

What English Do Nurses Need?

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Of 106 Japanese hospitals (out of 200) who replied to a 1999-2000 questionnaire, 92.4% said their nurses needed English. A survey of 200 Japanese nursing schools (with 134 replies) showed that although most schools require English for entrance exams, English is a small part of their curriculum, and most do not teach specialized nursing English. In this paper we hope to show that ESP and general communication need not clash, but that the goals of general communicative English can be adapted to nursing English. Also, by looking at the specific needs of nurses in the field, we hope to explain ways of approaching difficult medical jargon in such a way that the students will not only find it easier to read patient's reports written in English, but will also become more competent bed-side communicators.

1999年から2000年にかけて全国200の病院と200の教育機関(看護大学・短期大学・専門学校)に英語教育のニーズに関するアンケート調査を実施した。そのうち病院106件の回答から92.4%の病院が看護士には英語が必要であると回答した。また、134校の学校から得た回答によれば、殆どの学校では、入試に英語が課されているにも関わらず、英語は卒業単位科目とした重要視されていないことや、看護関係の英語も教えられていないことが分かった。ここでは、ESPには特別な英語教授法は必要ではなく、コミュニケーション英語の教授法を適用できることを論ずることにする。更に、学生がより学びやすい医療英語の教材とはなにかを討議する。

In this paper, the presenters will be focusing on four basic questions:

1. Who do you teach?
2. What should they say?
3. What should they know?
4. What should we provide?

in order to reach a conclusion or answer to the final, and most important question of:

5. What English do nurses need?

Yamanaka and Amino began to look specifically into the English language needs of nurses slightly more than four years ago. Initially, an investigation into the need for English in hospitals and the standard of English tuition in nursing institutions was conducted. (The results of this survey were presented at the JALT2000 Conference in Shizuoka. See www.geocities/mcy_seki/nursing_survey.html for a summary of the study.) Of the 106 Japanese hospitals (out of 200) that replied to the 1999-2000 questionnaire, more than 92% said their nurses need more English. A survey of 200 Japanese nursing schools (with 134 replies) showed that although most schools require

English for entrance exams, English is only a small part of their curriculum, and most teach only general communication skills rather than specialized nursing English.

The findings of the 1999-2000 survey clearly showed that nursing schools were not adequately preparing nursing students for the language needs they face as nurses. These results concurred with a study by Watanabe (1998) of nurses at one national and one private University Hospital, which concluded that the need for English in hospitals is much greater than realized. As a follow-up from the 1999-2000 survey, Yamanaka and Parker looked in more detail into ways nursing students could be trained to become competent at patient-nurse communication in English, fulfilling the expectations of both hospitals and nursing schools. We believe that ESP (English for Specific Purposes) and general communication skills need not necessarily clash, but rather that the goals of general communicative English can be adapted to nursing English. However, at the same time, there are areas where teachers need to give students extra tuition and support. A brief look at a small selection of textbooks available to nursing schools is also included to help assist nursing English teachers with the textbook selection process.

Who do you teach?

Firstly, let us look at the type of students entering nursing schools. We can expect that most of the students who enter nursing schools are there because they want to help people. We can presume that they are not there because they like languages, but that a large number have graduated from high school with quite good marks, especially in science subjects.

Furthermore, our experience is that nursing students are usually far more decided about their future than most students in university or college. Because Nursing is such a specialized field, these students are often very motivated and realize that good communication is an important part of nursing. Indeed, nurse-patient rapport is part of the practicum assessment.

Therefore we can assume that, although our students won't have a strong background in English, they have something perhaps even more important – their motivation to communicate is high, whether that be in Japanese or English.

What should they say?

When focusing on content, one soon realizes that Nursing English is particularly well suited to the communicative language teaching approach. Nurses need to communicate daily – with patients and their families, and with doctors and other nurses. Therefore, the activities set for students should incorporate the imitation of real conversations. This will, in turn, promote their willingness to learn English. Additionally, nursing students will need to learn a variety of conversation skills to suit the different types of situations they will confront as practicing nurses. For example, on some occasions, they will need to speak English with people who are under physical and emotional stress. This means that nursing students need to be taught not only *what* to say but also *how* to say it.

