THE ENGLISH LANGUAGE NEEDS OF NURSES IN MEDICAL TOURISM IN MALAYSIA

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FACULTY OF LANGUAGES AND LINGUISTICS

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This study is dedicated to my grandmother, Atah

Abstract

Good English Language communication skills are very important for nurses as they are service providers to patients and deal with doctors, medical support staff and relatives of patients. This study looks at the English language communicative challenges and needs faced by nurses engaged in Medical Tourism in Malaysia. The objectives of this study are to identify: 1) the English Language communicative challenges of these nurses, 2) the English Language communicative needs of these nurses and 3) the language skills required in a proposed English Language curriculum for the nurses.

This study uses the concurrent triangulation strategy using quantitative and qualitative approaches to cross validate, corroborate the findings and to complement the weakness and strengths of the two methods (Creswell, 2009). The quantitative section was a questionnaire developed based on instruments used by Basturkmen (2010), O' Neil (2011) and Wang et al. (2008) and supplemented exploratory interviews with nurses and nursing tutors on communication issues by these nurses. 128 questionnaires from 4 hospitals were collected and analysed using SPSS. In the qualitative section, semi-structured interviews on self-evaluation, problems faced, experiences encountered and recommendations were conducted. Fourteen nurses, two human resource managers, two matrons, two sisters, one clinical instructor participated in the study. Preliminary analysis was based on categories obtained from the quantitative data such as problems encountered, coping strategies and communication situations. The preliminary analysis was then developed into thematic analysis.

The results of the first research question revealed that the majority of the nurses especially the new, junior nurses faced problems understanding spoken English and had difficulty speaking in English. Nurses cited different accents, slangs, idiomatic phrases and rapid pace of spoken English made it difficult to understand patients. These nurses' use of Basic English, at times sounding curt and rude did not aid in building rapport with patients. The findings indicated

that nurses faced problems in reading and writing nursing documents in English. Often grammar, spelling mistakes, code-switching and use of Manglish were observed. Use of Malay, was common. Interestingly, Malaysian nurses often resorted to getting help from other proficient nurses when encountered with English communication problems. The findings revealed, almost all the nurses wanted to improve their English language skills and were interested in enrolling for a two to three hour class per week. The needs of the nurses include improving general proficiency of the language, focusing on all four skills, grammar and medical vocabulary. From the interviews, recommendations such as being exposed to authentic work–related situations and reviewing previous written reports and appointing a clinical instructor to help new nurses were made. Based on the findings, a three hour, 12 weekly, intermediate course for nurses in the medical tourism sector was developed.

The activities in the proposed curriculum are learned-centred as this will allow students to practice, reinforce and explore the language for themselves in work–related situations. The findings of this research have pedagogical implications especially for current nursing programs.

Abstrak

Kemahiran komunikasi Bahasa Inggeris yang baik adalah sangat penting untuk jururawat kerana mereka adalah pembekal perkhimatan kepada pesakit, berurusan dengan doctor, kakitangan sokongan hospital, dan saudara-mara pesakit. Kajian ini melihat cabaran dan keperluan Bahasa Inggeris yang dihadapi oleh jururawat yang terlibat dalam sector pelancongan perubatan di Malaysia. Tujuan penyelidikan ini untuk mengenalpasti adalah 1) cabaran komunikasi Bahasa Inggeris jururawat, 2) keperluan kommunikatif Bahasa Inggeris jururawat dan 3) kemahiran bahasa yang diperlukan dalam sebuah cadangan kurikulum Bahasa Inggeris untuk jururawat.

Kajian ini mengunakan strategi triangulasi serentak yang menggunakan pendekatan kuantitatif dan kualitatif untuk mengesahkan, menyokong penemuan serta melengkapi kelemahan dan kekuatan kedua-dua kaedah (Crestwell, 2009). Bahagian kuantitatif, sebuah soal selidik dibangungkan berdasarkan instrument yang diguna oleh Basturkmen (2010), O' Neil (2011) dan Wang et al. (2008) dan ditambah dengan wawancara jururawat dan pensyarah kejururawatan mengenai isu-isu komunikasi yand dihadapi oleh jururawat Sejumlah 128 soal selidik daripada empat buah hospital telah dikumpul dan dianalisis dengan menggunakan SPSS. Dalam bahagian kualitatif kajian ini, temubual separa berstruktur berkenaan penilaian diri, masalah yang dihadapi, pengalaman yang dihadapi dan cadangan telah dijalankan. Empat belas jururawat, dua pengurus sumber manusia, dua matron, dua "sister", dan seorang pengajar klinikal telah mengambil bahagian dalam kajian ini. Analisis awal adalah berdasarkan kepada kategori yang diperolehi daripada data kuantitatif seperti masalah yang dihadapi, strategi menghadapi situasi dan situasi komunikasi. Analisis awal kemudiannya telah berkembang menjadi analisis tematik.

Keputusan soalan penyelidikan yang pertama mendedahkan bahawa majoriti daripada jururawat terutamanya yang baru dan junior menghadapi masalah memahami percakapan Bahasa Inggeris dan kesukaran bercakap dalam Bahasa Inggeris. Jururawat menyatakan bahawa pesakit yang mempunyai aksen, slang dan frasa idiomatik yang berbeza serta kadar cepat percakapan Bahasa Inggeris adalah sebab mereka tidak memahami pesakit. Penggunaan asas Bahasa Inggeris oleh jururawat dianggapk kurang sopan dan kasar dan tidak membantu dalam membina hubungan baik dengan pesakit. Dapatan kajan juga menunjukan bahawa para jururawat menghadapi masalah dalam membaca dan menulis dokumen kejururawatan dalam Bahasa Inggeris. Selalunya kesilapan tatabahasa, ejaan, dan pergunaan "code-switching" dan "Manglish" diperhatikan. Penggunaan Bahasa Melayu, adalah lazim. Yang menariknya dapati jururawat Malaysia sering kali mendapatkan bantuan daripada jururawat lain yang mahir dalam Bahasa Inggeris apabila mereka menghadapi masalah komunikasi Bahasa Inggeris. Kajian ini menunjukkan bahawa hampir semua jururawat hendak meningkatkan kemahiran Bahasa Inggeris mereka dan berminat untuk mendaftar untuk kelas sebanyak 2-3 jam seminggu. Keperluan jururawat termasuk menambah baik penguasaan umum bahasa, memberi tumpuan kepada semua empat kemahiran, tatabahasa dan perbendaharaan kata perubatan. Daripada sesi temu bual, cadangan seperti terdedah kepada situasi berkaitan kerja dan mengkaji laporan kejururawatan bertulis terdahulu serta melantik seorang pengajar klinikal untuk membantu jururawat baru telah dibuat. Berdasarkan dapatan kajian ini, sebuah kursus pengantaraan untuk jururawat selama tiga jam ssepanjang 12 minggu dalam sektor pelancongan perubatan telah dibangunkan.

Aktiviti-aktiviti dalam kurikulum yang dicadangkan adalah berpusatkan pelajar kerana ini membolehkan para pelajar mengamal, mengukuh serta meneroka bahasa untuk diri sendiri dalam situasi berkaitan kerja. Dapatan kajian ini mempunyai implikasi pedagogi terutama untuk program kejururawatan semasa.

TABLE OF CONTENTS

LIST OF ILLUSTRATION

LIST OF ABBREVIATIONS

ESP-	ENGLISH FOR SPECIFIC PURPOSES
ENP-	ENGLISH FOR NURSING PURPOSES
ESL-	ENGLISH AS A SECOND LANGUAGE
NA-	NEEDS ANALYSIS
TSA-	TARGET SITUATIONAL ANALYSIS
PSA-	PRESENT SITUATIONAL ANALYSIS
DA-	DEFICIENCY ANALYSIS
MT-	MEDICAL TOURISM
MHTC-	MALAYSIAN HEALTHCARE TOURISM COUNCIL
MIMS-	MONTHLY INDEX OF MEDICAL SERVICES
LASA-	LOOKS ALIKE AND SOUNDS ALIKE
CI-	CLINICAL INSTRUCTOR

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter consists of the background of the study, problem statement, research objectives, research questions, significance of the study, definition of terms used and chapter summary.

1.2 Background of the Study

Nurses play an important role in patient care. Good English communication skills are of upmost importance for nurses as they have to communicate not only with patients but also a host of different people from doctors, support staff such as pharmacists and technicians and the patients' friends and relatives (Nettina, 2006). Communicating with the doctors, patients and their relatives is vital for nurses to not only better understand the patients' condition but also provide them with better care. When patients have to pay hefty sums for their treatment, they expect and demand excellent services from the nurses who take care of them. This study looks at the English language needs and challenges faced by nurses engaged in Medical Tourism in Malaysia.

Medical Tourism in general is viewed as a process of travelling to a developing country for medical and surgical purposes at a cheaper and affordable price. Medical Tourism has recently boomed rapidly. Patients from developed countries travel to developing countries to acquire medical and surgical care which is either too expensive and has a long waiting period or unavailability of service in their homeland. Medical Tourism has grown into a big and successful sector ever since the 1997 and 1998

economic downturn. Many countries in South and Central America, Northern Europe, East Asia and South East Asia have marketed themselves as Medical Tourism destinations (Carrera and Bridges, 2008)

Since the 1997 and 1998 economic downturn in Asia, many South East Asian countries such as Thailand, Malaysia and Singapore have started to attract foreign patients in order to help develop the economy (Chee, 2008). In order to survive the economic downturn, the Malaysian Ministry of Health, in collaboration with the Association of Private Hospitals Malaysia, initiated Medical Tourism to attract foreign patients to private hospitals in Malaysia. Initially, 35 hospitals were selected and granted the medical tourism status. In 2009, the Malaysian Ministry of Health formed the Malaysia Health Care Travel Council (MHTC) in order to provide information on prices and locations of healthcare (Malaysia Health Care Travel Council, 2009).

According to Datuk Seri Najib Tun Razak (2013) there has been a 20% growth in the Medical Tourism sector in Malaysia from 2009 to 2012, generating close to RM 600 million in revenue in 2012 alone (The Star, 2013). MHTC revealed in their website that the revenue in 2012 was the highest in four years. With the rapid growth of Medical Tourism in Malaysia and the high influx of patients from other countries, there is a great emphasis on the usage of English among the hospital staff. Proficiency in English is vital for effective communication between the foreign patients and the hospital staff, especially with doctors and nurses, as many of the patients communicate mainly in English.

Numerous studies have been conducted worldwide on English Language communicative problems faced by nurses (Robinson and Gilmartin, 2002; Balandin, Hemsley, Sigafoos, and Green, 2007; Bolster and Manias, 2010; O'Neill, 2011; Wang, Hsieh and Wang, 2013). However, in Malaysia, there are limited studies done on English communication among nurses. Choi (2005) in his paper entitled "Literature review: Issues surrounding education of English as a Second Language" further reiterates this problem. Recent studies by Chuan and Barnett (2012) and Chong, Sellick, Francis and Abdullah (2011) mainly focused on clinical learning environment with limited emphasis on English language. These studies have no focus on English Language communicative needs of domestic nurses engaged in medical tourism, especially those caring for foreign English-speaking patients. Studies conducted elsewhere, in English speaking countries like Australia and USA have focused on identifying the English language needs of immigrant nurses from non-English speaking countries working in English speaking hospital environments (Dahm, 2011; Crawford and Candin, 2013; Miguel and Rogan, 2012; Wang , Singh, Bird and Ives, 2008).

Hence, there is a gap in the literature pertaining to English language challenges and needs of domestic nurses caring for foreign English-speaking patients. This study hopes to bridge that gap. As of May 2015, there are 78 certified hospitals and medical centres in Malaysia (Malaysia Health Care Travel Council, 2015). Out of that, 50 are located in the Klang Valley.

1.3 Problem Statement

English Language is widely used in the healthcare sector. In Malaysia, in many hospitals especially in the private ones, staff and patients use English language for communication purposes. Nurses have to communicate with doctors, patients, and patients' relatives, other nurses and other hospital staff, like the technicians and pharmacists. They are required to give instructions, follow instructions, converse and write well in English. Even though medical staff in private hospitals have to use English extensively, a major group of the staff, especially the nurses are known to have problems communicating in English. Hence, a study is essential to identify English language problems faced by nurses engaged in Medical Tourism so as to equip them with the necessary English language skills required at their work place.

To date no studies have been conducted in Malaysia to identify the problems faced by nurses engaged in Medical Tourism in English language. Hence, a study is necessary to investigate the English language challenges and language needs of these nurses. Identifying the gaps will help the policy makers revamp the English language curriculum so as to equip them with the necessary English language skills required at their work place.

1.4 Research Objectives

The research objectives of this study are to identify:

1. The English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia.
2. The English language commutative needs of the nurses engaged in Medical Tourism in Malaysia.
3. The language skills that need to be emphasised in a proposed English language curriculum for the nurses.

1.5 Research Questions

Based on the three research objectives mentioned above, the following are the research questions formulated.

1. What are the English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia?
2. What are the English language communicative needs of the nurses engaged in Medical Tourism in Malaysia?
3. What are the language skills that need to be emphasised in a proposed English language curriculum for the nurses?

1.6 Significance of the Study

The main aim of this study is to identify the English Language communicative problems faced by the nurses engaged in Medical Tourism in Malaysia. By identifying the language problems, early corrective measures can be taken to rectify the weaknesses in order for nurses to perform better in clinical settings. In nursing care, communication in the English language is essential as the instructions are often given in English. If the nurses are not well-versed in the communicating in English, it may interfere with their work, making it difficult for them to perform their duties well. The nurses may face difficulties in communicating with doctors, patients and co-workers, writing nursing reports in English and voicing out their views and opinions. This study hopes to provide suggestions and recommendations to address the English Language communicative problems of the nurses engaged in Medical Tourism. The findings of the study will be beneficial for pedagogical implication in improving the teaching of English language skills and reviewing the current nurses' programs curriculum offered in the nursing schools. The findings of this study will also contribute to the growing literature of ESL among nurses especially in the Medical Tourism sector.

1.7 Definition of Terms

Definitions used by researchers and practitioners often vary. Thus, the terms used in this study are defined in this section.

1.7.1 English for Specific Purposes

English for Specific Purposes (ESP) is an approach to language teaching in which all decisions including the content and the methodology are based on the learner's reasons for learning (Hutchinson and Waters, 1987).

1.7.2 English for Nursing Purposes

English for Nursing Purposes (ENP) is a subset of English for Specific Purposes where the content and the methodology are based on the nurse's needs. ENP is specialised English for nursing and medical areas to impart the necessary language skills in the nursing and medical work (Hutchinson and Waters, 1987).

1.7.3 Medical Tourism

Medical Tourism (MT) is defined by Carrera and Bridges (2006) as an organised oversea travel that is outside one's familiar environment for the purpose of maintenance, enhancement and restoration of the mind and the body.

1.7.4 Manglish

Manglish is a creole version of English spoken in Malaysia. Manglish is a creole that has words from English, Malay, Tamil, Mandarin and Cantonese (Lirola and Stephen, 2007).

1.7.5 Monthly Index of Medical Specialist

Monthly Index of Medical Specialist (MIMS) is a pharmaceutical prescribing reference guide published in the United Kingdom since 1959 by Haymarket Media Group. It is published for the medical practitioners and it is published quarterly every year. MIMS has been published in Malaysia since 1980 and is used in every hospital. Retrieved from (http://www.mims.com.au/).

1.8 Chapter Summary

In this chapter, the background of the study, problem statement, research objectives, research questions, and significance of the study were presented and concluded with the definition of terms used in this study.

The subsequent chapter 2 reviews the relevant literature related to the study. Chapter 3 explains the methodology used, chapter 4 presents the results and chapter 5 is on discussions, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter on literature review describes the role of nurses so as to establish the activities performed by nurses which require communicating in English. The other sections in this chapter include English for Specific Purposes (ESP), Needs Analysis, Medical Tourism, reasons for Medical Tourism, Medical Tourism in Malaysia and English Language communicative challenges faced by nurses.

2.2 Role of Nurses

The American Nursing Association (2013) defines nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

Nurses play an important role in patient care. Nurses have to care for patients by following the instructions from doctors (Nettina, 2006). Communicating with the doctors, patients and their relatives is vital for the nurses to understand the patients' conditions better and provide them better care and services.

Nurses are expected to assess, plan, implement and evaluate the care of patients, based on the instructions given by the doctors. They are also expected to provide first aid care to the patients and provide clinical judgements to the doctors (Crosta, 2009). Crosta (2009) also points out that it is essential for the nurses to give emotional support to the patients and their families. Nurses are also responsible in teaching patients how to look after themselves after they are discharged from the hospitals or clinics. They

provide information on proper diet and exercise and how to follow the doctor's instructions. Nurses are responsible for collecting information about the patients such as their background, their medical history, their allergies, and their family medical history and for planning the next consultation with the doctor (Nettina, 2006). Generally, the duties of nurses require them to communicate effectively. Since English is the lingua franca of many private hospitals in Malaysia and many of the medical tourism patients converse in English, communicating effectively in English is deemed important.

2.3 English for Specific Purposes

One the courses that nursing students have to take in a nursing programme is English. Nursing programs often use English for Specific Purpose (ESP) in their curriculum. Hutchinson and Waters (1987) define English for Specific Purposes (ESP) as an approach to language teaching in which all decisions including the content and the methodology are based on the learner's reason for learning. The foundation of ESP is based on the learners, what they already know and what they need to know in their specialised work. Stevens (1988) postulated that ESP has four absolute characteristics and two variable characteristics.

The four absolute characteristics are:

1. ESP is designed to meet the specific needs of the learners.
2. ESP is related to the content of the disciplines and occupations.
3. Activities in ESP is language-centred.
4. ESP is in contrast with General English.

The two variable characteristics are:

1. ESP is restricted to the learning skill which is to be learned.
2. ESP is not taught according to pre-ordained methodology.

Robinson (1991) defined ESP as "goal directed" and the courses are developed from a needs analysis and designed as close as possible to what the students have to do, through the medium of English. According to Robinson (1991), ESP courses are constrained by limited time period and are taught to adults in homogenous classes in terms of the specialist work.

Later, Dudley-Evans and St John (1998) revised and fine-tuned the definition and characteristics of ESP which was introduced by Stevens in 1988. They drew up three absolute characteristics and four variable characteristics. Their three absolute characteristics were similar to those introduced by Stevens but they took out Stevens' absolute characteristic "ESP is in contrast with General English"

According to Dudley-Evan and St John (1998) the three absolute characteristics are:

1. ESP is designed to meet the specific needs of the learners.
2. The methodologies and activities used are based on the discipline it serves.
3. ESP is language-centred.

The four variable characteristics introduced by Dudley-Evans & St John (1998) are:

1. ESP may be related to or designed for a specific purpose.
2. ESP may use specific teaching situations and the methodologies and activities are different from General English.

3. ESP is designed for adult learners or tertiary level learners or for professional work learners. It could also be used by secondary school learners.
4. ESP is generally designed for intermediate or advanced learners.

These characteristics of ESP are quite similar to those from Hutchinson and Waters (1987) and Stevens (1988).

2.4 Needs Analysis

Literature points out that English for Specific Purpose (ESP) is based on needs analysis. What is needs analysis?

Needs analysis is an inseparable part of any ESP programs. ESP is an approach to course design which starts with a question "Why do learners need to learn English in their work place"? The question that pops to mind is, "How different is ESP from General English". Hutchinson and Waters (1987) argued that what distinguishes ESP from General English is not the existence of a need as such but rather an awareness of the needs. According to them, if learners, sponsors and teachers know why the learners need English, that awareness will have an influence on what will be acceptable as reasonable content in the language course and what can be exploited. Readings from literature emphasise the importance of doing a needs analysis prior to a programme for the programme to be effective and successful.

The following are some other definitions from well-known researchers. Johns (1991), asserts that needs analysis is the first step in course design as it provides validity and relevancy for all subsequent course design activities. Brown (1995) mentioned that needs analysis refers to "the systematic 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".

2.4.1 Theoretical Framework of Dudley-Evans and St John

Dudley-Evans and St John (1998, p. 123) defined needs analysis as the process of establishing the what and the how of a course. According to them a needs analysis encompasses the following:

1. Target Situation Analysis and Objective Needs (TSA) is the professional information such as the task and the activities the learners will be using English for.
2. Wants, Means and Subjective Needs or Subjective Analysis are personal information about the learners such as their previous learning experiences, cultural information, reasons for attending the course and expectation of it, and their attitude towards English.
3. Present Situation Analysis (PSA) is the information on their current skills and language use. This allows ESP teachers to find out what the learners lack.
4. Deficiency Analysis or Lacks is the gap between (TSA) and (PSA).
5. Learning needs is the language learning information to know the effective ways of learning the skills and language identified in the Deficiency Analysis.
6. Discourse Analysis or professional communication information about how the language and skills are used in target situation analysis.
7. Wants of the course.
8. Means Analysis is information about the environment in which the course will be run

Professional communication information is knowledge of how language and skills are used in the working environment. Means Analysis is the information of the environment of the place where the course will be run. Lack is the gap between PSA and TSA, the gap between what the learners know and what learners are supposed to know. Learning Need looks into the effective ways of learning the skills and language needed for the subjects' work. That is, "What is wanted from the course?" Figure 1 depicts what needs analysis sets to establish.

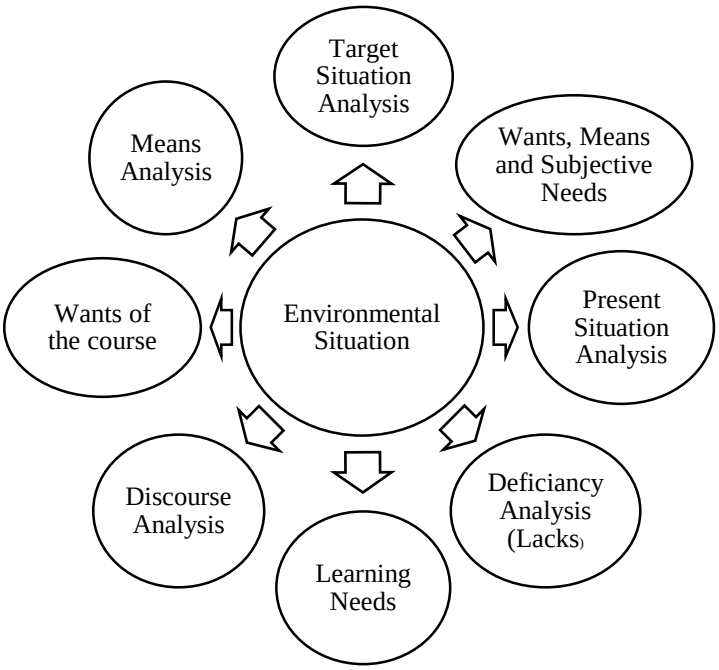

Figure 1. What need analysis sets to establish (Dudley-Evans and St John, 1998)

It can be concluded that needs analysis enables the teacher to discover what the learners know, what they do not know and what they are supposed to know. In other words, needs analysis is a procedure that is used to collect information about the needs of the learners (Richards, 2001).

Needs analysis is also used to focus on Necessities and Objective Needs. This helps ESP practitioners to determine the priorities (English skills needs) and the situations or tasks that are needed in the Target Situation (TS). TS refers to the tasks, activities and skills learners will be using in their working environment, in other words it is what the learners are supposed to know. Present Situation (PS) refers to the current tasks, activities and skills the learners are currently using. It refers to, what they already know now. Deficiency Analysis (DA) or Lacks refers to what the learners do not know. It is the difference between TS and PS. Thus, the equation, DA = TS – PS.

2.4.2 Theoretical Framework of Basturkmen

Another similar explanation of Needs Analysis is given by Basturkmen (2010). NA is the "gap between what the learner needs to know to operate in the Target Situation and the learner's present language proficiency or knowledge". Means analysis on the other hand, gathers information about the classroom cultures, activities that learners prefer, learner factors, facilities of the class, duration of the course and other smaller details regarding the course.

The information gathered from Need Analysis is used to determine and refine the content and method of the ESP course (Basturkmen, 2010 p. 19). Basturkmen (2010) simplifies the eight process of Needs Analysis introduced by Dudley-Evans and St John (1998) to five process. She reduced this number as she mentions this five are easier to understand. The five process of Needs Analysis according to Basturkmen (2010) is explained in the following page.

The five process of Needs Analysis as introduced by Helen Basturkmen (2010) are:

1. Target Situation Analysis: To identify tasks, activities and skills learners will be using English for (what the learners should know and be able to do). In other words, what skills the learners are supposed to know in their specific work?
2. Discourse Analysis: To determine the language used in Target Situation Analysis. Information regarding the descriptions of the language skills the learners are supposed to know in their work.
3. Present Situation Analysis: To identify what learners do know and do not know, can do or cannot do, and what is demanded in the Target Situation. In order words, what skills the learners can actually do in their specific work. From here, the gap between what they should know and what they can do will be discovered. This information can be gathered through questionnaire surveys, interview sessions, and observations.
4. Learner Factor Analysis: To identify learner factors such as their motivation, how they learn and their perception of their needs. It also finds out information about the learners' preferences in learning.
5. Teaching Context Analysis: To identify factors related to the environment in which the course will run. Related to Means Analysis as it looks into where the course is conducted, the condition of the place where the course is conducted, and the other facilities offered for the course. This considers realistically what the ESP course and teacher can offer.

