

Chapter 1

Introduction

Background

In some hospitals in Surabaya, nurses and healthcare practitioners occasionally interact with foreign patients from various countries. Interactions with Indonesian nurses are carried out in English. In such cases, most nurses have communication difficulties. They admit having language barriers when dealing with those patients. In particular cases, it happens when they attempt to gather necessary information, or when they direct the patients for certain check-ups. This phenomenon could be taken as an important issue since nurse-patient communication is considered a therapeutic process.

Communication in healthcare services requires much attention from medical staff and healthcare professionals. It is the most powerful and fundamental instrument by which therapeutic goals are achieved (Bass, 1997). For example, in one of the most reputable hospitals in Surabaya, a patient from Canada refused to get treatments due to the absence of a medical staff who could speak English properly. A similar case took place in a different hospital where a foreign patient was not satisfied with the required information given because the nurses did not speak English well.

Inappropriate communication strategies applied by nurses may have negative impacts to patients. "Communication forms the foundation of all nursing care; yet strangely, it is an area of nursing

which has often been taken for granted or underestimated.” (Macleod-Clarke, 1984, p.52). Some cases of communication failure between nurses and foreign patients could be found in hospitals where foreign patients are usually treated. This problem might affect the patients’ attitude towards the given treatments and it possibly results in patients’ lack of trust. Consequently, it may not be easy for the nurses to give instructions as the patients do not really understand the procedures to be administered.

Another situation of communication problems could be in the form of pragmatic failure. According to Thomas (1983) Pragmatic failure occurs when a hearer perceives the force of the speaker’s utterance the speaker intends to. A nurse commits pragmatic failure when a patient utters “Do you have hot water?”

with the intention of making a request, yet the nurse simply answered “Yes” without taking any action as expected by the patient. Such misunderstanding could be fatal if it concerns with the caring process and later threatens the patient’s safety. Moreover, foreign patients could be those who come from Korea, Thailand, Germany, and other countries, where English is not the first language. It means misunderstandings might frequently occur as they have different perceptions of pragmatic principles.

Nurses could be accepted as the closest individuals to assist in-patients during hospitalization. As care-givers, they spend most of their time with patients. Therefore, both, nurses and patients need to establish good communication throughout the caring processes. Effective as well as accurate

communication strategies may bring a great deal of benefit to both parties. Poor communication and lack of information could be subject to patients' complaints or even deaths.

In many cases patients express dissatisfactions when nurses are not capable of applying good communication strategies. Inappropriate wordings could create anxiety on the part of the patients. They may perceive that nurses are ignorant and less cooperative. Later these factors can affect patients psychologically and bring unexpected results to the healing process.

In professional relationships, nurses are expected to be good communicators. On the one hand, they should be attentive listeners to their clients and good speakers, as well. Boshier (2013) argued that

nurses need good interviewing and therapeutic communication skills to help patients cope with their situation and assertiveness skills to speak up in difficult situations. For the sake of patients' benefits, they should attempt to enable themselves to identify their patients' problems and provide necessary treatment as required. The talk during medical visits, the words used, the facts exchanged, the advice given, and the social amenities that tie the conversation together are the most important points when communication between patient and health care provider is considered. Good communication skill could contribute to patients' safety and comfort. Complaints frequently appear in relation to poor communication skills on the part of nurses.

Another view also supports the above description.

In a selective review of the literature on the patient's role in nurse-patient communication, Jarrett and Payne (1995) identified several factors which highlight the importance of communication. These are:

1. Nurses need good interviewing skills to enable accurate problem identification.
2. When attending to the patients, they need to behave as an individual rather than a collection of symptoms, with which it increases the importance of psychosocial factors (and hence communication) in nursing.
3. Research shows beneficial effects of giving information e.g. for increasing compliance

with drug and treatment regimes or for
reduction in stress, pain and anxiety.

4. Patient satisfaction surveys show that poor
communication and lack of information are
significant areas of complaint.

Regarding how important communicative skill
for nurses is, I feel encouraged to do a research on
nurse-patient communication strategy. Currently
teaching English in nursing school, I know that there
might be problems when local nurses deal with
English speaking patients. It not only requires
knowledge at lexical and syntactic levels, but also
covers pragmatic areas. Mistakes may appear in
communication breakdown. It is true, that to some
extent, nursing students have the ability to
communicate in L2 but how successful they are in

bringing successful communication is worth
investigating.

