研究報告

Needs Analysis of English for Hospital Nurses

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Abstract

Since the demand for English on nurses who work in hospitals is increasing, and since transnational activities are accelerating in society, in the English classes at our nursing college, "English for Nursing" is taught alongside "English for General Purposes". In this study, we conducted a questionnaire survey among the nurses in two hospitals where about half of our new graduates gain employment. We collected information in two areas: 1) in what specific circumstances English is required and 2) what sort of vocabulary is required when taking care of English-speaking patients. The purpose of the survey was to help us re-examine the English syllabus in our courses. Thereby, we hope to create a more expedient syllabus. The number of distributed questionnaire sheets was 1,563 and 1,271 were returned (the collection rate: 81.3%). The analysis of the questionnaire shows that English is most required in the circumstances where careful communication and interaction with patients are involved. Likewise, the English vocabulary used in those circumstances has high demand. The findings suggest that nurses feel they need English most when they communicate with patients directly because such communication is necessary to know the patients' physical condition and to help to decide the medical treatment procedure. Judging by the results of the survey, what our nursing students need is fundamental communicative skills in English. Accordingly, more emphasis ought to be placed on teaching General English than is done at present.

Keywords   Needs Analysis, Nursing English, Communication, Hospital, Nurse

Ⅰ．Background

1) Demand on Nurses to Use English

While the demand for English as the "international language" is increasing along with the acceleration of transnational activities in society at large, also in hospitals, where patients are treated without linguistic discrimination, the demand is by no means less. Furthermore, in treating English-speaking patients in hospital, the demand on nurses to use English is heavier than on other healthcare providers because nurses communicate with the patient intimately on a frequent basis. An accurate exchange of information in patient-nurse communication is vital for appropriate treatment. There are numerous research studies on how much English is required in hospitals and on what kind of English is needed in their workplace. According to the questionnaire survey conducted in Japanese hospitals by Yamanaka and Parker (2004), 92.4 per cent of the responding hospitals said that their nurses needed English. Watanabe (1998) also concluded in her study that the need for English in hospitals is much greater than realized.

Furthermore, nursing students themselves seem to be aware that English is necessary in their future career. In the survey by Takakubo (2002), 175 out of 182 nursing students (96.1%) answered that English

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is necessary for nurses. Similarly, in a questionnaire survey administered to the newly enrolled students in our college, 87 per cent answered that English would be necessary in their future workplaces (Suzuki and Mori, 2017). This notion of the students might be merely their fanciful ideal because they had not yet experienced a real job. However, given similar findings of various surveys and taking into consideration the current international circumstances in society, it is fair to say that English is necessary for nurses.

2) The Necessity of Needs Analysis

For a language teacher, and indeed for a teacher of any subject, it is indispensable to know the learning needs of her students when designing a meaningful syllabus. Needless to say, in order to know the needs of the students, the teacher should know "the difference or discrepancy between what they should be able to do … and what they currently can do" (Brown, 2016, p.14). Finding the gap between these two and filling it is one of the main objectives in class. In other words, in order to assign efficient and effective classroom activities throughout the course, not only should the teacher be aware of current lack in the students' ability but also know the students' target needs before setting the goal. Without bearing this concept in mind, it would be difficult to make an expedient syllabus.

Sometimes, however, it is difficult for the classroom teacher to identify the students' target needs while she can relatively easily assess the current ability of her students whom she meets regularly in class. Therefore, in order to learn their target needs, "needs analysis" is crucial. Brown (1995, p.36) states that needs analysis is:

the collection and analysis of all subjective and objective information necessary to define and validate defensible curriculum purposes that satisfy the language learning requirements of students within the context of particular

institutions that influence the learning and teaching situation.

This concept is very true especially in the field of ESP (English for Specific Purposes) where the students in the class share the same goal. Various researchers (e.g. Belcher, 2006; Brown, 2009, 2016; Dudley-Evans and St. John, 1998; Graves, 2000; Jordan, 1997) suggest that needs analysis is essential for a sound syllabus plan for the ESP classroom. Brown (2016) suggests ESP cannot exist without knowing what the learners' specific needs are, and we cannot know what those "specific needs" are without doing needs analysis. As Dudley-Evans and St. John (1998, p.122) put it, needs analysis is "the corner stone of ESP".