Figure 2 depicts the five process of Needs Analysis as introduced by Basturkmen (2010)

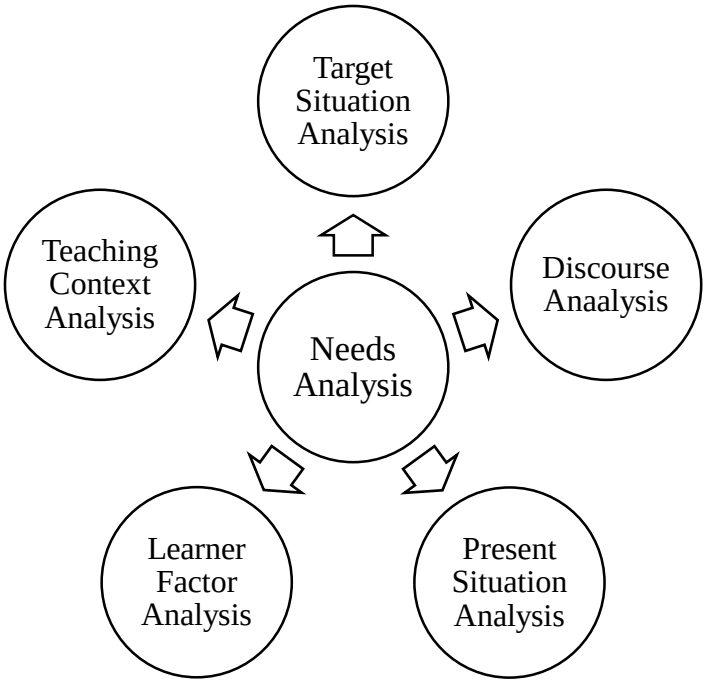

Figure 2. What needs analysis process involves? (Basturkmen, 2010)

The Target Situation Analysis in this study looks into the English language communication used by the nurses engaged in Medical Tourism in Malaysia. The explanation about the language skills used in their nursing duties is the Discourse Analysis. The information on what English communicative skills that the nurses can do is the Present Situation Analysis. The English language communicative problems and needs of the nurses or in other words the gap between Target and Present Situational Analysis is identified through questionnaire surveys and semi-structured interview sessions. Information about the learner's preferences in learning and the activities they would like to have in an English course is also collected through the questionnaire surveys and semi-structured interview sessions. The Teaching Context Analysis of the English course is determined by the researcher (Basturkmen, 2010)

and is approved by the stakeholders of the nurses, in this case the hospital administration.

In summary, Needs Analysis is a part of ESP and is different from general English. As Hutchinson and Waters (1987) noted, if the learners and the stake holders know why the learners need to improve their English in their work place, that reasons will influence the content of the language course and the suitability of the activities that are essential for the professional setting. John (1991) and Brown (1995) emphasised the importance of doing a needs analysis before drawing up a curriculum as needs analysis tells subjective and objective information necessary to define and validate defensible curriculum. As defined by Dudley-Evans and St John (1998) needs analysis is a process of establishing the what and the how of a course. There are eight major components in needs analysis; Target Situational Analysis, Subjective Analysis, Present Situational Analysis, Deficiency Analysis, Learning Needs, Discourse Analysis, the Wants of a course, and Means Analysis.

Further simplification by Basturkmen (2010) reduced the nine categories into five categories; Target Situation Analysis, Discourse Analysis, Present Situation Analysis, Learner Factor Analysis and Teaching Context Analysis which looks into the environment of the course.

2.5 Medical Tourism

Medical Tourism especially in developing countries is said to have recently boomed rapidly. Patients from developed countries are travelling to developing countries to acquire medical care and surgical procedures which are usually either too expensive, too long a waiting period or unavailability of service in their homeland. Medical Tourism has grown into a big and successful sector ever since the 1997 and 1998 economic downturn. Many countries in South and Central America, Northern Europe, East Asia and South East Asia have marketed themselves as a Medical Tourism destination.

Medical Tourism in general is viewed as a process of travelling to a developing country for medical and surgical purposes at a cheaper and affordable price. Literature on Medical Tourism provides several definitions of this term. Carrera and Bridges (2006), referred Medical Tourism as an organised overseas travel that is outside one's familiar environment for the purpose of maintenance, enhancement and restoration of the mind and the body. It is a known fact that people from developed nations are travelling abroad or crossing international boarders just to receive cheaper medical care or surgical procedures in developing nations. Edelheit (2008) describes Medical Tourism as one where patients travel to other countries for more affordable care, or higher quality where the care is more accessible and cheaper than those in their homeland. The explanation by Cormany and Balogle (2011) is similar to others, emphasising lower cost, faster treatment and care. Of late another element has been added to Medical Tourism. According to Heung, Kucuksta and Song, (2010: 23) as cited in Connell (2013) Medical Tourism is referred to as an international vacation that involves leisure, fun and relaxing activities as well as obtaining a broad range of medical and surgical services. Jenner (2008) defined Medical Tourism as a blend of

tourism and medical treatment for elective and necessary surgical and dental and medical treatment. In 2010, Hopkins and his team defined Medical Tourism as an international cross-border health care motivated by lower-cost, avoidance of long wait time or unavailability of services in the homeland. In Medical Tourism, the medical care services are linked with tourism activities to patients make at ease and to keep them occupied before (pre) and after (post) treatment.

2.5.1 Reasons for Medical Tourism

There are numerous reasons why patients from developed countries choose to travel aboard to receive medical and surgical treatments. According to Connell, (2006) as cited in Buzinde and Yarnal (2012), the main reason why middle class Americans engage in Medical Tourism is the cost. For example, the cost of liver transplant in America would cost about $45,000 while the cost of the same surgery in India is would cost about only $4,800, one tenth of the cost in America (Connell, 2006). Another example as cited by Ono (2015), is the cost for a Vitro Fertilisation (IVF) treatment cost $15,000 in America, while the same treatment cost $ 1,150 each time in India. The high cost of medical and surgical procedures is the main reason why patients from America are willing to travel to these developing countries for treatment. In addition to treatment, many medical tourists take the opportunity to have their vacation here after the surgery.

According to Connell (2006), there are five additional reasons for the sharp rise in Medical Tourism:

1. Insurance companies in America would not insure expensive surgeries.
2. Long waits in America for low priority surgeries.
3. Affordability to travel abroad.
4. Affordable medical travel packages offered from Medical Tourism Countries.
5. Improvement of international health care. This reassures patients that medical and surgical services in Medical Tourism countries are safe and accredited for.

Another reason why patients travel abroad is privacy. For example, procedures like liposuction and sex change surgeries that are offered in Thailand can be done with certain amount of privacy. Patients prefer to recuperate from these surgeries in an alien environment and anonymously (Buzinde and Yarnal, 2012). Another reason as pointed out in a recent magazine article is the ageing population in rich countries (Ono, 2015). Most of the older generations from rich countries such as America and England, do not have enough money to cover the cost of surgeries and treatments in their homeland. They prefer to travel to developing countries to save money on the medical expenses, go for a holiday and return back. Certain procedures are only available abroad like the "Birmingham Hip" which is a hip resurfacing technique to avoid hip replacement is only practiced in India. This procedure is not accepted in America but is beneficial and cheaper compared to hip replacement surgery (Ono, 2015).

Reasons such as these are why more and more American and European middle class citizens are travelling abroad. Having discussed medical tourism in general and the reasons for the increase in medical tourism, the next section focuses on Medical Tourism in Malaysia.

2.5.2 Medical Tourism in Malaysia

Since the 1997 and 1998 economic downturn in Asia, many South East Asian countries such as Thailand, Malaysia and Singapore embarked on attracting foreign patients as a way to help develop the economy (Chee, 2008). In Malaysia, the Malaysian Ministry of Health formed collaborative strategies with the Association of Private Hospitals Malaysia (PHAM) to encourage Medical Tourism. Initially, 35 hospitals were selected and granted the medical tourism status. In 2009, the Malaysian Ministry of Health formed the Malaysia Health Care Travel Council (MHTC) in order to provide information on prices and locations of healthcare (Malaysia Health Care Travel Council, 2009).

In his speech at the world Health Summit 2013, Tan Sri Dato' Dr Abu Bakar Suleiman, then the president of the International Medical University, mentioned that the Malaysian Medical Sector recorded a steady growth in income from 2000 to 2011where the combined income was 2.7 billion ringgit. His reasons why Malaysia is considered as one of the popular medical tourism hubs are:

1. Lower labour cost,
2. Use of English in communication,
3. Attractive natural environment and
4. Malaysia uses the latest health technologies.

Most of the doctors working in medical tourism hospitals in Malaysia are trained in America, Australia, England and other European countries and they are familiar with the medical system there. This is another reason why foreigners are confident with the health services provided in the Medical Tourism status hospitals in Malaysia (Chong et al., 2005 as cited in Connell, 2006).

According to the Malaysian Insider, the cost for a Gastric Bypass surgery in America is $ 25,000 (RM 90,130) while the cost for the Gastric Bypass surgery in Malaysia is $6,200 (RM 22,300). The difference in cost is significant as most Americans would prefer to use that $ 25,000 to travel to Malaysia for the summer with their family, do the surgery, recuperate, go shopping and head back being three body sizes smaller (Malaysian Insider, 2015). At this point, many Americans prefer to fly to Malaysia to be treated in a high-tech world class hospital at a fraction of the cost compared to their homeland and enjoy their vacation in this country (Star, 2015).

Malaysian Prime Minister, Datuk Seri Najib Tun Razak, mentioned in his press conference that medical tourism in the country generated almost 600 million ringgit in revenue in the year 2012. He believes that this sector is successful due to the effective government regulations that ensure foreign patients get quality and safe healthcare (The Star, 2013). Malaysia's revenue in the medical tourism sector increased by 16% where the country generated RM 594 million in 2012 and RM 690 million in 2013 (Manjit, 2015). The number of medical tourism patients have also increased from 671000 patients in 2012 to 770 000 in 2013 (Manjit, 2015). The Penang Chief Minister, Lim Guan Eng said that the island state generated RM265 million and RM 295 million in the year 2012 and 2013 respectively from the medical tourism sector

(Manjit, 2015). Hence, it can be seen that the Malaysian Medical Tourism sector is continuing to grow from year to year.

Malaysian Deputy Health Minister, Datuk Seri Hilmi Yahaya (The Borneo Post, 2013) mentioned that RM 315.5 million in revenue was collected in the first half of 2013. He also mentioned that the MHTC was responsible for the promotional efforts and marketing of Malaysia as a major Medical Tourism destination (The Borneo Post, 2013).

Malaysian Health Minister, Datuk Seri Dr S. Subramanian (Surach, 2014) pointed out that the recent 2014 Global Retirement Index rated Malaysia as having the third best healthcare system in the world. In the rating, Malaysia scored 95 out of 100 points and this is seen as evidence that Malaysian healthcare is on par with those in the Western countries. This also relates to the popularity of medical tourism (Ono, 2015). Malaysia was rated as the top tropical paradise to retire in, as the country won first place in the International Living's Annual Global Retirement Index, 2015 under the healthcare category. The success in the Medical Tourism has been attributed to MHTC's strategic investment on good medical facilities, care and affordable prices (Hariati Azizan, 2015). Recently, Malaysia was proclaimed as the Medical Travel Destination of 2015 by the International Medical Travel Journal (IMTJ) Medical Travel Award, 2015. These recognitions are important as they cement this country as a world-class healthcare tourism destination.

Many of the private Malaysian companies like the Pasukhas Group Sdn Bhd and Senja Aman Development have collaborated with each other to develop the medical tourism sector by building new hospitals and upgrading the current facilities in the hospitals. Recently, IHH Healthcare Bhd invested over RM 400 million to build the new Gleneagles hospitals in Johor and Sabah to attract Singaporeans, Indonesians and Australians to seek medical treatment in the two coastal states in Malaysia. The two hospitals will offer more medical services such as cardiology, obstetrics, gynaecology and orthopaedics (The Star, 2015).

Even some of the state governments are getting into the hype of medical tourism in Malaysia. The Perak Tourism and Cultural Committee is hoping that the three new airline companies operating in the state, affordable medical tourism packages as well as efficient train services and homestay programs will attract more foreign patients from Singapore and as far as Japan (Manjit, 2015). Penang Chief Minister, Lim Guan Eng said in a press conference that "the state and federal governments encourage all hospitals to develop themselves into possessing the highest standard of healthcare to attract more foreign patients to seek treatment in our country" (Manjit, 2015).

At present, there are 72 private hospitals and healthcare centres registered with MHTC and the leading hospitals are Prince Court Medical Centre, Gleneagles Kuala Lumpur and Ramsay Sime Darby Medical Centre Subang Jaya ("The Borneo Post," 2013). In 2015, six more hospitals and healthcare centres registered with MHTC and this brings the total to 78 (Hariati Azizan, 2015). According to Sherene Azura Ali, the CEO of MHTC, the travel council is working to ensure that Malaysia is known as the major medical specialist in cardiology, orthopaedic, oncology, fertility, dentistry and ophthalmology in South East Asia to attract more medical tourism patients. She adds

that more than 790,000 medical tourism patients travelled to Malaysia in the year 2014 and the country generated more than RM 730 million last year (Hariati Azizan, 2015).

2.6 English Language Communicative Challenges Faced By Nurses

An increasing number of medical tourists from linguistically diverse backgrounds come to Malaysia to seek medical treatment. English language, is often used as the medium of communication between hospital staff and international patients. Nurses who work closely with the patients require good English language communication skills to interact with not only the patients but also their family members. This is not only to build rapport but also to communicate health information (Malthus et al., 2005).

Watson (1988) as cited in Cassette et al. (2005) has stressed that nurses have to develop as well as maintain a help-trust and an authentic caring relationship with their patients. This caring and special relationship can only be established by effective communication, and in this case, effectively communicating in English language.

When patients have to pay hefty sums for their treatment, they expect and demand excellent services from the nurses who take care of them. Yet nurses face many problems in communicating in English when interacting with their patients (Boughton et al., 2010)

2.6.1 Nurses Have Problems Speaking in English

According to Robinson and Gilmartin (2002) nurses who are not fluent in communicating in English are stereotyped by the patients. Nurses who hesitate while speaking or have difficulties in pronouncing English words are seen as incompetent. Though they try their best to convey the message, patients tend to classify them as people with lower intelligence. Nurses whose English is a Second language reported that they could not find the right words when expressing themselves to the patients and doctors (Choi, 2005). The nurses who hesitate when speaking in English know that patients are judging them based on their communication ability (Robinson and Gilmartin, 2002). These nurses need time to think in their mother tongue and respond in English to the patients (O'Neill, 2011). O'Neill also pointed out that usage of fillers and extended time to reply to patients show that the nurses have problems in spontaneous speech, proficiency and fluency while communicating in English and this irritates the patients. Nurses felt guilty when they could not respond spontaneously when communicating in English (Bolster and Manias, 2010). However, O'Neill (2011) stated that nurses working in an English speaking environment will improve their English language proficiency, over the time.

2.6.2 Nurses Have Problems Listening to Patient's Spoken English

From the nurses' point of view, miscommunication arises because of the lack of understanding while communicating with patients in English (Wang, Hseieh and Wong, 2013). Nurses engaged in Medical Tourism have to establish a good nurse–patient relationship with patients from different parts of the world. Different patients from different corners of the world have different accents, pronunciations and slangs when speaking in English. The slangs and accents used in Australia, America and other western countries are different from the English used in Malaysia (Wang, Hseieh and Wong, 2013). In her 2011 study among ten ESL foreign registered nurses in South Australia, O'Neill reported that all the ten nurses had difficulties in understanding the accents, pronunciations and slangs and the patients themselves did not understand the accents and pronunciations of these ten nurses (O'Neill, 2011). This problem in accent and pronunciation led to miscommunication and both parties felt frustrated and humiliated (O'Neill, 2011).

A study by Shakya and Horsfall (2000) reported that ESL nurses face problems with accents, pronunciation, and failure to understand patients colloquial expressions and idiomatic. Sulima and Tadros (2011) reported similar findings among nurses and nursing students in Saudi Arabia. Bought, Halliday and Brown in their 2010 qualitative study, among 13 ESL nursing students in clinical settings, found that when nurses did not understand patients' pronunciation, accents, and expressions, they did not feel confident in speaking to the patients.

2.6.3 Nurses Have Miscommunication Problems

Another form of miscommunication as pointed out by many nurses is the usage of code-switching. When patients post question to nurses, nurses tend to answer by code-switching from English to mother tongue. Another example of code-switching, as highlighted by Balandin et al. (2007), is when the nurses feel pressured or are asked unpredicted questions, they tend to panic and reply in their mother tongue and then after a while reply in English. When the nurses feel cornered, they immediately use the language they are comfortable with, which often is their mother tongue. Nurses who are not fluent in English tend to mix two or more languages when they respond to unexpected inquiries probed by patients (Balandin et al., 2007).

Miscommunication between nurses and patients also occurs when nurses try to explain necessary health information to the patients. A common issue identified by O'Neill (2011) is the usage of medical and nursing terms in nurse-patient conversations. Nurses are so used to understanding and using medical or nursing terms when speaking to their colleagues and doctors that they assume the patients understand these jargons as well. To avoid this, nurses have to find the appropriate words or find a better way to explain the medical procedures or medication or the patient's current conditions so as not to scare them (Bolster and Manias, 2010). A study conducted by Park and Song, (2005) on detailed nurses' communication with patients reported that their subjects admitted they used a lot of medical and nursing terms when engaging with their patients. The nurses mentioned that they did not really know how to explain these jargons in English in order for their patients to understand (Park and Song, 2005). Sometimes, when they explain, they tend to use long sentences and feel embarrassed for not being able to explain the essence. Nurses also face problems in explaining charts and scans to patients. The nurses find it hard to describe and explain the patients'

scans and charts in English as they could not find the appropriate words to use and due to this, miscommunication occurs (Liu, Manias and Gerdtz, 2012). When miscommunication arises, nurses and patients have to go to great lengths to convey and understand the intended messages.

Sometimes, nurses have to rely on the family members to convey their messages to the patients whenever there is a communication breakdown (Balandin et al., 2007). Nurses feel embarrassed about their English communication as they are disappointed the patients do not understand what they say. If the family members are not around to help interpret the messages, some nurses resort to write the words on a piece of paper or to type them onto a laptop or tablet, use Augmentative and Alternate Communication (AAC) system or sign language or nonverbal gestures in order to make the patients understand. The same applies for the patients when they feel they have a hard time communicating in English with the nurses (Balandin et al., 2007). Sometimes when there are no means of communicating in English with the patients or the family members, matrons have to assign another nurse who has the ability to communicate with the patient. This often leads the first nurse feeling less confident and inadequate in his/her English communication abilities (Park and Song, 2005).

2.6.4 Nurses Have Problems Listening to Other Nurses' Spoken English

Nurses face language difficulties during the handover process too. The handover process happens whenever there is a shift change between the nurses. According to Manias et al., (2005) cited in Liu, Manias and Gerdtz (2012 p. 942), "Handover is a daily process forum of nurses communicating at the change of shift". Handover is essential as it provides exchanges of information about patients' treatment, medication, health care and well-being and this ensures the "continuity of patients' care". Nurses work in shifts and every time the shift comes to an end, the sister from the first shift will present an overview in the form of verbal presentation on all the cases under his or her care to the matron in charge of the next shift. Other nurses from the next shift will be present for this presentation. This oral presentation is usually done in one of the private discussion rooms in the ward. Normally this overview presentation is delivered in a one-way communication and the incoming sister and nurses listen and jot down relevant information. After the sister's presentation, the off going nurses of the previous shift will individually present their case to the incoming nurses so as to let him or her know about the patients' conditions. The individual presentations will take place along the corridors, near the patients' beds or in separated rooms. Off-going nurses will also hand in their written reports to the incoming nurses in charge.

Balandin et al, (2007) and Liu, Manias and Gerdtz, (2012) reported that many nurses could not understand the overview of the oral presentation given by the off-going sister. The nurses confessed that they could not understand because the sister was either speaking too fast, not pronouncing the words properly or code-switching English and their mother tongue (Liu, Manias and Gerdtz, 2012). As the sisters had limited time, they tend to speak very fast and at times the messages were not clear. Another

problem faced by nurses during the matron's presentation was the frequent usage of unknown abbreviations (Balandin et al., 2007). When a patient transfers from one ward to another ward or from one clinic to another clinic, the sister or the nurse from the original ward must perform the Handover through phone. Sometimes different wards tend to use different abbreviations and nurses or sisters have difficulties in explaining these terms to the nurses in the other ward. At times handovers done by phone are not very clear and the nurses find that there is insufficient amount of information exchange. (Liu, Manias and Gerdtz, 2012).

2.6.5 Nurses Have Problems in Spelling and Grammar

Incoming nurses have stated that they face many problems regarding written reports given to them by the off-going nurses during the Handover process such as English spelling errors, usage of wrong tenses, word blending and usage of wrong nursing terms (Liu, Manias and Gerdtz, 2012). Most of the time the nurses have limited time to write their reports as they have hectic schedules. The nurses spend less time in writing reports which are often incomplete or non-comprehensive and these in turn lead to miscommunication. At times the nurses tend to misspell the words on the written reports. However, in most cases, the incoming nurses would be able to understand the content. Misspelling of words is acceptable but what is dangerous is when the nurses misspell the name of the medicine or write down the name of a different medicine than that prescribed by the doctor. The incoming nurse may think the change of medication is ordered by the doctor and administers that medication to the patient. (Liu, Manias and Gerdtz, 2012). Sometimes the nurses mix up the English tenses in their reports. (Robinson and Gilmartin, 2002). For example, the phrases "the patients took his medication after lunch" and "the patient to take his medication after lunch" have totally different meanings.

To sum up findings the from literature review on challenges faced by ESL nurses and ESL nursing students in clinical setting points to challenges in communicating effectively in English language, especially in areas of speaking and listening including miscommunication due to lack of proficiency, pronunciation problems, difficulty in understanding accents, colloquial and idiomatic expression and speed of language spoken. They also face challenges in reading and writing skills, especially in the writing of reports. Accuracy of the reports is sometimes compromised due to a lack of proficiency of grammar and poor spelling.

Much of the literature on challenges faced by ESL nurses are from countries such as Australia, USA, Middle East and Taiwan, where the nurses are immersed in an English speaking environment or totally foreign speaking environment. However, there has been a lack of studies looking at the Malaysian Medical Tourism sector, especially among domestic ESL nurses, in a local setting, caring for international patients who communicate in English. The study hopes to investigate if the challenges faced by nurses in the Medical Tourism sector in Malaysia are similar to what have been reported in other studies or uncover new problems specific to the Medical Tourism sector in Malaysia.

2.7 Curriculum Framework

The researcher will use the framework introduced by Widodo (2014) in describing a curriculum for ESP for nurses. His framework begins with a definition of ESP, Needs Analysis, curriculum and syllabus. He explains that an English for Specific Purpose (ESP) course is defined as "a language course where the content and the aims of the course is based on a specific need of a particular group of learners" (Richard and Schmidt, 2010). In this case, the ESP course is designed based on the needs of the ESL Malaysian Nurses engaged in Medical Tourism in Malaysia.

According to Hutchinson and Waters (1987), ESP is an approach to language teaching in which all decisions regarding the content and method of a language course is based on the learners' reason for learning. Dudley-Evans and St John (1998) mentioned that ESP addresses the language which is required by the needs of the learners in their specific work. The need is the specific reasons for the student to learn English skills related to their specific work specifications. The information about the needs of the learners can be collected through Needs Analysis.

Hutchinson and Waters (1987) explained that the information of the learner's needs can be collected through numerous ways. The numerous ways include questionnaires, surveys, interviews, attitude scales, job analysis, content analysis, observation and informal consultations with sponsors, staffs and learners.

The language teaching offered in this course will be tailored to the specific learning and language needs of these nurses. Analysing the specific needs of a specific group, in this case the nurses engaged in Medical Tourism, is important as it helps to determine which aspects have to be prioritised in a curriculum. Designing a curriculum

should be adapted with what the nurses can and could not do in English communication at their work place.

If one accurately specifies English language needs of a group of learners, the researcher is able to determine the content of a language program that will meet the specific needs (Munby, 1978). After determining the content, the researcher has to explore the syllabus that will be used. It is summarised in Figure 3

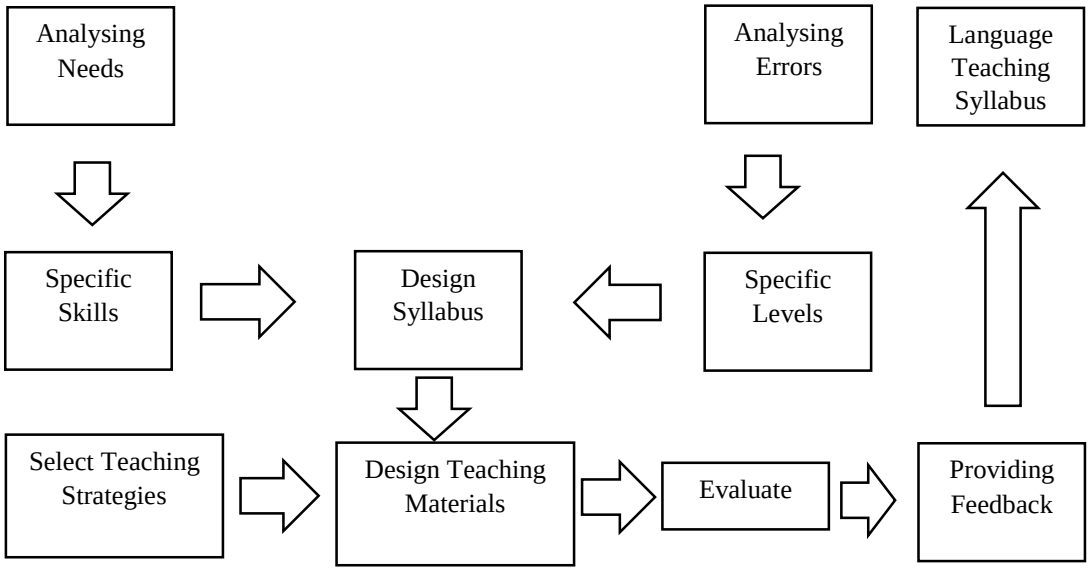

Figure 3. ESP Language Teaching Syllabus (Bell, 1981)

The steps on the left corner which is Analysing Needs and Specific Skills are the external information gathered from the learners. The steps on the right corner which are Analysis Error and Specific Levels are the present learners' knowledge. This information from the two corners are gathered through Needs Analysis as mentioned before. The information from the bottom level which is Select Teaching Strategies, Design Teaching Material, Evaluate and Feedback are generated while designing and conducting a curriculum.

