

Occupational English Writing Test for the Nurses in Kuantan

Pahang

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ABSTRACT

Nurses in Malaysia are not required to sit for any specific English Language test that suits the medical setting. At the moment the existing English Language tests do not test nurses specifically to use English Language in the context of medical situation. It is the objective of this research to recommend a special test, Occupational English Test (OET) specifically designed for these health practitioners. Specifically the objectives of this research are to assess Malaysian nurses' performance in the OET, to evaluate the suitability of the OET in Malaysian context. The OET is a language test used to assess health practitioners' English language proficiency in medical and health context. It is designed to ensure that language competency is assessed in a relevant professional context. This study employs a case study involving a group of nurses from the medical centre UMP (Pusat Kesihatan Pelajar). The nurses chosen as samples for this research cover all the nurses of Pusat Kesihatan Pelajar. The samples are required to sit for a writing test and they are also interviewed. The test results are analysed manually. Three sets of sample test are revised based on the result of the test and interview and the revised tests will be used to conduct a study on the nursing students of Kolej Kejururawatan and the nursing students of the school of nursing of IIUM to evaluate the suitability of the test in Malaysian context.

Keywords: Nursing, Background of OET, OET format, case study, interview result.

1. INTRODUCTION

Nursing, now defined as both an art and a science, is a unique profession which involves caring and sharing with people of all walks of life. Now healthcare environment is very much challenging. A certified trained nurse unites knowledge (theory), skill (practice), idea and insight to care the sick, console the distressed and help the sorrowful. Nurses live and work in a multicultural world and need to be knowledgeable about culture and how it affects the quality of care given to patients. Knowing how to communicate effectively with patients includes an understanding of language. In a diverse city such as Kuala Lumpur, many patients who access the healthcare system would need the assistance of an interpreter when discussing health issues. Tufts Medical Center which is situated in downtown Boston has "an average of 3800 'interpreter encounters' each month" (2010). If nurses have enough communication skills in English, no interpreter will be needed to make them understand the patient's problem.

Nursing is a profession which involves caring and sharing with people from all walks of life. Care and empathy are illustrated by each one of us through communication and action. Patients who cannot communicate their needs to hospital staff are at a distinct disadvantage and very often have a slower recovery rate. Patients may present case histories or medical details in English. Therefore for effective caring, nurses also need a good communication skill in English, that is, it is needed to check if they have sufficient knowledge of English. Although unexpected tragedy can be caused because of the lack of nurse's proper communication skill, satisfactory outcomes can be bought by nurse's good communication skill, such as better flow of information, more fruitful counseling, better safety, enlarged morality of employees, greater satisfaction of patients and their family, and short length of stay.

The expansion of the culturally and linguistically varied people in Malaysia has caused many efforts to ensure that health care systems suits to the discrete demands of culturally and linguistically different patients by being "culturally competent" (Fortier et al. 1998). Over recent years, there are many foreign people in Malaysia. There are more and more requirements and opportunities for nurses to actually use English in their career tasks. As Robinson (1984) indicates, the demand for ESP was considered as a socioeconomic phenomenon. Therefore, it is

important for nurses to have access to ENP courses especially those who work in big cities. In general, students in two year junior nursing colleges have received approximately six years of general English instruction during high school years. Most of the instructions consists of lessons on the traditional grammar translation method and is literature based. The main concern of the students in such setting is to pass the entrance examination of vocational junior colleges. In other words, they have rather few chances to learn ENP (English for Nurse Practitioners). ENP is basically a matter of emphasizing English for nursing and medical areas and the specialization is used as the course specification to impart students' necessary language competence to adapt nursing and medical context. Strengthening the command of English is an important aspect of nurse training. So now it is very essential for Malaysian nurses to demonstrate a good command in English and their command of English language need to be assessed by a test like OET because the testing of the medical practitioners should be suitable to their working contexts.