When trying to bear in mind the students' specific needs, however, ESP teachers often have limitations. That is to say, it is difficult for them to get a clear picture of what is going on in the target field because most of them have never even been to the professional situation or students' anticipated workplace. Specifically, most English teachers of nursing students know almost nothing about medical settings or nursing care. Thus, they are unsure of themselves when making a syllabus, adopting teaching materials, preparing learning activities, and making up test questions. They realise that individual intuition and limited experience are not enough to do the job. To understand what sort of English language nurses actually need in their future specific contexts is essential (Dudley-Evans and St. John, 1998; Robinson, 1991).

Given that spoken language is only one component in communication and that non-verbal communication such as the tone of voice or non-verbal signals are largely used as communication strategy (Mehrabian, 1971), nurses may be able to get the job done successfully without using very good English. On the other hand, careful and detailed verbal communication may be required in other circumstances. It is of value, therefore, to

gather firsthand opinions from the in-service nurses and utilise them in preparing a syllabus to teach students of nursing. Long and Doughty (2009, p.284) suggest that "specifying objectives is a way of fitting what was learned in the NA (needs analysis) to the actual instruction that will be delivered".

3) How English is Presented in Nursing Textbooks

In nursing care there are various "scenes", i.e., frequent situations where nurses must work. Therefore, ESP textbooks which target nursing students are often chaptered on such "scenes". Also, sometimes segments within a chapter are based on such scenes, e.g., checking vital signs, explaining medical treatments, instructing how to take medication, conversing casually at the bedside. The reason for this seems to be that the flow of a patient-nurse conversation in a particular scene follows the same pattern. Also some ESP textbooks often name the chapters after departments in hospital, body parts and organs, common diseases, symptoms, etc. In the textbook, nursing students are to encounter numerous terms which are characteristic to nursing care. If a list of those words were made, it would come up to hundreds. Students are expected to learn these terms which appear in various nursing scenes. They, however, were seldom taught these terms in high school. This is inevitable because it is commonly recognised that many high school students study English to pass entrance examinations to college or university rather than to acquire facility in using the English language. After coming into the college, if they were forced to learn every word they encounter in the textbook evenly with the same importance on it and to be tested on it in the finals, it would be too much and too harsh. Students often cram for the tests so as not to fail them and end up forgetting most of the vocabulary after them. Many of the terms which are presented in the textbook can be learnt after they are employed and assigned to a specific department in

hospital rather than to try to memorise all of them in college. In order that nursing students are given the opportunity to use their limited time and energy well, teachers have to decide which medical terms in the textbook should be stressed more than others.

4) The Purpose of the Survey

In this study, we investigate the need of English for hospital nurses by conducting a questionnaire survey among floor nurses in two hospitals where nearly a half of our new graduates gain employment. The underlying idea of the survey is to make a practical and efficient syllabus for our English courses. At our college students are required to take English courses in their first and second years. The objectives of these courses are twofold: (1) enhancing their general English ability and (2) equipping them with English skills necessary for nursing. Thus, each class consists of two parts: teaching General English and teaching Nursing English. Our students encounter a large amount of nursing-specific English which students majoring in other areas of study do not lay much weight on, not to say never. They also have limited class time in their overwhelmingly busy schedule. Therefore, their English classes, which are part of the liberal arts courses, should be arranged efficiently and effectively. It is hoped that the results of the survey will help us to re-evaluate and improve our English syllabus, especially those which deal with the teaching of Nursing English. To do so, it is essential to know the "target situation", namely where the students will work in the immediate future, and to address "specific target needs" (Belcher, 2009, p.3). We hope that, based on the results, we can examine our current syllabus and modify it for the better.

