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Nursing English Nexus

Edited by Jeffrey Huffman



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Nursing English Nexus

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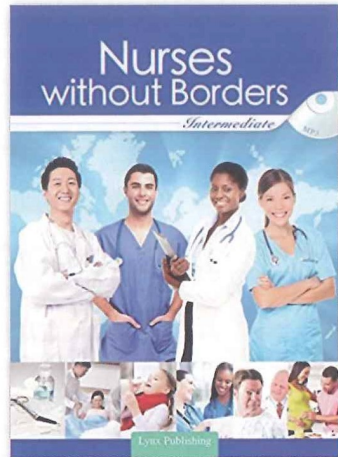
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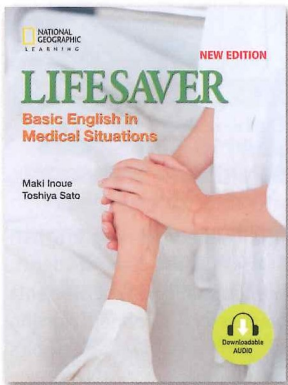
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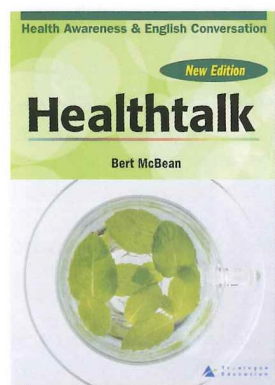
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From the Editor
Jeffrey Huffman

Greetings to all and thank you for your ongoing support of *Nursing English Nexus*, the official journal of the Japan Association for Nursing English Teaching (JANET).

The October 2023 issue starts with a research article by Tomoyuki Kawashima of Gunma University that describes and evaluates a hospital dialogue writing activity done with nursing students as well as laboratory science and physical/occupational therapy students. Creation of the 2-minute dialogues involved multiple rounds of collaborative pair revisions alternating with indirect feedback by the instructor, with the activity culminating in an in-class performance of the dialogues. Kawashima conducted a content analysis of both the students' dialogues and their free-response evaluations of the activity, and the Discussion section provides recommendations for maximizing the benefits of such an activity, including a specific focus on the pair work and instructor feedback elements. I imagine some readers will want to work this activity into their syllabus post-haste.

Our second article is a welcome contribution by Nipunika Dilani of Buddhist and Pali University of Sri Lanka. Dilani takes us through her literature review of motivation in L2 learning in general and nursing English contexts, and she then provides the results of a questionnaire she conducted with Sri Lankan nurses about their English-learning motivation. She finds that most working nurses report feeling instrumental motivation toward English learning, but that they do so only on a self-study basis and have trouble finding time to study English in the midst of their busy schedules. This is something I'm sure nurses in EFL environments around the world can relate to.

Rounding out the issue is an informative review, by Sean Thornton of Hamamatsu University School of Medicine, of a preparatory book for the Occupational English Test (OET) for nurses. Readers will appreciate Thornton's detailed explanation of the test itself as well as the book, along with his recommendations regarding which educational contexts it may or may not be useful for.

Thank you for reading, and as always we look forward to receiving all types of submissions for future issues of NEN, from short "teaching tips" articles to discussion/opinion pieces, to longer research articles. The next deadline for submissions is January 15, 2024, and our submission guidelines can be accessed via the JANET website.

Call for papers: We welcome anyone with an interest in any aspect of nursing English education to submit an article – in English or Japanese – in one of the following formats:

- Research articles (up to 5000 words)
- Reports (up to 2000 words)
- Introduction of current research projects (up to 1500 words)
- Discussion / observations / polemics / opinions (up to 1500 words)
- Short summaries or reviews of books or articles (up to 1500 words)
- Interviews with nursing educators/researchers (up to 1500 words)
- Reviews of nursing English materials and / or technologies (up to 1500 words)
- Short, practical teaching tips (up to 1000 words)

Submissions for the April issue must be received by January 15 and the October issue by July 15. Information about the submission process and a style guide can be found at <<https://www.janetorg.com/nexus>>.

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Hospital Dialogue Writing Involving Multiple Cycles of Indirect Instructor Feedback and Collaborative Pair Revisions

Tomoyuki Kawashima (tkawashima@gunma-u.ac.jp)
Gunma University

Abstract: *When Japanese English learners make presentations in the classroom, they tend to look down at their manuscripts without looking straight at the audience. This commonly observed trait is likely primarily due to insufficient practice and lack of confidence. To improve this situation, teachers need to give students more opportunities to present while controlling their anxiety about presentations. Previous research suggests that pair work often makes learning enjoyable (Koskinen & Blum, 1986) and can lower students' anxiety (Koga, 2010). In addition, though students prefer direct feedback, indirect feedback can contribute to an equal or greater level of writing accuracy over the long term (Bitchener, Young, & Cameron, 2005). A study was conducted to verify these claims. Working in pairs, 112 second-year university students majoring in health sciences devised their own hospital dialogues. They revised their scripts in pairs three times based on indirect feedback from the teacher before performing the dialogue in front of the class. Students' initial manuscripts and post-activity feedback were used to examine the effects of dialogue writing through multiple cycles of indirect teacher feedback and pair revisions. The positive student reactions suggest that the instruction is worth trying when teachers assign a hospital dialogue-writing or roleplaying activity in their class.*

Keywords: dialogue writing, repeated feedback, pair work

About the Author: Tomoyuki Kawashima is an Associate Professor at the Graduate School of Health Sciences, Gunma University. He taught English to high school students for 25 years. His research interests include pedagogical applications of World Englishes in English language teaching, affective factors in speaking English, and developing speaking and writing skills.

Introduction

This section reviews four research areas that led the author to the current form of dialogue writing instruction. First, the author's initial research interest in constructing the lesson was feedback. Feedback is defined as "input from a reader to a writer with the effect of providing information to the writer for revision" (Keh, 1990, p. 294). Depending on who offers the advice, it can be classified as teacher, peer, or machine feedback, and also as direct or indirect feedback. Direct feedback is explicit advice that includes specific alternatives, whereas the indirect feedback is implicit guidance with no concrete suggestion offered. Though most students prefer direct feedback, it is widely assumed that indirect feedback contributes more to the development of long-term writing skills (e.g., Bitchener, Young, & Cameron, 2005).

Furthermore, feedback can be provided in either written or oral form, with oral feedback often referred to as 'conferences'. Conferences between a student and a teacher benefit both parties. Students can ask teachers questions about the errors and the corrections they received and get further explanations (Bitchener, Young, & Cameron, 2005). Teachers, on the other hand, can ask students for clarification and check their understanding of the written and/or oral comments the teachers have given (Keh, 1990). Teachers can hold group conferences with two to three students in addition to individual conferences. According to Keh (1990), group conferences are more successful than individual conferences because students can feel more at ease speaking in a group. Based on the research findings on feedback, indirect feedback and group conferences were chosen for this study.