Hyland (2006 p. 52) stated that a curriculum is defined as "a plan of what is to be achieved through teaching and learning and identifying what will work in reaching the course aims and a way to evaluate the learners' progress". Designing a curriculum involves analysing the need analysis and setting up reachable goals for the learners. Widodo (2014) further explains that a curriculum design involves seven procedures which are:

1. Analysing the needs analysis
2. Formulating the objectives
3. Selecting the instructional content
4. Designing the instructional content
5. Selecting the instructional activities
6. Designing the instructional activities
7. Selecting the instructional evaluation

According to Hutchinson and Waters (1987), a syllabus has to explain what the successful learner will know by the end of the course. This syllabus is concerned with the nature of language used by learners in their work place. The syllabus has to be structured in the order of priorities as this helps the learners pay more attention to specific areas. The designer of the syllabus/curriculum decides the contexts in which the language is used in terms of the activities and the time allocated for these activities. These factors can influence the quality of learning a new skill related to their work. Learners also take part in the development of the curriculum as they know which skills they want and have to improve in order for them to improve their work.

Before selecting a syllabus to follow, the researcher should consider between the Traditional and Holistic view of the syllabus (Hyland, 2006). The characteristic of the Holistic View compared to the Traditional View is that it focuses more on the

communication of the learner rather than the grammatical aspect of the language. David Nunan (1988) lists down the characteristics of the Holistic View of Syllabus and these characteristics are:

1. The focus is on communication rather than grammar.
2. The basis is on what language aspects the learners need to know and need to improve on.
3. The emphasis is on the everyday use of the target language.
4. The aim of this view is to have learners communicate more effectively.
5. The emphasis is on the speaking aspect of the language rather than reading.
6. This view tends to be more learner-centred rather than teacher-centred.
7. This view focuses on the natural language process by looking at the content and meaning of the language.

There are six types of syllabi as introduced by Hutchinson and Waters (1987), and these six syllabi are often combined with each other. The six syllabi are:

1. Structural Syllabus

   A Structural Syllabus is a collection of forms and grammatical structures of the language being taught such as nouns, verbs, adjectives, question and statement.

2. Notional/Functional Syllabus

   A Notional/Functional Syllabus is a collection of the functions or the notions such as informing, agreeing, apologising and requesting.

3. Situational Syllabus

A Situational Syllabus is a collection of real or imaginary situation in which language occurs or is used. The primary purpose of a situational language teaching syllabus is to teach the language that occurs in the situation such as seeing the doctor, complaining to the teacher and meeting a new teacher.

4. Skill-Based Syllabus

A Skill-Based Syllabus is a collection of specific abilities that may play a part in using language. The primary purpose of skill-based instruction is to learn the specific language skills and to develop more general competence in the language.

5. Task-Based Syllabus

A Task-Based Syllabus is a series of complex and purposeful task that the students want or need to perform with the language they are learning such as applying for a job, talking to a public officer, and getting information from a telephone conversation.

6. Content-Based Syllabus

The primary purpose of this syllabus is to teach some content or information using the language that the students are also learning. An example of Content-Based language teaching is a science class taught in a language the students need or want to learn.

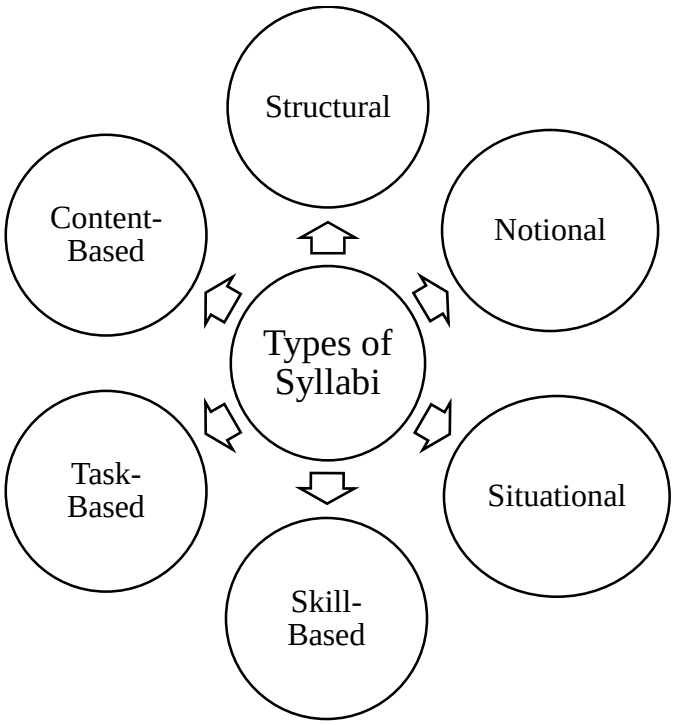

Figure 4. Types of Syllabi (Hutchinson and Waters, 1987)

From the six syllabi, the Situational Syllabus is the most appropriate for this research. A Situation Syllabus is a collection of real authentic or imaginary situations in which language occurs or is used. The primary purpose this syllabus is to teach the language that occurs in the learners' working environment (Dincay, 2011). The designer of a situational syllabus tries to predict the situations in which the learner will find himself or herself and applies the situation. In this syllabus, situational needs are more important than grammatical units and this approach is learner-centred (Dincay, 2011).

According to Hyland (2006), an Analytic Syllabus can bridge declarative knowledge or what students know with procedural knowledge or what students can do with the knowledge they get from a language curriculum. This syllabus gives emphasis to meaning and communication as the learner is exposed to relevant authentic target language discourse and context (Hyland, 2006).

The Situational-Based Syllabus and Analytic Syllabus allow the learners to practice using the language in the activities offered in the curriculum. Using this holistic view of syllabus, the learners will be exposed to natural language processes and will learn the ways to use the language based on their understanding. The curriculum design by the researcher for this study will follow a combination of Situational Based Syllabus and Analytic Syllabus.

A learner-centred approach is used for this curriculum. The learner-centred approach provides an opportunity for the language learner to use and understand the language for their own-self. Through learner-centred activities, the learners, in this case the nurses, will be aware of the different functions of the language and will know how to tackle a problem at any given situation.

There are numerous advantages of a learner-centred approach in a language curriculum as highlighted by Taghizadeh (2013). The advantages are as follows:

1. Learners are provided with multiple ways of tackling a problem using language.
2. Learners can compare and contrast ideas and notions when handling a problem.
3. Learners can use their schemata or prior knowledge and experience.
4. Learners are able to draw a connection between what they acquire and what the already know.
5. Learners are able to articulate their ideas to others.
6. Learners are able to communicate without any hesitation through collaborative learning.
7. Learners are more interested in the learning process because of the interactions with others in the activities offered in the curriculum.

2.8 Cultural Competence of Nurses

Culture in the nursing terminology is defined as the life practices, values, beliefs, norms, patterns, and practices that are learnt and followed by a person belonging to a certain group (Dunn, 2002). Human beings of any culture in the world have the right to have their culture care values known, respected and appropriately used in nursing (Campinha-Bacote, 2002). Cultural Competence is defined as the ability to communicate between and among people from a different or the same cultured backgrounds (Dunn, 2002). Cultural competence includes a person's ability to show empathy for others, attitude of curiosity, attitude for respect among others and an acknowledgement of the values others have (Campinha-Bacote, 2002).

The nurses working at medical tourism hospitals care for patients from different parts of the world. These patients have different sets of beliefs and different religious backgrounds and are culturally and linguistically different from each other. Thus, it is important for the nurses to respect and maintain cultural differences between themselves and the patients. The nurses must know how to make cultural adjustment when treating their patients as not every patient can be treated the same. The nurses must find out the nationality of the patient, and from there the nurses are able to figure out the patients' religion and cultural norm. The nurses can figure this out by communicating with the patient as the patient will informally let this information out. Communication between patient and nurses will make the nurse-patient relationship stronger. When this relationship becomes stronger, the nurses will know the dos and do nots of the patients. Information such as which food the patient can eat, the dressing of the patients, the praying habits according to the patient's religion and issues that should not be discussed with the patients. Cultural competence is important as the nurses have to make sure the patient is comfortable in the ward. If the patient is

comfortable, it will help in the patient's recuperating process. If the patient is not comfortable in the ward, the nurses will have a hard time providing care to the patient. The ability to provide cultural competence is essential to cater for the patients' care (Delgado, Ness, Ferguson, Engstorm, Gannon and Gillett, 2013). The patients have the right to expect consideration of their individuality within the context of one's culture and society as a whole. Thus, it is the responsibility of the nurse to ensure that the patient's rights are maintained all the time when the patient is in the hospital (Delgado et al, 2013).

Campinha-Bacote (1998) introduced The Process of Cultural Competence in the Delivery of Healthcare services Model or "ASKED". According to her model as illustrated in the diagram of the next page, cultural competence is "the process in which the healthcare provider continuously strives to archive the ability to effectively work within the cultural context of the patient". The nurses will be able to have a trust relationship with the patients if they follow the five steps in this model. The five steps are related to each other.

The five steps are 1) Cultural Awareness, 2) Cultural Skills, 3) Cultural Knowledge, 4) Cultural Encounters and 5) Cultural Desire (Camphina-Bacote, 2002). Each of these five steps are explained below:

1) Cultural Awareness

In cultural awareness, the nurses become respectful, appreciative and sensitive to the values, beliefs, lifeways, practices and norms of a patient from a similar or different background.

2) Cultural Skills

The ability of the nurse to collect relevant cultural information about the patient's history and present problems as well as information on sensitive issues.

3) Cultural Knowledge

Process of seeking and obtaining information about the patient's diverse cultural and ethnic groups in terms of health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. It also involves how the patient feels about his illness and treatment.

4) Cultural Encounters

The process that encourages the nurses to directly engage in cross-cultural interactions with patients from different culture backgrounds.

5) Cultural Desire

Genuine desire and motivation to work with patients from different cultures. It is the want to engage in cross-cultural interaction rather than "have to do it".

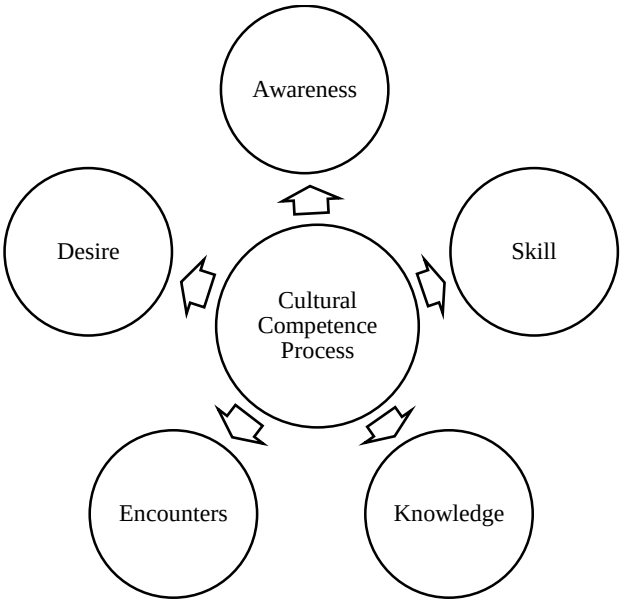

Figure 5. Cultural Competence Process (Camphina-Bacote, 1998)

2.9 Code-Switching

The term code-switching has been defined by numerous researchers in different manners. The first person to define the term "Code-Switching" is Vogt (1954 as cited in Lee, Ng, Chong, and Mohd Ariff Tarmizi. (2012) is defined as term in language which is a psychological one, caused by the extra linguistic a person has. Haugen (1956 as cited in Lee et al., 2012) defines code-switching as "a natural occurrence when a bilingual introduces a completely unassimilated word from one language into his speech". Valdes- Fallis (1997 as cited in Lee, Ng, Chong, Mohd Ariff Tarmizi and Nurhanis Sahiddan, 2014), defines code-switching as "interchangeability of two codes done concurrently by transferring, borrowing and mixing words from both codes" Another definition provided by Gumperz (1982) is code-switching is seen as a "the juxtaposition of the same speech exchange of passages of speech belonging to two grammatical systems or sub-systems" (Lee et al., 2014).

Some later definitions on code-switching provided after the turn of the century became easier to understand. Cook (2000) denotes code-switching as a process of going to another language in the middle of a conversation, where both parties can understand the same language (Lee et al., 2012). Nomura (2003) gives a simple definition by stating that code-switching is the "tendency among bilinguals to switch from one language to another while conversing with other bilinguals, in order to find more appropriate words or phrases" (Lee et al., 2012). Javier (2007) mentions that code-switching is seen as a process by which the bilingual speaker is able to switch from one linguistic system to another and is able to switch it back depending on the situation (Lee et al. 2012). The simplest definition is by Lee (2010) who defines code-switching as the use of two or more languages in the same discourse (Lee et al., 2014).

According to Nomura (2003), there are two common types of code-switching among bilingual and multi-lingual which are situational and metaphorical switching (Lee et al. 2012). Situational switching occurs when the person has to switch between languages according to the situation whereby the conversation the speaker has with another fits the situation. The second type of code switch is metaphorical switching which is switching the language due to the change of topic. This is done to "add a distinct flavour" to a certain topic which may be sensitive to discuss in a foreign language (Lee et al. 2012).

According to Bloom & Gumpers (1972), situational code-switching involves change of the topic, the participants, as well as setting of a conversation. While, metaphorical code-switching entails different conversational purposes such as to reject, to apologize or to complain. (Lee et al., 2014)

2.9.1 Factors of Code-Switching

It is very common for bilinguals and multi-linguals to code switch while interacting with people that share a common language. It is essential that the factors behind code-switching is understood and Holmes (2008) identified seven main factors why a person code-switch. The seven factors are listed on the next page.

1) Participants

When there is the arrival of a new person in a social situation, members of the social group will code-switch either to take positive account of the company of a new member, or to exclude the new member from the group's discussion.

2) Solidarity

Speakers sometimes code-switch to signal shared ethnicity or social group with a certain addressee

3) Status

Speakers alternate the formal or informal standards of a language based on the status of their addressees. For example, an employee would use formal standard when conversing with his superior, but changes to a friendlier informal standard with his co-workers.

4) Topic

Speakers sometimes code-switch in order to quote a certain saying in a culture which meaning cannot be entirely translated to another language. It is known as switching for referential purpose.

5) Switching for affective functions

Some people code switch to get an affective message sent. This function normally occurs when one needs to move from a formal style which distances the speaker from the addressee to a more intimate and friendly style, or vice versa.

6) Metaphorical switching

This kind of switching is done frequently in sentential level. It occurs most probably due to the incompetence of the speaker in both languages, or due to social and symbolic associations between both codes. It is asserted that by conversing using two or more languages, the speakers will convey not only the information, but also their affective meaning.

7) Lexical borrowing

When a language reflects lack of vocabulary which can be replaced by another language, code-switching occurs. This often happens when speakers fail to find an appropriate word to be used in a second language and need to borrow from the first language.

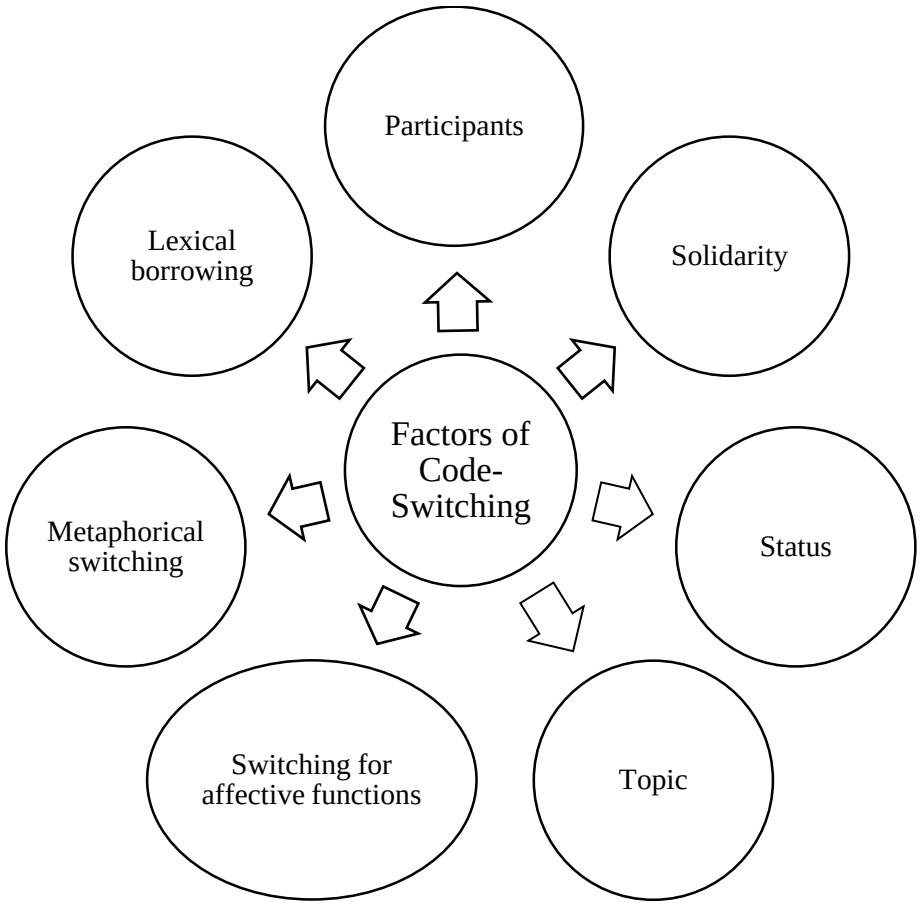

Figure 6. Factors of Code-switching (Holmes, 2008)

2.10 Manglish

Malaysia is a country that has many unique cultures as well as unique language. Malaysia is a country with ethnolinguistic diversity and this has given English spoken in this country a unique and distinguish features. These distinguish features have contributed to a creole known as Manglish or Malaysian style English (Ling et al. 2012). The term Manglish is coined from the words "Malaysian" and English" Manglish is a creole that has words from English, Malay, Tamil, Mandarin and Cantonese (Lirola and Stephen, 2007). One common feature found in Manglish is the habit of switching English to one or more languages while speaking.

Many Malaysians are able to speak two to three common languages which are Tamil or Mandarin and Malay and English. The term Manglish is seen as code-switching aas the Malaysians are able to switch one language to another depending on the seven factors as introduced by Holmes (2008). However, knowing how to speak a language does not guarantee a person's fluency in the language. When a speaker is not fluent in one language, he or she mixes the language with another in order to avail full communicative resources of two or more languages that he or she knows. Code-switching is very common in a multi-lingual country like Malaysia.

2.11 Chapter Summary

This chapter has presented the review of extant literature relevant to the research issues. This chapter discusses the role of nurses so as to establish the nursing activities requiring communication in English, English for Specific Purposes, Needs Analysis, Medical Tourism, reasons for Medical Tourism, Medical Tourism in Malaysia, the challenges faced by nurses using English for communication, Curriculum Framework, Cultural Competence of Nurses, Code-switching and Manglish.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the research design, the research instrument, respondents of the study, research procedure, ethical consideration and data analysis procedures.

3.2 Research Design

A mixed method approach was used in this research. Mixed method, as the name suggests, uses more than one method for the investigation of a phenomenon of interest so as to minimise the limitations associated to one method and also to enhance confidence in the findings (Creswell, 2009). Creswell (2009) explains that researchers use a mixed method approach to expand the understanding from one method to another and also confirm the findings from different data sources.

Concurrent triangulation strategy is a form of mixed method that has been emphasized by Creswell (2009). The concurrent triangulation strategy uses the quantitative and qualitative approaches to cross validate and corroborate the findings. This strategy is adopted as a means to complement the weakness in one method with the strengths in another method (Creswell, 2009). This study uses the concurrent triangulation strategy using both quantitative and qualitative approaches.

The quantitative approach is commonly used for the purpose of assessing behaviour, knowledge, opinions and attitudes among a group of subjects, usually using a survey questionnaire (Cooper and Schindler, 2006). There are several reasons why a quantitative questionnaire survey is used in this study. According to Sekaran and Bougie (2013), a questionnaire survey will increase the speed and accuracy of recording and facilitate data processing. It also ensures comparability of data. A questionnaire is a highly structured data collection instrument that is designed to elicit very specific information on the area of inquiry. In the questionnaire, the respondents are given a set of items for which there are several options to choose from (Dornyei, 2010). Many studies in education and language related perceptions have also used this quantitative survey approach. Quantitative method can elicit information from a larger number of subjects in a short period of time and it is cost effective.

The qualitative approach, on the other hand, is used to gather in-depth information on why a certain phenomenon happens in the population. This uses the narrative approach which involves gathering data by collecting information on experiences reported and interpreting the meaning (Creswell, 2009). According to Buckner and Fivush (1998), narratives about self and experiences are increasingly seen as reflections of the self. In this study, semi-structured interviews are used to gain deeper insight on the challenges faced by nurses engaged in Medical Tourism in English communication. Semi-structured interviews enable the researcher to be build a picture of what the respondents think of themselves, their experiences and their opinions (O'Neill, 2011).

The quantitative method of using a questionnaire is used to identify the English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia as well as the English language communicative needs of the these nurses. A questionnaire is used as it elicit very specific information on the area of inquiry. In this case, the English language communicative needs and challenges of the nurses engaged in Medical Tourism in Malaysia. As mentioned before, questionnaires can elicit more information from a larger number of subjects. The information on the English language communicative need and challenges among nurses is collected through distributing questionnaires to many nurses.

In order to validate the findings from the questionnaire, semi-structure interviews using the qualitative method is used. Semi structured interviews is used in order to get in-depth information on the English language communicative needs and challenges of the nurses. As O'Neill (2011) explains, semi-structure interview enable the researcher to paint a better in-depth picture on the problem at hand. The researcher is able to understand the specific problems in English language communication among nurses.

The concurrent triangulation strategy that uses both the quantitative as well as the qualitative is important in this study. The quantitative aspect gathers information on the English language communicative needs and challenges of the nurses in large number through the use of a questionnaire. The qualitative aspects gathers in-depth information as well as to validate the findings on the English language communicative needs and challenges through the use of semi-structure interviews.

3.3 Research Instruments

In the quantitative part of the research, a questionnaire was developed and used while in the qualitative part semi-structured interviews were conducted.

3.3.1 Questionnaire

To identify the problems faced by the nurses engaged in Medical Tourism in Malaysia in English language and their English language needs, a questionnaire was developed (Refer to Appendix A). The questionnaire was developed based on instruments used by Dudley-Evan and St-John (1998), Basturkmen (2010), Wang et al. (2008) and O' Neil (2011). Further questions were added based on exploratory interviews with nurses and nursing tutors on communication issues faced by the nurses in the Medical Tourism context in Malaysia.

There were three sections in the questionnaire. The first section was on demographic information of the respondent. There were eight questions regarding the respondent's personal information, mother tongue, spoken languages at home, and the respondent's rating on his or her overall English language proficiency. The second section of the questionnaire had nine questions regarding the respondent's language abilities and the learner's learning preference. The first four of these questions in this section asked the respondent about the usage of English skills, how he or she rates his or her English language skill and what English language skills he or she would want to improve. The remaining five questions in this section probed the learner's learning preference. The respondents were asked if they were interested in joining an English course, and if yes, they were asked to respond to questions on the time and duration of the course, the respondent's preferred learning mode and the kind of activities the respondent would like to have in the class. The third section in the questionnaire comprised of 17

statements. The purpose of these statements was to investigate the problems faced by the nurses and their perceived strengthens and weaknesses in using English at their work place. The 17 statements used a 5 point Likert scale, where a response of 1 indicated *Strong Disagreement* while a response of 5 indicated *Strong Agreement* to the statement (Refer to the appendix A).

The questionnaire was pilot tested among 20 nurses. The purpose of this pilot study was to check the suitability of the items in the questionnaire. Based on the pilot test results, a few ambiguous words were replaced with words which could be well understood by the nurses.

3.3.2 Interviews

To further understand and validate the information gathered from the self-administered questionnaire survey, semi-structured interviews were conducted among the human resource managers, matrons, clinical instructors, sisters and nurses (Refer to Appendix B, C, D, E and F). The semi-structured questions were generally on self-evaluation, problems faced by nurses when using English, experiences encountered by nurses when using English and recommendations on the usage of English.

3.4 Research Procedures

The human resource managers of 20 MHTC hospitals located in the Klang Valley were approached to get permission to conduct the research at their hospitals. Documents such as Permission Letter from the researcher's university, the research proposal, research instruments and respondents' consent forms were given to the managers. Letters and e-mails were also sent to these human resource managers explaining the purpose of this study and requesting permission to conduct this study at their hospitals.

After continual persuasion, only four hospitals agreed to participate in the study. Out of the four hospitals, only two allowed the researcher to conduct interviews among the staff. However, patients and doctors were not allowed to be interviewed.

3.4.1 Questionnaire Survey

Four hundred questionnaires (Refer to Appendix A) were given to the human resource managers of the four participating hospitals to be distributed to the nurses. The human resource managers were contacted and reminded regularly of the data collection and the completed questionnaires were collected back from the human resource managers. In the hospital, the human resource managers passed the questionnaires to the sisters and the sisters distributed them to the nurses. The researcher was not able to distribute the questionnaire personally because of the hospital policy. After a month, the researcher managed to collect 128 questionnaires from the four hospital managers.

3.4.2 Interviews

A list of questions was given to the interviewees before the semi-structured interview session started. This was done to ensure that the respondents were aware of the types of questions that would be asked. This was important to have the right focus and to keep the interviews brief, as the time available for the interviews was very short in the hospital environment. With the consent of the interviewees, the interviews were digitally recorded and specific notes were jotted down. At the end of each interview session, the interviewees were asked if they wanted to listen to the recordings. The recordings were played back to those who wanted to listen to them. The respondents were also asked which information in the interview they wanted to be excluded.

The interviews were then transcribed and coded. After transcribing and coding the interview sessions, a thematic narrative approach was used which focused on the respondents' stories collectively to discover the themes within each story (Riessman, 2008).

3.5 Respondents of the Study

The respondents in the questionnaire survey were all the nurses engaged in Medical Tourism in the four selected hospitals.

