

Developing Instrument for Evaluating English for Nursing Materials

Ayu Septiwi

English Language and Literature Department, Faculty of Languages and Arts, Universitas Negeri Padang, Padang, Indonesia

✉ (e-mail) aayuseptiwi@gmail.com

Abstract

Teachers have to develop, adopt or combine teaching materials carefully, especially for the students of English for Special Purpose (ESP) course such as English for nursing, where the course is developed based on the students' needs. In these activities, evaluating the material is an important procedure in determining the quality of the materials in various point of views. This study focuses on developing instrument for evaluating English for nursing materials in terms of linguistic content of language tasks and skills. This study is a library research. Related literatures and previous research findings from ESP experts in English for nursing field were the foundation in developing the instruments to find out the ideal criteria of linguistic content of language tasks and skills of English for nursing material. The instrument was validated by experts from English teaching and nursing field. It is in the form of evaluation format that consists of statements and grading scale. There were 7 indicators. The evaluation format used a 5-point Likert scale for grading.

Keywords: Evaluation instrument, English for Nursing.

Introduction

Teachers and teaching materials are two crucial keys that determine the success of a teaching learning process. Facilitating the students with proper teaching materials is a teachers' role as the provider in the class. In ESP course, the goal of the students is to use English in particular domain (Paltridge and Starfield, 2013:2). English is taught based on students' needs in particular situation where the students will involve in their future academic or professional life. The teaching materials should assist the students to achieve variety of language competences. Consequently, the teachers in ESP course need to adjust the teaching materials frequently. They have to develop, adopt or combine the teaching materials carefully to meet the diverse goals of the students. In these activities, evaluating the material is an important procedure in determining the quality of the materials in various point of views and stages. Material evaluation will present information about the weakness and the strength of the materials.

In the process of evaluating material, various instruments can be used to help the teachers to evaluate systematically, objectively, and effectively. Using relevant evaluation instruments is necessary to make sure that the result of evaluation measures what needed to be evaluated without time constraint, inaccuracy, or fund issues. The tools to carry out the evaluation are questionnaires, interviews, checklists, observation, grading scales, and records (Robinson, 1991). Cunningsworth (1995), Richard (1998), Sheldon (1998), Litz (2005), and Mukundan (2012) suggest evaluation checklists to evaluate English textbooks. Specifically, Munir (2013) has developed a checklist to evaluate reading comprehension textbooks, and Kadir (2018) in her study, has design an instrument to evaluate authentic assessment for speaking skills. Meanwhile, this research is focused on developing The instrument is in the form of evaluation format that consists of statements and grading scale to evaluate English for nursing materials. Since the materials for teaching English in ESP courses are limited especially English for Nursing, the teachers need to develop their own material or adjust the available materials to meet the needs of the students. Thus, the evaluation instrument is needed as a guideline for the teachers in developing their materials.

Method

The method of this study is a library research. The development of the evaluation instrument was based on theoretical approach of teaching materials and previous research findings for English for nursing course. Those theories and findings were formulated to be ideal criteria for teaching material that applies the principles of an ESP course, specifically English for Nursing and facilitate the teachers and students to achieve the targeted competences. This study focuses on linguistic content of language skills and tasks that are needed to be achieved by the students in English for Nursing course. The instrument was designed in the form of evaluation format that consists of statements and grading scale. Each statement in the evaluation format scale was developed from certain indicators. There were 7 indicators. The evaluation format used a 5-point Likert scale. The instrument was validated by experts from English teaching and nursing field. There were several changes suggested by the experts related to the language choices and effectiveness.

Table 1. Likert Scale

Criteria	Score
Very Bad	1
Bad	2
Fair	3
Good	4
Very good	5

Results and Discussion

Some researches conducted by ESP practitioners have identified specific tasks and skills that English is used in nursing in the clinical setting. The specific tasks and skills that have been identified can be categorized by the type of communicative competence that they most contribute to: accuracy in production at the level of pronunciation, vocabulary, grammar, discourse, pragmatic competence, strategic competence, or sociolinguistic competence. This foundation provides a useful and comprehensive taxonomy or structure to develop materials that convey all aspects of linguistic content in English language use in the clinical setting. Various studies have been conducted in English for nursing that have focused on linguistic content of language tasks and skills needed in English for nursing materials (Cameron 1998; Epp and Lewis 2008; Hussin 2002; Marston and Hansen 1985 as cited in Boshier, 2008:273). Based on those studies, the linguistic contents cover some aspects:

a. Pronunciation

Correctness is one matter related to pronunciation. Correctness or spoken accuracy is very significant and important in daily conversation. According to Boshier (2008: 266) spoken accuracy includes pronunciation, vocabulary, grammar, and discourse. It is an obstacle for nursing students to produce exact phonemes. Phonemic contrasts can lead to miscommunication (Boshier, 2008:269). For example, if a nurse is unable to distinguish between the phonemes /l/ and /n/, as in *low blood pressure* vs. *noblood pressure* (Cameron as cited in Boshier, 2008:269), or /b/ and /p/, as in *Betadine* and *Pethidine* (Hussin 2008:269), the results could be serious indeed. Other examples of phonemic contrasts that could result in miscommunication are *feeling* vs. *feeding*; *level* vs. *label* and *pain* vs. *pan* (Cameron as cited in Boshier, 2008:269). Beside that the students also need to be careful to pronounce stress and intonation. Mispronunciation can lead to greater problems in communication than mispronunciation at the segmental level (Boshier, 2008:270). The students need to be able to differ similar sounds and to pronounce them correctly.

b. Vocabulary

In clinical setting, the nurses will face various technical vocabulary. They need to know the synonyms, function and appropriate vocabulary used in particular situation. The nursing students

must aware of synonymous term that have different connotation (Cameron as cited in Boshier, 2008:270), for example stomach, belly, tummy, abdomen, and gut. In addition, many terms in health care are similar, yet distinctive, in meaning, such as *medical conditions* and *diseases* (Cameron, 1998 as cited in Boshier, 2008:270). The students need to make sure which vocabulary are the most appropriate. In addition, implicit sentences are often used in daily conversation. Idioms, metaphors, and two and three - word verbs are often used to express abstract concepts that appear in conversations between nurses and patients, concepts that relate to the self, pain, emotion, loss, recovery, healing, and connection to others (Cameron as cited in Boshier, 2008:271). Another aspect of vocabulary that is important for nurses are words that are used to describe the physical appearance and emotional state of patients. Cameron (1998, as cited in Boshier, 2008:271) state in two and three word verbs that have equivalents, for example, *contract* for *to come down with* and *develop* for *to break out in*, native English – speaking patients are more likely to use and understand the more informal two and three word verbs.

c. Grammar

There are certain structures or pattern of sentences that are frequently used in clinical setting. According to Boshier (2008: 271) the most frequently used form in starting conversation with patients is asking questions. Some researchers (Cameron: 1998; Hussin:2002; as cited in Boshier, 2008: 272) mention that elliptical questions, tag questions, intonation, embedded evaluation of situation are usually used in nurses' conversation with patients. Furthermore, Cameron (1998 as cited in Boshier, 2008: 274) states another grammatical structure used for getting information is the imperative or command. Implicit and explicit instruction in conversation could be difficult for the students to understand. In fact, Hussin (2008: 2) claims that implicitness is a key problem area for ESL students, who need help understanding grammatical structures that are used to give implicit instructions. As well as the question form that need to be learnt by the students, they also need to be introduced to implicit and explicit meaning embedded in the questions. Another aspect that is important in health care communication is tense. Verb tenses indicate when something took place or how long it lasted (Boshier, 2008: 274). Beside that Modal verbs are used in health - care communication to indicate hypothetical compared to factual situations (Cameron 1998 as cited in Boshier, 2008: 274) and are often confusing for ESL students.

d. Discourse

At the level of discourse or communication there are tasks that nurses must be able to succeed in to carry out. Those tasks require the ability to understand and produce a series of speech acts, according to the context and the situation of language in spoken or written form. As discussed above, Cameron 1998 as cited in Boshier, 2008: 276) identifies that nurses must be able to report what they have been told, for example, in a change of shift they have to report what a patient has said. Another example of using language at the discourse level is making and receiving telephone calls is which also requires the use of another channel of communication (Cameron 1998 as cited in Boshier, 2008: 276). There is a particular difficulty in understanding conversation on the phone. Phone calls may be difficult for nurses because of the lack of vocabulary and the background noise. Skills that are important in making and receiving phone calls include identifying numbers, letters, and names of people over the telephone and distinguishing between the intonation patterns for statements and questions (Boshier, 2008: 276). The students need to be familiar with these situations.