Collaboration and peer feedback was another research area used as a reference for developing the instructional design employed in this study. Collaborative work outperforms individual work (Kang & Lee, 2019), and what is particularly important for Japanese students who tend to have a higher level of speaking anxiety is that a sense of cooperativeness can reduce student apprehension toward speaking (Koga, 2010). Kang and Lee (2019) assigned two groups of 8th-grade Korean students to two story-writing tasks, with either individual or collaborative pre-task planning. The results indicated that collaborative pre-task planning led to higher fluency (the number of words per minute) and syntactic complexity (the mean length of T-unit and mean length of clause). In Iran, Baleghizadeh (2010) revealed that students performed significantly better in word-building tasks when working in pairs than when working individually. Furthermore, the positive effects of peer feedback on Japanese college students were documented by Kamimura (2006). She compared holistic ratings of the essays students wrote and the number of words written in several revisions by students before and after receiving peer feedback. The findings showed that peer feedback had a beneficial effect on overall essay quality. Koga (2010) investigated the relationship and dynamicity of seven variables, including communication apprehension and cooperativeness, in Japanese college students majoring in physiotherapy over 15 weeks. Based on the results, he concluded that increased cooperativeness led to decreased communication apprehension. Pair work was adopted for the classroom activity based on the research evidence on collaborative work and peer feedback.

The third area of research that was considered in drafting the current teaching plan was task repetition. Though it was tested with speaking tasks, Date (2013) found with Japanese college students that task repetition facilitates proceduralization, or the process of storing and

developing the specific knowledge necessary for using language spontaneously. He found that task repetition improves fluency and accuracy in a new task.

Role play was the fourth research area the author referred to when preparing the lesson plan. Bray (2010) identified the risks when introducing roleplay in Japan. He contended that roleplay might be challenging in Japanese EFL classrooms as students are used to teacher-led lessons and form-focused, strictly-supervised language practice activities. Based on these concerns, the author chose to modify impromptu roleplay as dialogue writing and presentation to reduce the difficulty level. Moreover, the instruction was introduced in the second semester when students had already learned some medical English and expressions that might be used in hospital dialogues.

By applying an instruction plan that would incorporate repeated peer and teacher feedback in a hospital roleplay script-writing activity and by collecting and analyzing dialogue scripts and student reflections, the author sought to answer the following two questions:

RQ1 What characteristics can be observed in student word choice?

RQ2 How do students perceive the repeated cycles of indirect teacher feedback and collaborative pair revisions?

Method

Participants

The activity was conducted as part of a regular English class for 112 second-year university students. Students belonged to three intact groups according to their specialties: 38 nursing students (19 pairs), 37 laboratory sciences students (17 pairs and one group of three), and 37 physical therapy (PT) or occupational therapy (OT) students (17 pairs and one group of three). For 15 weeks, the teacher (the author) met the students once a week. A different textbook was used for each major. Capper's (2014) *Bedside*

Manner was used with nursing students, Inoue et al.'s (2016) *English for Healthcare Communication* was used with laboratory sciences students, and Vincent and Meadows' (2017) *Speaking of Nursing* was used with physical and occupational therapy students. However, the instruction of dialogue writing was conducted as a common activity irrespective of student majors.

Instruction

The activity was conducted over four weeks. In Week 1, students paired up and started preparing a script for a 2-minute dialogue in a hospital. They were allowed to choose anyone as their partner. The teacher provided the specific situation of the roleplay, which differed depending on the major (Table 1).

Table 2 describes the four-week instruction schedule. The first pair work took 30 minutes to complete. Students submitted their first drafts via Moodle within two days of the class. The teacher printed the students' drafts and provided implicit feedback; i.e., underlined and marked the parts that needed modifications. He avoided giving direct feedback or providing correct forms in order to make students think. In Week 2, students worked in pairs on their second drafts in response to the teacher's indirect feedback for another 30 minutes. On the second draft (again submitted online), the teacher gave implicit feedback again. In Week 3, 45 minutes were set aside for the oral conference, where students in pairs could ask the teacher questions to confirm the meaning of his feedback. It was a 45-minute in-class pair-work session with the teacher walking around and being available. Again, the teacher refrained from offering direct answers or suggesting specific terms. Instead, he explained in Japanese why the parts needed to be modified.

According to Bray (2010), students must understand the pragmatic aspects of language use to create a naturally flowing dialogue. In this regard, the group conference provided students

Table 1. Setting for Roleplay

Major	Setting
Nursing	➤ Two medical personnel are about to change shifts. They exchange information about their patients.
Laboratory Sciences	➤ A patient is going to undergo a medical test. A medical professional informs the patient about the test, how it works, and what he or she should or should not do before the test.
PT/OT	➤ A medical expert assesses a patient's motor function to make a rehabilitation plan.

Table 2. Schedule of Dialogue Writing

Week	Duration	Student Task in Class	Teacher Feedback
1	30 min.	Making pairs & preparing the script	Indirect written FB
2	30 min.	Revising the script	Indirect written FB
3	45 min.	Revising the script & attending an oral conference with the teacher	Indirect oral FB
4	60 min.	Performing the dialogue in class	Direct written FB

with good opportunities to learn about social distance, politeness, or the level of formality required in specific contexts. After the third round of revisions, students submitted their final drafts. In Week 4, students performed their dialogue in class. In Week 5, final drafts with direct corrective feedback from the teacher and grades were returned. The teacher either corrected errors or offered more acceptable expressions. The grades were based on the length of dialogues, the accuracy of the final draft, the duration of the presentation, levels of memorization during the performance, and fluency of speech.

Data Collection and Analysis

To determine patterns in student word choices (RQ1), the first drafts written by the 55 pairs were analyzed. The manuscripts were stored in three separate files based on student majors, and the following analyses were carried out independently using *AntConc*, a free software for quantitative content analysis. The N-Grams and Concordance tools were employed to identify frequent expressions used by students. First, the N-Grams tool scanned the whole text for 2-gram, 3-gram, and 4-gram expressions (i.e., 2-word, 3-word, and 4-word clusters) that were used ten times or more. After reviewing the N-Grams tool's output, the author selected nineteen clusters that could be used in combination with many words. The author then used the Concordance tool to check how each cluster was used in the text. Finally, several expressions that showed a strong bias in

use by certain majors were further examined to determine whether they matched the expressions in the students' textbooks.

To investigate student perceptions of the instruction (RQ2), they were asked to comment in Japanese on any aspect of the instruction they chose. To this end, an anonymous reaction paper was distributed in Week 5. It consisted of one open-ended question in Japanese: "What do you think about the pair dialogue-making and presentation? Please write your thoughts freely." The students' responses were coded and thematically sorted, and their frequency recorded, to investigate the effect of repetitive indirect teacher feedback and pair revisions on student language learning and the final oral presentation. Participants were told that their writing and reflections would be used in a research study. They were asked to express their wish to have their responses removed from the data if they were not comfortable participating.

Results

RQ1 What characteristics can be observed in student word choice?

Students chose a medical expert or experts as interactants in their dialogues in the given setting. Except for one pair, all nursing students chose nurses. The laboratory sciences students' selections were diverse: eleven pairs chose a doctor, four picked a nurse, and two selected a medical laboratory technologist. Most rehabilitation students chose a PT or an OT based on their majors, while two pairs chose a doctor-patient interaction.

Table 3 shows the eleven clusters most frequently used by all pairs revealed by the concordance analysis and the frequency breakdown of each expression by major. The frequency breakdown shows whether the use of expressions was biased by majors. For example, "I'm" was the expression most frequently used in the dialogues (30 times) and its use skewed to the

laboratory sciences students. They used the expression 23 times out of 30 times (76.7%). This section reviews four clusters that showed biased use by a particular major: "I'm" (Ranking 1st), "I feel" (Ranking 4th), "I can't" (Ranking 6th), and "to take a" (Ranking 7th). The appendix illustrates how students used these four clusters and the expressions in the students' textbooks.