Communications involving cultural
differences among speakers and interpreters are more
likely to go wrong than those involving people who
share the same cultural backgrounds. Based on this
experience I am inspired to see what is happening in
the fields as the local nurses interact with English
speaking foreign patients in hospital settings.

The purpose of this study is primarily to
investigate the ability of the local nurses to
communicate with English speaking patients in the
hospital. Pragmatic awareness is the issue that
becomes the focus to obtain better understanding on
the nurses' communicative aspects. The study
discusses how the nurses can achieve successful

interactions with their English speaking patients; how their pragmatic awareness applies to the application of pragmatic principles and speech acts; and how the nurses solve the problems in case of unsuccessful communication with English speaking patients. In hospitals, nurses are responsible not only for caring but also building interpersonal relationships with their clients. Examining nurse-patient conversations could have important implications for nursing practice and nursing education. It suggests that improvements in the communication skills of nurses could lead to better patient care, better outcomes, and hence better results for the society.

This study follows an observational case study research design. The primary purpose of this study is to obtain a detailed description and gain an

understanding of the case. The case discussed in this study concerns with nurse-patient interactions, in which the nurses are from the local society encountering foreign patients coming from different parts of the world. In this study, the researcher attempts to discuss the presence of communicative problems experienced by some nurses and what strategies are used to cope with unsuccessful communication.

The subjects of the study are three nurses who frequently work with foreign patients in a particular hospital in Surabaya. They are currently taking undergraduate degree at a nursing school in Surabaya. The data are collected through interviews and recorded conversations between the nurses and their foreign patients in the hospital. The nurses are

expected to perform natural interactions so that the data could present factual information.

A previous study was conducted by Megan Alexandra Seydow in 2012. The study was “Describing communicative Competence in A College Nursing Degree Program”. The participants of the study included 26 first-year nursing students, five of whom were Non-Native Speakers of English (NNS). Most of the NNSs had lived in the United States for a significant period of time, with the most being 13 years and the least two years.

In the study the researcher found that textual, strategic, and socio-cultural competence as they related to planning for communication and listening effectively were seen as the most important components for students to be successful in the

program. This research study also revealed the ways in which NNSs struggle in the college nursing degree program. According to the nursing instructors at the two-year college in Minnesota, the NNSs struggle with learning and using medical language, building credibility with their patients, patients' families, and colleagues, keeping up with the fast pace of the program, and asking questions of authority figures. A lack of linguistic competence, socio-cultural competence, and strategic competence were all noted as aspects of communicative competence that the NNSs seem to struggle with most when communicating with instructors, patients, and colleagues.

From the previous study, I gain necessary input in order to conduct my research. The area of

research in the previous study is almost similar in a way that it focuses on communicative competence which also covers pragmatic ability. However, the participants of the study were 26 first-year nursing students, five of whom were Non-Native Speakers of English (NNS). They were pursuing a college nursing degree and were not working in hospitals. In contrast, the participants in my research are three nurses who currently take undergraduate program in a nursing school in Surabaya and have been working in a hospital in Surabaya.

Research Questions:

In an attempt to investigate the nurses' pragmatic awareness, the researcher proposes several questions:

1. How is the nurses' pragmatic awareness described when applying each of the therapeutic communication techniques?
2. What pragmatic problems appear in their interactions with foreign in-patients regarding the use of speech acts?
3. What violations of pragmatic principles made by the nurses causing misunderstandings in their interactions?

The Purpose of The Study:

This study is intended to describe the Indonesian nurses' English pragmatic awareness regarding the application of pragmatic principles and the application of speech acts. Further, it will explain how they cope with their problems in cases of unsuccessful communication.

Assumptions of The Study

The participants included in the study are three nurses working in a hospital in Surabaya, Indonesia.

The nurses are all graduates from a 3-year nursing college and currently taking courses in nursing school to pursue their S-1 degree. Viewing from their educational background it is assumed that the nurses have good commands of English with no or little difficulties to produce the spoken language as well as written. Moreover, the hospital has given the authority to those nurses to handle foreign patients. It means their second language mastery is assumed to be communicative.

The Scope of the Study

The study on pragmatic awareness focuses on the application of speech acts. The interactions between the nurses and their patients are analyzed from the use of locutionary, illocutionary as well as perlocutionary forces by which communication could be accepted as either successful or unsuccessful. It refers to a state where the speakers, in this sense the nurses, can communicate meanings in such a way that their counterparts, the patients do exactly as the nurses say.