e. Pragmatic competence

The nurses need to deliver many speech acts that need certain skills to use language in specific ways. One of the challenges of pragmatic competence is understanding communicative purpose when it is not stated explicitly (Cameron 1998 as cited in Boser, 2008: 277). Other related problem include inferring a patient's emotional state or mental status by what the patient has communicated coincidentally and relating relevant social information based on the nurse's understanding of local

culture (Cameron 1998 as cited in Boshier, 2008: 277). In practice, there are some implicit meaning that are contained in the conversation. The situation is involved the emotion of the patients or social and cultural background of the patients. In conversation, the nurses sometime need to infer or to relate the information with social and cultural background to completely get mutual understanding.

f. Strategic competence

Strategic competence is considered as another level of communicative competence in the clinical setting. It means using different strategies to make sure common understanding (Canale: 1983; Canale and Swain: 1980; Hedge: 2000 as cited in Boshier, 2008: 278). These strategies include clarifying meaning, checking comprehension, and demonstrating understanding (Hussin, 2008:18). To check understanding, Cameron (1998 as cited in Boshier, 2008: 278) suggests to use paraphrasing and reflecting back to patients and colleagues about what they have said or implied. In addition, interactive repair is another strategy to ensure mutual comprehension (Cameron 1998 as cited in Boshier, 2008: 278). Nurses need to know nonverbal and verbal cues, so they can begin to use strategies to ensure mutual understanding. There are various ways that the students can express their understanding such as repeat key words, paraphrase the instruction, expansion statements, elaboration questions (Hussin, 2008:6). Clarifying meaning, checking comprehension, and demonstrating understanding, and interactive repair, are strategic competence that the students need in daily conversation. By requiring these competence, the students will success to carry out conversation with better understanding.

g. Sociolinguistic competence

Sociolinguistic competence includes knowing how to lead an interview appropriately, to interrupt or to change the topic, especially in the face of patient opposition (Cameron 1998 as cited in Boshier, 2008: 279). Since the students often have difficulty with sociolinguistic competence (Hussin: 2002, Cameron: 1998), it is important that the rules of sociolinguistic behavior in the clinical setting are made explicit, for example, how to take turns and interrupt politely in conversations (Hussin, 2002:10). Another key problem area for ESL students is assertion; nurses need to be able to interrupt politely but assertively (Hussin, 2002:10). Other skills that nurses must have included are communicating empathy and concern to a patient appropriately, but at the same time they communicate confidently and dominantly (Cameron 1998 as cited in Boshier, 2008: 279). Nurses must also be able to adapt their speech based on their audience and the purpose for communication, but without changing the content itself. When making requests, nurses need to change the form and word choice of the request, depending on the person that the nurse is talking to and the purpose of the request, for example, whether the nurse is asking a doctor to examine a patient, another nurse to help lift a patient, a patient to lie down, or a visitor to step outside for a few minutes (Marston and Hansen 1985 as cited in Boshier, 2008: 279). Cameron (1998 as cited in Boshier, 2008: 279) also discusses the importance of understanding cultural and dialectal variation in English, variation that is often based on regional or social variables, such as gender, age, class, race, and ethnicity.

In addition to interaction in working place, social interaction is also an expected and important type of communication in the clinical setting (Cameron 1998 as cited in Boshier, 2008: 279). Marston and Hansen (1985 as cited in Boshier, 2008: 279) also discuss the need for nurses to know how to make small talk. To build relationship with patients, nurses need to participate in social conversation, and small talk is often the first step. Visual cues have their own roles in starting conversation. Hussin (2008:5) discusses the importance of using visual cues to initiate a conversation, such as flowers on a bedside table, photos of family members, cards from visitors, and any books or activities the patient is engaged in.

The theories above were formulated into indicators and sub-indicators to guide the development of evaluation format. Based on sub-indicators the statements were developed as aspects on the material that will be graded. The statements were put in the table that will help the evaluator in

evaluating the teaching material easily. The results of grading will show the weakness and the strength of each aspect.

Table 2. Indicators for format evaluation of English for nursing material

No	Indicators	Sub-indicators
1.	Pronunciation	Accuracy in speech production included
2.	Vocabulary	Word choice, paraphrasing technical information, abbreviation
3.	Grammar	Relevant grammar that frequently used in clinical situation
4.	Discourse	Understanding and producing a series of speech acts
5.	Pragmatic competence	Using language effectively and appropriately to perform language tasks
6.	Strategic competence	Using different strategies to make sure common understanding
7.	Sociolinguistic competence	Sociolinguistic behavior and social interaction