The term "I'm" was used most frequently by laboratory sciences students (76.7%), and their use could be divided into two patterns. The first pattern was the use of an adjective phrase or prepositional phrase to express the patient's feeling or condition, such as "I am relieved a little to hear it," "I am in good health except for arrhythmia," and "I am tired, and my hands and feet are painful." The other pattern was the use of the idiom "be going to do" to describe the test the medical professional was going to perform. For example, these expressions included, "I am going to attach some electrodes to your chest." "I am going to use disinfectants other than alcohol." "I am now going to take a blood sample." The latter type of expression was in the students' textbook, while the former was not (Inoue et al. 2016, p. 24).

The clusters "I feel" and "I can't" were found primarily in the dialogue created by PT/OT students (81.8% and 82.4%, respectively). Further examination showed that the phrase "I feel" was always used to express the patient's condition, mostly with the word "pain," such as "I feel a little pain in my shoulder" or "I feel the pain at this angle." Likewise, the phrase "I can't" was used to

Table 3. Eleven Most Frequently Used Clusters

Ranking	Cluster	Frequency	Frequency Breakdown by Major		
			Nursing	Lab. Sciences	PT/OT
1	I'm	30	3	23	4
			10.0%	76.7%	13.3%
2	do you have	27	6	13	8
			22.2%	48.1%	29.6%
3	let me	23	2	6	15
			8.7%	26.1%	65.2%
4	I feel	22	1	3	18
			4.5%	13.6%	81.8%
5	I want	21	9	7	5
			42.9%	33.3%	23.8%
6	I can't	17	0	3	14
			0.0%	17.6%	82.4%
7	If you feel	15	0	6	9
			0.0%	40.0%	60.0%
7	to take a	15	8	7	0
			53.3%	46.7%	0.0%
9	thank you for	14	6	6	2
			42.9%	42.9%	14.3%
10	I have a	13	1	5	7
			7.7%	38.5%	53.8%
10	you should	13	5	4	4
			38.5%	30.8%	30.8%

show the patient's inability to do something in their everyday life, e.g., "I can't walk a long time," or in response to therapist directions, e.g., "I can't go any further." Subsequent investigation revealed no matching between the students' expressions and those in their textbooks.

Nursing and laboratory sciences students used the cluster "to take a." Except for two, all nursing pairs used it with "bath," while the remaining two pairs and the majority of the laboratory sciences pairs used it with "blood sample." This suggests that nursing students thought of bath quickly as the information to pass on to the nurse taking over, whereas laboratory sciences students associated the verb 'take' with the test specimen. As for the expressions used by nursing students, no matches were found with those in their textbooks. On the other hand, the expression that four laboratory sciences pairs used "to take a blood sample" was found in their textbook (Inoue et al., 2016, p. 24).

RQ2 How did students perceive the repeated cycles of indirect teacher feedback and collaborative pair revisions?

Table 4 shows the results of the thematic analysis of student comments in descending order of frequency. A total of 93 comments from 82 students were collected and categorized into seven topics. The response rate based on the total number of participants (N = 112) was 73.2%.

The largest proportion of responses (18.3%) were about the benefits of the instruction in helping them use more appropriate and natural expressions. Students reported being able to consider further details and use proper language. "I was able to express what I wanted to say more appropriately and translate it into English through repeated corrections," wrote student A17. Moreover, repeated pair revisions were likely to assist students in polishing their dialogues and making their English more natural. The following entry supports this assumption. "It was nice that I

could understand a little bit of natural English because I revised it many times" (A5).

The second most common response (16.1%) concerned the ample time allowance for revisions and practices. Students stated that the ample time provided enabled them to focus their thinking during their final presentation. This conclusion is based on comments like the following: "I think we were able to become more deeply immersed in English by practicing conversations we devised rather than simply reading the textbook" (A21). Moreover, the fact that students could review their manuscripts during class was an important factor influencing their reactions. For example, one student responded, "Three times of correction was just fine. I found it good because we could correct them in class" (B15).

Another common theme was student satisfaction with more accurate use of English (15.1%). The benefit of increased accuracy was mentioned in the following three remarks: "I was less likely to remember incorrect English by reviewing the sentences three times, and I thought it was very helpful" (B11), "I felt that we learned a lot because we could see what was wrong and right in the sentences we created" (C14), and "It was beneficial to have many opportunities to review sentences and to learn about subtle nuances and proper grammar" (B7).

Increased familiarity with medical English came in fourth place (14.0%). According to the following remark, students appeared to have familiarized themselves with English in the

Table 4. Thematic Analysis of Student Comments

Ranking	Theme	N	%
1	More appropriate and natural expressions	17	18.3%
2	Ample time allowance for revisions and practice	15	16.1%
3	More accurate use of English	14	15.1%
4	Increased familiarity with medical English	13	14.0%
5	Implications for English language learning	10	10.8%
6	Adequate feedback frequency	9	9.7%
7	Sense of accomplishment	6	6.5%
8	Other comments	5	5.4%
9	Joys of being in pairs	4	4.3%
	Total	93	100%

medical area after realizing that not all medical English is difficult: "When I first heard the phrase 'medical English,' I imagined that it was full of very difficult phrases. However, I found that even if some vocabulary was new, it was possible to create a natural conversation without much grammatical complexity" (B14). Furthermore, for students who had started clinical training, roleplay in the hospital seemed more accessible than before. One student stated, "It was easy for me to construct a dialogue because I started in-hospital training in the second semester and learned clinical conversations" (C3).

Following up next was the implications for their English learning (10.8%). The comments below indicate that students learned some tips from this activity to help them study English. Students commented, for instance, "I have acquired the ability to construct an English dialogue, which would be impossible through rote memorization" (A9), "I learned how to express what I wanted to say using simple English" (A1), and "I was able to get a big hint for my future English studies" (A13). A related comment categorized in this theme, "When composing a conversation in English, I was able to review English expressions that I had learned in junior and senior high schools" (A7), indicates the students' realization that medical English is not totally different from general English.

Some students acknowledged the adequate feedback frequency and the group conference with the teacher (9.7%). Students appeared to benefit from examining their writing three times with a one-week delay. "I think multiple revisions like this was good, especially since there were certain issues that could be found out by looking at them again after some time," wrote student C13. In addition, student feedback suggested that the group conference after the second revision encouraged students to deepen their understanding of English. For instance, one student remarked, "I received feedback directly from the teacher

during class time, so I could improve my comprehension" (C3). Multiple revision activities may also contribute to increased self-confidence in performance, according to the following comments: "I thought...the number of times I revised also gave me confidence" (B5), and "Having ample time for correction before performance helped me to have confidence in my presentation" (A3).

The remaining comments concerned a sense of accomplishment (6.5%) and the joys of being in pairs (4.3%). Their satisfaction was reflected in the following responses: "It was hard to remember, but I felt a sense of accomplishment when I finished a 2-minute conversation" (A7), "It was rewarding that we had to think about how to express ourselves while preparing the manuscript" (C9), and "It was good to get a sense of satisfaction in terms of the accuracy, time, and quality of the presentations, which improved as we practiced more and more" (C11). On the other hand, pair work seemed to lower the perceived difficulty level of a task. One student commented, "It was challenging to think of a sentence from scratch in English, but I was glad that I could think together with my partner and create a sentence" (A24). "I was able to take responsibility for the presentation because it was a pair presentation rather than a group presentation," wrote another student (A21). Still another student admitted that, though pair work was less time-efficient than individual work, it was worth the time and effort, stating, "It was fun to work together in pairs to create a manuscript, even though it took a little bit more time and effort" (A12).