2. THE BACKGROUND OF RESEARCH

As nursing has become increasingly globalised, to have sound knowledge in English has become an essential requirement for nurses working in diverse context. Today's nurses work and live in a multicultural society where they encounter patients whose backgrounds are different from them, and who need care from nurses who are both proficient in their work and knowledgeable about the role that culture plays in patient treatment. So nurses need to have a good command in English which will suit the context of medical situation. Therefore Occupational English Testing needs to implement on the nurses who work in multi-lingual context to assess their ability to communicate and work effectively in a diverse context to ensure quality care.

Nurses in Malaysia are not required to sit for any specific English Language test that suits the medical setting. Malaysian nurses now need to pass MUET and International nurses need IELTS with Band 5.5 or TOEFL with a minimum score of 550. These two English Language Tests do not specifically test nurses to use English language in the context of medical situation. It is the objective of this research to recommend a special test, the Occupational English Test specifically designed for the nurses.

2.1 OCCUPATIONAL ENGLISH TEST

Occupational English Test (O.E.T.) is an English language proficiency test for certified health practitioners from abroad who want to practice or study in Australia or New Zealand. It is intended to check if the health practitioners from Non-English speaking background have English knowledge enough to be capable of communicating and working in Australia. OET test is a test of English only; however, it is the first step in ascertaining the candidates' professional knowledge and competence, and plays an important role in the decision making process relating to candidates' immigration matters. OET is accepted by the managing authorities of most major health professions across Australia, New Zealand and Singapore. Now it assesses the following professions: dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology, veterinary science.

The Occupational English Test was designed by Professor Tim McNamara of the University of Melbourne under contract to the Australian Federal Government. Tim McNamara is a Professor in Applied Linguistics at the University of Melbourne, where he taught Applied Linguistics since 1987. Tim's language testing research has concentrated on performance test, principles of validity, the utility of RASCH models, and the social and political meaning of language assessments. He is the writer of *Language Testing* and joint author (with Carsten Roever) of *Language Testing: The Social Dimension*. Tim has developed the OET in the 1980s and has worked on the growth of the Speaking sub-test of TOEFL iBT; he is also one of the original inventors who have developed IELTS. Tim frequently gives speech at international conferences and provides valuable service to the board of the many journals.

OET comprises of four sub-tests: Listening, Reading, Writing, and Speaking. Now, one should get at least B for all four sub-tests to be worthy of working as a doctor in Australia. Based on the requirements of AMC (Australian Medical Council), all skills must be passed in one sitting. The dentists are, however, exempt from this ruling as ADC (Australian Dental Council) rules have not changed and the candidates can pass the four skills in multiple sittings. It must be noted that the validity of the test is for two years starting from the date of the first passed skill. The test is conducted up to 10 times a year across over 40 venues, mostly in Oceania and Asia. All venues do not operate on every test date.

The test is administered by OET Centre administers the test under the support of University of Melbourne. Language Testing Research Centre of the University of Melbourne created the original test under favour of Australian Federal Government. The OET Centre, a business unit of the Centre for Adult Education (CAE), is a not-for-profit organization which is renowned for its contribution to adult education over the past 63 years. The

OET Centre has an MOU with the University of Melbourne for OET research, materials supply and technical support. The University of Melbourne is well-known internationally for its research and educational institution with special potency in its Language Testing Research Centre, which has been the technical counselor for the OET since its beginning.

The OET Centre is supported in the following ways:

- Masterful counseling on materials and test exercises
- Growth of recent test materials
- Interpretation of test results and the setting of standards and cut-scores
- Supervision of rater hardness and suitability of results using multifaceted RASCH software
- Training of examiners associated with new test materials
- Research and progress

The Department of Linguistics and Applied Linguistics in the School of Languages of University of Melbourne provide recommendations directly to the OET Centre and also through representation on the OET concerned team.

In all four areas, the tests have two elements:

- i) A general component which is common for all professions, and
- ii) A profession specific component which differs according to the profession.