This pragmatic awareness study was conducted in a trusted-by-foreigners hospital in Surabaya. I focus on the verbal and non-verbal language used by Indonesian nurses in interacting with their foreign in-patients. It also analyzed

attempts made by the nurses to maintain successful communication. Any signs, notes or other media used to assist the nurses' were also studied.

In data collection, a voice recorder was used instead of video recorder. This was meant to avoid any distractions to the patients who were under treatments. Besides that the presence of video could be subject to ethical violation because any information concerning patients' illnesses is very private and confidential to outsiders.

Significance of The Study

Considerations should be made to anticipate ASEAN Free Trade Area (AFTA) starting in 2015. By the time AFTA comes into effect nations in this region will celebrate the new era of free trade. As it is expected by every country belonging to this region,

the existence of AFTA will bring about changes in every aspect of life including healthcare services.

Healthcare practitioners will need to anticipate with the presence of foreign patients coming from different societies from neighboring countries as well as other parts of the world. This issue has brought greater attention on the part of hospitals in providing treatment intended for foreign patients.

It is a fact that healthcare practitioners still find that language barriers is commonly a major problem in patient-medical staff interactions. Very few nurses and doctors can handle foreign patients speaking in English. As it is revealed in a private hospital in Surabaya, in which years ago accepted a foreign patient from Canada and received complaint due to the limited number of medical staff who spoke

in English. Some nurses in the wards also admitted having similar problems when handling foreign patients. This problem has also been experienced by some nurses in the wards. They spent so little time interacting with their foreign patients because of the fact that misunderstandings frequently occurred when communication got more intensive. As a consequence, some nurses are likely to limit their interactions and focus on instructions without strong intention of discovering more information concerning the patients' difficulties, and troubles. In this way, nurses' role in applying therapeutic communication is not fully carried out. This is because they are not confident enough to approach their patients and involve themselves in very close conversations. It indicates

that the use of English in hospital settings in Indonesia has not been successfully implemented.

To evaluate such phenomenon, educators, especially those who teach English for Specific Purpose (ESP) are subjects to bring considerable change in the teaching and learning of ESP. Lack of experience in integrating second language learning and workplace needs can be accepted as one possible factor which contributes to the problem encountered by students. In the future ESP for nursing students is expected to adopt more practical learning materials which are relevant with the real workplace settings, in this case hospitals.

So much of what is communicated in the hospital is therapeutic communication. It means that the language used by nurses and medical staff should

contribute to patients' healing process. To meet with such condition, nurses and medical staff should not have major problems in communication because misunderstandings and improper language use could affect patients healing process. Regarding this, Indonesian nurses who deal with foreign patients must have high competence of communicating in English to tackle the needs of exchanging messages with them. To understand messages shared in every conversation nurses should consider all aspects that support retrieval of meanings. Language function is a central issue in this case. Nurses are supposed to understand the nature of successful communication in using a second language.

For the purpose of understanding varieties of phenomena in the nature of nurse-patient

communication, it is quite relevant to perceive it from pragmatic point of view. With the complexity of issues in nurse-patient communication where meanings could be taken as the point of interests, then every language use in these settings could be studied from the theories of conversational maxims, politeness strategies as well as speech acts.

For nurses. This study is intended to provide benefits for Indonesian Nurses. Competitions and challenges as expected are coming when the issues of globalization arise. Therefore, local nurses should consider to up-grade themselves as attempts to meet the demands of the local as well as international societies. More patients from different societies needing medical treatments will make use of local health services. This study will contribute to local

nurses in giving insights as to how they could extend interactions with foreign patients in English. The findings of the study will help them to learn the communicative aspects of cross-cultural interactions.

For ESP instructors. In attempts to develop foreign language mastery ESP instructors are supposed to provide a broader view of a foreign language use in health care settings. This study will contribute to the teaching and learning of ESP in the description of how nurses naturally interact with foreign patients based on which ESP instructors could formulate appropriate learning materials and new teaching and learning strategies. It will also provide greater views on pragmatic failure committed in nurse-patient interactions so that it could be taken as the basis of consideration whether pragmatic should

be taught and given more attention in teaching second language for local nurses.

For other healthcare practitioners. Nurse-patient communicative strategies could be accepted as a feature of language use in hospitals and other health care centers. It is assumed that the number of foreign patients treated in local hospitals will increase in the coming days. Interactions between nurses and patients, as well as nurses and their collaborators may require strategic competence in a foreign language. It is also expected that communication between local healthcare service providers and foreign collaborators will be more intense. For other health professionals this study could be taken as a source of information. Though they have different goals and may not deal with the patients in the same way with nurses. This

study will describe how local nurses use their second language to extend successful communication with foreign patients. To some extent the study will be useful to develop similar strategy for other types of cross-cultural interactions in hospital settings.