Finally, a few criticisms and suggestions were classified as "other comments" (5.4%). Three students proposed that the dialogues should be impromptu. They wrote, "I think that just making English sentences and doing them by rote is not a good way to improve our English. I thought it would be more helpful to create dialogues on the

spot without following a script" (B13), "I felt that even if I could produce accurate English, it wouldn't mean much if I couldn't say it immediately" (C16), and "I think a scene outside a hospital or in an unexpected situation would be interesting" (B17). These remarks implied that some students valued spontaneity above correctness. Other proposed ideas included using props during the final presentation (C4) and distributing copies of dialogue scripts during the presentations (A24).

Discussion

The findings of this study raised some points for discussion. First, the predominance of particular expressions by certain majors suggests that the scene settings and the choices of interactants most likely influenced student word choice. Moreover, the finding that only two expressions students used matched the expressions in their textbook implies that students did not necessarily use the expressions in the text verbatim but instead devised sentences that suited the situation on their own. Though their textbooks did not contain dialogues students could copy, there were a few similar topics in their textbooks. For example, the textbook for laboratory sciences students included topics comparable to the scenario in this task. Moreover, it featured supplementary reading material in Japanese that explained the complete physical exam called 'human dock' (Inoue et al. 2016, p. 23). The textbook also had a dialogue in which a nurse answered a patient's questions about the pelvic examination she would undergo (p. 32). Similarly, the textbook for nursing students provided two short conversations whose contexts were similar to those they were assigned. Two nurses talked about a patient in one dialogue (Capper, 2014, p. 25), and a nurse told her friend working in an insurance company about her work in the hospital (p. 52). Despite these similarities in the topics, students explored their use of language

independently of the textbook. This finding hints at the possibility of encouraging students to use words they have learned elsewhere more proactively by providing settings not available in the student textbook.

Teachers must construct a specific scenario rather than a general scene, such as 'in the hospital.' Chetsadanuwat (2018) is a good reference for teachers when considering roleplay scenarios in the hospital. He asked 100 nurses at five international hospitals in Thailand how much they needed English in terms of four language skills and for what specific functions. The results illustrated that listening was the most highly needed language skill and that listening to a patient's history, symptoms, and requests was the particular function for which participating nurses felt they needed English listening skills.

On the other hand, student perceptions of multiple cycles of indirect teacher feedback and collaborative pair revisions in this study revealed that most participants favored the instruction, owing to the ample time allocated to review their writing and collaborative learning environments, including the group conference with the teacher. As a result of these aspects, students gained a deeper understanding of the English language, felt progress in creating dialogues in more appropriate, accurate, and natural English, and, most importantly, felt greater confidence in the final presentation.

In addition, there appear to be some minor but crucial additional factors that may contribute to student satisfaction. One point to mention is the language students use when revising dialogue scripts. Teachers should allow students to use their L1. Otherwise, students will be unable to discuss "subtle nuances and proper grammar" (student B7) during the preparation.

Another factor is how students are paired. In this study, students were paired with anybody they wished among their classmates. In the case of Japanese students, pairing flexibility, or lack of

it, can significantly impact the depth of interaction during pair work. According to Storch (2002), four distinct dyadic interaction patterns, i.e., collaborative, dominant/dominant, dominant/passive, and expert/novice, can be found, and collaborative and expert/novice pairs show more transfer of knowledge than dominant/dominant and dominant/passive pairs. Her study examined international students in an Australian university. When comparing Australian and Japanese students, it is probable that Japanese students refrain from making critical remarks to a greater extent than their Australian counterparts. This propensity can increase when students feel a distance between themselves and their partners. Therefore, pairing of Japanese students should be handled with great care, allowing them to choose their own pairs as much as possible.

In addition, some researchers discuss the need for training in order to maximize the educational benefits of peer feedback. For instance, Kamimura (2006) suggested giving preliminary training on peer feedback in EFL writing instruction to compensate for the inadequacies of peer evaluation in non-Western, harmony-emphasizing rhetorical/cultural contexts. Similarly, Sato (2013) highlighted the need to encourage Japanese English learners to consider their peers as learning resources and decrease the face-threatening aspects of peer interaction. He offered intensive training on peer interaction and corrective feedback to Japanese college students to foster a collaborative environment before doing a classroom intervention. Furthermore, Baleghizadeh (2010) contended that students should be aware that the following collaborative skills are required for successful collaborative work: asking for help, providing reasons, disagreeing politely, requesting clarification, actively listening, making suggestions, and encouraging others to participate. These study findings suggest that before beginning collaborative pair work in class, it may be

worthwhile for teachers to consider whether to provide some form of training on peer feedback.

Another factor influencing student satisfaction is doing collaborative pair work in class rather than out of class. Student comments such as, "It was good that we could correct them in class" (B15) and "It was fun to work together in pairs to create a manuscript, even though it took a little bit more time and effort" (A12) imply that the importance of ensuring time for collaborative work in the classroom should not be taken lightly.

Finally, this study had some limitations that should be taken into consideration when interpreting the results. Because their teacher conducted the study, students may have refrained from writing critical comments. As a result, it cannot be ruled out that this influenced students to write positive reactions. Moreover, this study employed just one post-activity free-response questionnaire item, so further data collection and analysis, such as student interviews, would be useful. Despite these shortcomings, this study may shed some light on the introduction of hospital dialogue writing and roleplaying for healthcare students.

Conclusion

This study applied repeated implicit feedback from the teacher and collaborative pair revisions to script writing for hospital roleplay. Examining student writing for frequently used expressions revealed that student word choice is not necessarily influenced by the expressions used in the students' textbooks, but instead they tended to devise expressions appropriate to the situation on their own. This finding emphasizes the importance of scene setting in influencing the language students use. A qualitative analysis of student responses to the instruction demonstrated that it was well received. Their favorable reactions were influenced by a number of factors, such as the frequency of revisions, the length of the interval between revisions, the availability of the

group conference with the teacher, the freedom to choose their own pair partners, and the provision of review time during the class period.