The general components of OET are listening and reading test-designs that are related to general medical subject. The professional components are the writing and the speaking tests that are constructed to test the candidates' ability to use English in working context. The contents of tests differ according to the nature of profession though the framework of the test is the same for all professions. The candidates' capacity to use English in their working field is assessed. The total examination time is approximately 3 hours. Relying on the number of candidates, tests take place in one or two days. The test is currently accepted in Australia, New Zealand and Singapore. Every board or council decides the result required from candidates to satisfy the language proficiency standards needed to act in their profession.

2.2 OET WRITING SUB-TEST FORMAT

The Writing sub-test contains a set of biological or clinical case notes. The test-takers have to write a letter, usually a referral letter to another person involved. The letter should have the necessary information given in the case notes following important dates. Any sensitive information should not be skipped. The letter should be written in accurate format and should have about 180-200 words. For some professionals, other occupational writing tasks of similar difficulty can be set (For example giving response to a complaint, or sending written information to a specific person in the form of a letter).

The OET is intended to check if the health professionals from Non-English speaking background have sufficient knowledge of English language to be able to communicate and work in a multi-lingual context. Malaysia is a multicultural society. The Department of Statistics Malaysia (2009) showed that Malaysia had 28.3 1 million people, and according to the U.S. Central Intelligence Agency's (2009) estimation, there were 50.4% Malays, who are Muslims by birth; 23.7% Chinese, who are mainly Buddhists and Taoists, with some Christians; 1.1% indigenous peoples, who are mainly animists; 7.1% Indians, who are mainly Hindus; and 7.8% others. Bahasa Melayu is the official language. English is widely used in business and commerce, whereas various Chinese dialects, Indian languages, and indigenous languages are also spoken. As one of the fastest growing Southeast Asian countries, Malaysia has become a destination for many legal and illegal migrant workers from neighboring countries since the 1990s. Recently, private higher education institutions have mushroomed and attracted many international students from developing and underdeveloped countries that are looking for a less expensive alternative compared with those in Western countries. Therefore to give proper medication to these diverse people, Malaysian health practitioners, especially nurse practitioners must need sufficient knowledge in English and a test like OET is also needed for them.

3. RESEARCH DESIGN

This study employs a case study involving all the nurses of the Medical Centre UMP. The case study as the term suggests is the study of "particularity and complexity of a single case" (Stake, 1995: xi). A case study is like a riddle that has to be solved. Cases are primarily people but researchers can also explore in depth a programme, an institution, an organization or a community. In fact almost anything can serve as a case study as long as it

constitutes a single entity which clearly defines boundaries. A good case is more than just a description. It is arranged in such a way that the reader is in the same position as the researcher was at the beginning when he or she was in a new situation and asked to solve what was going on. The case study method is highly recommended for exploring uncharted territories or making sense of a particularly problematic research area, and it can provide an unparalleled understanding of longitudinal processes. As Van Lier (2005: 195) summarizes, "Case study research has become a key method for researching changes in complex phenomena over time. Many of the processes investigated in case studies cannot be adequately researched in any of the other common research methods".

This study employs a case study involving the nurses of the Medical Centre UMP. The target here is to revise the OET test samples and redesign if necessary to suit the nurses in Malaysia so that that new sets of test can be used to the nurses in Malaysia.

3.1 INSTRUMENTATION

A set of test designed by OET centre is used as a research tool. The subjects are interviewed after the test. This study utilizes semi-structured interviews in a face to face communication to find the subjects' beliefs and thoughts about certain topics; this is in conformity with Lynch's (1996) view that, the use of semi-structured interviews increases the comprehension of data and makes the data collection more orderly as compared to the informal communicative approach. The researcher uses semi-structured interview for a group of nurses of the Pusat Kesihatan Pelajar UMP as it is convenient and fruitful to know their point of views in detail. The interviewer follows a guideline but is able to follow topical trajectories in the conversation that strays from the guide when it seems appropriate. Typically, the interviewer has a paper-based interview guide that she follows. For using the content of a semi-structured interview as research data, the researcher writes down it. After taking into consideration the responses from the interviewees, another set of test is formulated.