For nursing educators. For nursing educators who work under nursing communication fields this study could bring essential understanding on cross-cultural interactions that is supposed to be introduced to nursing students. They should notice areas of difficulties in nurse-patient interactions related to various nursing subjects in nursing school. Based on this study it is possible that they could develop particular pattern of cross-cultural communication between nurse-patient for specific interactions, for example: conversations in maternity,

geriatric, and pediatric wards. This study could be taken as an initial review of nurse-patient cross-cultural communication that could be developed in specified areas of nursing sciences.

For future study. Findings of this study may directly contribute to the development of nurse education in the field of ESP. Those related with the nature of communication between Indonesian nurses and their foreign patients could be taken as the underlying basis for designing more hands-on English learning materials. Therefore, results of this study could be used to conduct further study on course-book analysis.

Theoretical Framework

Communicative competence is an important issue in the use of foreign language in public place.

Local nurses communicate in English to foreign patients who do not speak Indonesian. They use English in giving health care, exploring the patients' needs and feelings to enhance better treatment. Communication could be a key factor for the nurses to provide caring processes since it is accepted as therapeutic in health care practices. Communicating in a foreign language could be a problem for the local nurses. For some reasons communicative failure may take place due to the lack of pragmatic awareness. It is true that some nurses seem to struggle with the language to get meanings and to provide accurate responses. The local nurses obtain English mastery through EFL learning experiences in classrooms where learning outcomes may not indicate pragmatic competence. Many of the L2 pragmatic transfer

studies have shown that despite being linguistically competent in L2 language, learners are likely to transfer L1 pragmatic rules in their L2 production (El Samaty, 2005).

Pragmatic awareness may refer to the ability to use language in line with its contexts and functions. For local nurses, interactions with foreign patients require strategies to communicate and elaborate with meanings. Knowledge of the language itself seems to be insufficient. In Bachman's model (1990: 87), language competence is divided into two areas consisting of 'organizational competence' and 'pragmatic competence'. Organizational competence consists of knowledge of linguistic units and the rules of joining them together at the level of sentence ('grammatical competence') and discourse ('textual

competence’). Pragmatic competence subdivides into ‘illocutionary competence’ and ‘sociolinguistic competence.’ Illocutionary competence is the knowledge of communicative action and how to carry it out. ‘Sociolinguistic competence’ is the ability to use language appropriately according to the social context.

Failure in nurse-patient communication during healthcare service is in the area of Pragmatic study. Pragmatic failure takes place when two speakers do not understand each other’s intentions. Furthermore, Riley (1989: 234) describes pragmatic failures as “the result of an interactant imposing the social rules of one culture on his communicative behavior in a situation where the social rules of another culture would be more appropriate.” Thomas (1983) explains

that there are two types of failure. One is pragmalinguistic failure: a linguistic problem owing to differences in the linguistic encoding of pragmatic force. The other is sociopragmatic failure: cross-culturally different perceptions of what forms appropriate linguistic behavior.

Definition of Key Terms

Pragmatic awareness. Alcon and Jorda (2008) Pragmatic awareness is the conscious, reflective, explicit knowledge about pragmatics. It thus involves knowledge of these rules and conventions underlying appropriate language use in particular situations and on the part of members of specific speech communities.

Indonesian nurses. Indonesian nurses in this study are the nurses who work in two private hospitals

obtaining Joint Commission International (JCI) certification in Surabaya. They frequently deal with foreign patients coming from different parts of the world to get medical treatments in those hospitals. During the caring process, the nurses spend most of their working time with the patients and are involved in many interactions.

Foreign in-patients. Foreign in-patients are patients from different parts of the world, who stay, temporarily live and/or work in Surabaya and the surroundings. Some of them are native speakers of English, while others are Korean, Japanese, and some patients from neighboring countries who speak English. They are admitted in the hospital for some medical treatment after several phases of assessment.

Out-patients. Out-patients are patients who are diagnosed with less serious illness. This means that the medication procedure does not require hospital admission and may also be performed outside the premises of a hospital.

Client. In this study the terms ‘client’ and ‘patient’ are used interchangeably. There is no specific theory discussing about this matter. It is just a consensus among healthcare practitioners where patients refer to sick persons treated in the hospitals or other healthcare facilities. They practically classified as sick persons. Apparently, the term clients are commonly used when healthcare practitioners refer to users of health services.