A total of 128 nurses from four of the hospitals completed the questionnaire. Two out of the four hospitals gave permission for the interview session. A total of 21 hospital personnel were interviewed. Those interviewed included 14 senior nurses who answered the questionnaire, 2 human resource managers, 2 matrons, 2 sisters and 1 clinical instructor. The 2 human resource managers were the representatives of the hospital administration and were the personnel responsible for the various hospital staffs including the nurses. The 2 matrons and sisters were interviewed because they were the ones who are in charge of the nursing staffs and the duties the nursing staff perform in the wards. The clinical instructor was interviewed because this person was in charge of monitoring and teaching the new graduated nurses. However, she did not give much information on the needs of English language with regards to the nurses interacting with their patients. The 14 nurses who were interviewed answered the questionnaires and had a minimum of three years working experience in the wards.

3.6 Ethical Consideration

The permission to conduct the research was obtained by the participating hospitals. The information provided by the respondents were treated with confidential and were used for the purpose of this study only. The respondents were informed of the purpose of the study in the cover letter attached to the questionnaires. Care was taken so as not to misrepresent the nature of the study. In the semi-structured interviews, the respondents were briefed on the purpose of the research at the beginning of the interviews. The participation was voluntary. Copies of the cover letter and consent forms, were attached in the appendices.

3.7 Data Analysis

This section discusses the methodology used in data analysis. The results are presented in Chapter 4.

3.7.1 Questionnaire Survey

Data from the quantitative survey were analysed using Statistical Packages for Social Sciences Version 20. Descriptive statistics such as frequencies and percentages were used to summarise the data. This tool was used to answer research question one.

3.7.2 Interviews

The researcher used an open strategy for the interview process where the interviewees were asked semi-structured questions (Refer to Appendix B, C, D, E and F) and they were encouraged on continuous narration. Questions were asked to seek clarification, provide examples and encourage the respondents to provide more details on the English language communicative challenges faced by the nurses. All the 21 interviews (Refer to Section 3.5) were audio recorded which were then transcribed, coded and summarised. The interview sessions were conducted after the researcher analysed the questionnaire. This was necessary to confirm and validate the perception of the researcher.

Preliminary analysis was based on categories obtained from the quantitative data such as problems encountered, coping strategies and communication situations. Results from the preliminary analysis were then developed into thematic analysis. The researcher analysed the accounts of the nurses along the themes. There were four themes that emerged from the interview sessions will be discussed detailed in the next chapter.

3.8 Narrative Analysis

According to Riessman (2008), Narrative Analysis is a storied way of knowing and communicating. She states that in a language and linguistic field, the concept of narrative is limited and restricted by which the narratives are based on the specific topic of research. Although there is a specific topic of research, the narratives of the interviewees can include long sections of talks with a lot of examples. The researcher has to construct texts from the narratives by selecting what he or she sees as important, organise and compose them into notes and choose the relevant sections of the interview transcript for close and specific inspection. The narratives do not speak for themselves as the narratives are all different from each other even if the narratives are specified according to a topic. The researcher has to interpret the narrative based on the specific topic of research.

Past studies that have used the Narrative Analysis in investigating the needs of English language among nurses are Robinson and Gilmartin (2002); Robinson and Phillips (2003); Gardner (2005); Balandin, Hemsley, Sigafoos and Green (2007); Wang, Singh, Bird and Ives (2008); Bolster and Manias (2010); O'Neill (2011) and Liu, Manias and Gerdtz (2012).

Riesssman (2008) classified three levels of analysis in the Narrative Analysis Framework. The three levels are;

1. Stories told by the research respondents (Fieldwork)
2. Interpretation done by the researcher (Analysis)
3. Reader's reconstruction (Write Up)

Riessman states that it is essential for the researcher to remember that the interpretation and the analysis are happening all the time even when the researcher is doing fieldwork. The researcher must keep in mind the specific research topic while the interview session is going on so as to guide the interviewees to that specific area. Field notes taken during the interview helps the researcher to keep track with the interview and the research topic. Field notes also helps the researcher to interpret the narratives by understanding and personalising what has been said.

There are four main methodological approaches in the narrative analysis that was introduced by Riessman (2008). The four methodological approaches are Thematic Analysis, Structural Analysis, Dialogic Analysis and Visual Narrative Analysis. For the purpose of this study, the researcher used the Thematic Analysis. This approach allows the researcher to investigate the English language communicative challenges faced by the nurses engaged in medical tourism in Malaysia through the narratives of the interviewees.

3.8.1 Thematic Analysis Approach

Thematic analysis approach focuses on what has been said instead of how it is said. This approach looks at what has been told by the interviewees regarding the specific topic of research. It looks at the meaning of the narratives as the researcher analyses the interview sessions based on various themes and sub-themes he or she has in his or her research. The researcher collects the many stories from the different interviewees and individually categorises each section of the stories into the themes and sub-themes. After collecting all the stories together and categorising them, the researcher will be able to create a specific story line and see how each component comes together to create an ultimate story.

This approach is useful for finding common themes among the numerous narratives of the research respondents and the events they report. It is essential to remember that the interest of this approach lies upon the content of speech and the researcher interprets the narratives based on what is said. The researcher must remember, when many of the narratives or stories are grouped in similar thematic groups, it means that every participant means the same thing by what they say. Narratives reflect the past experience and present opinions of the respondents. This approach is very important for this current study as the respondents are able recall their experiences and are able to express their opinions regarding the English language communicative challenges faced by the nurses. In this way, the researcher is able to obtain the perceptions of the respondents.

Past studies that have used the Thematic Narrative Approach in investigating the needs of English language among nurses are Gardner (2005); Balandin et al. (2007); Wang et al. (2008); Bolster and Manias (2010); O'Neill (2011).

3.9 Chapter Summary

To sum up, this chapter details the research design adopted for the study, discussion of the research instruments, selection of the respondents and the research procedures that followed. Next, ethical considerations pertaining to data collection are deliberated and finally the methodology used in the data analysis are discussed. The following chapter will present the results in relation to the research problems.

CHAPTER FOUR

ANALYSIS AND FINDINGS

4.1 Introduction

This chapter reports the results from data analyses and findings addressing each of the research questions.

Research Question 1: What are the English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia?

Research Question 2: What are the English language communicative needs of the nurses engaged in Medical Tourism in Malaysia?

Research Question 3: What are the language skills that need to be emphasised in a proposed English language curriculum for the nurses?

4.2 Analysis: Research Question One

What are the English language communicative challenges faced by the nurses engaged in Medical Tourism in Malaysia?

The data used to answer this research question was collected through a questionnaire survey and interview sessions.

4.2.1 Analysis of Quantitative Data and Findings for Research Question One

This section will report the results from analysis on Section A, B and C of the questionnaire. Section A is on the demographic profile of the respondents, Section B looks into the language abilities of the respondents and Section C is based on a collection of 17 statements. Section A of the questionnaire will be discussed first.

4.2.1.1 The Demographic Profile of the Respondents

A total of 400 questionnaires were distributed to the nurses but, only 128 completed questionnaires were returned. The response rate was 32 percent. The demographic profile of the respondents is provided in Table 4.1.

Table 4.1 Demographic Profile of the Respondents

Variable	Frequency	Percentage
Gender		
Female	119	93%
Male	9	7%
Age		
20-23 years	34	26.6%
24-27 years	50	39.1%
28+ years	44	34.4%
Education		
Degree	20	15.6%
Professional	10	7.8%
Certificate		
Diploma	98	76.6%
Mother Tongue		
English	3	2.3%
Hokkien	1	0.8%
Iban	1	0.8%
Malay	94	73.4%
Mandarin	3	2.3%
Tamil	26	20.3%
Second Language		
English	125	97.7%
Malay	2	1.6%
Tamil	1	0.8
Working Experience		
1year	39	30.5%
2-3years	24	18.8%
3-7years	36	28.1%
7+	29	22.7%
Self-rated English Proficiency		
Excellent	12	9.4%
Good	58	45.3%
Average	56	43.8%
Poor	2	1.6%

As shown in Table 4.1, the majority (93%) of the respondents were females. Out of the 128 respondents, 34(26.6%) were in the 20 to 23 years age group, 50(39.1%) were in the age group of 24 to 27 years old and 44(34.4%) were more than 27 years old. Most of the respondents (98 or 76.6%) have a diploma level of education, 20(15.6%) have a degree and 10 (7.8%) have a professional certification (7.7%).

Almost three quarter of the respondents (73.4%) stated that their mother tongue was Malay, while the mother tongue for 20.3% was Tamil, 2.3% was for both Mandarin and English respectively. Out of the 128 respondents, 125(97.7%) reported that their second language was English.

The working experience of the 128 nurses varied. The majority of the respondents (30.5%) had one year of working experience, 18.5% between two to three years of working experience, 28.1% had between three to seven years of working experience and 22.7% had worked for more than seven years.

On the nurses' self-rated English proficiency, 45.3% reported as good, 43.8% as average, and 9.4% as excellent. Only two nurses rated their English to be poor. Over all, the English language proficiency looks very good. However, the reliability of the nurses' self-rated English proficiency could have been tested if the researcher was given an opportunity to conduct a language proficiency test among the nurses and comparisons were made.

4.2.1.2 Usage of English in Daily Conversation

In Question 1 of Section B of the questionnaire, the nurses were asked on how often they communicated in English with others at home and at their work place. The results are summarised in Table 4.2.

Table 4.2 Usage of English in Daily Conversation

Usage of English	Frequency	Percentage
Always	30	23.4%
Sometimes	78	60.9%
Seldom	12	9.4%
Rarely	8	6.3%

Based on Table 4.2, only 23.4% always used English to communicate with others at home and at their work place. On the other hand, 15.7% of the nurses in the sample seldom or rarely used English to communicate with others at home and at their work place.

4.2.1.3 Usage of English Language Skills at the Work Place

In Question 2 of Section B, the nurses were asked to specify the skills they used at their work place. The skills used are summarised in Table 4.3

Table 4.3 Usage of English Language Skills at the Work Place

Usage of English Skills	Frequency	Percentage
Speaking to:		
Patients	128	100%
Parents/relatives	94	73.4%
Lectures*	33	25.8%
Doctors	122	95.3%
Colleagues	113	88.3%
Other Medical Staff	114	89.1%
Listening to:		
Patient	128	100%
Parents/relatives	102	79.7%
Lectures*	32	25.0%

Doctors	125	97.7%
Colleagues	115	89.8%
Other Medical Staff	117	91.4%
Reading		
Reports	127	99.2%
Notes	123	96.1%
Memos	100	78.1%
Messages	101	78.9%
Journals**	38	29.7%
Prescription Forms	118	92.2%
Academic Books**	45	35.2%
Writing		
Notes	120	93.8%
Reports	127	99.2%
Messages	102	79.7%
E-Mails	38	29.7%

* This mainly applies to nurses with less than three years in service
** This mainly applies to nurses with professional certificate or degree

Based on the information provided in Table 4.3, all the nurses speak in English with their patients, most of them also speak in English when they converse with the doctors (95.3%). Majority (89.1%) of the nurses also use English when conversing with other medical staff such as the pharmacists and nursing attendants. Most of the respondents (88.3%) stated that they also used English in conversations with fellow nurses or colleagues. About three quarter of the nurses also stated that they used English when they spoke to the parents/relatives of the patients.

The usage of English in listening is quite similar to that of speaking where all the nurses in this sample listen to the patients (100%), doctors (97.7%), other medical staff (91.%), colleagues (89.9%) and parents (79.7%). Only about one quarter of the nurses use English in communicating with their lectures or clinical instructors (25.8% for speaking and 25.0% for listening). The reason for this low percentage is that only nurses with less than three years of service communicate with their lectures or instructors.

The English reading materials read by the nurses are reports (99.2%), followed by notes (96.1%) and prescriptive forms (92.2%). Out of the respondents, 78.9% of the nurses read messages written in English and 78.1% read memos written in English. Academic books and journals were the least read materials reported by these nurses (35.2% and 29.7% respectively). These percentages were low as mainly professional certificate or degree holders were involved in research activities. Almost all nurses (99.2%) reported that they write English reports, 93.8% write notes and 79.7% write messages in English. The least written form is e-mail, where only 29.7% said that they corresponded via email in English.

4.2.1.4 Respondents' Self-Rating of their English Language Skills

In the third question of Section B of the questionnaire, the nurses were asked to rate their English language abilities. The summary results are presented in Table 4.4.

Table 4.4 Respondents' Self-Rating of their English Language Skills

Variable	Frequency	Percentage
Listening		
Fair	10	7.9%
Average	33	26%
Good	64	50.4%
Excellent	20	17.7%
Speaking		
Fair	10	7.9%
Average	55	43.3%
Good	54	42.5%
Excellent	8	6.3%
Reading		
Fair	12	9.5%
Average	24	18.9%
Good	73	57.5%
Excellent	18	14.2%
Writing		
Fair	10	7.9%
Average	42	33.1%
Good	68	53.5%
Excellent	7	5.5%
Grammar		

Fair	11	8.7%
Average	71	55.9%
Good	41	32.3%
Excellent	4	3.1
Pronounce		
Fair	17	13.4%
Average	53	41.7%
Good	49	38.6%
Excellent	8	6.3%
Vocabulary		
Fair	16	12.6%
Average	60	47.2%
Good	45	35.4%
Excellent	6	4.7%

Based on the results shown in Table 4.4, out of the 128 nurses in the sample, 33.9% rated their English listening skill to be fair or just average, 51.2% rated their English speaking skill to be fair or just average, 28.4% rated their reading skill to be fair or just average and 41.0% rated their writing skill to be fair or just average. There seem to be major challenges among the nurses in grammar, pronunciation and vocabulary skills as 64.6%, 55.1% and 59.8% of the nurses rated their skills in grammar, pronunciation and vocabulary skills to be to be fair or just average. It appears that the major challenges faced by the nurses are in grammar, pronunciation and vocabulary skills. The above analysis was based on the "much" and "very much" responses. However, the reliability of the nurses' self-rated English proficiency could have been tested if the researcher was given an opportunity to conduct a language proficiency test among the nurses and comparisons were made.

4.2.1.5 English Language Skills Respondents Want to Improve

The fourth question of Section B in the questionnaire, nurses were asked on which English language skills they would like to improve. The results are presented in Table 4.5.

Table 4.5 English Language Skills Respondents Want To Improve

Variable	Frequency	Percentage
Listening		
Not At All	13	10.2%
A Bit	26	20.5%
Some	36	28.3%
Much	27	21.3%
Very Much	25	19.7%
Speaking		
Not At All	9	7.1%
A Bit	18	14.2%
Some	26	20.5%
Much	42	33.1%
Very Much	32	25.2%
Reading		
Not At All	12	9.4%
A Bit	26	20.5%
Some	36	28.3%
Much	32	25.2%
Very Much	21	16.5%
Writing		
Not At All	9	7.1%
A Bit	24	18.9%
Some	32	25.2%
Much	37	29.1%
Very Much	25	19.7%
Grammar		
Not At All	9	7.1%
A Bit	16	12.6%
Some	27	21.3%
Much	38	29.9%
Very Much	37	29.1%
Pronunciation		
Not At All	7	5.5%
A Bit	23	18.1%
Some	33	26.0%
Much	38	29.9%
Very Much	26	20.5%
Vocabulary		
Not A Bit	6	4.7%
A Bit	20	15.7%
Some	39	30.7%

Much	31	24.4%
Very Much	31	24.4%

The nurses were asked on which English language skills they wanted to improve and to what extend they wanted to improve the skills. The options given were “Not at all”, “A Bit”, “Some”, “Much” and “Very Much”. Then nurses’ responses are summarised in Table 4.5. The responses were then recoded as Want To (Much and Very Much) and Do Not Want To (Not At All, A Bit and Some). Out of the 128 nurses in the sample, 41.0% wanted to improve their listening skill, 58.3% wanted to improve their speaking skill, 41.7% wanted to improve reading skill and 48.8% wanted to improve their writing skill in English. Similarly, a majority of the respondents wanted to improve their grammar (59.0%), pronunciation (50.4%) and vocabulary (48.8%) skills.

It appears that the skills that the respondents want to mostly improve are their grammar (59.0%), speaking skills (58.3%), and pronunciation skills (50.4%).

4.2.1.6 English Language Challenges Faced by Nurses

In Section C of the questionnaire, the nurses were asked about their perceived strengths and weaknesses in English language communication. The statements in this section of the questionnaire had five options which were Strongly Disagree (1), Disagree (2), Neither Agree or Disagree (3), Agree (4) and Strongly Agree (5). In the analysis, responses 1, 2 and 3 were combined and labelled as ‘Disagree’ and responses 4 and 5 were combined and labelled as ‘Agree’. The summary statistics are summarised in Table 4.6 in the next page.

Table 4.6 English Language Problems Faced by Nurses

Statement	Disagree	Agree
I have difficulty in understanding the doctor's instruction given in English	89 (70.6%)	37 (29.3%)
I have difficulty in understanding other nurses' instructions given in English	96 (76.2%)	30 (23.8%)
*I can differentiate the English tenses in a sentence	57 (45.2%)	69 (54.8%)
*I can speak English confidently	58 (46.0%)	68 (54.0%)
I have difficulties in understanding the written English reports.	75 (59.5%)	51 (40.5%)
*I can write reports in English without using the dictionary	59 (46.8%)	67 (53.2%)
I have difficulties in conveying messages in English	60 (47.6%)	66 (52.4%)
I have difficulties in reading English reports and memos at a fast pace	79 (62.7%)	47 (37.3%)
I have difficulties in voicing out my opinions in English	55 (43.7%)	71 (56.4%)
I cannot understand some of my friends' and doctors' English pronunciation	72 (57.1%)	54 (42.9%)
I make a lot of spelling mistakes in writing reports in English	74 (57.8%)	52 (41.3%)
*I feel confident in interacting with patients in English	62 (49.2%)	64 (50.8%)
I need time to think in my mother tongue before replying in English	62 (49.2%)	64 (50.8%)
I feel frustrated when I speak in English	80 (62.5%)	46 (36.5%)
I do not know the appropriate words to use while speaking in English	59 (46.1%)	66 (52.8%)
I do not know the appropriate words to use while writing in English	67 (53.2%)	59 (46.8%)
I tend to use words in my mother tongue when I speak or write in English	61 (47.7%)	65 (51.6%)

*Statements worded positively

Based on the results shown in Table 4.6, overall, the nurses seem to have some major problems in English. The most problematic areas in speaking are: voicing out opinions in English (56.4%), not knowing the appropriate words to use while speaking in English (52.8%), having difficulties in conveying messages in English (52.4%), using words in Mother Tongue when speaking or writing in English (51.6%), needing extra time to think in Mother Tongue before replying in English (50.8%), and not being able to speak English confidently (46.0%).

The problems the nurses have in writing are: not knowing the appropriate words to use when writing in English (46.8%), not able to write reports in English without using the dictionary (46.8%) and making spelling mistakes in writing English reports (41.3%). The problems the nurses have in reading in English are: not able to differentiate the English tenses in a sentence (45.2%) and problems understanding the written English report (40.5%). Other problems include: the nurses do not feel confident in interacting with the patients in English (49.2%) and the nurses are not able to understand some of their friends' and doctors' English pronunciation (42.9%).

4.2.2 Analysis of Qualitative Data and Findings for Research Question One

This section describes the findings from the qualitative aspect of the study. First, information about the interviewees will be discussed.

4.2.2.1 The Interview Session

Twenty one hospital staff members participated in the interviews; two human resource managers, two matrons, two sisters, one clinical instructor and fourteen nurses from two hospitals. Semi-structured interview sessions were conducted as a triangulation process to validate ambiguous and contradicting responses obtained from the questionnaire survey. This explains why some of the questions asked in the interview sessions were similar to the questionnaire.

The respondents were hesitant at first to share the challenges nurses faced in English language. After repeated assurance of anonymity, the respondents opened up and once they started to narrate their experiences, they were happy to speak of their problems. The respondents saw value in their stories interpreted by someone who was eager to learn and wanted their stories to be heard to raise awareness and help overcome the challenges the nurses' face in English language.

Once the interview recordings were transcribed, preliminary analysis based on categories obtained from the quantitative findings were summarised. The broad categories included problems encountered, coping strategies and communicating situations.

4.2.2.2 The Themes

Four themes emerged from the interview sessions with the twenty one hospital staff members. The four themes are: Nurses have problems understanding spoken English, nurses have problems speaking in English, nurses have problems reading in English and nurses have problems writing in English.

4.2.2.3 Nurses have problems listening to spoken English

This section looks into the problems the nurses faced in understanding spoken English. They have difficulties in understanding the patients' spoken English as well as understanding the spoken English of the doctors, matrons, sisters and their colleagues.

4.2.2.3.1 Patients' Spoken English

Patients from different parts of the world have different accents and slangs which Malaysian nurses are not used to. According to three nurses, patients who have strong accents are from the American, African, Middle East and Australasia regions of the world.

An example of strong accent from an Australian patient as described by a nurse is as follows: Australian patient: "*Would it be plausible if I can get a glass of hot water*." *("wʊ́d ít bí plʊ́zəbəl íf áj kǽn gɛ́t ə glǽs ə́v hát wʊ́tər").*The nurse who was in charge of this patient could not understand the patient's request. The patient repeated the same request and the nurse still did not understand the patient. The nurse finally managed to catch some key words of patient's request with the help of gestures from the patient. The nurse attributed that the words *"I" ("áj"), "glass" ("glǽs"), "hot" ("hát")* and *"water" ("wʊ́tər")* sounded different from how they are pronounced in Malaysia. The patient was also speaking very fast. The nurse mentioned that the continuous repetition

of the same request annoyed the patient leading to a strain in the nurse-patient relationship.

From the example above, it is clear that the nurse did not understand the patient's pronunciation and the fast pace it was uttered in made it worse. The nurse was not used to the Australian accent and pronunciation and this was the reason for the miscommunication. Almost all of the nurses reported that they frequently had difficulties interacting with foreigners especially when they were not familiar with the accent and English language pronunciation of that country.

This problem was also reported by the human resource managers as well as the matrons and sisters. According to them, many young nurses who had less than three years of working experience had problems with the foreigners' accents, slangs, and pronunciations.

One of the human resource managers reported that, whether or not the nurses were proficient in English, they faced difficulties with patients who spoke fast. According to him, nurses were encouraged to use phrases such as *"Excuse me Sir, can you speak slower, you are speaking too fast" or "Excuse me Sir, do you mean…." Sir, can you speak slowly, I cannot understand what you said"* to confirm the patient's request or questions.

The problem is that not many nurses use the above phrases when dealing with patients who spoke fast. They will simply nod their head or smile at them, pretending to understand. The matron explained that "*the nurses do this because they consider it as polite*" The nurses will ask them to wait, while they ask another nurse or a senior nurse

to help them with what the patient had said or they will get another nurse to deal with that particular patient. When the nurses interact with the patients whom they have difficulty in understanding, they tend to lose confidence in their language ability and their ability to perform their duties.

4.2.2.3.2 Spoken English of the Doctors, Matrons, Sisters and other Colleagues

This section details the problems the nurses face in understanding the spoken English instructions and communication by the doctors, sisters or senior nurses including the team leaders as well as other nurses.

According to one of the human resource managers, the hospital administration has made it compulsory for the doctors, sisters and senior nurses to explain slowly their instructions in English. This is due to the fact that many of the new nurses are not proficient in English and they do not seem to understand the verbal instructions given in English. Even when the instructions were given at a slow pace, many of the new nurses, especially the fresh graduates had problems understanding.

The clinical instructor explained in the interview that even though the hospital has made it necessary for doctors to speak slowly to the nurses yet, "*many of the doctors feel frustrated as this slows down their work."* The doctors not only have to slow down their speech speed but they also have to ask the nurses questions to check if they understood what they said. According to the clinical instructor, the doctors have complained about this issue to the administration but nothing has been done to solve this issue.

According to one of the sisters interviewed, many of the doctors are fed up of speaking slowly to the nurses, that they rather give the instructions to or seek clarifications from the sister or senior nurses or team leaders about the patient's care.

The sister mentioned that, "*The doctors are so busy they do not have the time to repeat their instructions. Some of the doctors have given up speaking in English to the nurses, that they rather use Manglish or Malay or a combination of English and Malay."*

The matron who was interviewed also reiterated that the new nurses, especially the fresh graduates, understood better if the instructions from the doctors, sisters, or senior nurses were in Malay.

It is important to note that the hospital administration has encouraged the nurses to speak to each other in English as this gives them the opportunity to practice the language and to acquire certain words and phrases in English. This is a good suggestion, but the problem is that many nurses have difficulties understanding spoken English. When the nurses do not understand what the other nurse have said, they do not ask questions or seek clarification. They simply nodded their heads. However, when quizzed about the instruction, they would remain silent and respond in Malay that they did not understand what was asked of them.

As mentioned by several interviewees, the nurses responded better in Manglish and in Malay. They ask questions in these two languages. It is thus difficult to give instructions in English, as the sisters, senior nurses and team leaders know the nurses would have difficulty understanding if the conversation was only in English. This is the sole reason why the Hand-Over Process is conducted in Manglish or in Malay rather than English.

A sister who has been working for fifteen years said, *"It is exhausting to speak in English to the new nurses because only a handful of them can interact in English while the other half can only interact in Malay."* The sister goes on by questioning the nursing programs in the nursing schools. In her own words: *"How is it that many of the fresh graduates cannot speak and read in English well when all of the nursing terms are in English and not in Malay."*

The sister then offers an explanation that the entry requirements for entering the nursing programme are low and that anybody can join the programme as long as they can afford it. The nursing students have three years to improve their English communication and the clinical skills while in nursing college, but many of the graduates are still unable to communicate in English effectively, as summed up by one of the sisters interviewed.

4.2.2.4 Nurses have problems in Speaking in English

This section looks into the problems faced by the nurses in speaking in English. There are nine major problems in speaking in English.