Because of the variety of situations that nurses will find themselves in, most textbooks divide their chapters into topics such as “At Outpatient’s”, “Around the

Ward”, “Before an operation”, and so on. However, the researchers have found few texts that prepare the students for each different situation by having them recall their own experiences. To assist students in making use of the background information they already have, it is helpful to introduce each lesson with a warming-up exercise. To distinguish further between nursing conversation needs and written needs, these exercises should separate “key phrases and questions for nurses” and “possible patient replies”, such as in the key questions/expressions activity below:

NURSES’ KEY QUESTIONS

1. May I help you?
2. Is this your first visit to this hospital?
3. Is this an emergency?
4. Will you please go to the Registration Desk first?

PATIENTS’ KEY EXPRESSIONS

1. My name is Dennison, D-E-N-N-I-S-O-N.
2. My address is
3. My phone number is
4. My date of birth is
5. My occupation is

Know your patient.

Name _____

Address _____

Phone # _____

DOB _____

Age _____

Occupation _____

Because how nurses speak is as important as what they say, conversational performance becomes more important than grammar performance. Hence there is a greater need for communication strategies, such as gestures, and listener feedback. On occasion, nurses must communicate in situations more stressful than an everyday or ordinary conversation. Jean Watson’s “Human Caring” theory of nursing and caring behaviors, as explained by Teresa Vance (2003), lends itself to teaching various kinds of body language and human interaction techniques. It is helpful to teach students to have eye contact with a patient when asking questions, but to understand that the patient need not always keep eye contact when replying. It is also useful to make responses when a patient or patient’s family member relates information such as symptoms, so we can teach students verbal responses such as “I see”, “I understand”, and “Um hmm.” (See also the Communication Strategy activity below) Gestures, such as pointing or demonstrating actions can also help a patient understand. Our experience is that students are eager to use such nonverbal techniques once

they realize that good communication, not perfect grammar, is their goal. One activity intended to motivate students to communicate well is the Communication Strategy activity:

COMMUNICATION STRATEGY

When a patient tells you her problem, you can show her you are listening if you look at her and *make a response*.

For example:

P: I have a bad pain in my ear.

N: Oh, that's too bad./ Oh, I see. / I understand.

OR

You can *shadow*, that is, you can repeat what the patient said.

For example:

P: I have a pain in my leg.

N: A pain in your leg. I see.

One particular difference between general texts and Nursing English texts is that where most texts begin with relatively simple dialogs increasing to the more difficult as the text progresses, any nursing dialogue requires some specialized vocabulary, even in the very early stages. (See the list of departments in the Medical Vocabulary example below) This means that students must be introduced to new and relatively difficult words right from the start. One way to help ease the stress this may cause is to initially give students only small conversations that are easy to memorize and adapt. We feel that longer conversation examples should only be given after

the students feel comfortable with the new medical vocabulary, the setting, and useful conversation strategies. An example of a small, easily adapted conversation is included below:

MEDICAL VOCABULARY

Internal Medicine	内科
Cardiology	循環器科 (Heart Surgeon 心臓外科)
Dermatology	皮膚科
Gynecology	婦人科
Ophthalmology/Eye	眼科
Otorhinolaryngology	耳鼻咽喉科
= (ENT) Ears, Nose, and Throat Specialist	
Radiology	放射線科
Obstetrics	産科
Pediatrics	小児科

SPEAKING PRACTICE

Study the following dialogue. Then practice it with a partner, substituting “time expressions” and “diseases” from the vocabulary boxes for the underlined passages.

N: Have you ever had any serious illnesses?

P: Last year, I had tuberculosis.

N: Tuberculosis?

P: Yes.

Many foreign patients in Japanese hospitals may be wary of the type of medical treatment they are about to receive. Good nurse-patient communication is essential for building patient trust. Communication strategies of how best to reply are also essential to smooth bedside communication. Key words and phrases, as well as strategies for their use, need to be reinforced through the dialogue and exercises in each lesson and then re-used in ensuing lessons. Important vocabulary should be taught in context. One way of doing this is through substitution pattern drills, while another is through role-play. This brings us to our third question.

What should they know?