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Appendix

Student Use	Expressions in the Textbook
<p>“I’m” (Lab. sciences students) I am here for my son’s vaccinations of flu. I am in good health except for arrhythmia. I am not good at pain. (x3) I am tired and my hands and feet are painful. I am relieved a little to hear it. (x2) I am going to attach some electrodes to your chest. I am going to use disinfectants other than alcohol. I am now going to take a blood sample*.</p>	<p>Inoue et al. (2016) I am now going to take a blood sample. (p. 24)* I’m going to take your blood pressure now. (p. 25) I’m just going to wrap this cuff around your arm, OK? (p. 25)</p>
<p>“I feel” (PT/OT students) I feel a little painful. I feel a little cramping pain in my left knee. I feel a little pain. (x3) I feel pain in my shoulder. I feel pain when standing and sitting. I feel pain when I bend down my wrist. I feel sharp pain. I can’t move any more. I feel some pain. I feel the pain when I play tennis. I feel the pain at this angle. (x2) I feel discomfort a little in right knee joint. I feel like it’s really stretched.</p>	<p>Vincent & Meadows (2017) She is feeling faint. (p. 49) She feels dizzy. (p. 51)</p>
<p>“I can’t” (PT/OT students) I can’t do anything more. I can’t do it anymore. I can’t flex my leg any more. I can’t go any further. I can’t move any more. I can’t move my right arm well. I can’t raise my arm normally. I can’t squat down and sit square. I can’t turn left. I can’t turn my head. I can’t walk long time.</p>	<p>Vincent & Meadows (2017) The elderly man cannot remember things and has trouble thinking clearly. (p. 49) The patient cannot feel anything in his right hand. (p. 49)</p>
<p>“to take a” (Nursing students) to take a bath? to take a bath in the evening to take a bath in the evening to take a bath every day to take a bath to take a blood sample at 2:00 p.m. to take a blood sample well?</p>	<p>Capper (2014) Have you taken your temperature? (p. 11) Take off your shirt. (p. 30) Take a deep breath. (p. 31) What time did you take your medication? (p. 36) She is taking the patient to rehab. (p. 51)</p>
<p>“to take a” (Lab. sciences students) to take a barium for the examination to take a blood sample* to take a blood sample* to take a blood sample for a routine checkup* to take a blood sample* to take a rest today</p>	<p>Inoue et al. (2016) ...to take a specimen from your nose. (p. 6) Be sure to take the medicine. (p. 7) Let me take your temperature. (p. 8) You will be taken to the ER. (p. 11) Try to take some deep breaths. (p. 14) We are going to take good care of you. (p. 15) I am now going to take a blood sample. (p. 24)*</p>

Note. An asterisk indicates that the student’s textbook used the same expression.

Motivation to Learn English in Sri Lankan Nurses

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Abstract: English has become an essential language requirement for many professions by now. However, English proficiency is not considered during the recruitment process and job performance evaluation of nurses in Sri Lanka. Accordingly, this study explored the nature of the motivation of nurses to learn English. Specifically, it investigated whether nurses are motivated to learn English and the reasons thereof, the type of motivation pattern demonstrated, and the challenges they face in learning English. For this survey on motivation, 30 in-service nurses below the age of 50 were selected (convenience sample) from a state hospital in Sri Lanka. A Google Forms questionnaire based on Gardner's Attitude/Motivation Test Battery was given to the participants, and the same platform was used to analyze the data. The findings show that the nurses are motivated to learn English mainly to migrate to a foreign country to find a job. This indicates an instrumental motivation pattern in Sri Lankan nurses. Those who are not motivated to learn English mentioned that English is not essential for their job and that they are not tested on English skills. Time limitations due to busy and hectic schedules are the most significant challenges to learning English for these participants.

Keywords: English, instrumental motivation, integrative motivation, nurses

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Motivation is commonly recognized as the primary factor affecting success in second language (L2) learning (Ushoida, 2013). Motivation provides the "primary impetus" for initiating learning an L2 as well as the "driving force" in ensuring learning (Dörnyei, 1998, p. 117). The other factors, such as attitude and age, that affect L2 learning also sometimes depend on motivation (Dörnyei & Otto, 1998). Thus, motivation is crucial to L2 learning from the initial stages of learning to the successful mastering of it, to the extent that without it no second language learning could take place.

The multitude of existing research and theories on motivation provides further evidence of its crucial importance in second language learning as well as its popularity as a field of research. Educators in many countries where English is taught and learned as a second language have done a great deal of research related to motivation, understanding its crucial importance in learning English. At the same time,

teachers of English, especially those who teach it as a second language, experience how difficult it is to teach learners who are less motivated.

"Nursing is an art and a science as well as a humanitarian service" (*Nursing as a Profession*, n.d.). In Sri Lanka nursing is regarded as a respected profession rather than a service, considering its humanitarian aspects in addition to the vital importance assigned to it within the health care delivery system of the country. Sri Lanka is a multilingual country where English functions as the link language, so knowledge of English and especially the ability to communicate in English is necessary for almost every profession in order to perform job roles better and provide services in an egalitarian manner. In such a scenario, English is essential for nurses, whose services are vital and must be delivered to people speaking different languages in the country. Thus, it is important to study the nature of the motivation of nurses to learn English.

Literature Review

Considering the bulk of the existing literature and scholarship on nursing English and motivation, this section limits its scope to introducing and defining the concept of motivation, theories related to motivation, nursing English education, and empirical studies on motivation in nursing English education.

Definitions of Motivation

One of the key and pioneer figures in motivation studies is R. C. Gardner, who theorized motivation in L2 learning through empirical studies. According to him, motivation is "the extent to which an individual works or strives to learn the language because of a desire to do so and the satisfaction experienced in this activity" (Gardner, 1985, p. 2). Motivation in the language classroom is affected by classroom environment, the nature of the course and curriculum, characteristics of the teacher, and the scholastic nature of the students (Gardner, 2010). Seaman put the same idea in different terms, proposing that motivation consists of the three components: "effort", "desire", and "affect" (2009, p. 1). The learners should put forth some effort out of a desire to achieve an L2 learning goal and ultimately the learners gain a great deal of satisfaction. Lack of any of these components may result in some deficiency in motivation, so the accumulation of all these factors constitutes motivation in L2 learning. Scholars agree that motivation is a complex construct that combines effort and desire to achieve the language learning goal ensured by a favorable attitude toward the language (Gardner, 2010; Ushioda, 2013; Dörnyei, 1998). The complexity of motivation lies in its entanglement with psychological, behavioral, and cultural aspects, all of which contribute to the construct of motivation on different levels. Sometimes, due to the complexity of motivation as a construct, the component parts of an individual's motivation cannot be clearly parsed.

This explains the importance of studying it from different perspectives and angles.

Dörnyei and Ottó (1998) provide an extended definition of motivation as "...the dynamically changing cumulative arousal in a person that initiates, directs, coordinates, amplifies, terminates, and evaluates the cognitive and motor processes whereby initial wishes and desires are selected, prioritised, operationalised and (successfully or unsuccessfully) acted out" (p. 65).

The above definition spells out the true nature of motivation. Motivation can be affected by different factors like individual differences, social changes, and requirement changes. At the same time the nature of motivation and the above dynamics will determine how motivation functions in a learner. This definition is also connected with the idea that motivation is related to the choices one makes. Moreover, this definition illustrates the complexity and multifaceted nature of motivation that is blended with different psychological, social, biological, and cultural factors.

Characteristics of a motivated individual have been pointed out to be goal oriented, persistent and desirous, self-confident and showing self-efficacy to achieve the goal (Gardner, 2010). An individual characterized by these qualities will pursue an L2 related goal persistently until it is achieved successfully.

A large number of theories related to motivation in L2 learning can be applied to the current study. Two theories that underpin this study are Gardner's Socio-Educational model of motivation and Dörnyei's concept and framework of motivation. These two theories overlap in many ways, with the former being regarded as the pioneering theory and the latter as a more recent and expanded version. These two theories have been selected for the current study, which blends these two major theories of motivation from two different eras.

Gardner's Socio-Educational Model

Based on empirical studies with French Canadian students, Gardner expanded his original socio-psychological model (1972) as the socio-educational model (1985), and later he further developed the model as the revised socio-educational model (2001). His models are widely known and discussed throughout the world, and researchers of motivation have largely accepted the fundamental importance of Gardner's findings, which have paved the way for a large body of research.

