nursing refers not only to the ability of performing medical procedures but also to the fact that, "[it] is after all the ultimate caring profession" (Wright 2012). Thus, nursing can be considered as a holistic process that includes psychological as well as socio-cultural implications, together with the treatment and impact of diseases on patients and their families. Indeed, both patients and their relatives often rely on nurses for counsel when faced with difficult decisions about illness and its treatment, so that communication becomes the main strategy to reduce uncertainty and, first of all, to increase the likelihood of a good patient-nurse relationship. In this respect, nurses are ideally suited to mediate discussions on illness, cure and treatment with patients and families and attentively listen to their fears and hopes, also providing information about treatment options and advice that help the patient to make informed choices.

From a communication perspective, as highlighted by the Nursing Code of Practice (NMC)⁴, nurses habitually cope with functions such as medical procedures (taking blood samples, dressing wounds, administering medications), and professional communicative competences (respecting confidentiality, sharing information, record keeping); thus, responsible and professional communication is needed to reinforce the toolkit and skills that are vital to the nursing context care. Hence, a patient-centred approach could also

¹ <http://www.icn.ch/about-icn/about-icn/>.

² <http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/RNsAPNs.html>.

³See also Steven H. Woolf, Anton J. Kuzel et al. "A String of Mistakes: The Importance of Cascade Analysis in Describing, Counting, and Preventing Medical Errors", *Ann Fam Med* 2 (2004): 317-326;

Lingard L.S., Espin S., Whyte G., et al. "Communication Failures in the Operating Room: An Observational Classification of Recurrent Types and Effects", *Qual Saf Health Care* 13 (2004): 330-334;

Leonard, Michael, Suzanne Graham, and Doug Bonacum. "The Human Factor: The Critical Importance of Effective Teamwork and Communication in Providing Safe Care", *Qual Saf Health Care* 13 (2004): 85-90.

⁴Accessed online <http://m.nursingtimes.net/5035067.article>

offer a successful communication that serves, on the one hand, to ease the families' fears and, on the other hand, to increase positive recovery rates; indeed, McCabe and Timmins (2006) state that "successful communication through a patient-centred approach also serves to reassure relatives that their loved ones are receiving the necessary treatment. Within the nursing field such skills are considered indicative of best practice". To this extent, effective communication implies verbal and non-verbal competences that refer to

- the ability to use effective strategies to solve or avoid possible breakdown in communication;
- use of colloquialisms and euphemisms;
- voice management: accurate pronunciation, pitch and intonation;
- active listening skills that ensure a successful nurse-patient interaction (leaning forward and sounds of encouragement);
- use of non-verbal signs or paralinguistic elements of speech and body language to better interpret and understand patients' physical and emotional signs;
- coherence and clarity in written reports, as well as accurate spelling;
- cultural awareness and understanding in terms of professional and ethical behavior in the interactions with patients and colleagues.

As regards pronunciation, the problem is specifically put into question when hospitals and clinics draw on the skills of foreign nurses to staff their facilities. Recent statistics⁵ show an increasing number of nurses recruited from all over the world, in fact, as Ros Wright (2012) posits, "UK statistics from 2011 show that half of all nurses were recruited from overseas [...]". Taken into consideration the presence of both native and non-native practitioners within medical and nursing environments, which are inextricably linked with the use of language, the need for an effective communication deserves a specific and deeper attention.

The first point to ponder over is how to develop and implement a generalizable toolkit to provide nurses with the required communication strategies. Examining the context of nursing the presence of intertwined dynamics emerges in that,

- health care involves various disciplines, at different times, in different locations often hindering regular interaction amongst practitioners;
- hospitals and clinics have their own hierarchical structures which reflect significant cultural gaps amongst health care professional. This might lead to restraint in communication, thus making it ineffective;
- educational curricula frequently focus on individual professional skills, giving little importance to teamwork and communication skills.

Since these factors are all part of the challenging and unpredictable health care environment, an intervention-focused research based on communicative management strategies would provide the necessary skills to train and improve individual, professional and teamwork competences; indeed, as Dingley, Daugherty, Derieg and Persing state, quoting Diane Boyle and Chiemi Kochinda, many implications interact in communication so that "human factors such as cognitive overload, the effects of stress, fatigue, distractions and interruptions, poor interpersonal communications, imperfect information processing and flawed decision-making are all known to contribute to errors in health care [...]" (2004).

Having taken into account all these fundamental aspects, the following part proposes an example of intervention to implement nurses' communication competences.