Ⅱ．Method

We conducted a questionnaire survey among floor nurses in two hospitals (Hospital 1 and Hospital 2) where about a half of our new graduates get

a position every year. These hospitals are both tertiary care hospitals in a big city with 852 beds and 812 beds respectively and mainly treat patients with acute conditions. Questionnaire sheets were passed out to the nurses through the head of each division. Considering ethical concerns, the questionnaire was, as a matter of course, anonymous and voluntary. After marking the computer-scored sheet, each respondent dropped the sheet into a box through a slot on it by the due date. The boxes were placed at inconspicuous places and the contents of the boxes were invisible from the outside.

In devising the questionnaire, we presumed that, if viewed from the nurse's perspective, there must be differences in the degree of English required among the various "scenes" of patient-nurse interaction and "vocabulary" they need when communicating in English. In order to investigate in what scenes they need English, we picked out nine common "scenes" from nursing duties, and asked the nurses to rate the amount of English necessary in each of the nine specific circumstances on a 7-point scale. Number 1 on the scale is for being "least necessary" and 7 for "most necessary". This only means the degree of necessity of "using English" and not the degree of necessity of "performing the duty". In this paper, these circumstances are referred to as nine "scenes". Those nine "scenes" are situations in which the nurses actually find themselves while working in a hospital. They are "indicating locations in the hospital", "explaining admission procedures", "explaining medical tests or treatments", "explaining operation procedures", "instructing how to take medication", "taking vital sings", "reading related literature", "reading medical records", and "having a bedside conversation". The question to the nurses is as follows.

Question 1. When taking care of a patient with whom you need English to communicate, how much English do you think is necessary? Write your answer to each of the following "scenes" on a scale of 1 to 7 with 1 indicating the least amount of English necessary.

Considering that there must be differences in the degree of demand for English from the aspect of vocabulary as well, we divided English vocabulary into seven categories and asked the nurses to rate the importance of each category on a scale of 1 to 7 in the same way as we did in the case of "scenes". The selected categories of vocabulary are "symptoms", "hospital departments", "diseases", "body parts", "body organs", "medical tests and treatments", and "medical instruments". The question asked to the nurses is as follows.

Question 2. When taking care of a patient who needs English to communicate, what sort of vocabulary do you think is necessary? Mark the number on the scale in each of the following categories of vocabulary. Write your answer to each of the following category of vocabulary on a scale of 1 to 7 with 1 indicating the least amount of English necessary.

The collected data sheets were processed by computer and, in our analysis, we looked at English required for nurses in light of two aspects: in what scenes they need English and what sort of vocabulary they need.

Ⅲ. Results

Table 1 shows the numbers of the distributed and collected sheets and the collection rates of Hospital 1, Hospital 2, and the total of both hospitals. The number of the distributed sheets was 1,563 in total and 1,271 sheets were collected. The collection rate was 81.30% in total.

Table 1

The Numbers of the Distributed and Collected Sheets with the Collection Rates

	Number of sheets		Collection rate (%)
	Distributed	Collected	
Hospital 1	798	709	88.80
Hospital 2	765	562	73.50
Total	1563	1271	81.30