4.2.2.4.1 Code-switching when speaking in English

Many of the nurses interviewed reported that when they speak in English with patients, either foreign or local, they tend to mix English language words and words from their Mother Tongue, especially Malay. It has been noted that the nurses could not have long conversations with the patients as they do not have the necessary language and after a while they tend to mix English and words from their Mother Tongue which can be Malay, Tamil or Mandarin. If the nurses share a common tongue with the patient, the nurse will code switch from English to the language both parties know. For

example, when a mainland Chinese patient communicates with a local Chinese nurse, they use both English and Cantonese because they share the same language. One Chinese nurse reported that although she tried to channel the communication in English, the patient still insisted on using Cantonese. The nurse compromise by speaking in English and Cantonese to please the patient. The nurse reported that certain Nursing and Medical terms were difficult to be translated in Cantonese and so the nurse had to keep switching the languages. According to the nurse, this made the patient happy because someone is speaking to her in Cantonese but at the same time, the nurse was frustrated as she had to code switch English and Cantonese, a language she was not very fluent in.

A sister who has 10 years of working experience said that when *"nurses deal with Singaporean and Indonesian patients, most of the nurses tend to code switch certain words in Malay while speaking to the patients."* The Malay language which is used in Singapore and Indonesia is quite similar to that used in Malaysia. The use of Malay and English phrases interchangeably while speaking is a common practice among the nurses. Some of the nurses only used Malay while interacting with the Singaporean or Indonesian patients. Although hospital policy requires the nurses to speak in English, many of the nurses, especially the Malay nurses, prefer to communicate with the Singaporean and Indonesian patients in Malay. It was also mentioned by the sister that the nurses do try to speak in English but soon switch to Malay.

According to a clinical instructor, when new nurses first meet their patients, they will interact with the patients in English. While speaking in English, these new nurses may not know the appropriate words or the correct English term to use and they resort to borrowing the word in their mother tongue hoping that the patients will understand

them. This is often seen when the patient shares the same tongue. An Indian nurse interviewed reported that she mixed English and Tamil whenever she interacted with Indian foreign patients. The reason she gave was *"the Indian foreign patients are more comfortable in speaking Tamil with the Indian nurse because they feel the Indian nurses will provide them with extra information."* She added that these foreign Indian patients would ask her questions just to confirm and check if what the doctor said was true. At times the nurse replied in Tamil just to convince that the doctor's decision was the right one and had to be followed. Not every English term could be translated into Tamil and that was why she mixed English and Tamil when explaining medication or procedures or answering questions. She said: *"When I see the patient, I speak English and Tamil. Later, later, I speak only Tamil. It is easy lah. Sometime, it difficult talk English and Tamil."*

She also explained why other new nurses also tend to speak in their Mother Tongue: *"New nurses I work same shift do not want to talk English because they do not know how to speak English .They speak broken English and then start speak in Malay."*
Code-switching among the nurses is another common practice in these hospitals. The nurses prefer to use Manglish or use their mother tongue such as Malay, Mandarin or Tamil when they interact with each other. Although there are no rules that they must communicate with each other only in English, the human resource managers feel that if they used English to speak to each other, they get to practice the language. The human resource managers and the matron agreed that the more frequently the nurses used English to communicate with each other, the more confident they would become in using English. When the nurses are confident in speaking English, they will not hesitate to converse with the foreign patients in English. In fact, the hospital administration encourages the nurses to speak more in English as they say it will help

to improve the nurses' language fluency. However, the nurses are more comfortable in code-switching and mixing or completely speaking in their mother tongue when interacting with each other.

Many nurses have reported that they prefer to code switch or use their mother tongue because they are more confident in these languages compared to English. According to one nurse: *"Nurses in my ward prefer Malay because they are able to explain to each other in more detail. Sometimes they do not know how to explain procedures, medications or words in English, then they change English and Malay."*

Nurses speak to each other in their mother tongue or they code switch just to make sure they convey the right information to the next person. In nursing it is vital that not a single piece of information is left out. *"The nurses are scared they will forget to mention anything important when they speak in English but this is just an excuse used by many nurses in my ward"* said one of the sisters. She mentioned that nurses only used English to interact with the foreign patients and they use Manglish or Malay with other nurses. It is a habit that most nurses in the wards have. The sister was of the opinion that when the nurses *"change their mind set and get this habit out of their system, they will be more willing and confident to speak with each other in English."*

The use of code-switching is a normal thing but this leads to confusion during the Hand-Over Process. The Hand-Over Process is a process where the nurses report the progress of the patients under their care to the team leader. The team leader then reports this information to the next team leader who in turn will assign the work load to the nurses under her supervision. The explanation about the Hand-Over Process is given below.

Before the Hand-Over Process, the nursing team members or the nurses in the ward during a shift will verbally present their patients' care to the team leader. They will verbally present the Nursing Report, Medication Cardex, Nursing Care Plan, the medication given to the patients, and procedures done for the patients. The verbal presentation will be based on these documentation the nurses had written immediately after they checked on their patients. The team leader has to check for any differences between the verbal presentations and written documentations. The team leaders have complained that very often there was a few mismatch between what the nurses presented to them verbally and what was written in the documentation. It is vital that the information the nurses present are similar to the written documentation and any mistakes in the written documentation has to be corrected and this was a waste of time. The nurses will start their presentations in English, but after a while they tend to use both English and Malay and finally they will end up speaking in Malay only. The clinical instructor mentioned that the nurses do their presentation in Manglish or Malay because they are *"so used to using these languages when they interact with each other and presenting in English feels so weird for them".* She went on to say, *"Even the senior nurses prefer to give their presentations in Manglish. The nurses are more confident in presenting in Manglish and without knowing it, they start using this variety of English with the foreign patients"* she explained. If the team leader has any doubts about the presentation or the written documentation, he or she will question the nurses. The team leader will ask questions in English and after a while he or she will have to repeat the same question as the nurses find it hard to understand the questions. When the team leader does not get any answers he or she will repeat the question in Manglish and then in Malay. Team leaders have complained that the new nurses, especially those with less than three years working experience, have problems understanding the questions asked in English. Therefore the team leader has to ask in

Manglish or Malay. These nurses answer in Manglish or in Malay because they are not sure how to reply in English. The clinical instructor reported that this is usually the case as nurses with less working experience are not fluent and proficient in English.

After the team leader has gone through all the verbal presentations and the written documents he or she will meet the team leader and nurses from the next shift. There the team leader of the previous shift will give a verbal presentation on all the patients in the ward during his or her shift. The verbal presentation will touch on the doctor's instructions, the medical procedures, the medications and the medical changes, if any, among the patients. The team leader will also explain what the next procedure is to be followed for the patients.

While the previous team leader gives verbal presentations on the patients, the team leader and the nurses of the next shift will listen and note pertinent information. Any questions about the patients will be asked during the presentation. The presentation will be given in English, but most of the time the team leader will mix English and Malay because the nurses of the next shift have problems understanding the English presentation. The nurses from the next shift do ask questions, but in Manglish or in Malay as they do not know how to construct the questions they have, in English.

After the Hand-Over Process and before the start of the next shift, the next team leader will assign the nurses to the patients. One nurse will be appointed as the Medication Nurse whose work is just to distribute the medication to the patient and explain the necessary information to the patients. The team leader's position is to manage the wards, manage the nurses under him or her supervision during the shift, report to the ward manager and to the doctors, and present the Hand-Over Process. Before assigning the nurses to their patients, the team leader will verbally give instructions in English

to the nurses. He or she must tell the nurses what to do for the patients during the shift. At times, the team leader has to give the instructions in both, English and Malay or just in Malay in order to make sure the nurses understand what he or she tells them.

From the above finding, it is safe to conclude that the main reason why the nurses code switch to English, use their mother tongue, use Manglish, mix both English and Malay or use only Malay when communicating with each other is because they are not fluent and proficient in English and since their colleagues all can speak in Malay, it is easier and faster to disseminate information in this manner.

To sum up, the reasons why nurses do not solely communicate in English include the fact that foreign patients prefer to communicate with nurses in the common language they share, the nurses share the same language, nurses do not know the appropriate words or correct English words to use, the nurses could not keep lengthy conversations in English, the nurses do not know how to reply in English and the nurses are more confident in other languages compared to English. It appears that being afraid that they will forget to mention vital information when they speak solely in English and not feeling comfortable conversing with each other in English are some of the reasons for the nurses not communicating solely in English.

4.2.2.4.2 The need for a "Translator"

According to the human resource manager, the hospital policy requires the nurses to communicate with the foreign patients in English. The reason for this rule is that most of the patients do not know any of the other languages used in Malaysia. If the nurses could not interact with the foreign patients in English and the patients do not understand what the nurses say in English or the patient could not speak in English, the nurses have to get the help of a "translator". The "translator" is the third party between the nurse and the patients and his or her role is to translate the nurse's instructions to the language the patients know and understand. The "translator" may be a fellow nurse, ward sister, nursing assistant, matron, the patient's family members or friends. If the patients do not understand English and the nurses could not get the help of a "translator" then the nurses tend to use hand or body movements to communicate with the foreign patients.

Examples of situations where a translator is needed is provided by a nurse who has been working for two years. This nurse provided two examples of patients and the relatives from China and Japan who did not speak and understand English.

Example 1:

A patient from China who came to Malaysia for a face lift procedure. The patient was trying to ask the nurse about the procedures and what the dos and do not before the surgery. The patient had been admitted in the morning while the nurse started to attend to the patient in the evening shift. *"She called me over, and started to speak Mandarin. From the way she spoke I knew she was asking a few questions and I told her I do not understand what she was saying. She became upset that I was not responding and I felt bad. I told her to wait by showing my palm, and I immediately went to the sister in charge of my shift. The sister came into the patient's room and translated the patient's questions to me. I was glad the sister could speak Mandarin and helped translate but after a while the sister told me to leave the patient's care to her"*

Example 2:

A Japanese woman who was pregnant and a few of her family members came to Malaysia for holidays. After a few days in the country she was admitted in the hospital because her water bag broke and was about to give birth in a few hours. *"The patient was in pain and we had to sedate her and her mother started to ask me and my colleagues' questions but she only could speak Japanese. None of the patient's other children could speak in English. The patient's husband was busy parking the car and he could speak English. We had to calm the patient's family members until the patient's husband came into the room. He translated the mother's questions for us and we managed to answer those questions. He then translated what we said into Japanese to his mother-in-law. None of the other hospital members could speak in Japanese and finally we had to get someone from the Japanese Embassy to help with the communication".* The person from the embassy provided the proper documentation for the baby and his family to go back to Japan.

4.2.2.4.3 The use of Gestures to Aid Communication

When the patients do not understand English and the nurses cannot get the help of a translator, then the nurses can use hand or body gestures to communicate with the foreign patients.

The nurses have to use gestures such as hand and body movements when they have difficulty communicating with the patients in English or when they could not get a "translator" to help them. Nurses have reported that they commonly use gestures whenever they interact with the foreign patients in English. This is to emphasise and aid communication.

According to a human resource manager, it has come to the attention of the hospital's administration that many American, European and African patients have complained that they have problems understanding the local nurses' English. These patients are not used to the Malaysian English pronunciation and accents. In order to have better communication, the hospital administration has asked the nurses to use common sign languages and gestures whenever they interact with the foreign patients in English.

A nurse mentioned that when she had to take care of a German patient, she had to use gestures with that patient. I once asked him *"Do you want to eat fish for dinner and he kept asking me to speak clearly. I was not angry with him as I felt my English pronunciation was not good enough. I repeated the same question while waving my hands in a wave motion for the word fish and he understood what I meant and he replied yes. On the same day I told him I wanted to inject antibiotics into his blood stream. I had to show him the syringe and the motion of injection and he replied "Please continue with your work". The patient was very kind but I felt bad he had*

problems understanding my pronunciation and from then I decided to work on my English pronunciation".

Patients feel happy when we interact with them but still we always have to use hand or body language with these patients. *"We do it not because of the rules by the administration but to also make them understand. We must speak to them in a manner they will understand as they may have different understanding"*

Besides using hand or body movements, the nurses can also write their instructions or list down options for the patients. This option is only used when dealing with mute and deaf patients. *"It is a challenge to interact with the deaf and mute so it is easier for us to write our instructions in a piece of paper and all the patients has to do is nod or shake their head or they can write their responses on the same piece of paper"* explained one sister. When dealing with stroke patients, the nurses have to show pictures options to the patients and they just mumble once for yes and mumble twice for no.

Upon consulting with the clinical instructor on how using hand gesture is a problem, , she replied that "these nurses rely so much in hand gestures and sign language that they don't want to improve their English". According to her, the nurses do not take the initiative to improve their English proficiency and that "s*ome patients may not feel comfortable if the nurses keep on using hand gestures and body language as it shows the nurse is incapable to do the work"*

4.2.2.4.4 Nurses Need Time to Think in English

The hospital administrations and the matrons have complained that many of the nurses, both senior and junior nurses alike, take too much time to reply or provide feedback when conversations are in English. These nurses need time to think in their Mother Tongue before replying in English and this all comes down to not knowing the appropriate words to use in English, fluency and proficiency in English.

Many foreign patients from the western countries have complained that the nurses tend to *"blank out"* when they are interacting with the Malaysian nurses, as reported by one of the matrons interviewed. According to the same matron when the nurses "*blank out*" they are in fact thinking of an answer in their Mother Tongue and take time to translate the words in English. *"They are thinking of the appropriate words to use" and this reflects badly on them as not fluent and proficient in English"*, she said.

One of the matrons said "*the nurses are not used to speaking in English with each other and they do not get enough practice to use the language*". When the nurses do not get enough practice in the language, they will hesitate and take a long time to think of the appropriate words to use. This points to the nurses' attitude towards English where they do not see the need to interact with each other and with the doctors in English. An extract from an interview with the clinical instructor: *"English to them is a language used with the patients. As they the nurses do not have sufficient practice in English, they are not fluent and proficient in the language and their vocabulary skills are not sufficient enough. They do not know which word or phrase to use in a particular situation. This can only be picked up, if the nurses continually converse in English with everybody they come in contact whether it is at home or in their work place".*

During an interview session with a nurse who has three years working experience, she mentioned that *"many nurses, including me, take a long time to reply when speaking in English".* According to her, the nurses take time to think of the appropriate words to use while interacting in English with the foreign patients. *"I and my colleagues know the words to use but the problem is we do not know if that word is betul* (the Malay word for correct) *or not"*

4.2.2.4.5 Nurses are not able to Engage in Small Talks and Maintain Long Conversations

Most nurses take too long time to think of the words before replying to the patients in English, and most of them tend to give short answers. This is due to the fact that many of the young nurses, especially those with one year working experience, do not really know how to explain or elaborate in detail in English. They revert to using Manglish or Malay to reply to the patients. According to the two sisters interviewed, some of the nurses could not make small talks with the patients and this hinders the rapport they have with their patients. The nurses can only give short answers to the patients because they are not able to converse comfortably in English. Both sisters said that the nurses often give short answers as they do not want to be seen as rude to the patients under their care. This is due to the lack of communication skills in English which hinders them building good rapport with their patients. Both sisters agreed that patients prefer if their nurses were able to make small talk as this shows the nurses care for their patients.

Poor proficiency in English is the main reason why the nurses are not able to make small talk or have lengthy conversations in English. One nurse reported that, *"Whenever the patients ask a nurse simple questions like how are you doing, the nurse*

replies I am okay and then smile till the patient ask another question". The nurses replies to the patients' question are usually short and brief. This misconception leads the patients to think the nurses are not friendly and caring as this reflects poor rapport with the nurses.

Both human resource managers reported that if there is poor rapport between the nurses and patients, patients will not be confident about their care at the hospital. The patients will either ask to be transferred to another ward or request to be transferred to another hospital that offers the same medical and surgical procedure. One of the human resource manager said *"When the patients are not satisfied they won't want to come back to the hospital and won't recommend this hospital to other future patients from their homeland and we will lose business".* This will give the hospital a bad reputation in the Malaysian Health Care Tourism Council (MHTC) as the foreign patients complain to MHTC. Therefore it is very important for the nurses to improve their English communication skills.

4.2.2.4.6 Influence of the Mother Tongue

Another reason why the nurses take time to reply in English is the influence of their mother tongue. The nurses use direct translation when they do not know the appropriate words to use and when they do not know how to express themselves in English. An example of using direct translation while interacting with a patient was given by a nurse with less than a year of working in the hospital. This nurse wanted to tell her patient to drink clear fluids but instead of using the phrase "*Please drink clear fluids*" she said *"Please drink clear water".* The word *"Clear Water"* is the direct translation of the Malay word *"Air Jernih".* The nurse used direct translation from her Mother Tongue Malay to English and the nurse was not aware that the phrase *"Please*

drink clear water" is wrong. The patient under the care of the nurse replied *"What do I have to drink?"* The nurse kept on saying clear water until another nurse had to correct her.

Some of the mother tongue languages spoken by the nurses have different grammatical structures compared to English. The grammatical structures of languages such as Tamil and Mandarin are the Subject-Object-Verb and Object-Verb-Subject while English has a grammatical structure of Subject-Verb-Object. As a result of this, the nurses are not sure how to structure their phrases while interacting with patients in English. An example of wrong grammar structure because of the influence of the Mother Tongue was given by an Indian nurse who had less than one year of working experience. This nurse was very fluent in Tamil but not as fluent in English and said that she needed time to reply in English. Once she wanted to bandage a patient's injured hand and therefore was supposed to say "*I want to bandage your hand*" but she could not find the right words to use. Instead she said *"I you hand tie"* which is the direct translation of the Tamil phrase*, "Nan Unkal Kaiyai Katta Vendum"*. Not only did the nurse use direct translation but she also followed the Tamil grammatical structure of Subject-Object-Verb which is different from the English Grammatical Structure which is Subject-Verb-Object. The nurse further mentioned that her patient had to correct her grammar and told her what the correct words she should have used.

It appears that the main reason why the nurses take a long time in replying in English is that the nurses are not proficient in English. The nurses need time to think in their Mother Tongue first, the nurses do not know how to express themselves in English, the nurses lack the appropriate vocabulary and there is Mother Tongue interference in syntax. Due to these problems, the nurses blank out during their conversations with

the patients in English. They are not able to maintain long conversations in English with the patients and make small talk with the patients. This leads to poor nurse-patient relationship.

4.2.2.4.7 Difficulties in Explaining Medication and Medical Procedures

Usually the doctors will explain the medical procedures or treatments to the patients, but at times the patients tend to ask the nurses clarification questions. Patients often do this because they want to reconfirm with the nurses about what the doctor had said. Other reasons why patients ask questions include patients not understanding what the doctors had said and wanting to know the nurses' opinions.

The nurses have problems in explaining the medication and the medical procedures to the foreign patients. One of the clinical instructors explained *"the nurse do not know the appropriate way to tell the patients to take their medications". Different medications have different ways of taking them and these nurses do not know what to say in order for their patients to take the medication".* There are four ways of drug administration, which are: **Oral** where the patient shallows the pills, **Topical** where the patient spreads the medication on the skin, **Inhalation** where the patient has to inhale the medication and **Injection** where the patient has to inject the serum into the body using a syringe. According to the clinical instructor, "*Some nurses usually give the pills to the patient and ask them to take the pills and just leave the room. Nurses should tell the patients why they should take the pills and whether they should take the pills before or after consuming food. However, some nurses do not tell the patients these things because they do not know how to explain these things in English". As for the injections, the nurses do not tell the patient the name of the serum in the syringe,*

what the injection will do, how it will help them and the nurses do not know how to calm the anxious patients".

Explanation of medication is important because the patients have the right to know about the medication they are on. A sister stated that "*we just cannot give the medications to the patients without telling them all the necessary information and most of the younger nurses do not do this*". She further stated that the explanation on medication has to be in English as many of the foreign patient can only communicate with the local nurses in English. One of the clinical instructors gave some scenarios she had witnessed when monitoring a new graduate nurse: *"Take pills with water now before eat", "Must give injection now to take pain away", "Take medication after eat"*. The three examples were all direct translations of Malay to English. When the patient asked the nurse what she had meant, the nurses could not provide an answer. The clinical instructor had to intervene on behalf of the nurse and provide the necessary explanation. The clinical instructor mentioned that most of the nurses with less than three years of working experience seem to use direct translation when dealing with the foreign patients.

A sister with 8 years of working experience further emphasized this point saying that some nurses fail to give full explanation of medical procedures, treatments and medications in English. She stated that *"some of the patients do not understand what the nurses are saying. The nurse's pronunciation and the nurses' use of direct translation are not clear to the patients."* The same sister narrated a scenario where a nurse who had problems explaining why the patient had to take the medication. She started off by saying *"Sir, you have to take this pill, it is a pain killer"* and the patient asked "*what is the name of the pill*". The nurse froze as she did not know what to reply.

I was attending to the other patient who was in the room and I just replied *"Sir the pill is called Tramadol and it is 50mg"*. The patient thanked me and further asked the female nurse another question. He asked her when to take the medication and why he had to take it. She replied *"take after food"* and for the reason, she said in Malay *"Sebab doctor kata"*. The patient immediately looked at her and asked her what she said. The nurse could not reply him as she was thinking what to say. All she did was murmured: *"hmmm"* and then she replied *"wait ah"*. She looked at me for help and I replied *"Sir, you just had a hip replacement surgery and this pill will help to ease the pain. You have to take the antibiotics and pain killer after taking your meal"*

From the above scenario, it can be seen that the nurse could only converse in very Basic English. She could not hold a proper nurse-patient conversation with regards to medication, in English. When the patient questioned her, she froze and her immediate response was in Malay. She knew she could not answer her patient and she immediately looked for help.

4.2.2.4.8 Problems in Speaking Politely

When communicating with patients, it is expected for nurses to be polite. However, when language is an issue and when nurses can only communicate in simple English. Their sentences are often short, sounding curt and rude, at times. "*I have observed some of the new nurses under my care and even a few senior nurses do not know what to say when they interact with foreign patients from England and the United States*", explained a clinical instructor.

The following scenario given by the clinical instructor depicts a conversation between a fresh nurse graduate and her patient. The nurse was supposed to give her patient the medication and explain to the patient when to take the pill. The nurse starts the conversation by saying *"Take all medication after eat"* and she says this phrase very fast as though she is speaking in Malay. The patient replies immediately by saying *"Excuse me nurse, what did you say, could you speak slower?"* and the nurse repeats her reply at a slower pace. The patient then says "D*o you mean I have to take these pills after having my lunch*" and after a while the nurses nods her head while saying *"Yeah lah".* When the patient ask her about the medication, the nurse replies *"Just take lah, doctor say"*. After the nurse had left the patient, I immediately went into the room and apologised for the nurse's apparent rude response and explained about the medication properly.

In this scenario, the nurse told the patient to take the medication in English but she used a Malay structure to reply in English and when the patient asked questions about the medication, the nurse did not know how to reply and hence the short and rude response. According to the clinical instructor, the appropriate words the nurse should have used were: *"Please take all the medication after you have had your lunch"* and

"*You have to refer to the doctor".* In this scenario, the nurse used direct translation from Malay to English. She was not aware that her curt answers were considered rude.

The clinical instructor provided another example where lack of proficiency in English language was construed as rude response from a nurse to a patient who had undergone a hip replacement surgery. In the mornings, the nurses are supposed to wake their patients up as the doctors will start their morning rounds and check on the patients. The doctors will usually start their morning rounds at 8:00 in the morning. That day, the doctor was late and the patient wanted to speak to the doctor. The nurse came into the room to wake the patient up and to draw back the curtains. The patient woke up and immediately asked the nurse, *"What time will the doctor come".* Without saying good morning to the patient, the nurse replied *"I not know"*. The patient continued by asking, "*Is the doctor even here in the hospital*" and the nurse replied, *"I could not tell you".* The patient went on saying "*I really need to ask the doctor questions about my post-surgery treatment*". The nurse took a few seconds to think and replied, *"Just wait … lah".*

This manner of response is considered rude and unprofessional as no explanation or clarification which is expected of a nurse was provided to the patient. A senior nurse from next door had to come in and answer the patient's questions. The proper way of replying the patient's question, according to the clinical instructor is: "*I am not really sure what time the doctor will come and check on you. There is an emergency case this morning and the doctor might come up to the ward later. I will let you know when he gets in the ward"*. This is a more pleasant and polite way of responding to patients. In the words of the clinical instructor, "*new nurses do not know how to speak to the patients, they have bad English, and they are not sensitive and mostly sound rude".*

4.2.2.4.9 Speaking to the Doctors

Speaking in English to the doctor is another problem faced by the nurses. Many of the nurses are not confident in speaking in English to the doctors. They would rather ask another nurse who is fluent in English to speak to the doctor instead. A matron explained that the doctors prefer that the nurse-in-charge of the patient to interact with the doctor. There are times when the doctors will give verbal instructions in English to the nurses and the nurses just nod their heads without asking any questions. The clinical instructor mentioned that *"these nurses do not even dare to ask the doctor what he or she meant, so they get another nurse to ask the doctor questions regarding the instructions. As soon as the doctor leaves, they will immediately check the doctor's written notes in the patient's file to check and reconfirm what the doctor wants or they will immediately ask the senior nurse for clarification. The nurses are not brave enough to ask for clarification from the doctor*. The clinical instructor also mentioned that that many nurses do not dare to speak to the older doctors who are fluent in English as they rather ask help from the senior nurses. However, when interacting with younger doctors many of the nurses speak in Malay to them.

A senior nurse said there are a few nurses who are confident enough to have conversations with the doctors. "*These nurses who dare to speak to the doctors, speak in mixed English or in Malay. Those who are brave enough to speak to the doctors try their best to have the conversation in English although they speak broken English"*.

4.2.2.5 Nurses have Problems in Reading in English

The previous sections presented and discussed the problems nurses faced in understanding and speaking in English. This section looks into the problems the nurse face in reading English texts.

The nurses have to read the prescriptions, messages, memos and reports written by the doctors, matron, sisters, senior nurses, team leaders, nurses from the previous shift and by other hospital staff members such as the pharmacists and technicians. These documents are all written in English as the hospital has required all official documents to be written in English. Nurses' job specifications include writing the patient's progress in the nursing reports in the patient's file, writing and monitoring the patient's medication in the Medication Cardex, writing the patient's activities in the nursing care plan, writing/replying other documents such as messages, memos and emails. All these documents have to be written in English, but due to the nurses' poor proficiency in English, they face problems in reading and writing English documents.