3.2 SAMPLES

The samples chosen for the pilot test are five nurses, an assistant medical officer and a health care assistant from the pusat kesihatan pelajar UMP. Student Health Center (CSC), UMP was established on August 2, 2004. UMP Student Health Center currently has twelve employees of an Assistant Medical Officer, five staff nurses, an assistant pharmacy assistant, two drivers and three Health Care Assistants. To ensure good health of students, the university maintains a medical unit. The physicians and nurses are available for consultations, check-ups and treatment in emergencies and for minor illnesses at no cost. The nurses are trained and have to care diverse student patients. Therefore they represent typical Malaysian nurses who have to care and share with people of diversity.

3.3 DATA COLLECTION AND ANALYSIS

Two types of data are used in this research. They are primary and secondary data. The primary data are obtained from the answers the participants gave in the test and also in the interview. The secondary data on the other hand are derived from published journals and literatures that are pertinent to this study. The OET writing skills sub-test and interview are used as the primary data gathering instrument for this study. Before the beginning of the test, the test question is explained to them. The study is conducted in English.

The raw data, qualitative data is organised on the basis of common topic. The researcher arranges data for analysis by abridging the number of variables to a suitable size.

4. RESULT AND DISCUSSION

An interview was conducted on 7th and 8th March, 2012 on 7 nurses of the medical centre UMP as it was vital to assure that the researcher was "in a position of being able to access the degree of the interviewee's interest and involvement" (Robson, 2000: 90). It was also convenient for "its flexibility balanced by structure and the quality of the data so obtained" (Gillham 2005: 70). 7 samples were interviewed separately. The interviews together lasted approximately 15-20 minutes. All the interviews were conducted in English and were written with subject's permission. Initially, the subjects were asked open-ended questions to establish a rapport with the samples. Later, a semi-structured question format was used as a guideline to ask questions and to inspire the interviewees to talk in their own way. The interviews comprised of a balance of open and close ended questions (see Appendix for interview questions.)

In response to the question number 1, 2 (What about the test?, Is the test difficult or easy?), Respondent 3 said it so difficult, two other respondents (Respondent 5 and 6) said that the test is difficult, Respondent 4 told that the test is easy and the rest three nurses (Respondent 1, 2 and 7) said that the test is middle, not so easy or difficult. The respondents who considered the test difficult gave the reason that it is not a part of their job and

they are not familiar with the format of referral letter. The respondent telling the test easy actually don't understand even the question (Her answer clearly showed it). The respondent who considered the test middle are of the opinion that certain words are difficult for them because they use different words. Also to continue writing sentences is difficult because their command in grammar is not good enough.

In response to the question no 3 (If it is difficult, which part is difficult?), Respondent 4 did not answer because she did not understand the question. Other two respondents (Respondent 2 and 3) said that to make the short forms into sentences is difficult for them. The rest four nurses considered some definite parts difficult. For example, to respondent 6 the 'Assessment' part is difficult, to respondent 5 'Social Background' part and also some terms such as FBE, UEC, Wheelie-walker, Ward, Mane seemed to be difficult. For respondent 1, 'Discharge plan' part seemed to be difficult and for respondent 7 the term Mane appeared incomprehensible.

In response to the question no 4 and 5 (What about the language? and Is it comprehensible or difficult to understand?), almost every respondent was of the opinion that the language of the test is comprehensible and easy except some terms but they do not know how to write that in a proper way. Most of the respondents answered either question no 4 or 5 not both.