Figure 1 shows the results of the two hospitals regarding where English is required. On the figure the scenes are arranged in descending order of high necessity.
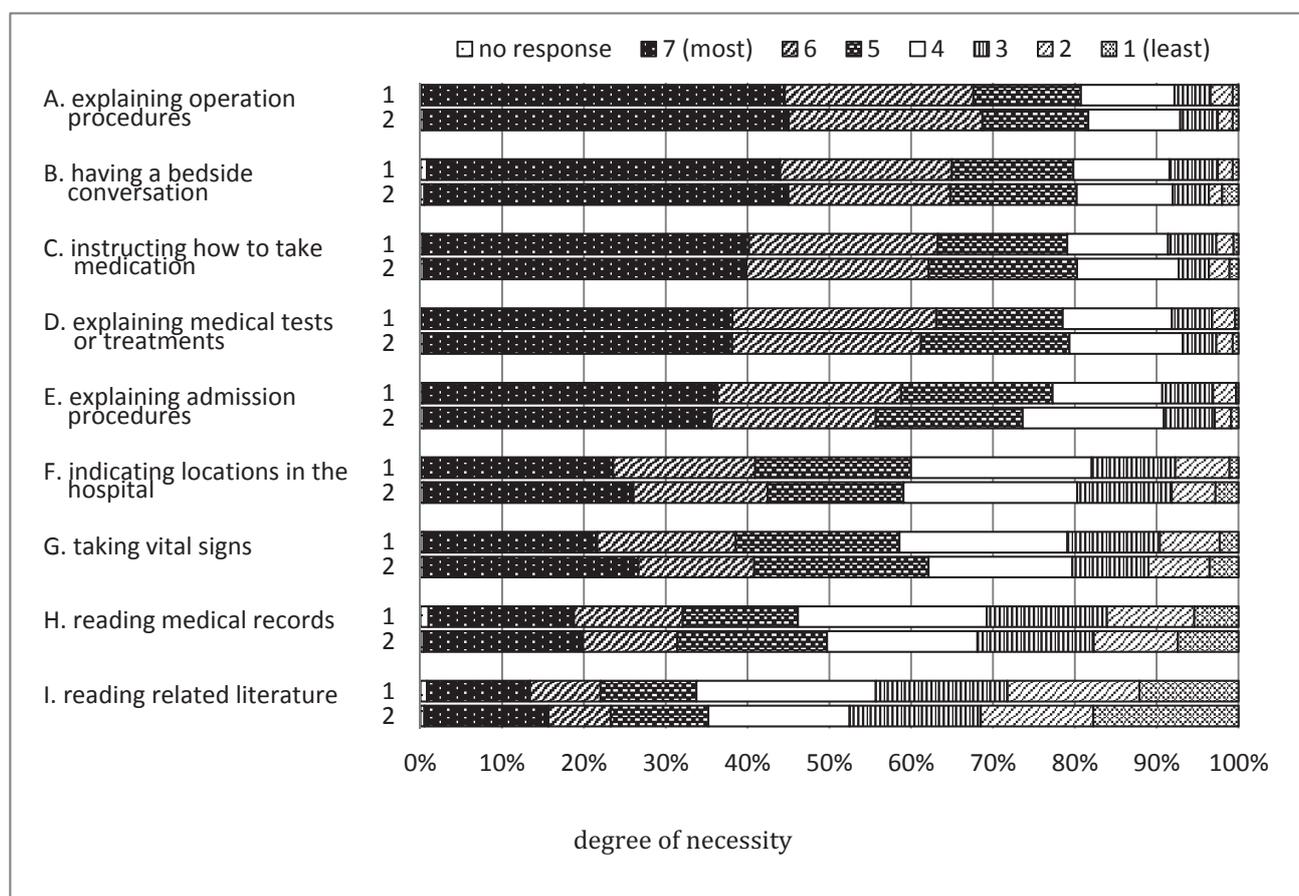

Figure 1. The results of the questionnaire on "scenes"

The results of the two hospitals amazingly fell into line with one another in each scene. This indicates that the two groups of nurses shared the same idea even though they belonged to different hospitals. It is true these two hospitals are affiliated and the same kind of tertiary care hospitals in a big city, and therefore, the nurses in these hospitals might have had common perspectives. Yet, even taking that into consideration, the fact that the two groups of nurses show the same patterns in all the graphs makes the credibility of the results higher than showing the result of only one group.

The results of the nine scenes in Figure 1, which are arranged in descending order of high demand, show a difference in the components of the graphs between the top five and the bottom four. That is to say, the top five graphs show higher need for English than the bottom four. In any of the top five scenes, the choices on the side of high English demand (choices 5 to 7) account for nearly 75 per cent or more. On the other hand, in the bottom four, the same choices come to about 60 per cent or less. When we shift our focus to the negative choices (choices 1 to 3), the bottom four graphs have higher rates of negative choices than the top five, especially the scene I (reading related literature)

with nearly 45 per cent. Thus, Figure 1 with its nine graphs shows that there is general agreement among the nurses that there is rather high demand for English to explain operation procedures (A), to have a bedside conversation (B), to instruct how to take medication (C), to explain medical tests and treatments (D), and to explain admission procedures (E). The nurses did not regard English as a high demand in the other four scenes: "indicating locations in the hospital" (F), "taking vital signs" (G), "reading medical records" (H), and "reading related literature" (I).