Some of the problems nurses face when reading documents written in English include inability to decipher and understand some vocabulary/nursing terms in the doctors' and other nurses' written reports. A nurse who has been in the hospital for ten years mentioned that many of the young nurses do not even understand the basic words written by the doctor in his or her notes. She gave two examples of situations where the nurses did not understand the words used by the doctor in his report. The first example was regarding an instruction written by a doctor.

Example 1:

The doctor wrote *"The patient's relatives must be removed from the ward"* but the nurse who was in charge of the patient's care did not understand the word *"removed"*. I told her the meaning of the word "*removed*" was to be taken away and even then she did not understand what I meant to the extent I had to explain to her the meaning of the doctor's note in Malay.

Example 2:

The second example given was when a nurse had to change the dressing of a patient as instructed in the doctor's notes. The patient had a hip replacement operation and the dressing on the femur area was not done properly. The doctor's notes read *"The patient's dressing is not properly done and has to be changed immediately"*. Two hours later, the doctor came back to the ward and checked on his sleeping patient, the doctor noticed that his instruction to change the dressing on the patient's wound was not done. The doctor went to the nurse-in-charge of the patient and asked her why she had not carried out his instruction as was written on the note. The nurse answered *"I could not read your handwriting, and I did not know what you wanted".* The doctor was furious with the nurse as he said that if the nurse could not understand what had been written then she should have checked with her team leader or asked him in person about the note. The interviewed nurse explained "*if the nurses do not understand anything written or said by the doctor, he or she must check with the doctor or other senior nurses. The nurses are not brave and confident to approach the doctors with any questions or queries due to the lack of English language skills"*.

When it comes to the scientific terms, many of the new nurses do not understand the terms. According to the senior nurse interviewed, many of the nurses have forgotten the terms they learnt in the nursing schools even after spending three years in the nursing school and going for practical training every two months.

The same senior nurse gave an example of a younger nurse who did not understand the medication to be given to the patient. The doctor wrote an instruction asking the nurse to give the patient *"Intravenous therapy Saline 5% Glucose solution and Levofloxacin 750mg*". The nurse who read this instruction came to me and asked what the doctor had written. *"I had to bring her to the medical storage room and show her what the doctor wanted"*, she said. From the above examples, it appears that some of the nurses have problems in understanding scientific terms and thus not being able to comprehend doctor's instructions.

4.2.2.6 Nurses have problems in Writing in English

This section looks into the problems nurses face in writing in English. The problems the nurses face in writing include their inability to write concise and comprehensive nursing documents. They tend to make spelling and grammatical mistakes. They tend to use Malay spellings and at times tend to write in Malay. Some are also not familiar with the names of the medication.

4.2.2.6.1 The Nurses do not know what to write in the Nursing Documents

According to the matron, the nurses have to read the doctors' notes, understand them and then they must follow the instruction seriously. After the nurses provide care for the patient by following the doctors' instruction, they have to write the activities they had performed for the patient in the Nursing Report, Medication Cardex and Nursing Care Plan. The Nursing Report will be written below the Doctor's Report or Notes in the patient's file. The Medication Cardex and Nursing Care Plan are kept together in the patient's file or kept separately as required by the protocol used in the hospital.

The clinical instructor interviewed mentioned that many of the nurses are not sure what to write on the Nursing Report, Medication Cardex and Nursing Care Plan. The Nursing Report is a documentation which requires the nurses to write what he or she had done for the patient during that particular shift. For each patient, the nurse-in-charge has to write about the patient's condition, the medication that was given to the patient, the effects of the medication, vital information like temperature, blood pressure, sugar level and pulse and any changes in medication during the shift. The Medication Cardex is a specialised check list that is used to monitor the patient's medication. The medication nurse during the shift has to go through this check list and refer to the doctor's notes and nurse's reports before administrating the medication to the patient. After administering the medication to the patient, the nurse has to write her name, the time the medication was given and sign her name in the Cardex. The Nursing Care Plan is a document where the nurse writes the physical activities that he or she planned for the patient based on the patient's condition, the physical activities the patient had carried out during his or her shift, the food and the drinks the patient can take and the allergies of the patient, if any. The Nursing Care Plan is done to track the patient's wellbeing. All relevant details must be mentioned in the nursing

documents so that the next nurse-in-charge will know what was done in the previous shift, and what needs to be done during the shift and what needs to be done later in the next shift. The nursing documents also help the nurses and doctors to monitor the progress of the patient from admission to discharge.

An incident of a nurse who did not know what to write in the Nursing Report was given by a sister who had ten years of experience. According to her, a Japanese women who was on holiday in Malaysia with her family gave birth to a healthy baby girl. The Japanese women delivered the baby at night and immediately after the birth, the baby and the mother had to be separated because the mother was still bleeding. After the mother's condition was better, the doctor brought the child to the mother for the first time. An hour later, the doctor came back to the mother and told her that the child will be in the nursery for observation purposes.

The doctor told the nurse to separate the baby from the mother and wrote the same instruction on the report. The doctor wrote "*Child has to be kept separated from the mother until morning for monitoring purposes"*. The nurses took the baby to the nursery and wrote in her report *"***doctor say child has separated from mother until morning for monitoring***"*. In this scenario, what was written by the doctor and what was written by the nurse in her report were different. When asked, the nurse told the doctor that she understood what he had written in the doctor's report but did not know how to write what she had done in her report. According to the sister who was interviewed, the nurse should have written: "*The new born child has been separated from her mother and will be kept under observation until morning."*

The next morning, the doctor checked on the Japanese mother and told her to start breast feeding the baby. Later the same nurse went to the Japanese women's room to check on her heart rate. After the nurse checked her patient's heart rate, the patient asked her *"can you bring my baby here"* as the Japanese woman wanted to breast feed her child. The nurse understood what the mother wanted and she went straight to the nursery and brought the baby girl to her mother. After delivering the child to the mother, the nurse approached me and asked me to check her report whether it was correct. She had written, **"Mother ask for baby for giving milk"** and **"Baby with mother at 9.15 a.m."**. After reading her report, I told her the correct way she was supposed to write before taking the child from the nursery was "*The mother requested for her baby because she wanted to breast feed*" and what she had to write after delivering the baby to the mother was "*The baby from Crib 12 of the nursery was brought to her mother for breast feeding at 9.15 am"*. The nurse was not sure of what to write in her report and her original report was too short and did not include details as required by the hospital. The nursing report should be simple and precise detailing the events that happened during the nursing shift.

4.2.2.6.2 The Nurses make Spelling and Grammatical Mistakes

Writing reports in English is a norm for the nurses as they have to do this every time after they checked on the patients. After three to four months of service, the nurses are used to the idea of writing reports but one of the major problems the nurses face while writing the reports are spelling and grammatical errors they make. The nurses are supposed to check the spelling of the words in the English and Nursing Dictionary made available at the nursing stations or using their smart phones. Although there are many free English and Nursing Dictionary smart phone apps available for the nurses to download, the clinical instructor lamented that the nurses do not download these apps. The matrons and the clinical instructors have reminded the nurses to check their reports after they finish writing, but unfortunately the nurses are not aware of their mistakes and they do not even check the spelling in the dictionary.

According to the matron, the doctors have complained many times to her about the spelling and grammatical errors in the Nursing Report. They have complained that the spelling mistakes are very annoying and they take a long time just to read and comprehend the reports. The nurses tend to spell the words based on how they are pronounced, they do not know that the spelling of English words may differ from the way they are pronounced. The sentence structure in the reports are not in order as the nurses do not write according to the Subject-Verb-Object rule. Many of the nurses write their English reports as though they are writing in Malay. There are also many Malay words in their report so much so one of the clinical instructors said that the reports are often written in broken English. According to her, the way the nurses write is as though they are communicating in Manglish and in Malay.

The matron added that the doctors often complained that after reading a nurse's report they had to ask the nurse what he or she had meant or they have to ask the team leader or sisters for clarification on what was written. The doctors have complained that this process of reading the report and querying the nurses take up their time.

As mentioned before, the nurses tend to spell out words based on how they are pronounced. Their claim is that "*as long as the others understand what we write in the report, the spelling is not that important*". Words like Medication, Calcium, Paracetamol, Oxygen and Asthma are spelt based on their pronunciation which are: **Medition, Kalsium, Parracetammol, Oksigen** and **Asma.** Other examples of misspelling include: Achilles tendon as **Akilese tendon,** Alzheimer's as **Alszeimar**, Blood Clog as **Blood clock**, Morphine as **Morpeen**, Mucus as **Mucos** and Pharynx as **Farnicks**.

Other than the spelling, the doctors also get annoyed with the English tenses the nurses use in their reports. The Nursing Report has to be written in the past tense for the activities the nurses had done for the patient, present tenses for present activities and the future tense for activities that has to be done later. Unfortunately, the nurses tend to mix the three tenses and the doctors are not sure whether the activities had been done, is in the process of being done or will be done at a later time.

The clinical instructor gave a few examples of nurses who have problems with English spelling and grammar. The clinical instructor gave these examples based on actual nursing reports written by new nurses who were performing their nursing duties.

Example 1:

The first example is a sample taken from a nursing report and it read: **Medition sudah taken pukul 1.45 after eat**. The mistake the nurse did was combining Malay and English in her report. Although the grammar structure of Subject Verb Object was correct, the nurse wrote the report as though it was a normal Manglish conversation she was having with her colleagues. When the doctor read the report, in this case a foreigner, he was puzzled and he only understood the misspelled word medication which was **Medition** and the broken English sentence "**taken 1.45 after eat**". The proper way for the nurse to write her report is "T*he patient took her medication at 1.45 pm after having her lunch*".

Example 2:

Another example of a similar situation is when a nurse who had checked on her patient. She wrote in her report: **Tempretatre patient at 11.30 a.m. is 45 C and I giving medication told by doctor**. This is an example of a nurse who wrote her report based on the Malay words and the Malay sentence structure. Doctors who does not know the Malay language will not understand what had been written as the report makes no sense.

4.2.2.6.3 The Nurses have problems Spelling the Medication and Writing Different Medication

The nurses are told that if they are not sure of the spelling they can refer to the dictionary provided in the nursing station. They can also refer to the dictionaries on their smart phones. Many of the nurses do not take the initiative to re-check the spellings with the dictionary. The dictionaries that are available in the nursing station include; Macmillan Dictionary, Merriam-Webster's Dictionary, Oxford Dictionary of Nursing and Monthly Index of Medical Specialities (M.I.M.S). The dictionaries that the nurses usually download on their smart phones include; Merriam-Webster's Dictionary and Thesaurus, Dictionary.com, MIMS Malaysia, Oxford Medical and Medscape. Even if the nurses checked the spelling of the words in the dictionaries or on their phones, not all the words are correctly spelt. They are not aware of the spelling mistakes and only correct them when the reports are checked by the team leader, who is usually the sister.

The spelling of the medications is very important as the nurses have to make sure the patients are given the correct medicine. The nurses have to take note if the patients have any allergies or whether the patients are allergic to any medication. Wrong medication administered to a patient, as a result of wrong spelling, can lead to adverse reactions in the patient or may even lead to a fatal outcome. A lot of these medication Look Alike and Sound Alike (LASA). LASA medication means the medication that have the same shape and colour and the pronunciation are almost the same. This can be problem since many of the nurses spell the English words based on how they are pronounced. Examples of LASA medications that nurses often misspell are: **Novolog** as **Novolin, Avinza** as **Evista, Salagen** as **Selegiline,** and **Diavol** as **Diovan.**

The doctors have their notes as proof that they prescribed the right medication, but if the nurses write the name of a different medication or spell the medication wrongly they can be penalised or have their nursing licence revoked.

Another problem faced by nurses in terms of the medication is that they write the name of the medication that is not used in the hospital. Every month, the hospitals issue the Monthly Index of Medical Specialities (M.I.M.S) where all the name of the medication, the spelling, the pronunciation and the dosage of the medication used by the hospital are distributed to every ward and will be available on the medication trolley. If the nurses are not sure of the medication, they can always check the list. However, many nurses do not check the M.I.M.S list and the problem of spelling and writing wrong medication continues.

The doctors get annoyed and frustrated at the mistakes the nurses make in their reports. Doctors have to refer to team leaders and sisters on what is written and what should and should not be in the written reports. The doctors blame the team leaders for not checking the reports before handing it to them. Before the Hand-Over Process, the team leader goes through the reports written by all the nurses and the team leader queries them about the reports and the activities done for the patient during the shift. According to the clinical instructor there are times nurses are careless in their reports. They do not check the spelling of the words and the spelling of the medications. When not satisfactory, the team leader will ask the nurses to change the spelling or rephrase the sentences. Many nurses are not bothered to do the changes and the team leader has to do the changes. This makes the team leader's work harder and longer while the Hand-Over Presentation might be delayed. The team leader could not do all the

changes by himself or herself and some of the reports that the doctors read remain uncorrected.

A sister who is often a team leader in her ward during the morning shift said "*I do not have enough time to make all the changes in the reports, just one sentence in a nursing report will have three to five mistakes and just imagine how many sentences there are in a single report*". The sister points out the mistakes to the nurses and if they make the changes themselves it makes the sister's work easier "*The problem is the nurses are not bothered to change and therefore I need to change the mistakes myself*".

4.3 Analysis: Research Question Two

What are the English language communicative needs of the nurses engaged in Medical Tourism in Malaysia?

The data used to answer this research question were collected through the interviews as perceived by human resource manager, matrons, sisters, clinical instructor and nurses.

4.3.1 Nurses have problems Listening to Spoken English

From the interview sessions, the 21 interview participants gave their opinions on their problems and opinions on improving the understanding of Spoken English.

4.3.1.1 Need to listen to patient's Spoken English

The clinical instructor commented that the nurses do not understand the different slangs, accents and pronunciation of the foreign patients and the speed of speech of the patients were too fast. She opined that the nurses need to watch videos of foreigners speaking English on You Tube, on television and in movies. Her reasoning was that *"people from all the world upload videos on YouTube"* and it is best for the nurses to watch videos of people from different parts of the world. YouTube is the best exposure the nurses can get and through watching videos on YouTube, "*the nurses can slowly understand the different English accent, slangs and pronunciation of people from all walks of life in different parts of the world"*. The nurses can also pick up the slangs and accents of foreigners. According to her, watching YouTube videos will also help nurses to talk about interesting topics when they interact with the patients. Topics can be on current affairs, gadgets, life styles, sports and travel. Making small talks with the patients can build the nurses' rapport with patients.

When the patients speak fast and with a different accent or slang, the nurses need to ask for clarification. She goes on to say that the nurses need to familiarise themselves with expressions such as: *"Excuse me Sir, can you speak slower, you are speaking too fast" or "Excuse me Sir, do you mean…." Sir can speak slowly; I cannot understand what you said",* when they are not sure of the patients' message.

4.3.1.2 Need to listen to Doctors', Matrons', Sisters' and Colleagues' Spoken English

According to one of the human resource managers, the hospital administration acknowledge the problems the nurses face in understanding the doctors' spoken English. The human resource manager mentioned that it is compulsory for the doctors, sisters and senior nurses to explain their English instructions to the nurses clearly, slowly and patiently. The matron of the same hospital said that, *"the nurses have to make an attempt to speak to the doctors in English even if they do not understand what was being said"*. A senior sister suggested, "*The nurse should ask the senior nurses what they do not understand instead of keeping quiet and nodding their head. If the nurse do not know, then they should ask".*

4.3.2 Nurses have problems in Speaking in English

From the interview sessions, the 21 interview participants gave their opinions on the problems and their opinions on improving the Speaking in English problem.

4.3.2.1 Nurses need to avoid Code-switching English and Malay terms when speaking

One of the human resource managers said in his interview that the best way to reduce code-switching is for the *"nurses to start talking to each other in English"*. He said this habit will help them to pick up new English words and help them to be more confident in English.

The matron in the same hospital agreed by saying *"when the nurses are confident in speaking English, they won't hesitate while speaking to the patients. When nurses are speaking to each other in English, they will be practicing their speaking skills like pronunciation and choice of words in a hospital setting."*

The human resource manager and the matron are of the same opinion that the more the nurses speak to each other in English, the more confident they will become in the language. When the nurses are confident in speaking English, they will not hesitate when they converse with the foreign patients in English.

When asked about ways to minimise code switch and mixing of English, Malay and their Mother Tongue among nurses, an Indian nurse replied that the nurses should want to speak to each other in English. *"When I speak to my friends, I will speak in English, and they will try to reply in English. When they get used to speaking in English with me, they will be comfortable to speak in English with the patients and they themselves will be more interested to use English".*

As stated by the clinical instructor, one way to curb this problem of code-switching is for the nurses to be more "*conscious about using English and Manglish words. They must make a conscious effort to learn correct English"*. When the nurses are conscious about using English, they will minimise the use of Manglish words.

One of the senior nurses said that the explanations on medications and procedures that the young nurses give to the patients must be monitored by the senior nurses to make sure all the vital information are delivered to the patients. This is also done to "correct the mistakes" done by the young nurses. *"Immediate corrections is important to give the young nurses feedback"* on their communication and their mistakes.

4.3.2.2 The need to use of Gestures to Aid and Emphasise Communication

A nurse interviewed explained why nurses have to use gestures. *"We must speak to them in a manner they will understand as they may have different understanding".* She explained that they have to use gestures to make the patients understand better.

4.3.2.3 Nurses need to engaged in Small Talks and maintain Long Conversation

The clinical instructor said the only way to have long conversations with patients is to *"practice speaking various topics in English with their friends or family members. The nurses should be able to express their opinions and views on latest issues".* These issues may include: movies, music, and latest lifestyle trends in English. The nurses should talk about issues that are close at heart in English.

As she mentioned before, watching YouTube videos can help nurses to pick up interesting topics they can interact with the patients such as cartoons, gadgets, life styles, sports and travel. Having small talks with the patients can build up the nurses' rapport with patients.

4.3.3 Nurses have problems in Reading in English

From the interview sessions, the 21 interview participants gave their opinions on the problems and opinions on improving the Reading in English problem.

4.3.3.1 Need to read English Nursing Documents

The clinical instructor said that the best way to improve their reading skills is for the nurses to read more. She said, *"The nurses must read the nursing reports done by other nurses and the notes of the doctors"*. She believes reading reports will help nurses to familiarize themselves with the types of reports that are required to read and comprehend. From reading reports nurses will also be able to pick up the correct jargons, correct spellings and correct grammar and tenses.

A senior nurse said that the nurses need to "*refer to the M.I.M.S*" if they do not know the nursing terms and the names of the medications. "*They can also check the internet*" if they are not sure of any terms.

4.3.4 Nurses have problems in Writing in English

From the interview sessions, the 21 interview participants gave their opinions on their problems as well as their opinions in improving the Writing in English problems.

4.3.4.1 Need to write proper Nursing Documentations

A senior nurse pointed out *"If the nurses do not know what to write, they should ask help from the senior sisters and their team leader"*. She emphasized that it is a must that the nurses know how to write a proper detailed nursing reports and documents.

The clinical instructor stressed that all written reports in English need to be edited and proof read before submission. There are many dictionaries provided at the nursing station or they can check the spelling on the apps of their smart phones. She goes on to say, *"They must know the spelling of a word is not the same as the pronunciation and if the nurses do not know the spelling of the word, they can refer to the dictionary or their smart phones".* One of the methods this clinical instructor is doing with her fresh graduate nurses to improve their writing skills is by making them read their own previous reports and identify the mistakes they had made and why there were considered as mistakes.

Although this is a long process, the clinical instructor has made it clear that "*once the nurses read their reports they wrote in the previous shift, they will pin point the mistakes themselves and it helps them to recall what they were supposed to write*".

4.3.4.2 Need to be aware of Names and Spellings of the Medications

The clinical instructor and a senior nurse mentioned that the nurses have to refer to the M.I.M.S if they are not sure of the spellings of the medications. They nurses can also refer to the M.I.M.S to check the list of medications the hospital provide. The M.I.M.S list has the pronunciation, spelling and the reasons for giving the medication. The clinical instructor also says "*the nurses can also check the internet if they are not sure of the properties of the medication and other medication similar to it. If there are any questions regarding the medication, the nurses should ask the doctor or the pharmacists*".

4.4 Analysis: Research Question Three

What are the language skills that need to be emphasised in a proposed English language curriculum for the nurses?

The data to answer this research question were collected through the analysis of Part Five of section B of the questionnaire and interviews.

4.4.1 Analysis of Quantitative Data and Findings for Research Question Three

The quantitative data is taken from Part Five of Section B in the questionnaire which dealt with questions regarding learner's learning preferences. A total of 128 completed questionnaire were analysed and the results are provided below. The information gathered in this part of the questionnaire is used to design the proposed English language curriculum for the nurses engaged in Medical Tourism in Malaysia.

4.4.1.1 Learners' Learning Preference

In the last part of Section B the nurses were asked to state their English language learning preference such as timing, class duration, mode and activities. The nurses learning preferences are summarised in Table 4.7.

Table 4.7 Learners' Learning Preference

Variable	Frequency	Percentage
Would you like to enrol in an English Course?		
Yes	118	92.2%
No	10	7.8%
When do you think is best time to have this course?		
Every day	11	9.5%
Every two days	6	5.2%
3-4 times a week	9	7.8%
On the weekends	27	23.3%
Once a week	56	48.3%
Once a fortnight	7	6.0%
How long would you want each class to be?		
2-3 Hours	98	84.5%
3-4 Hours	18	15.8%

How do you prefer to learn?		
Individually	35	27.3%
Small Groups	83	64.8%
In Pairs	28	21.9%
Class of 20 students	36	28.1%
What types of activities do you prefer to have in this English Course?		
Presentation	89	69.5%
Role-playing exercise	78	60.9%
Discussion	77	60.2%
Drills	20	15.6%
Public Speaking	88	68.8%
Writing worksheets	86	67.2%
On-line activities	19	14.8%

Based on the results presented in Table 4.7, 118 (92.2%) of the nurses in the sample mentioned that they would like to enrol in an English course. Among those who wanted to enrol for an English course, the majority (48.3%) of them would like the classes to be held once a week and each class to be 2-3 hours (84.5%) long. About two-thirds (64.8%) of the nurses would like to work in a small group during class while 21.9% would prefer to work in pairs. The most preferred activity to have in the English course is presentation (69.5%), followed by public speaking (68.8%), writing worksheets (67.2%) and role-playing exercise (60.2%). The least preferred activities is on-line activities.

4.4.2 Analysis of Qualitative Data and Findings for Research Question Three

The qualitative data is taken from the interview sessions. 14 nurses, 2 human resource managers, 2 matrons, 2 sister and 1 clinical instructors were interviewed and they gave their suggestions on what have to be included in an English language curriculum for the nurses engaged in Medical Tourism in Malaysia.

The general consensus that the best way for the nurses to improve their speaking skills is to make them speak more in English. Speaking activities such as presentation, impromptu speeches, and discussions should be used in the course. According to the clinical instructor, some of the activities like case study discussions, public speaking, basic communication skills and case reporting should be done because these activities encourage the nurses to speak in English. Role-playing activities that are based on previous clinical experiences should be used for the nurses to practice speaking in English in the clinical setting.

As for the writing skills, improvements can be made if the nurses frequently practice writing reports. By reading previous nursing reports a supervisor can help the nurses to identify the proper way to write a nursing report. Writing reports and reading previous reports will enable the nurses to improve their spelling and the grammar structures as well.

The general recommendations are listed below:

- Improve English pronunciation skills
- Include politeness strategies
- Improve pragmatics
- Improve presentation skills
- Improve basic proficiency in English

Interviewees agreed that the classes should be conducted during the weekends as it does not disturb their work schedule. The activities in the classes should be done in pairs or small groups as it will encourage the respondents to interact with each other.

4.4.3 Proposed English language curriculum for nurses engaged in Medical Tourism in Malaysia

Name

The course will be called “Integrated Language Skills for Nurses Engaged in Medical Tourism”. The name states clearly what the course is about.

A curriculum based on the information on the findings of the questionnaire and the interview sessions was then developed. The detailed curriculum will be discussed in Chapter 5.

Syllabus Timeline

This holistic syllabus will follow a 12 week timeline. This is because most colleges in Malaysia follow a 14 week semester system. The first week will usually be for ice breaking and accommodating late comers. The last week will be for grading.

Class duration (3 hours)

The proposed course will be a three hour face to face meeting with the students. Face to face meetings are most effective for an English course as the lecturer can provide immediate feedback. Face to face meetings can also ensure correct body language. It also helps to clarify meanings immediately and it is more engaging. Based on the content and activities, a three hour class is suggested.

Course Content

The learning objectives and the course objectives will be presented in Chapter 5.

The proposed course relates to English language use in the nursing discipline in real life nursing situations where English language will be used will be emphasised. The rationale for this is that when the nurses complete the course they should be able to

handle real life English speaking situations in the workplace. For some of the suggested topics for this course, please refer to Chapter 5. Briefly, the course content will include the major findings of this study such as introducing relevant vocabulary, expressions, improving speaking, writing reports, presentations, basic general English, grammar and relevant readings.

Teaching materials and activities

The activities are based on the findings of Section B of the questionnaire and the interview sessions.

The activities are to provide support and guidance as well as a hand on practice for the students. Examples of the activities include role plays, discussions, presentations, viewing YouTube recordings, writing of reports and grammar development exercises. A recommended text "Cambridge English for Nursing Intermediate Plus: Student's Book with Audio CDs (2)" will be used. This recommended text covers important topics suggested in the findings. It is intended to be the main source material for the students.

Methodology

Based on the findings, a learner-centred approach seems the most suitable methodology for this course. This approach, as mentioned Terry Doyle (2008), allows students to meet their learning goals. It will also prepare students to be lifelong learners. The following chart (Figure 5) summarises the process involved in designing the curriculum for this study.