The model presents different variables affecting second language learning motivation in formal and informal learning situations that could result in linguistic and non-linguistic outcomes. In terms of motivation as a variable, the model proposes that the cultural beliefs of learners affect their motivation, and those beliefs are affected by formal language training and informal language experience (Gardner, 2010, p. 83). Gardner focuses on two orientations, integrative motivation and instrumental motivation. Integrativeness is interrelated with the components of attitude toward the learning situation and motivation. Integrative motivation is the desire to integrate oneself with the target culture and people. An individual with integrative motivation demonstrates interest in learning the language in order to communicate with the members of the second language community (Gardner, 1985). In contrast, instrumental motivation is defined as the desire to learn a language for a pragmatic purpose, such as obtaining employment or a degree. Accordingly, a person with instrumental motivation is interested in learning the language because of some practical goals.

Dörnyei's Framework of Motivation

Zoltan Dörnyei is one of the key figures who has conducted highly influential research related to language learning motivation in recent times. Further expanding upon Gardner's motivation

research, he presents a tripartite construct of L2 learning motivation. Basically, the motivation contains three levels: the language level, the learner level, and the learning situation level. The language level, in accordance with the Gardnerian approach, comprises two broad motivational subsystems, integrative and instrumental motivation. Under the learner level there are two major components: need for achievement and self-confidence. Here, self-confidence encompasses various aspects such as language anxiety, perceived L2 competence, attributions to past experiences, and self-efficacy. Finally, under the learning situation level, he identifies three sets of components: 1) course-specific motivational components which deal with the syllabus, the teaching materials, the teaching method, and the learning tasks; 2) teacher-specific motivational components concerning the teacher's personality, teaching style, feedback, and relationship with the students; and 3) group-specific motivational components dealing with the dynamics of the learning group (Dörnyei, 1994, p. 276).

Accordingly, Dörnyei highlights the multifaceted nature of second language learning motivation, showing its true complexity. He and other researchers have identified that motivation in L2 learning is influenced by more variables than just cultural beliefs, as Gardner had identified. However, recent researchers like Dörnyei have been greatly influenced by Gardner's pioneering research.

Nursing English Education

Another key area of the current study is nursing English education. Basically, most nursing English courses are offered as English for specific purposes (ESP) rather than general English courses. Thus, nursing English courses should be related to nursing and health and apply materials that are adapted to the nursing profession (Wibowo, 2021). Nurses, who deal with human beings at crucial moments of their lives, should

have knowledge of different languages in order to communicate with patients. Moreover, considering their professional role and responsibilities, nurses should receive specialized training in order to be able to look after and attend to patients in critical moments in their lives. It is very unfortunate indeed if language becomes a barrier to helping someone at a helpless moment in their life. Similar to other language learners' academic motivation, nursing students also have multiple influences such as cultural, family, social, educational, and professional. Moreover, like in any other learner, motivation leads to academic success, increased learning performance, creativity, academic satisfaction, anxiety reduction, continuing schooling, and qualified nurse preparation (Daniel & Grande, 2022). Like in most other professions, the roles expected to be played by nurses have changed from traditional to a multidisciplinary orientation (Atwal & Caldwell, 2006). In addition to their conventional role of care, nurses are expected to perform well in leadership, advocacy, research, management and illness prevention (Fukada, 2018).

Nursing Education in Sri Lanka

Sri Lankan nursing education was initially highly influenced by the traditional British nursing educational system (Kumara & Sudusinghe, 2021). After being established in 1939, nursing education in Sri Lanka has expanded to 17 nursing schools offering diploma courses in nursing and five universities offering nursing programs leading to a BSc degree (Nursing as a Profession, n. d.). Likewise, starting with a diploma in nursing, nursing education in Sri Lanka was upgraded to degree level as proposed in the National Health Policy of 1992 (Kumara & Sudusinghe, 2021).

Currently, with the high demand in the world for Sri Lankan nurses and with nursing becoming a gateway for migrating to another country due to the economic crisis of the country, recently a few private universities in Sri Lanka are offering

degrees for nurses. Nursing education has now expanded to awarding Master's and PhD degrees in nursing as well (Kumara & Sudusinghe, 2021).

Sri Lanka is a multilingual country where English functions as the link language. Thus, English language is essential for Sri Lankan nurses to ensure service to patients speaking different languages who seek care at hospitals. The nursing schools and universities, in addition to teaching subject-related courses, offer one or two English modules in order to improve students' English proficiency. However, in most universities the medium of education is English. Other than these English modules, the nursing students do not receive a formal English education during their training in schools and universities. However, a pass for Ordinary Level (O/L) and Advanced Level (A/L) is required to qualify to enter a government nursing school. These two examinations, which include English as one of the subjects and require a passing score in English, are the basic certificates awarded in Sri Lanka as proof of completion of secondary education. They are required to be eligible for most employment, university entrance, and other training courses. Thus, it is important to investigate whether or not nurses are motivated to learn English. Studying about the motivation of Sri Lankan nurses to learn English can have great impact on the society in order to confirm that their service is received equally by every linguistic group.

Empirical Studies Related to Nurses' Motivation to Learn English

The large canon of research related to nurses' motivation to learn English reveals the importance of English education for nurses as well as the enthusiasm of the scholars toward this topic. The previous research on nurses' motivation to learn English illustrates the nature of research on motivation in different contexts.

Research conducted with nurses from Saudi Arabia, the Philippines, and Thailand to investigate

the connection between academic motivation and self-directed learning readiness among nursing students has found that students from the Philippines and Thailand were much more ready for self-directed learning than Saudi nursing students (Daniel & Grande, 2022). Not only that, but male nursing students were found less likely to be ready for self-directed learning than female nursing students. Finally, the research found self-directed work readiness to be linked with higher levels of intrinsic motivation. This research investigated a broad scope of country and gender differences in motivation and higher academic performance.

Another group of researchers conducted a quasi-experimental study in order to apply motivational techniques to a nursing English course and to explore the effects on the learning motivation, engagement, and performance of vocational college nursing students (Zhang et al., 2023). In this research, while applying motivation-based teaching to the experimental group, traditional lecture-based teaching was used with the comparison group. The research found that motivation-based teaching effectively improved learning motivation, learning engagement, and learning performance of students in the nursing English course.

Al-Osaimi and Fawaz conducted a qualitative exploratory study titled "Nursing students' perceptions on motivation strategies to enhance academic achievement through blended learning" (2022). They tried to elucidate ways for improving academic motivation among Saudi nursing students who enrolled for blended learning. The study also confirmed the importance of motivation for nurses' academic performance and concluded that educators, students, academic staff, and clinical training staff can work together to develop academic motivation in nurses. All these factors affect nurses' motivation and further boost educational quality by instilling a good attitude among nursing

students, which helps to boost academic motivation.

The expansion of foreign language teaching in Japan has led to researchers investigating nursing English learning motivation there as well. One study conducted with undergraduate nursing students in Japan found that the students show great interest in learning English because of its usefulness in daily communication and travelling (Isoda & Kondo, 2022). It further found that students' interest in learning English, even before entering university, greatly helped in sustaining motivation and succeeding in university studies. The study recommends the importance of updating the curriculum according to the needs of the students.

In summary, these studies from different countries speak to the importance of motivation in English education for nurses. The research has found a positive correlation between motivation and performance in nurses. Further, all these studies from different contexts make it clear that motivation plays a major role in nurses' education.