The following figure shows the results of the questionnaire with each category of vocabulary.
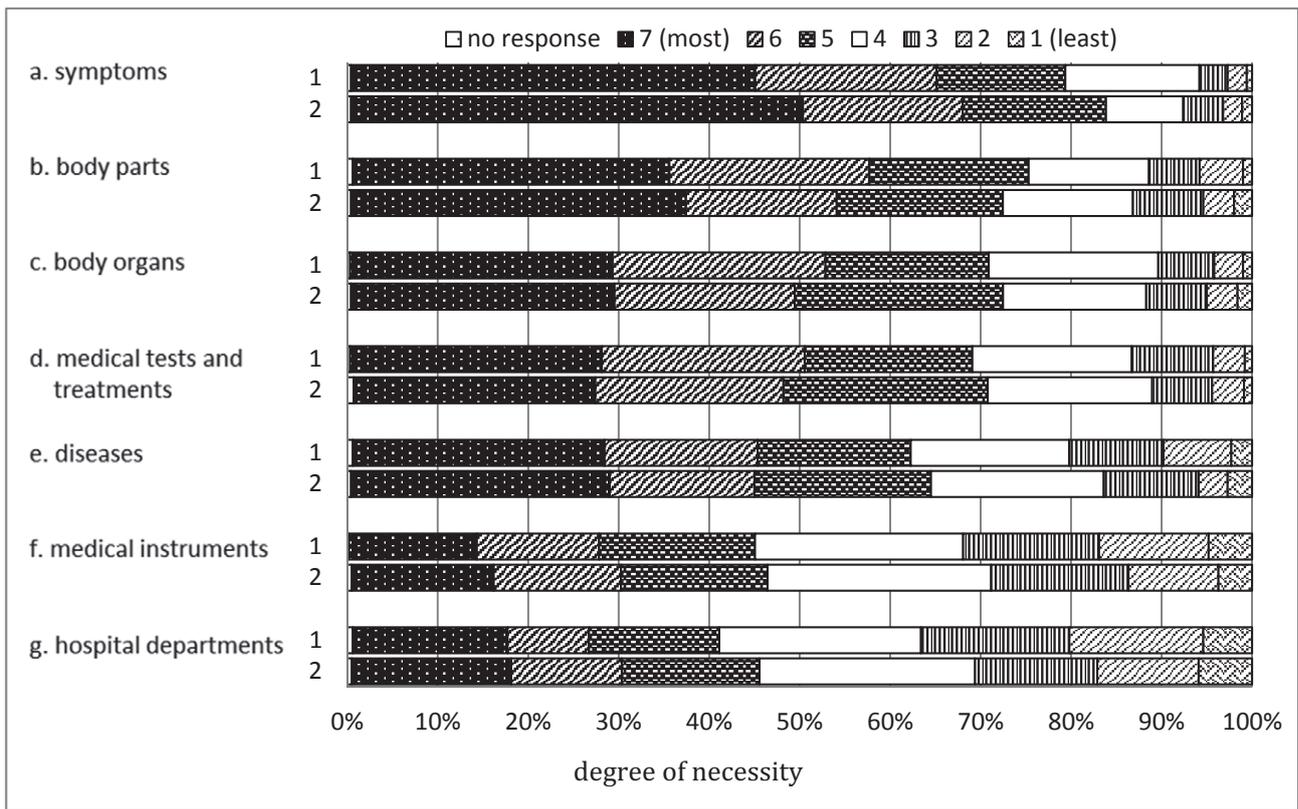

Figure 2. The results of the questionnaire on "vocabulary"

As was the case with Question 1 concerning "scenes", the answers to Question 2 were also arranged in descending order of high necessity. Again, concerning the "vocabulary", the two groups of nurses (Hospital 1 and Hospital 2) share a similar

perspective.

The top five categories in Figure 2 show a relatively high demand for English and the bottom two show a relatively low demand. That is to say, the categories which require relatively high

demand for English are the names of symptoms (a), body parts (b), body organs (c), medical tests and treatments (d), and diseases (e). The remaining two categories are relatively low in demand for English. Namely, vocabularies of "medical instruments" (f) and "hospital departments" (g) have low degrees of necessity as compared with the top five. In any of the top five categories, the choices on the side of high English demand (choices 5 to 7) account for nearly 60 per cent or more and, in contrast, in the bottom two categories, the same choices have less than 50 per cent.