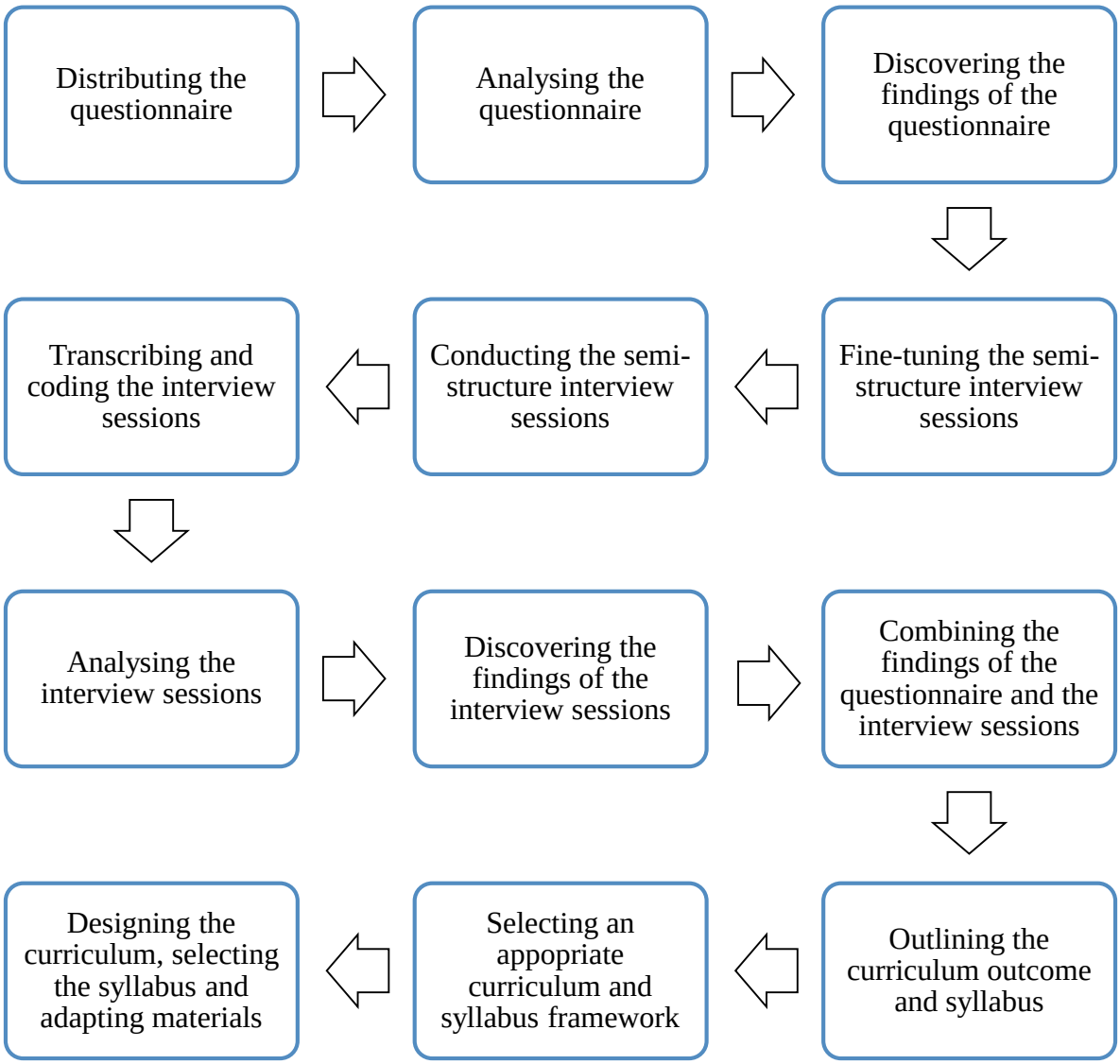

Figure 7. Process of establishing a curriculum

The process of designing a proposed English language curriculum for this study entitled "Integrated Language Skills for Nurses Engaged in Medical Tourism" is shown in Figure 5. The findings from the quantitative and qualitative analyses indicating the needs and challenges the nurses faced in communicating in English were identified. Based on the findings of this study, an appropriate curriculum and syllabus were developed.

4.5 Chapter Summary

This chapter presented the results of the three research questions of this study. The results of the first research questions identified the various English language communicative challenges faced by the nurses engaged in medical tourism through analysing the questionnaire and coding the interview sessions. The interview sessions among 21 hospital personnel looked into the English language problems in detailed. The results from research question two identified the English language communicative needs of the nurses in ways to improve their language problems. From the first two research questions, information on the language skills that need to be emphasised in a proposed English language curriculum were gathered. Information on the English language learning preferences were gathered from the questionnaire as well as the interview session were also discovered. A brief description of a proposed English language curriculum was also provided in this chapter.

CHAPTER FIVE

CONCLUSION AND DISCUSSION

5.1 Introduction

This research was undertaken with the purpose of addressing the following research questions:

i. What are the English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia?

ii. What are the English language communicative needs of the nurses engaged in Medical Tourism in Malaysia?

iii. What are the language skills that need to be emphasised in a proposed English language curriculum for the nurses?

This final chapter reports the results, discussion of the results, their implications and the conclusions drawn in response to the research questions.

Chapter One discussed the background to the research problem, setting the scene for this research problem in the Malaysian context. The aims and the objectives of the research were defined. The significance of the study was discussed to inform why the research was important. The research gap was highlighted in detail to inform the differences in what has been done and what is yet to be done.

Next, Chapter Two reviewed the literature. The role of nurses was discussed in detail. The theories of English for Specific Purposes (ESP) and Needs Analysis were explained with reference to the experts in the ESP field. Medical Tourism, reasons for Medical Tourism and Medical Tourism in Malaysia were also explained. Challenges

nurses faced in English communication in various studies were summarised and evaluated.

Chapter Three detailed the methodological design for this research. This chapter also described the collection of the data and the preparation for data analyses.

Chapter Four summarised the results from statistical analysis of the questionnaire and the analysis data collected from the interview sessions. The findings from these two research instruments were then collated to answer the research questions.

In this final chapter, discussion of the results, their implications and conclusions about the three research questions are detailed. This chapter also compare and contrast the findings in this study and studies mentioned in the literature. This is done to highlight the similarities and differences between studies in other countries. This study, the first of its kind in Malaysia, contributes to the body of literature in English language communicative challenges and needs faced by nurses engaged in medical tourism in Malaysia. This chapter concludes with a suggested English Language syllabus for nurses involved in Medical Tourism, a discussion on the limitations of the research and the recommendations for future research.

5.2 Conclusion and Discussion

This section summarises the conclusions drawn from the findings and the contribution of this thesis by comparing the results of the research reported in Chapter Four with the literature reviewed in Chapter Two.

5.2.1 Discussion: Research Question One

What are the English language communicative challenges faced by the nurses engaged in Medical Tourism in Malaysia?

5.2.1.1 Quantitative Data and Findings for Research Question One

The analysis of the quantitative data findings will be discussed first. Section A of the questionnaire which is the demographic profile of the respondents involved in this study is discussed first.

More than 90% of the respondents were females. Majority (65%) of the nurses who participated in this study were between the ages of 20 to 27 and were considered to be young in the profession. More than three quarters of the respondents were diploma holders. Although the nurses came from different racial backgrounds, about three quarters of them were Malays and used their mother tongue, Malay language extensively both at the workplace and at home. In Malaysia, nurses from other ethnic groups are also able to speak in Malay as this is the Lingua Franca in the Malaysian school system. The demography of the respondents explains why Malay is often used interchangeably with English in the hospital setting.

Majority of the respondents, rated their grammar, vocabulary and pronunciation skills as average and good. The majority of the respondents would like to improve their pronunciation, speaking skills and grammar. The reason why they want to improve these skills is the awareness of the importance of using English in the workplace especially, when dealing with patients who can only communicate in English.

Almost all the respondents who participated in the quantitative part of the study agreed that they wanted to enrol in an English language course. Most of them mentioned that they would like to have the English course once a week and they preferred the duration of each class to be two to three hours. Three quarters of the nurses would like to work in a small group consisting of three to five people. The activities that the nurses preferred to have are presentations, public speaking, writing work-related documents and role-play in actual clinical settings (Refer to Table 4.7). The findings indicated that the nurses genuinely wanted to improve their English as they were aware of its importance in communicating in English especially in the Medical Tourism sector.

The major challenge nurses in this study face was speaking. The problems in speaking in English are listed according to the most problematic to the least problematic. The findings indicated that the major problems involved in English were: voicing out opinions in English, not knowing the appropriate words to use while speaking in English, difficulties in conveying messages in English, the wrong usage of words from their Mother Tongue when speaking or writing in English, hesitation when replying in English as they needed extra time to think in their Mother Tongue before replying in English, and that the nurses could not speak English confidently (Refer to Table 4.6).

Another problem, nurses' face is in writing in English as they do not possess the appropriate vocabulary when writing in English, they are unable to write concise and precise reports in English due to poor proficiency, and making numerous spelling mistakes in writing English nursing reports.

The nurses also faced problems in reading English understanding as they could not understand the written English nursing reports. Secondly they were not able to differentiate the English tenses in a sentence. Other problems that surfaced included: the nurses do not feel confident in interacting with the patients and even with some of the older, more English proficient doctors and senior colleagues in English.

The reading in English problems faced by the nurses are; they were not able

5.2.1.2 Qualitative Data and Findings for Research Question One

Twenty one hospital staff members participated in the interviews; two human resource managers, two matrons, two sisters, one clinical instructor and fourteen nurses from two hospitals.

Four themes emerged from the interview sessions and the four themes are: Nurses have problems **listening to spoken English**, nurses have problems **speaking in English**, nurses have problems **reading in English** and nurses have problems **writing in English**.

5.2.1.2.1 Listening to spoken English

Patients from different parts of the world have different accents and slangs which the Malaysian nurses are not used to. Some nurses just could not comprehend what is spoken by foreign patients especially those with heavy accents, from countries such as Australia, America, India, Pakistan and Japan. When the nurses do not understand what was said by the patients, they will simply nod their head or smile at the patients pretending to have understood what they were saying. This finding is similar to that of Robinson and Gilmanton (2002), Wang et al., (2008) and O'Neill (2011).

The Hospital administration has taken steps to help the nurses by making it compulsory for the doctors, matron, sisters and senior nurses to speak slowly while giving instructions to new and junior nurses in English. However, even when the instructions are given at a slower pace, many of the new nurses, especially the fresh graduates still have problems understanding spoken English. Many of the nurses, especially the new ones prefer if the instructions are given by local doctors, matrons and senior nurses are given in Manglish (colloquial version of English) or Malay as they understand that

better. In other studies conducted by Bolster and Manias (2010), O'Neill (2011), Liu, Manias and Gerdtz (2012) and others, the respondents were foreign ESL speaking nurses working in predominantly English speaking environments where all the support staff spoke only in English. This study is a bit different from those reported in the literature as the focus of the study is on Malaysian ESL nurses attending to foreign patients in an environment where all the support staff can also speak Malay. Hence, the nurses seem to think that they can get help from other support staff if their English language communication breaks down with the foreign patients.

5.2.1.2.2 Speaking in English

The challenges faced by the nurses in speaking in English, in the order of magnitude, are: voicing out opinions in English, not knowing the appropriate words to be used while speaking in English, difficulties in conveying messages in English, using words in the Mother Tongue when speaking, having long pauses where extra time is needed to think in their Mother Tongue before replying in English and not being able to speak English confidently.

Nurses code switch when speaking to patients. When the nurses do not know the appropriate words or correct English terms to be used, they resort to borrowing the word from their Mother Tongue. This prevents nurses from having long English conversations with the patients. Code-switching are also common when the nurses interact with each other. Code-switching is justified by the nurses in the pretext that pertinent information is not left out in their conversation.

Nurses also seek the help of "translators" when they are unable to express their thoughts in English when speaking to the foreign patients. This finding corroborates with the findings in the study by Robinson and Gilmanton (2002), where it is reported that the nurses needed the help of a "translator" in order to communicate with their patients.

In this study, it is also found that nurses resort to making hand and body gestures to aid in communication. This finding corroborates with that of a study conducted by Wang et al (2013), among long-term care nurses in Taiwan.

When the nurses were required to provide immediate feedback in English, they needed time to think in their Mother Tongue before replying in English because they did not seem to know the appropriate words in English. Similar findings were reported by Bolster and Manias (2010), O'Neill (2011) and Liu, Manias and Gerdtz (2012). It seems low proficiency in English among the nurses is the main reason for processing the message in the Mother Tongue first, before finding the right words to use and this causes a delayed response.

Due to their limited English vocabulary, the nurses often tend to provide short answers to the patients' questions. Due to this problem, the nurses are not able to engage in small talk with the patients and this hinders the rapport they have with their patients. This finding corroborates with the findings by Bolster and Manias (2010), a study on the interaction between the nurses and the patients. It is the responsibility of the nurses to explain the medication and medical procedures to the patients under their care in the way the patients understand. Due to the lack of English language proficiency, many nurses tend to give simple and incomplete explanations and sometimes no explanation

at all on the medication and medical procedures. Similar findings were reported by Bolster and Manias (2010), where the nurses faced a similar problem when interacting with their patients.

Based on the complaints received by the Human Resource Departments, patients did not understand what some of the nurses were saying as the nurses' pronunciation and the nurses' use of direct translation were confusing. This seems to portray the nurses as being rude and insensitive when interacting with the patients. Findings from Choi, (2005); Park and Song, (2005); Miguel and Rogan, (2012); and Wang et al, (2013) also suggest that the nurses were not aware they were seen as being rude to the patients, in this manner.

The nurses also lack the confidence in speaking in English to the doctors and they rather ask another nurse who is fluent in English to speak to the doctor.

5.2.1.2.3 Writing in English

The main challenges faced by the nurses in writing in English are: not knowing the relevant vocabulary to use while writing in English, not being able to write reports in English without using the dictionary, and being unable to write error-free nursing reports in English.

The nurses seem to have numerous problems in writing in English. Based on the findings, many of the nurses are not sure what to write on the Nursing Report, Medication Cardex and Nursing Care Plan. The nurses are not aware of how to write the nursing report. The nurses write these reports as though they are speaking in Manglish or Malay.

The findings from the interview sessions support the findings of the questionnaire. It appears that low proficiency in English, especially in syntax and semantics, leads to poor writing skills when preparing the nursing documents. This finding is consistent with that reported by (Wang et al, 2008; Miguel and Rogan, 2012; and Liu et al, 2012), where the nurses had problems in the sentence structure and tenses, spelling and grammar mistakes and spelling of medications. The nurses tend to spell English words based on how it is pronounced and they spell the names of the medications based on its pronunciation. There are many medications that *Sound Alike and Look Alike* but the spelling of these medication differ and some of the junior nurses face problem differentiating them. This appears to be a serious problem that need to be addressed as administrating wrong medication due to misspelt words can be fatal to the patients.

The nurses also have problems in using the appropriate tenses in their report. This often confuses the person who reads the report (Refer to section 4.3.4).

5.2.1.2.4 Reading in English

The findings from this study also point to the fact that nurses seem to have problems reading in English. Some of the nurses did not seem to be able to comprehend fully the written nursing reports. It appears that the junior nurses have not fully mastered the medical terminologies used in the report. Once again, when there is low proficiency in English, understanding the different use of tenses can caused confusion among these nurses.

5.2.2 Discussion: Research Question Two

What are the English language needs of the nurses engaged in Medical Tourism in Malaysia?

This section looks at the needs highlighted and the suggested recommendations during the interview sessions. These recommendations are based on the four themes identified by the researcher. Other recommendations as suggested by the interviewees are also included.

5.2.2.1 Qualitative Data and Findings for Research Question Two

This section discusses the qualitative findings of Research Question Two

5.2.2.1.1 Need to Improve Listening to Spoken English

There is a univocal agreement that there is a dire need for improving the nurses' understanding of spoken English. The nurses find it difficult to understand what the patients try to communicate as they lack the vocabulary including commonly-used slangs, the language, different accents and pronunciation. This creates a lot of uneasiness in the patient-nurse relationship. One of the ways to improve *understanding of spoken English* is to watch videos of foreigners speaking English on YouTube, television and in movies. Watching YouTube videos will also help nurses to talk about interesting and current topics when they interact with the patients. This is important, as it is necessary for nurses to build close rapport with patients and will definitely help in nurse-patient relationship.

5.2.2.1.2 Need to Improve Speaking Skills in English

In communicating with the patients and even with the doctors, the nurses often code switch as they are not sure how to express themselves in English in the particular situation. Often, this is perceived as being rude or insensitive by the patients. If this problem is not rectified, the patients will be dissatisfied with the patient-care and it will reflect badly on the hospitals' services. The best way to stop code-switching is for the nurses to speak to each other all the time in English, and this is mandated by the administration. The more the nurses speak to each other in English, the more confident they will be in the language. When the nurses are confident in speaking English, they will not hesitate when they converse in English with the foreign patients. Nurses should be more conscious about using correct English words, all the time. When the nurses are conscious about their English language usage, they will minimise the use of Manglish when they interact with each other, the hospital staff and the patients. The more the nurses practice using English on a daily basis, they will be able to identify the proper words to use in a conversation and this will build their confidence in English, resulting in the nurses being less hesitant when using English. In this way incidents like blanking out, not being able to have long conversations, not being able to build rapport with patients and using words in their Mother Tongue can be avoided.

The nurses need to read more in English as well as speak in English to improve their proficiency. Reading will enable the nurses to identify the proper English grammatical sentences and English word phrases to be used. Through speaking to others in English, the nurses will be able to practice what they read and use the sentences in their daily conversation.

5.2.2.1.3 Need to Improve Reading in English

In their daily routine nurses have to read nursing documents, reports written by doctors and other nurses and medical prescriptions, most of them write in English. Misreading a word, a phrase or the tense may have severe consequences in healthcare. The best way for nurses to improve their reading skills is for the nurses to read more. The nurses must read the nursing reports done by other nurse and the notes of the doctor carefully. From reading previous work such as Bolster and Manias (2010) and O' Neill (2011), the nurses will be able to pick up the words used and familiarise themselves with the spelling as well. They have to read more English reports as they will know how to use the correct tenses. The nurses have to write their own report and not just copy what the doctors had wrote. The nurses must always refer to the M.I.M.S if they are not sure of the nursing terms and the names of the medications. A lot of information is also available in nursing websites or nursing apps on the smart phones and nurses are encouraged to use these convenient technology.

5.2.2.1.4 Need to Improve Writing in English

Based on the findings, the nurses lack writing skills in English. As the person in-charge, the nurse should be able to record the patients' medications, medical procedures and activities clearly and correctly on the nursing reports. This is very important for the doctor to make the correct medical decision. Generally, the nurses do not check, proof read or edit their reports. Nurses should make it a habit to consult the dictionaries available at the nursing station or they should check the spelling on the apps of their smart phones. The nurses should develop the habit of checking the dictionary when they are not sure of the spelling of the words. As mentioned previously, taking some time to read previous nursing reports carefully will help the

nurses to be familiarised with the spelling of the words, the way of writing a report, and the sentence structure.

5.2.2.1.5 Other recommendations

There are numerous recommendations given regarding the activities to be included in an English Language syllabus designed for nurses engaged medical tourism.

- Clinical instructors should be appointed in every private hospitals in Malaysia especially the hospitals enlisted in the MHTC. The clinical instructor can provide training for the new nursing graduates working in the hospital and at the same time keep reminding the senior nurses what is expected of them at work.

- More emphasis should be given to improving the speaking skills. The junior nurses have to improve their speaking skills especially their pronunciation, fluency and proficiency. There must be a lot of speaking activities and these activities must focus on words and phrases related to the hospital and medical settings. Speaking activities such as case study discussions, public speaking, debates, basic communication practices and case reporting should be done because these activities encourage the nurses to speak in English.

- More emphasis should be given to improving the writing skills. Writing activities such as writing reports, writing case history, Medication Cardex and writing nursing care plan should be done because these activities encourages the nurses to practice writing. By practicing writing reports in English, the nurses can improve on their overall general English. Other areas that require improvement include writing skill, English pragmatics and politeness strategies.

5.2.3 Discussion: Research Question Three

What are the language skills that need to be emphasised in a proposed English language curriculum for the nurses?

5.2.3.1 What Nurses Want

The majority of the nurses in this study want to improve pronunciation skills, speaking skills, writing skills and grammar. The main reason cited for wanting to improve these skills is the awareness of the importance of using English in the workplace especially in medical tourism where foreign patients use English to communicate (Refer to Table 4.6, pp. 67-68).

Some of their preferred language activities are presentations, public speaking, writing nursing documents and role-play using authentic clinical settings. The findings indicated that much practice sessions in job related situations should be provided, to help improve nurses' English language communication.

Much of the language problems faced by the nurses can be elevated if there is a concerted effort to provide a good foundation in English by reviewing all the four skills in English, mainly, speaking, listening, reading and writing as well as providing grammar and related vocabulary skills. Based on the findings in the quantitative analysis, almost all the respondents want to enrol in an English language course. The most preferred frequency for the classes is once a week with a duration of two to three hours. Majority of the nurses prefer to study in small groups consisting of three to five people (Refer to Section 4.4.1.1).

5.2.3.2 English Language Curriculum for Nurses

Based on the findings in this study, the following English language curriculum for nurses is developed. This English language syllabus is deemed appropriate for the nurses in medical tourism in Malaysia.

The name of the course is "*Integrated Language Skills for Nurses Engaged in Medical Tourism*". This name suggests the integrated skills that are required for nurses, especially those in the medical tourism sector.

This syllabus is designed for a 12-week module. Most colleges in Malaysia have 14 weeks in a semester. 12 weeks is sufficient time to complete the syllabus. The additional two weeks can be used for revisions, one mid-way and the other at the end of the module for assessment purposes.

The duration of each lesson will be three hours. It is suggested that the first hour be used to deliver the teaching points for the lesson. The second and third hour would involve learner-centred activates. Many of these activities will allow students to practice, reinforce as well as explore the language for themselves. The nurses will be working in pairs or groups of three to five, depending on the number of nurses in the English language class. Some of the activities in the syllabus include presentation, public speaking, discussions, writing worksheets, writing reports, role playing situations and listening to audiotape and responding. All four of the English language skills will be incorporated in the activities.

Much emphasis is given to speaking activities such as case study discussions, public speaking, basic communication practices, case reporting, impromptu presentations and discussions. The reason for these activities is to encourage the nurses to practice speaking in English. Through practicing, the nurses will be familiar with the new acquitted English words, build confidence and fluency and get used to speaking in English. Problems such as spelling, tenses and sentence structure mistakes will be addressed in this course. The two language skills which are speaking and writing will be focussed as the nurses have problems in communicating oral and written English.

Role playing games will be used in this recommended syllabus. The situations used in the role-playing games are based on actual clinical situation and clinical situations. The nurses will be divided to the role of nurses, sisters and the patients. Communication between the patients and the nurses will be emphasized. After the role-playing activity, the nurses will be asked to write a nursing report which will then be presented in an "actual Hand-Over Process". Having a similar clinical setting is important as the nurses will be able to practice speaking English as natural as possible.

The course focusses on the nurses' problems in speaking spontaneous English while they are in the ward and while they are communicating with the doctors, matron, sisters and their colleagues.

The writing activities will include writing reports, writing case studies, taking history, writing in the Medication Cardex and writing the nursing care plan. These activities are done to ensure the nurses practice their writing skills, become familiarised with the sentence structure, tenses, grammar and the spelling of the word and write without hesitation.

The classes will be conducted in the empty discussion halls available in the hospital. This particular environment will help the nurses experience authentic language used in the wards. Another reason for this venue is that the location is convenient for the nurses as they are working in the hospital and will be more encouraged to participate in the activities.

The contents of the syllabus will include a wide variety of job related tasks and authentic clinical scenarios providing a systematic holistic approach toward improving English language communication. This syllabus can be modified and tailored from time to time according to the needs of the nurses enrolled in the English course. Any important or addition information regarding the course will be checked with the stake holders.

5.2.3.3 ***Suggested English Language Course Syllabus***

COURSE SYLLABUS

Course: Integrated Language Skills for Nurses Engaged in Medical Tourism

Level : Intermediate

Hours : 3 hours per week

1.0 Course Outcomes

Upon completion of this course, students should be able to

1.1 Produce grammatically correct structures when responding in English.

1.2 Demonstrate the ability to speak spontaneously and effectively in social and healthcare environment.

1.3 Interpret and respond correctly to authentic listening discourse in a healthcare environment.

1.4 Writing nursing related reports.

1.5 Read and comprehend a variety of medical related documents.

1.6 Demonstrate a significant expansion of medical vocabulary.

2.0 Course Description

This course is designed to equip nursing students with the necessary English language skills, enabling them to communicate more confidently and effectively in their jobs. Specifically, the nursing students will be exposed to listening, speaking, reading and writing skills used in realistic patient scenarios and authentic day-to-day nursing tasks. Appropriate consideration will be given to the development of healthcare related vocabulary and writing nursing reports. This course will also focus on improving students general English Language proficiency.