Research Gap and Objectives

This survey of existing literature makes it clear that a large canon of literature on motivation in L2 learning and learning English in different contexts exist. However, there is a dearth in research with regard to motivation in nurses to learn English in the Sri Lankan context. This study attempts to address that vacuum via the following objectives, all considered within the Sri Lankan context:

1. To explore whether nurses are motivated to learn English, and the reasons thereof.
2. To ascertain the type of motivation shown by nurses.
3. To explore the challenges faced by nurses in learning English.

Methodology

Research Design

The current study follows a typical survey design. A survey "is a system of collecting data from or about people to describe, compare or explain their knowledge, attitudes and behavior" (Fink, 2003, p. 1). As the current study involves an exploration of a human behavior pattern, that is motivation, a survey is a valid approach here.

Data Collection Instrument

Among many survey data collection methods, the current study used a questionnaire that contained both closed-ended and open-ended questions. In formulating the questions, the questions related to motivation in Gardner's Attitude/Motivation Test Battery (AMTB) was used as a model, with some modifications (see Appendix). The questionnaire was distributed via Google Forms, which allows easy access to the nurses, even via their phones.

Participants

The participants for this study were selected via the convenience sampling method from a state-run hospital in Colombo, Sri Lanka. The questionnaire was distributed to more than 50 nurses, and 30 responses were received (60% response rate). The questionnaire was distributed to them after receiving their verbal consent, and in the introduction of the questionnaire, they were formally informed about the research and their anonymity and confidentiality was guaranteed, and these were maintained throughout the process. All the participants were 20–40 years of age. The background of the participants revealed that they have had little exposure to English. Most of the participants rated their English as average, and they mentioned that they are not using English in the family, but they sometimes use English in the workplace.

Data Analysis

The data collected through Google Forms were analyzed using the same platform. The quantitative results are presented as percentages to report the responses. The responses to some of the closed-ended questions are also reported in graphical format. The open-ended content was analyzed using content analysis and descriptively presented.

Findings

The findings are presented in this section in, organized in accordance with the three objectives of this study.

Motivation to Learn English

The first objective was to explore whether the nurses are motivated to learn English or not. They have shown their interest toward learning English in their responses. Out of 30 nurses, as shown in Figure 1, 66.7% of the nurses said that they are currently learning English, basically out of their own interest. This shows that they are motivated to learn English. They know that there is a strong demand for English in the world, yet due to family commitments and busy work schedules, 95% of the sample engage in self-study rather than going to a class to study. Having a sense of interest and need are important characteristics of motivation. As discussed by scholars, effort and desire to

Figure 1

Are you currently learning English?

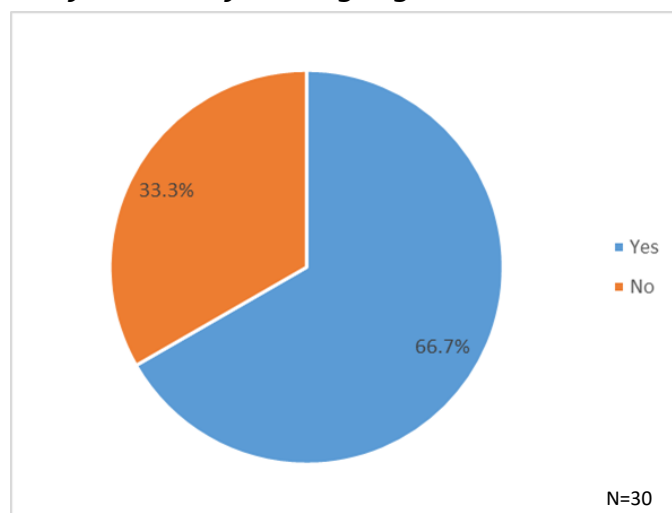
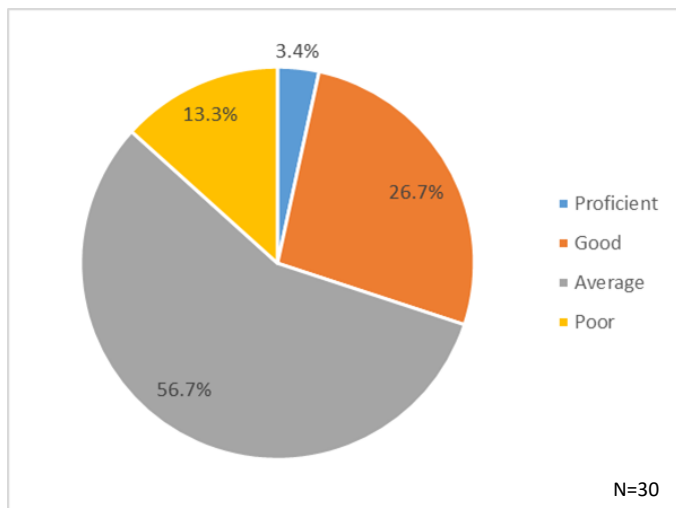


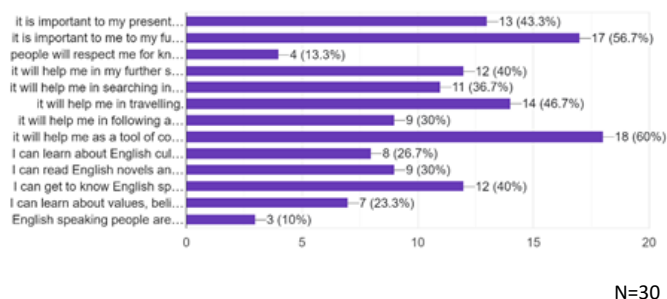
Figure 2
How do you rate your current English proficiency?



achieve a goal are also characteristics of motivation (Seamann, 2009; Gardner, 2010). These nurses have shown their interest and desire while making an effort to learn English by themselves. Not only that, in response to an open-ended question, they further mentioned that they feel the need for English language knowledge in the modern world. Out of this feeling of need and desire they have put an effort into learning the language. Thus, they show the characteristics of motivation as L2 learners of English.

The other 33.3% percent (Figure 1) of the nurses responded that they are not learning English at present. As a major reason for not learning English at the moment, 21% stated that they do not feel any need for English for the completion of employment or family tasks. A few of them (11%) also mentioned that an English requirement is not compulsory for recruitment or promotion. Maybe they do not have an intention of migrating, so they do not feel any need for learning English. As the literature review also supported, they do not need English proficiency for their career development. However, they should have a feeling that they need English for communication with patients of languages other than Sinhalese. Being nurses from a hospital in Colombo, where most people who use different

Figure 3
Learning English can be important to me because



languages live, the nurses have to use English to communicate with them in order to supply a better service.

The respondents rated their own current English knowledge. According to their responses, as shown in Figure 2, most of them (56.7%) have average knowledge in English. Thus, it is obvious that even if they feel they have no need for English for their career path development, they must improve their English in order to provide better service to patients.

Type of Motivation

The responses to the questions designed to understand the nurses' motivational patterns are shown in Figure 3. They were allowed to select more than one response for this question. Among the different responses, 60% of the respondents mentioned that they are learning English as a tool of communication, 56.7% responded that they are learning it as a requirement for future employment, 43.3% mentioned that English is important for their present job, and about 40% selected, "I can get to know English speaking friends". Other responses that were selected by fewer than 10% of the respondents were: "I can learn about English culture and people", "I can read English novels and its literature", and "I can learn about values, beliefs and culture about English people". In response to the open-ended question related to this, 10 respondents mentioned that they just want to live in an English-speaking country due to the economic instability of Sri Lanka. Among skilled migrants, nurses are foremost among Sri

Lankans. In terms of the two types of motivation mentioned above, integrative and instrumental, Gardner defines instrumental motivation as learning another language with the purpose of some pragmatic gains, instead of social implication with the target language community (2010). The main purpose of learning English for these nurses is, therefore, instrumental—they want to find a job in a European country where Sri Lankan nurses are in high demand. That is why they mention that it is important for their future employment.