Ⅳ. Discussion

We would like to discuss the results on the scenes first. The top five graphs in Figure 1 show higher need for English than the bottom four. Our interpretation of this result is that the top five scenes involve critical role behavior, i.e., behavior which directly influences the patients' physical condition and medical treatment procedure. They all require verbal communication with the patients in order to give them careful explanations. For example, in explaining operation procedures (A), nurses must give dos and don'ts clearly and concerning medication (C), nurses have to indicate the proper dosage and precise time to take the medicine. Not only must the nurse give these instructions correctly but she also must make sure that the message got across to the patient correctly. If she fails to do so, a serious medical mishap may occur which could cause a life-threatening situation. When the nurse explains the medical tests or treatment (D) or admission procedures (E), a clear verbal explanation is necessary too, although rarely would it cause a life-or-death situation. In all these cases, it is highly probable that the patient will ask the nurse questions and a small conversational interaction arises. Consequently, the nurse must have an adequate command of English. Scene B (having a bedside conversation),

not surprisingly, shows a high demand for English on the figure. Indeed, communication with patients is the groundwork for nursing care. Nurses gather information by conversing with their patients at the bedside, and these bedside conversations provide nurses with valuable information about the patients' condition. They learn about the patients' physical condition, anxiety or concern, personal traits, and domestic circumstance as well as other things. This kind of information is important in order to take care of the patients and even helps to decide on the means of therapy. The nurse is the person who is always around and can get information by talking to the patients. As stated in "Centre for Canadian Language Benchmarks" (2002), nurses spend over half of their time (56%) with patients, and the three major tasks nurses do are asking for information (22%), giving explanations (21%), and giving instructions (9%). Communication with patients is part and parcel of being a nurse. Indeed, nursing care involves human lives and, in order to preserve them, accurate communication is crucial.

As contrasted with the top five scenes, the bottom four show relatively low need for English. Considering the nature of these bottom four scenes, none of them requires complicated explanations or in-depth conversations. In Scene F (indicating locations), the nurse can indicate the place by using a drawing or speaking in simple English. Besides, it is a one-time interaction. Even Scene G (taking vital signs), which is a routine task for nurses, may not require complicated conversation because the patient often knows what is going to happen just by looking at the instrument. Scene H (reading medical records) and Scene I (reading related literature) do not involve patient-nurse interactions or communication directly in themselves.

To sum up the results of the questionnaire on the "scenes", it appears that the nurses feel that a high level of English is required in situations where careful instruction and communication are necessary. No matter with whom the nurses

communicate in hospital, exchange of precise information is key. Some researchers (Kohn, L. T., Corrigan, J., Donaldson, M. S., and Institute of Medicine Committee on Quality of Health Care in America, 2000; Riley, 2017) suggest that communication is a major factor in healthcare quality and safety, and that a lack of communication can cause healthcare mistakes. The nurses who responded to the questionnaire seemed to have been fully aware of this fact through their everyday work, and that is reflected in the results of our study.

Now we would like to discuss the results on the categories of vocabulary. The top five categories in Figure 2 show relatively high demand for English. Those categories are the names of symptoms (a), body parts (b), body organs (c), medical tests and treatments (d), and diseases (e). These results suggest that the English vocabulary the nurses need most concerns the patient's current conditions and the actual treatments for the patient. "Symptoms", which shows the highest demand for English, is a typical example. Indeed, there are many kinds of symptoms that patients complain of, and nurses will be able to grasp their accurate symptom only by communicating well with the patient. For example, even a simple complaint like "no regular bowel movements" would be difficult to understand without knowing the word "bowel movement" or "constipation". Take "pain" for another example. It has various aspects － type, intensity, duration, and frequency, and good verbal communication is essential to get a clear message across. The categories of "body parts" (b), "body organs" (c), "medical tests and treatments" (d), and "diseases" (e), which indicate a relatively high demand for English, share a common characteristic. That is to say, the terms in these categories are also commonly used in conversation at bedside between a nurse and patient when they talk about the illness or medical care. In fact, when we take a closer look at the terms of symptoms, body parts, or names of diseases, many of them are not unique to nursing or medicine, but

they are common words which laypeople use daily when they talk about health or disease. The names of diseases such as "diabetes", "dementia", or "stroke" are not medical terms but they are terms which are frequently used in daily conversation. That means, part of the vocabulary required of nurses is also required in communication in ordinary society as well.