3.0 Course Content

The following grammar items will be taught incidentally in reading, speaking, listening and writing activities

- Review of parts of speech
- Present Tense
- Present Continues Tense
- Past Tense
- Past Continues Tense
- Perfect Tenses
- Active and Passive voice
- Discourse markers

3.1 Reading

3.1.1 Developing personal vocabulary list and medical vocabulary list

3.1.2 Applying general reading strategies

3.1.3 Identifying main points

3.1.4 Making reference

3.1.5 Paraphrasing information

3.1.6 Summarizing information

3.1.7 Analysing and interpreting non-linear texts

3.1.8 Distinguishing facts from opinions

3.1.9 Drawing conclusions

3.2 Speaking

3.2.1 Using polite conversation strategies in social interactions

3.2.2 Giving instructions

3.2.3 Making empathetic responses

3.2.4 Initiating and contributing to discussion

3.2.5 Expressing ideas orally and voicing out opinions when performing authentic nursing tasks

3.2.6 Using appropriate speaking strategies

3.2.3 Effective telephone conversation

3.3 Listening

3.3.1 Employing a variety of listening strategies to interpret and respond to listening situation related to healthcare

3.3.2 Listening for specific information

3.3.3 Listening to interpret and respond

3.3.4 Listening to recall information

3.3.5 Listening to select, paraphrase and summarise information

3.4 Writing

3.4.1 Writing concise and accurate notes

3.4.2 Writing to integrate information

3.4.3 Summarising information

3.4.4 Writing descriptive and informative paragraphs

3.4.5 Review of writing process

3.4.6 Formats and mechanics of nursing reports

3.4.7 Writing nursing reports

4.0 Teaching Methodology

Nursing students are encouraged to use language in various healthcare situations through stimulating activities. Students will be taught using

4.1 Direct Instruction

4.2 Role-play

4.3 Presentations and discussions

4.4 Grammar development exercises

4.5 Vocabulary expansion activities

4.6 Authentic reading texts

4.7 YouTube recordings

4.8 Audio listening of CDs

5.0 Assessment

On-Going Assessment		100%
Speaking		20%
Role-Play	(10%)	
Group Discussion	(10%)	
Listening		20%
Listening Test		
Writing		20%
Nursing report		
Reading		20%
Reading Assignment (Reading commentaries on 3 Healthcare related articles)		
Grammar and Vocabulary Test		20%

Recommended Text

Allum, V. and McGarr, P. (2013). *Cambridge English for Nursing Intermediate Plus: Student's Book with Audio CDs (2).* Cambridge, United Kingdom: Cambridge Press.

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www.bbc.co.uk/learning/subjects/english.shtml

www.oup.com/elt/

http://owl.English.purdue.edu/handout

5.3 Weekly Schedule

Week1

Topic	Patient Admission
Medical Focus	The Heart
Listening	You tube: Life style changes. *Using active listening strategies*
Speaking	Taking Patient history. *Using polite conversation strategies*
Reading	Read: How the heart works *Apply general reading strategies*
Writing	Patient Admission Form *Writing concise and accurate notes*
Vocabulary	Match medical abbreviations
Grammar (taught incidentally)	Parts of speech

Week 2

Topic	Respiratory Problems
Medical Focus	The respiratory system
Listening	Educating patients about asthma management (CD) *Selecting information to provide explanation*
Speaking	Giving instructions effectively on how to use a nebuliser *Giving instructions*
Reading	Read: Asthma in children *Apply general reading strategies*
Writing	Respiratory rates and Patient record *Understanding graphic aids*
Vocabulary	Match medical terms related to respiratory system
Grammar (taught incidentally)	Parts of speech

Week 3

Topic	Wound Care
Medical Focus	Wound and Bed preparation
Listening	Dialogue between nurse and patient discussing wound management (CD)
Speaking	Discussing wound management *Expressing ideas and voicing opinions*
Reading	Read: Wounds and ulcers. *Identifying main points*
Writing	Wound assessment Chart *Integrate information*
Vocabulary	Expressions to show sensitivity

Grammar (taught incidentally)	Parts of speech

Week 4

Topic	Diabetes care
Medical Focus	Explaining hypoglycaemia and diabetes
Listening	Conversation between diabetic patient and nurse (CD) *Selecting, paraphrasing and summarizing information*
Speaking	Giving advice sensitively Case study discussion *Making empathetic responses*
Reading	Read information leaflet on pancreas. Explain role of pancreas to diabetic patient *Summarizing and paraphrasing*
Writing	Diabetic chart *Summarised information*
Vocabulary	Commonly used medical terms
Grammar (taught incidentally)	Present tense

Week 5

Topic	Medical specimens
Medical Focus	Explaining renal failure
Listening	Listening to conversation requesting clarification on pathology report(CD) *Selecting, paraphrasing and summarizing information*
Speaking	Telephone skills: contacting other staff, Role play *Effective telephone communication*
Reading	Reading and understanding a pathology report. *Drawing conclusion*
Writing	Pathology report *Using appropriate language*
Vocabulary	Useful words and phrases to describe non – linear texts
Grammar (taught incidentally)	Present continuous

Week 6

Topic	Medications
Medical Focus	Administering medication
Listening	Talk on doing a medical check-up. Worksheet *Interpret and respond*
Speaking	Role play on working as part of a team Discussion on checking medication orders. *Responding with relevant feedback*
Reading	Read leaflet about drug interaction. *Interpreting nonlinear text*
Writing	Match strategies for correct administration of medication Prescription chart *Summarizing and checking information*
Vocabulary	Abbreviations commonly used on prescription charts Precaution expressions
Grammar (taught incidentally)	Past tense

Week 7

Topic	Intravenous Infusions
Medical Focus	IV cannulas
Listening	Listen to conversation between doctor and nurse on patient's IV infusion (CD) *Listening for specific information*
Speaking	Passing on instructions to colleagues. Taking down message about patient care *Taking notes and asking questions*
Reading	Read article on reviewing IV infusions. *Paraphrasing*
Writing	IV prescription chart Fluid balance chart
Vocabulary	Expressions for seeking, giving instructions
Grammar (taught incidentally)	Past continues tense

Week 8

Assessment	Listening Speaking
Assignment	Writing

Week 9

Topic	Pre-operative patient assessment
Medical Focus	Blood circulation
Listening	Listen to the nurse giving pre-operative hygiene instructions to patient. (CD) *Listening for information transfer*
Speaking	Discuss pre-operative patient education Allaying anxiety in patients *Summarizing information*
Reading	Reading on blood circulation. *Interpreting non-linear text*
Writing	Pre-operative checklist *Writing descriptive and informative paragraphs*
Vocabulary	Worksheet on medical vocabulary
Grammar (taught incidentally)	Future tense

Week 10

Topic	Dealing with challenging patients
Medical Focus	Communicating with the elderly
Listening	Conversation between elderly patient and family member. (Video) *Listening to recall information*
Speaking	Carrying out an effective interview with an elderly patient Student Presentation: Ability to live independently *asking for clarification*
Reading	Read: Techniques for communicating with patients with hearing problems *Distinguishing facts from opinions*
Writing	Nursing report *Format and mechanics of report*
Vocabulary	Collocations to describe conditions common with the elderly
Grammar (taught incidentally)	Perfect tense

Week 11

Topic	Breaking bad news
Medical Focus	Delivering bad news
Listening	You Tube: Reassuring a patient or relative *Listening to paraphrase*
Speaking	Voice management when communicating bad news Role play: Breaking bad news to a relative *Explaining and reassuring*
Reading	Read: Text on Pain receptors *Making references*.
Writing	Nursing report *(review of writing process)*
Vocabulary	Expressions showing level of understanding
Grammar (taught incidentally)	Passive voice

Week 12

Topic	Post-operative patient assessment
Medical Focus	Pain
Listening	Talk on post-operative pain management (CD) *Listening critically*
Speaking	Student Presentation : Pain management *Explaining and discussing*
Reading	Article on dealing with aggressive behaviour *Making inferences and drawing conclusions*
Writing	Writing nursing reports *Organising information*
Vocabulary	Medical terms- Medicine
Grammar (taught incidentally)	Passive voice

Week 13

Topic	Discharge Planning
Medical Focus	Accidents
Listening	Conversation between doctor and nurse on patient discharge (CD) *Listening to recognise and interpret speaker's views, attitudes or intentions*
Speaking	Role play: Attending Ward team meeting *Voicing opinions*
Reading	Article : Effects of Stroke *Summarizing*
Writing	Patient discharge planning forms *Interpret information presented*
Vocabulary	Medical terms –tools and equipment
Grammar (taught incidentally)	Discourse makers

Week 14

Assessment	Writing Grammar Vocabulary

5.4 Limitation

This section looks into the limitations of this study. A number of important limitations need to be noted regarding this study.

Firstly, only four hospitals out of twenty hospitals under MHTC, the researcher approached, were willing to participate in the study. Despite, providing all the necessary documents for ethical clearance such as a letter of permission from the university, research questionnaire, semi-structured interview questions and personally arranging for appointments with the human resource managers to discuss in detail the purpose of the research and continuous e-mail follow-ups, many of the hospitals were reluctant to participate in the study.

Another shortcoming of the study was that the researcher was not given permission to interview the doctors and the patients. The patients would have been able to provide first-hand experience about the communication skills by the nurses. This study was also limited by the short interview time given for the interview sessions. Some interviews could only be conducted during the free time of the interviewees. Permission to interview other stake holders such as patients, doctors, Chief Executive Officer (CEO) and Chief Financial Officer (CFO) to investigate the stake holders' expectations was not granted as it was against the hospital policy. All four hospitals that participated in the study cited hospital policy as the main reason for this rejection.

The researcher also wanted to conduct field observation by observing the nurses at the work place, especially when they were interacting with patients and other hospital staff. This request by the researcher was also turned down.

The low response rate of 32% to the questionnaire survey was not very encouraging because the researcher was not allowed to personally administer the questionnaire to the nurses. The 400 questionnaires were distributed by the human resource managers who finally returned 128 complete questionnaires.

Nevertheless, the other findings of this research could be generalised to what is currently happening with regards to the challenges and English language needs of the nurses the medical tourism industry in Malaysia as this is the first study of this kind in Malaysia. In brief, despite the limitations, this research makes a valuable contribution to ESL and ESP for nurses' literature knowledge base.

5.5 Further Research

The researcher would like to recommend the following for future research in the area of English language challenges faced by nurses engaged in medical tourism in Malaysia.

Future research in this area should be conducted amongst the nurses in the major MHTC hospitals such as Ramsay Sime Darby Medical Centres, Pantai and Gleneagles Hospitals and Prince Court Hospital as these hospitals are popular among foreign patients. The researcher also recommends that future researchers identify whether the foreign patients are tourists or foreign workers working in Malaysia. Interviewing the foreign patients would be beneficial as the researchers can gather information from the patients' view point.

Field observations in the wards would be helpful in investigating and understanding the situation better. Interviewing doctors and specialists will further help in investigating English language challenges among the nurses. Interviews with the hospital stake holders such as the chief executive officer, chief financial officer and chief operating officer would help to identify what is expected of the nurses. The final recommendation for the future researcher is to investigate the language challenges the nurses face in specific wards, instead of looking at them in a general perspective.

5.6 Chapter Summary

This chapter discussed the findings of the three research questions. The findings of the study were found to be similar to other English language communicative challenges faced by nurses from different studies. The differences between this study and other studies were also acknowledge. The proposed English language curriculum for the nurses was explained in detailed. The course syllabus including the course outcome, course description, course content, teaching methodology and assessment were described in detailed. A weekly schedule of the English language curriculum was provided in this chapter. The limitations of the study and possible future research suggestion were also included in this chapter.

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APPENDIX A

Dear Nurses

First and foremost, let me express my heartfelt appreciation and thanks for your time and cooperation in participating in this study

This survey is being administered to gain information on the English Language needs and challenges faced by nurses engaged in medical tourism in Malaysia.

Your view matter! Please complete this questionnaire, which will take about 10 minutes to answer.

Please be assured that what you share in this questionnaire will be treated in the strictest of confidence and will in no way reveal your identity as an individual. I would like to emphasis that your participation in the survey is absolutely invaluable to me.

Thank you again.

Aditya Karuthan

Section A: Profile of Respondents

Instruction: Please tick (/) the relevant box or write in the space provided. You may tick (/) more than one box where necessary.

1. My gender is Male ☐ Female ☐
2. My age is 20-23yrs ☐ 23-27yrs ☐ 28 years and above ☐
3. My highest education level is

   Master's ☐ Degree ☐ Professional Certificate ☐ Diploma ☐
4. My mother tongue is _____
5. I can also speak Malay ☐ Mandarin ☐ Hokkien ☐ Iban ☐

   Tamil ☐ Cantonese ☐ English ☐ Hindi ☐

   Others_____
6. I have been working for 1 year ☐ 2-3 yrs ☐ 3-7 yrs ☐ 8 and above ☐
7. In my opinion, my overall English language proficiency is

   Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor ☐

Section B. Language Ability

Instruction: You can tick (√) *more than once where appropriate*

1. In a day, I use English to communicate with others

   Always ☐ Sometimes ☐ Seldom ☐ Rarely ☐ Never ☐

2. At work, (nursing) I use English for

   Speaking to: Patients ☐ Parents ☐ Lecturers ☐ Doctors ☐
   Colleagues ☐ Other Medical Staffs ☐

   Listening to: Patients ☐ Parents ☐ Lecturers ☐ Doctors ☐
   Colleagues ☐ Other Medical Staffs ☐

   Reading: Reports ☐ Notes ☐ Memos ☐ Messages ☐
   Journals ☐ Prescription Forms ☐ Academic Books ☐

   Writing: Notes ☐ Reports ☐ Messages ☐ E-Mails ☐

3. I rate my English Language Skills in.... (*Please tick* (√) *in only one box for each item)*

	Poor	Fair	Average	Good	Excellent
Listening	☐	☐	☐	☐	☐
Speaking	☐	☐	☐	☐	☐
Reading	☐	☐	☐	☐	☐
Writing	☐	☐	☐	☐	☐
Grammar	☐	☐	☐	☐	☐
Pronunciation	☐	☐	☐	☐	☐
Vocabulary	☐	☐	☐	☐	☐

4. What English Skills do you think you need to improve in? (*Please tick (√) in only one box for each item)*

	Not at all	A bit	Some	Much	Very much
Listening	☐	☐	☐	☐	☐
Speaking	☐	☐	☐	☐	☐
Reading	☐	☐	☐	☐	☐
Writing	☐	☐	☐	☐	☐
Grammar	☐	☐	☐	☐	☐
Pronunciation	☐	☐	☐	☐	☐
Vocabulary	☐	☐	☐	☐	☐

5. Would you like to enrol in an English Course if one is offered at your work place?

Yes ☐ No ☐

6. If yes, when do you think is the best time to have this course?

Every day ☐ Every two days ☐ 3-4 times a week ☐

On the weekends ☐ Once a week ☐ Once a fortnight ☐

7. How long would you want each class to be?

2-3 hours ☐ 3-4 hours ☐ 5-6 hours ☐ 7 hours and above ☐

8. How do you prefer to learn? (*You may tick more than one box)*

Individually ☐ In small groups of 3-5 ☐

In pairs ☐ A class of 20 students ☐

9. What type of activities do you prefer to have in this English Course? (You may tick more than one box)

Presentation ☐ Role-playing exercise ☐ Discussions ☐ Drills ☐

Public Speaking ☐ Writing worksheets ☐ On-line activities ☐

Section C: Problems in English Communication

Please circle the corresponding number to indicate the extent to which you agree or disagree for each of the following statements.

Strongly Disagree 1	Disagree 2	Neither Agree Nor Disagree 3	Agree 4	Strongly Agree 5

I have difficulty in understanding the matron's instructions given in English.	1	2	3	4	5
I have difficulty in understanding other nurses' instructions given in English.	1	2	3	4	5
I can differentiate the English tenses in a sentence.	1	2	3	4	5
I can speak English confidently.	1	2	3	4	5
I have difficulties in understanding the written English reports.	1	2	3	4	5
I can write reports in English without using the dictionary.	1	2	3	4	5
I have difficulties in conveying messages in English.	1	2	3	4	5
I have difficulties in reading English reports and memos at a fast pace.	1	2	3	4	5
I have difficulties in voicing out my opinions in English.	1	2	3	4	5
I cannot understand some of my friends 'and matron's English pronunciation.	1	2	3	4	5
I make a lot of spelling mistakes in writing reports in English.	1	2	3	4	5
I feel confident in interacting with patients using English.	1	2	3	4	5
I need time to think in my mother tongue before replying in English.	1	2	3	4	5
I feel frustrated when I speak in English.	1	2	3	4	5
I do not know the appropriate words to use while speaking in English.	1	2	3	4	5
I do not know the appropriate words to use while writing in English.	1	2	3	4	5
I tend to use words in my mother tongue when I speak or write in English.	1	2	3	4	5

Thank you

APPENDIX B

Semi Structure Interview Questions for Human Resource Managers

1. Do the nurses have any problems communicating in English with the patients?
   If yes, what are the problems you have heard of? Please provide examples.
2. Do the nurses have problems understanding the different slangs, accents and pronunciations of the patients? If yes, please explain the problems with examples.
3. Do the nurses code switch in English and other languages while communicating with the patients? When does this happen? Please provide examples.
4. Do the nurses use sign language or any other form of communication when interacting with the patients? Please do explain your experience.
5. Do the nurses take extra time to think in their mother tongue before answering patients in English? Please do explain with examples.
6. Do the nurses have problems in explaining the patient's charts, scans, medication, medical and surgical procedures in English? Please do explain with examples.
7. Do the nurses have problems in explaining the medical and nursing jargons in English to the patients? Please do explain with examples.
8. Do the nurses have problems while listening to the out-going sister's English presentation during the Handover process? Please do explain with examples.
9. Do the nurses have problems while interacting in English with the off-going nurse's case presentation during the Handover process? Please do explain with examples.
10. Do the nurses have problems writing English reports? If yes, what problems do they face?
11. Do the nurses have problems reading the written English reports done by the off-going nurses? If yes, what problems do they face?
12. Do the nurses feel embarrassed communicating in English with the patients? Please explain with examples.

13. How do the nurses put the patients at ease before explaining the medical and surgical process in English?
14. Do the nurses feel frustrated while speaking in English to the patients, nurses, sisters, matrons, or doctors?
15. What are some of the problems the nurses face while writing English reports? Please provide examples.
16. In your opinion, how do you think the nurses can improve their English communicative skills?
17. Would having English classes help to improve the nurses' English communicative skill? If yes, which skills would you like them to improve?
18. What activities do you suggest to have in English classes?

APPENDIX C

Semi-Structured Interview Questions for Matrons

1. Do the nurses have problems in communicating in English with the patients and the nurses? If yes, what are the problems they face?
2. Do the nurses have problems understanding the different slangs, accents and pronunciations of the patients? If yes, what are the problems they face?
3. Do you find yourself code-switching from your mother tongue to English and other languages while communicating with the patients and nurses? Please explain with examples.
4. Do you find yourself taking extra time to think in your mother tongue before answering your nurses in English?
5. Do the nurses have problems explaining the medical and nursing jargons in English to the patients? What problems do they face? Please explain with examples.
6. Do the nurses have problems in explaining the patient's charts, medications, medical and surgical procedures in English? What problems do they face? Please explain with examples.
7. Do the nurses use sign language or any other form of communication when interacting with the patients? What problems do they face? Please explain with examples.
8. Do the nurses understand the needs of the patients while interacting with them?
9. Do the nurses feel frustrated when interacting in English with the patients, other nurses, matrons and doctors?
10. Do the nurses take time to think in English while interacting with the patients, other nurses, matrons and doctors?
11. Do the nurses speak confidently in English while interacting with the patients, other nurses, matrons and doctors?
12. What are some of the problems the nurses face while writing English reports?

13. In your opinion, what other English communication problems do the nurses have?
14. In your opinion, how do you think the nurses can improve their English Communicative Skills?
15. In your opinion, how do you think the nurses can improve in the English written skills?
16. Would having English classes help? Which skills would you like the nurses to improve?
17. What activities do you suggest to have in English classes?

APPENDIX D

Semi-Structured Interview Questions for Clinical Instructor

1. Do the nurses have any problems in communicating in English with the patients and the nurses? If yes, what are the problems they face?
2. Do the nurses have problems understanding the different slangs, accents and pronunciations of the patients? If yes, what are the problems they face?
3. Do the nurses code-switching from their mother tongue to English and other languages while communicating with the patients and nurses? Please explain with examples.
4. Do the nurses take extra time to think in your mother tongue before answering your patients in English? Please explain with examples.
5. Do the nurses have problems explaining the medical and nursing jargons in English to the patients? What problems do they face? Please explain with examples.
6. Do the nurses have problems in explaining the patient's charts, medications, medical and surgical procedures in English? What problems do they face? Please explain with examples.
7. Do the nurses use sign language or any other form of communication when interacting with the patients? What problems do they face? Please explain with examples.
8. Do the nurses understand the needs of the patients while interacting with them?
9. Do the nurses feel frustrated when interacting in English with the patients, other nurses, matrons and doctors?
10. Do the nurses take time to think in English while interacting with the patients, other nurses, matrons and doctors?
11. Do the nurses speak confidently in English while interacting with the patients, other nurses, matrons and doctors?
12. What are some of the problems the nurses face while writing English reports?
13. In your opinion, what other English communication problems do the nurses have?

14. In your opinion, how do you think the nurses can improve their English Communicative Skills?
15. In your opinion, how do you think the nurses can improve in the English writing skills?
16. Would having English classes help? Which skills would you like the nurses to improve?
17. What activities do you suggest to have in English classes?

APPENDIX E

Semi-Structured Interview Questions for Sisters

1. Do you have any problems in communicating in English with the patients and the nurses? If yes, what are the problems you face?

2. Do you have problems understanding the different slangs, accents and pronunciations of the patients? If yes, what are the problems you face?

3. Do you find yourself code-switching from your mother tongue to English and other languages while communicating with the patients and nurses?

4. Do you find yourself taking extra time to think in your mother tongue before answering your patients in English?

5. Do the nurses have problems explaining the medical and nursing jargons in English to the patients? What problems do they face? Please explain with examples.

6. Do the nurses have problems in explaining the patient's charts, medications, medical and surgical procedures in English? What problems do they face? Please explain with examples.

7. Do the nurses use sign language or any other form of communication when interacting with the patients? What problems do they face? Please explain with examples.

8. Do the nurses understand the needs of the patients while interacting with them?

9. Do the nurses feel frustrated when interacting in English with the patients, other nurses, matrons and doctors?

10. Do the nurses take time to think in English while interacting with the patients, other nurses, matrons and doctors?

11. Do the nurses speak confidently in English while interacting with the patients, other nurses, matrons and doctors?

12. What are some of the problems the nurses face while writing English reports?

13. In your opinion, what other English communication problems do the nurses have?

14. In your opinion, how do you think the nurses can improve their English Communicative Skills?

15. In your opinion, how do you think the nurses can improve in the English written skills?

16. Would having English classes help? Which skills would you like the nurses to improve?

17. What activities do you suggest to have in English classes?

APPENDIX F

Semi Structure Interview Questions for Nurses

1. Do you have any problems communicating in English with the patients?
2. If yes, what are the problems you face? Please provide examples.
3. Do you have problems understanding the different slangs, accents and pronunciations of the patients? If yes, please explain the problems with examples.
4. Do you find yourself code-switching in English and other languages while communicating with the patients? When does this happen? Please provide examples.
5. Do you find yourself using sign language or any other form of communication when interacting with the patients? Please do explain your experience.
6. Do you find yourself taking extra time to think in your mother tongue before answering your patients in English? Please do explain your experience with examples.
7. Do you have problems in explaining the patient's charts, scans, medication, medical and surgical procedures in English? Please do explain your experience with examples.
8. Do you have problems in explaining the medical and nursing jargons in English to the patients? Please do explain your experience with examples.
9. Do you have problems while listening to the out-going matron's English presentation during the Handover process? Please do explain your experience with examples.
10. Do you have problems while interacting in English with the off-going nurse's case presentation during the Handover process? Please do explain your experience with examples.
11. Do you have problems writing English reports? If yes, what problems do you face?
12. Do you have problems reading the written English reports done by the off-going nurses? If yes, what problems do you face?
13. Do you feel embarrassed communicating in English with the patients? Please explain with examples.

14. How do you put your patients at ease before explaining the medical and surgical process in English?
15. Do you feel frustrated while speaking in English to the patients, colleagues, matrons, or doctors?
16. What are some of the problems you face while writing English reports? Please provide examples.
17. In your opinion, what other English communication problems do you have?
18. In your opinion, how do you think the nurses can improve their English communicative skills?
19. Would having English classes help to improve your English communicative skill? If yes, which skills would you like to improve?
18. What activities do you suggest to have in English classes?

APPENDIX G

Subjects Information Sheet

Research Title

English Language Needs and Challenges Faced by Nurses Engaged in Medical Tourism in Malaysia.

Introduction

In Malaysia, many private hospital staffs use English language for communication purpose. Nurses have to communicate with doctors, patients and their relatives, other nurses, pharmacists and technicians. They are required to give, follow instructions, converse and write in English because many of the medical tourism patients communicate in English. Yet, nurses are known to have problems communicating in English.

Purpose:

1. To investigate the English language communicative challenges of the nurses engaged in Medical Tourism in Malaysia.
2. To investigate the English language communicative needs of the nurses engaged in Medical Tourism in Malaysia.
3. To identify the language skills that need to be emphasised in a proposed English Language curriculum for the nurses.

Participation in the Study

1. Your participation in this study is entirely voluntary.
2. You may refuse to take part in the study or you may withdraw yourself from participation in the study anytime without penalty.

Benefit of Study

1. Information from this study will benefit the researcher(s) and university.
2. If you have any question about this study or your rights, please contact the investigator, Aditya Karuthan at telephone number 0126589731.

Confidentiality

1. Your answer and information will be kept confidential by the investigator(s) and will not be made public unless disclosure is required by law.
2. By signing this consent form, you will authorize the review of records, analysis and use of the data arising from this study.

Consent Form

To become a subject in the research, you are advised to sign this Consent Form.

I will herewith confirm that I have met the requirement of age and am capable of acting on behalf of myself as follows:

1. I understand the nature and scope of the research being undertaken.
2. All my questions relating to this research and my participation therein have been answered to my satisfaction.
3. I voluntarily agree to take part in this research, to follow the study procedures and to provide all necessary information to the investigator as requested.
4. I may at any time choose to withdraw from this research without giving reasons.
5. I have received a copy of the Subjects Information Sheet and Consent Form.
6. Except for damages resulting from negligent or malicious conduct of the researcher, I hereby release and discharge University of Malaya and all participating researchers from all liability associated with, arising out of, or related to my participation and agree to hold them harmless from any harm or loss that may be incurred by me due to my participation in the research.
7. I have read and understood all the terms and conditions of my participation in the research.

I have read the statements above, understand the same, and voluntarily sign this form.

Dated: _____ day _____ month _____ year

Signature **Date (dd/mm/yy)**

Name and Researcher's Signature **Date (dd/mm/yy)**