In response to the question no 6 (If the test is difficult, which things should change to make it easier to understand?), respondent 1, 5, 6 and 7 referred some parts which should be changed into easier one. For example, respondent 1 said that Nursing Management and Progress part should change into easier. To respondent 5, difficult terms should be changed into easier one. Assessment part seemed to be difficult for the respondent 6 who opined that this part should change to make the test comprehensible. Respondent 7 was of the opinion that known words or terms which are used in Malaysia should be used to make the test easier. The rest 3 respondent (Respondent 2, 3 and 4) did not answer this question because they did not understand it.

In response to the question no 7 (Is there a problem in Malaysia when tourists who do not speak the native language are taken ill?), respondent 3, 4 and 5 said that the language barrier may result in misunderstanding between tourist patient and medical professionals. It can also cause poor medication or overtreatment by the physician. Respondent 6 did not answer to the point and respondent 2 did not answer because they did not understand the question. Respondent 1 opined that the tourist patient will not get the proper treatment because of the language barrier as they (Nurses) cannot take the accurate history. She also added that sometimes tourists thought them rude because of their pronunciation. Respondent 7 was also of the same opinion that certain part of English they cannot pronounce properly which creates miscommunication between medical professionals and the patients.

In response to the question no 8 (Is the Occupational English Test provided by OET Centre, Australia suitable to be used in Malaysian context?), all the nurses agreed (Except respondent 2 who did not answer) that Occupational English Test provided by OET Centre is suitable to be used in Malaysian context because in Malaysia there are many foreign people so to serve better, Malaysian nurses need a good command in job related English.

For the question no 9 (What are the problems that might occur if a patient cannot communicate with emergency or medical staff (a) on first contact, and (b) during treatment?), the respondents 2, 4 and 6 did not give any response. Respondent 5 said that if a patient cannot communicate with emergency or medical staff they do not get the correct treatment. The respondents 1, 3 and 7 did not answer directly. They try to give some solutions. For example respondent 1 and respondent 3 said that in emergency case they try to understand a patient's body language to understand his problem. Respondent 7 said that if a patient cannot communicate with emergency or medical staff, a medical interpreter's help can be taken.

In response to the question no 10 (If a language test were to be given to nurses in Malaysia wishing to work in another country, what constructs are to be tested, and what task types might be included on the test?), all the nurses emphasized that Malaysian nurses' communication skill in the working context, fluency, grammar and vocabulary should be tested if they have to work in another country. In addition, respondent 4 said that a nurse needs to know the culture of a country if she has to work in that country. Respondent 1 was of the opinion that a nurse's grammar needs not be tested.

For question no 11 (If a language test for medical interpreters is to be designed, what constructs would be used in the test, and what task types would be included on the test?), respondent 2 did not give any answer. Respondent 1, 5, 6 and 7 opined that a medical interpreter should be competent in every aspect of a language. Respondent 4 said that a medical interpreter must be good in both first (Bahasa Malayu) and second language (English). Respondent 3 was of the opinion that only communication skill and fluency of a medical interpreter should be tested.

For the last question also (Is the existing English Test in Malaysia, for example the IELTS useful for making decisions about ability to communicate in medical settings. Is the content relevant to this particular domain?), Respondent 2 did not give any answer. Respondent 6 said that she heard about IELTS first time and respondent 4 said that she has never heard about IELTS. Respondent 7 said that both OET and IELTS are useful for medical professionals. Respondent 1, 3 and 5 opined that OET is suitable for medical context and respondent 1 and 5 specified that only OET is suitable for medical setting, not IELTS.

From the responses of the respondents, it can be concluded that OET is suitable for the nurses and it is not so difficult for them as IELTS except some parts and some terms. If they practice, they can improve their command in job-related English and can do better in OET.

5. CONCLUSION

From the interview with the subjects, it stands out that OET writing sub-test requires field specific background knowledge. This test is more relevant to the learners than general language tests because OET is based on an analysis of the target language use situation and so it reflects the actual communicative needs of people in working context. Therefore, OET scores can be interpreted as evidence of communicative ability in a target language use situation.

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