⁵See William J. Scanlon. *Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides is a Growing Concern*, (2001), U.S. General Accounting Office, accessed online <http://www.gao.gov/new.items/d01750t.pdf>

4. HELPING TERMINALLY ILL PATIENTS: SHARING FEELINGS THROUGH VERBAL AND NON-VERBAL COMPETENCES

Strategies to enhance communication and teamwork can be successfully implemented in terminal and life-limited settings and provide the opportunity to ease patients' physical pain and emotional fears. Patients who are asked about their wishes for end-of-life treatment and care become the primary concern and nurses can help and facilitate discussions with their families, also giving counsel and information that clarify issues relating to life closure. Thus, nurses who care for life-limited patients should improve and guarantee not only professional competences but also human compassion to make patients feel more comfortable in their final days. Besides, as clarified by Allum and McGarr (2010: 26), nurses should focus on the following situations:

- talking about feelings;
- showing empathy;
- discussing pain relief;
- using a Palliative Care Pain Assessment;
- telephone skills: managing a patient enquiry;
- using patient information leaflets.

The first point represents the moment in which the relationship nurse-patient strengthens and the barriers between them could be put down. In such cases, a calm and straightforward behaviour works as a "good medicine" and makes patients feel more comfortable. On these premises, the following dialogue⁶ represents an example of how a nurse shows empathy while asking about the patient's feelings:

- How are you feeling today?
- I feel a bit down today.
- I'm sorry to hear that. Anything you want to talk about?
- ... I'm still in a lot of pain.
- Oh dear, I see. You don't think the pain is getting any better with your treatment.
- No. I feel it's getting worse.
- Mm. Did you have your radiotherapy yesterday?
- Yes, in the morning. It made me feel quite sick.
- Why don't I get you some medication for pain and nausea?
- Thanks, Judy. I'd like that.
- Can I get you a cup of tea, too?
- Yes, please. Then I might try to have a rest.

As shown in the dialogue, communication skills are fundamental tools, especially in difficult situations when talking to patients who are dying can make feel nurses uncomfortable. As a result, it might happen that nurses put up a barrier because they feel embarrassed to talk about the patients' problem in fact, "nurses may hide behind a chart or stand at the end of the patient's bed, for example" (Allum and McGarr 2010: 28). Additionally, showing empathy can help patients to express their feelings and encourage them to talk about their pain more freely. Moreover, as regards confidentiality, patients sometimes give information on their disease that could be sensitive. Also in this case, nurses should be accurate when writing their reports and keep them secure and confidential.

⁶The dialogue is an extract from the book *Cambridge English for Nursing, Pre-Intermediate*, Virginia Allum, and Patricia McGarr (Cambridge University Press: Cambridge, 2010), 27.

To increase the sense of protection for terminally ill patients, nurses should also rely on non-verbal communication especially increasing an awareness of body language. Patient-nurse conversations must be therapeutic, goal-directed and aimed at helping terminally ill patients to live in the best possible way the rest of their existence. Such conversations include not only what is said but also how it is said through body language: movements such as nodding, smiling and face expressions, together with the physical space between nurse and patient become essential elements to practice. Hence, face, shoulders, hands and hips interact in communication and require a great amount of professionalism to make nurses appear relaxed and calm even if they are coping with a sensitive situation. An effective way to manage a conversation could be:

- keep eye contact with the patient, also nodding and showing interest in the conversation;
- take frequent and slow breaths and relax shoulders so that the posture is not seen as aggressive or confrontational;
- it is important to reduce anxiety, therefore the soft touch of a hand on the patient's shoulder or hand can convey confidence;
- in order to show a relaxed posture, the weight of the body should shift to one hip only.

Thus, positive body language make patients more relaxed and, even if for a short time, they understand that nurses are with them, they share the same fears and frustrations and, what is more important, they realize that nurses see them not just as “labels on beds”, but as human beings. However, as these communication competences/strategies show, coping with terminal illnesses is very difficult for all involved: most nurses are well aware of the importance that non-verbal communication has, especially with patients who are bound to die, but a relevant number of them think that they should be better educated both in theoretical and practical aspects of communication⁷.

5. CONCLUSION

Nursing is a challenging work and, as such it includes good and bad aspects. Talking to terminal patients is hard and nurses have a great responsibility when coping with terminal diseases. Indeed, caregivers work within the framework of a field that could be defined as “holistic care” which encompasses psychological, emotional and physical implications. Terminally ill patients deserve respect, care and attention together with compassion, competence, confidence and commitment. In this light, research on how to assist them and educate nurses could enhance end-of-life care and treatment in this setting.

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⁷See Kozłowska, Lena, and Anna Doboszynska, *Nurses' Nonverbal Methods of Communicating with Patients in the Terminal Phase*. 2012. Accessed online <http://www.ncbi.nlm.nih.gov/m/pubmed/22306719/>

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