Where medical jargon is concerned, conversations with patients make use of words that are often simplified versions of longer, more specialized medical terminology, which students also need in order to read the patients' reports written by the attending physician. Long lists of medical vocabulary are difficult for students to memorize. However, it will be more helpful for the student if the teacher can show how the list has been compiled, and how it can be used for reference when on the job. Notice, for example, how the vocabulary was divided in the Medical Vocabulary list above.

Also, by pulling the words apart and teaching word roots and affixes, we can show that knowing how one word is formed can offer a clue to understanding other words. (See Word Power below) When students enter their nursing courses, long lists of Kanji compound words confront them. By showing how the new English words match the Kanji compounds, students have the key to unlocking the mountain of vocabulary that they will have to filter through during their lifetime as a nurse.

WORD POWER

Note that many words for medical departments end in *-ology*. That is a suffix meaning *study of*. These prefixes will help you understand other medical terms:

<u>Prefix</u>	<u>Meaning</u>	<u>Example</u>
derm-	skin	dermatology, dermatitis
neuro-	nerve	neurology, neurochemistry
ortho-	straight; correct	orthopedics, orthodontics
radio-	heat, light	radiology, radiation

What should we provide?

Finally, the researchers tried to evaluate a small sample of textbooks of nursing English. When looking for an appropriate textbook, two things in particular should be considered. First, the content of the book; in other words, where does the focus lie: in conversation, reading, or writing? And secondly, the layout; that is, by going through the textbook as it stands, will the students be able to attain the English goals of the course and the level of English nurses require professionally? The following is a selection of texts chosen because of their popularity among teachers, their format, or their focus.

Christine's Yasashii Kango Eikawa was named as the text in use by the majority of nursing schools in the 1999-2000 survey. However, true to its title, the book does ponder on very simple English, still focusing on numbers and addresses in Unit 3, which would be covered in week 3 of a 12-15-week course. Also, the conversation contained in Unit 3 includes the sentence "Would you like a cup of coffee?" which is never asked in a Japanese general hospital setting as, unlike Australia or England, there are no ladies who come round with tea trolleys!

Christine's second book, *Christine's Level Up Kango Eikawa*, is much more difficult than her first, and contains very long conversations where it is often difficult to sift out which terms or sentences are of greater importance. Although the conversations are structured as fill-in-the-blank style exercises, Unit 7's conversation, for example, asks for the student to listen for and fill in "What's that?" which is hardly a "key phrase" for a student with over 6 years of English background. From experience of using this text in class, we have found that the role-play exercises were often too wordy and difficult for students to understand exactly what was required of them.

English Used in Hospitals (Byouin de Tsukaeru Eikawa) is an A4-sized text which contains a wealth of sample sentences, but uses such small print, that, when asked for their opinions, students commented that it was difficult to read or learn from. *How Are You Feeling?*, on the other hand, is of a much more manageable size, however feedback from students in Parker's classes indicated that the fill-in-the-blank and translation exercises were not perceived as helpful learning tools. *English Conversations for Nurses and*

Medical Secretaries provides many samples of conversations under a number of topics, but has no pre- or post- exercises, nor vocabulary lists. *Science in Nature and Health*, on the other hand, contains a lot of medical jargon, but, being a reading text, needs to be greatly adapted before it can be used for teaching good bedside communication.

What English do nurses need?

In conclusion, the researchers wish to reiterate our primary question: What English do Nurses need, and are we really providing it? Apart from the development of a text specifically for teaching good bedside communication to nurses, the researchers believe that there are three main steps which are indispensable to achieving the goal of producing competent nurses, comfortable with speaking to their patients and their patients' families in English. These steps reiterate the suggestions made earlier in this paper, and the presenters believe this type of methodical process is beneficial to the type of students that enter Nursing Schools, and the expectations of hospitals that later accept those students after their graduation.

- Step 1 – **strategies + vocabulary** to build *knowledge of what & how* (such as in the Communication Strategy activity and Vocabulary lists)
- Step 2 – **small exercises** to build *confidence & fluency* (such as in Nurse's Key Expressions and Speaking Practice activities)
- Step 3 – **conversations** that achieve *compassionate bedside communication*

Although not dealt with in this paper, and not as yet fully researched, we can expect that, as Japan moves towards a more multi-cultural society, teachers will also have to realize the importance of culture and religious value education. However, initially, it is very important that the inadequacy of English education in the system at present is realized and rectified as quickly as possible.

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