Table 3. Evaluation format of English for Nursing material

No.	Statements	Grade				
		1	2	3	4	5
1.	It consists of a section that explain how to pronounce words, stress, intonation and dialect					
2.	It consists of exercises that assign students to practice pronunciation					
3.	It consists of explanation about words function, synonym, idiom, words choice, and technical vocabulary					
4.	It presents structures of sentences that are appropriate with real clinical situation					
5.	It consists of tasks and exercise that encourage students to actively use the language					
6.	It consists of explanation about cross culture information					
7.	It consists of tasks and exercises that require the students to understand, analyze and conclude the clinical situation					
8.	It consists exercise and tasks for understanding and practicing different strategies to make sure common understanding					
9.	It consists of lesson about how to use and adjust language in appropriate to the context, the purpose and other speakers					
10.	The tasks and exercises encourage the students to develop communicative behavior such as how to join , to give compliment, to interrupt etc.					
11.	The tasks and exercises facilitate the students to develop informative skills such as how to give information to patients					
12.	The tasks and exercises assist the students to improve their English in interpersonal or social interaction					
13.	Various skills are integrated in a series of tasks and exercises					

Conclusions

This study discussed development of an instrument for evaluating English for Nursing materials. It is aimed at enabling students to more varieties of language skills and tasks that are needed to be achieved by the students in English for Nursing course. For this objective, the review of literature was conducted and list of indicators was designed and this list was developed into statements for evaluation which can be assessed by five scale grading for ach statement. The evaluation format will help the teachers evaluating the material objectively, effectively and easily. The instrument is expected to be useful as a guidance for English teacher, material developers and evaluators as well as curriculum developers in English for nursing courses.

Acknowledgments

The writer acknowledges all who involve for their sincere advices and countless contribution. Their countless contribution has made this study possible to be completed. The writer is enormously grateful for validators Prof. Dr. Mukhayar, M.Pd and Ns. Sri Yanti, M.Kep, Sp. KMB. In spite of their extremely tight schedule, they spare their time to validate the instrument.

References

- Basturkmen, H. (2010). *Developing Courses in English for Specific Purposes*. Basingstoke, Hampshire, Great Britain: Palgrave Macmillan.
- Bosher, Susan. (2008). *English for Nursing*. In Paltridge, B. & Starfield, S. (2013). *The Handbook of English for Specific Purposes*. Oxford: Blackwell: 263-281.
- Cohen, T. Justice, M.F. & Dempsey, M.C. (2014). Perceptions of Clinical Education Preparedness at a Large Urban US University: Is There a Difference Between US-Born and Non-US Born Students? *Journal of International Students*. <http://jistudents.org>. 4 (3), 236-246.
- Crawford, T. & Candlin, S. (2012). *A Literature Review of the Language Needs of Nursing Students Who Have English as Second/Other Language and the Effectiveness of English Language Support Programs*. *Nurse Education in Practice*. 13 (2013) 181-185. www.elsevier.com/enepr.
- Grabe, W. & Stoller, F.I. (2001). Reading for Academic Purposes: Guidelines for the ESL/EFL Teacher. In M. Celce-Murcia (Ed.), *Teaching English as a Second or Foreign Language* (pp. 187-203). USA: Heinle & Heinle.
- Hussin, V. (2002). An ESP program for students of nursing. In T. Orr (ed.), *English for Specific Purposes*. 25 – 39. Alexandria, VA: TESOL.
- Hussin, V. (2008). *Facilitating success for ESL nursing students in the clinical setting: Models of learning support*. Retrieved from <https://www.researchgate.net/publication/272182014>. An ESP Program for Students of Nursing.
- Hyland, K. & Shaw, P. (2006). *Handbook of English for Academic Purposes*. Routledge: New York.
- Litz, D.R.A. (2005). *Textbook Evaluation and ELT Management: A South Korean Case Study*. *Asian EFL Journal*.
- McDonough, J. & Shaw, C. (2013). *Materials and Methods in ELT* (3rd ed) Oxford: Blackwell.
- McGrath, Ian. (2002). *Materials Evaluation and Design for Language Teaching*. Edinburgh: Edinburgh University Press.
- Paltridge, B. & Starfield, S. (2013). *The Handbook of English for Specific Purposes*. Oxford: Blackwell.
- Richards, J.C. (2006). *Evaluating a Text Book*. Retrieved from <https://www.professorjackrichards.com/evaluating-text-book/>
- Sismiati & Latief, M.A. (2012). *Developing Instructional Materials on English Oral Communication for Nursing Schools*. *Teflin Journal*. (23) 1:44-59.
- Tomlinson, B. (2011). *Materials Development in Language Teaching* (2nd ed). Frontmatter. Cambridge: Cambridge University Press
- Tomlinson, B. (2013). *Developing Materials for Language Teaching*. London: Bloomsbury.