Challenges Faced in Learning English

The nurses who are interested in learning English wrote the challenges they face in learning English. Among such challenges, 53.3% mentioned that having no time for learning English during their hectic and tight schedules was the most difficult one to solve. Other challenges include poor knowledge of vocabulary (16.7%), having no good learning facilities (10%), fear (6.5%), and lack of confidence (6.8%). Moreover, 6.7% responded that they do not have any challenges.

Limitations

The study has some limitations in terms of generalization. One major limitation is that the sample is not representative enough for generalization. The sample was a convenience sample from one hospital in Colombo, the capital of Sri Lanka. So, the motivation to learn English may be different than that of nurses from rural areas.

Conclusion

Based on the above discussion it is obvious that the majority of Sri Lankan nurses are motivated to learn English. It is a good sign that they have understood the importance of English to achieve their instrumental goals. The minority in the sample are not motivated to learn English as they do not feel they need it for their employment or any other purpose. Most of the nurses who are

motivated to learn English in the sample show an instrumental motivation pattern. Among the challenges of learning English, it was found that the tight schedules that the nurses have is the major challenge they face.

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Appendix

Motivation Questionnaire

This questionnaire intends to collect data on the motivation of nurses to learn English concerning a research I am conducting. I guarantee that the data collected through this is anonymous and will be used for the research purpose only. I am not collecting email addresses or any other personal information. Hope you will provide true and correct data on which the reliability of my research depends. I am immensely thankful to you for your support in this regard. Thank you

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**Indicates required question*

1. What is your age group?*

- 20-30 yrs
 30-40 yrs
 40-60 yrs

2. Are you currently learning English? * Mark only one oval.

- Yes
 No

3. If your answer is "Yes", how do you learn?

Mark only one oval.

- Going to an English class
 Self-studying
 Other:

4. If your answer is "No" please give reason(s).

5. Do you use English in the family? * *Mark only one oval.*

- No
 Yes
 Sometimes
 Other:

6. Do you use English in the workplace? * *Mark only one oval.*

- No
 Yes
 Sometimes
 Other:

7. Do you feel the need for learning English? * *Mark only one oval.*

- No
 Yes
 Sometimes

8. What are the challenges you face in learning English? *

9. How do you rate your current English proficiency? * *Mark only one oval.*

- Proficient
 Good
 Average
 Poor

10. Learning English can be important to me because, *

Check all that apply.

- it is important to my present employment.
 it is important to my future career.
 People will respect me for knowing English.
 it will help me in my further studies.
 it will help me in searching information.
 it will help me in travelling.
 it will help me in following a degree.
 it will help me as a tool of communication.
 I can learn about English culture and people.
 I can learn English novels and literature.
 I can get to know English speaking friends.
 I can learn about values, beliefs and culture about English people.
 English people are helpful, cheerful and good.
 Other:

11. Are you planning to learn English? * *Mark only one oval.*

- No
 Yes
 Sometimes
 Other:

12. Give reasons to your answer.

13. Do you have any other comment?

A Review of *The Cambridge Guide to OET Nursing*

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Book information: The Cambridge Guide to OET Nursing Student's Book with Audio and Resources Download. *Cambridge University Press*. ISBN 978-1-108-88164-7 R.R.P.: GBP 44.88 (approximately JPY 8,000 as of July 2023).

The Cambridge Guide to OET Nursing is a 254-page book that serves as a comprehensive preparatory course for people intending to take the Occupational English Test (OET) for nurses. OET is a test of English competence across four skills for medical professionals in a medical workplace context. It was originally developed by the Australian government to screen the communicative English ability of international candidates seeking to work in healthcare in Australia. It is now a recognized and valued qualification in an additional 17 countries, including the UK, Spain, and the US. There are 12 variations of the test, each targeting specific professionals including nurses, doctors, dentists, and pharmacists. This book begins with a 20-page introduction that outlines various details about the test including extensive rubrics and guidance on scoring. The main part of the book features a section for each part of the OET: listening, reading, writing, and speaking. Each of these sections begins by explaining the structure and typical content of the test components for that skill before offering strategies and tactics for that part of the test, followed by practice activities, often with supplementary guidance for handling specific types of questions. The book ends with two full

practice tests.

This book, as the title indicates, is for the nursing version of OET, and primarily targets nurses who already feel ready to work in an English-speaking country or facility. It thus presumes a high level of both English ability and formal training in nursing. The publisher (Cambridge) describes this book as being CEFR B2 to C1 level, or upper intermediate to advanced. There are no vocabulary lists or grammar boxes, and no translations. This is a book about a test, not primarily a language-learning book.

Free online audio can be streamed or downloaded, along with other supplementary material such as answer keys. The sign-up process to access the extra content was simple and took less than a minute. The audio is high quality and well performed, with a refreshing variety of accents and dialects. It has been my observation over the years that there is often a mismatch between the level of a textbook and the related listening content. That is not the case here, as the dialogues have a natural pace and difficulty level that matches that of the written content.

Additionally, registered teachers can access and download the full 127-page teacher's guide PDF for free. The content includes general guidance on preparing students for the OET, detailed lesson plans and teaching strategies for the different sections, and detailed breakdowns of the answers to the practice tests. One of the things that surprised me about this extra content

is that when I initially examined the student version of the book, I had felt that it already had a teacher's guide built into it. The student book contains a high level of guidance and support, with content that seems to be directed at teachers as much as students. The separate teacher's book adds a level of detail that enables a teacher leading this course to be particularly well prepared.

I initially became familiar with this book while searching for OET learning materials to use in an elective English course for nursing students (primarily but not exclusively first year). Although I was impressed with the production and the content of this resource, I felt that it was not something that I could realistically use in my own context. The nursing students I teach are first-year students who are only with me for a one-semester course of fifteen 90-minute lessons, so I could not imagine getting through the whole book comfortably within that time frame, even with students who were at a high enough level to consider working overseas. A year-long course would seem much more feasible; under those circumstances, full use could be made of the whole book.

Alongside this book, I also considered two others: the *OET Nursing: Official Practice Book 1* by Boxhill and *The Official Guide to OET* by Kaplan. The Kaplan book is very comparable in style and structure to the Cambridge guide, but it is a lighter and more stripped-down version. It is also for the OET generally, not the nursing version specifically. Boxhill's OET practice book consists of a few pages of guidance followed by 2 replica OET tests that fully simulate the test, even down to the format and layout of the test pages. Given that OET is typically a high-stakes test, I would suggest that anybody preparing to do it take the time to work through this Boxhill book if their test date is looming. However, it would not be well suited as a coursebook to use with a group of students on an ongoing basis.

If I had a group of dedicated and capable students who were not more than a year or two away from finishing their nursing studies, were intent on pursuing international careers, already had a high level of English, and had enough time to work steadily and thoroughly through a course that would comprehensively prepare them to take the OET test, then I would not hesitate to assign *The Cambridge Guide to OET Nursing*. It is as good as any book currently available for potential OET nursing candidates. In the meantime, for the individual teacher it is an excellent source of insights and understanding of what the OET involves and how to work towards it.

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