In contrast to the top five categories, the bottom two, names of "medical instruments" (f) and "hospital departments" (g), have relatively low demand. They are simply names of tools and sections in hospital and neither of them requires any complicated explanation or instruction. Even if the nurses did not know these names, it would not immediately cause a serious mishap. All the nurse has to do is to manipulate the instrument accurately or send the patient to the right department.

In examining the results on "vocabulary" on the whole, it seems that the contributing factor to indicate high necessity of English is whether or not the category involves "explanations" and "instructions". In other words, "communication" is the key to know the degree of necessity. As mentioned earlier, intimate communication with patients is the groundwork for nurses and, through this activity, they assess the patient's current condition and detect any change of symptoms. No doubt, the nurses themselves were fully aware of the importance of communication with the patients, and they revealed this awareness in the answers to the questionnaire on the vocabulary as well.

Although our analysis was based on the questionnaire results from the nurses in only two hospitals of the same kind, it is reasonable to conclude that, at least in this kind of hospital, English is most required when close communication is involved. Given that English for "communication" is highly required for nurses, it is a primary task of English teachers to equip the students with communicative skills in English. We tend to make the students memorise names of hospital

departments and medical equipment thoroughly and, accordingly, students try to learn them earnestly since these terms are usually presented in the first part of the textbook. Our survey, however, suggests that these terms are not as important for nurses as the terms used to communicate with patients. We suggest that we re-examine the selection and ordering of the contents of our material, and that we prioritise objectives in proportion to their necessity. We could also lay more weight on teaching General English than we do at present so that the students could develop more communicative skills.

V． Conclusion

In this study we administered a questionnaire among hospital nurses to investigate in what kind of scenes or situations they consider English to be necessary and, secondly, what kind of English vocabulary they considered to be necessary when they take care of English-speaking patients. With regard to "scenes", they feel that English is highly necessary when careful explanations or instructions are involved. With regard to "vocabulary", the English terms for "symptoms", "body parts", and "body organs" are more in need than vocabulary in other areas of nurses' work. Consequently, the analysis of both "scenes" and "vocabulary" indicate that nurses need English most when they have careful and close communication with patients, especially when miscommunication could lead to serious medical errors. It seems worthwhile for us to place greater emphasis on teaching General English with the purpose to develop more communicative skills.

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病院看護師が必要と考える英語

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要旨

　国際化が進む中、病院で働く看護師に対する英語の需要も高まっている。本論文では本学の半数近くの学生が卒業後職を得る 2 つの病院において、看護師にどのような場面で英語が求められるのか、またどのような語彙が必要なのかを病棟で働く看護師にアンケートを取ることで調査した。この調査の目的は近い将来学生が勤務する現場における英語の需要を把握することにより、今行われている英語授業を検討し、より実践的で充実したものにするためである。アンケート用紙は両病院合わせて 1,563 部配布され 1,271 部回収された。（回収率 81.3%）。回答結果は 2 つの病院において大きな差は無く、術前、術後の説明、日々の容態のチェックなど患者との密なコミュニケーションを必要とする場での英語の必要性が高い傾向にあり、特に直接患者の病状や治療にかかわり、詳細な「説明」を求められる場面での必要度が高かった。また語彙に関しても「症状」、「からだの部位の名称」、「検査の名称」など、やはり日々の入院生活で患者の病状を把握し、治療を間違いなく進めるのに必要となる語彙の需要が高いことが分かった。この結果をもとに、今後は基本的な英語でのコミュニケーション能力を伸ばすための実践的な授業展開を検討する必要性が見えてきた。