

# The Registered Nurses' Perspectives on The Usage of English Language in The Clinical Area

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## Abstract

Registered nurses (RNs) are expected to deliver quality patient care for all walks of life. Thus, there are challenges in terms of communication and understanding in delivering patient care services. The aim of this qualitative research was to analyse the perspectives of RNs on English language. The sampling was a purposive sample of RNs. Online interview sessions were conducted with twenty-four RNs including midwives to answer three research objectives that are to understand the RNs' views on English language usage in the clinical context, to identify the challenges of English language usage faced by RNs, and to identify the affecting factors of English language usage amongst the RNs. Data were transcribed verbatim and analysed using thematic analysis. The study found that RN's view English languages usage among them is based on their personal preference, English for communication, speaking is important, portraying professionalism and improve work performance. Results shows that lack of confidence, difficulty in grammar, limited vocabulary, difficulty with accents, and emergency situations are the challenges on English usage among RNs. Finally, factors affecting English usage were found to be the personal preference, speaking colleagues, speaking patients, and promotion opportunity. It is recommended that hospital to provide RNs with English courses. Whereas, RNs are encouraged to practice frequent readings and consistent English speaking.

**Keywords:** RNs, English language, clinical context, perspectives

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## 1. INTRODUCTION

English has been used for communication between people with various native languages across the globe. English language competence gives impact to working professionals including RN. Previous studies reported that there is an increasing need for the use of English across non-English speaking countries. In terms of healthcare professionals, Karuthan (2015) revealed that a majority of Malaysian RN faced difficulties when it comes to the interactions and comprehension of English language speaking. It was discovered that English language barriers in nurse-patient communication exist due to the use of different accents, slangs and idiomatic phrases with inappropriate speech rate. These situations become more critical due to grammatical and spelling errors along with the practice of code-switching in Manglish. Additionally, contextual and intercultural awareness are the important factors in developing a mutual understanding for an effective communication between healthcare professionals with clients (Coupland & Coupland, 2001; Roberts et al., 2004). Candlin (1995) claimed that communicative competence is vital in nursing practice that focuses on effective accommodation, empathy and affiliation with patients which build trusting relationships. Therefore, the objective of the research is to explore the RNs' perspectives on English language usage in the clinical context.

There are three (3) research questions for this study. The first research question is to determine; what are the RNs' views on English language usage in the clinical context. The second research question is to identify the challenges of English language usage faced by RNs, and the third research question is to identify the affecting factors of English language usage amongst the RNs.

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## 1.1 Problem (s) to be addressed by research

English Language is mainly used in the healthcare sector including Malaysia whereby in many hospitals especially in the private sector, staff and patients use English language for communication purposes. RNs 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 has to use English extensively, a major group of the staff, especially the RNs are known to have problems communicating in English. Hence, a study is essential to identify English language problems faced by RNs engaged in the clinical setting in order to provide them with the necessary English language skills required at the work place.

### Literature review

Around the globe, English has become the lingua franca but according to a study by Yang (2011) many clinical nurses in Taiwan were not sufficiently prepared to interact with foreign clients or to use English when conducting nursing care services, hence, it might happen that "medical staff occasionally withdraw when they see foreigners" (Lee, 2016: p. 94). Lee (2016) also added that RNs were weaker in productive English skills (speaking and writing) than receptive skills (listening and reading), especially, student nurses regarded English listening as the most important ability in the clinical settings, followed by speaking, reading, and writing. Another study in Malaysian clinical setting claimed that more L2 (second language) English speaking patients and Anglo are taken care of by RNs, in which both parties are forced to use their weaker language English (Ghazali Musa et al., 2012; Hariati Azizan, 2015; Hock, 2016). As for RNs, English reading ability is the most salient, followed by listening, speaking, and writing.

Apparently, certified nurses are still concern about their English oral competence most of the time, even though they have strong motivation in learning clinical English. In the medical fields as well, the English language has become great importance. Primarily, caregivers at all levels have been urged to become proficient users of English for two reasons at the minimum: first of all, as Ribes and Ros (2005) claimed, professionals working in the field of medicine are persistently urged to communicate using English at important events such as international conferences and meetings, and every time they need to proofread documents including the updated medical research or the new studies in all fields connected to medicine.

Next, the efficacy of being fluent speakers of English is shown in each context whereby caregivers, such as doctors, RNs or other healthcare professionals have to communicate with associates or patients whose mother tongue is distinct from theirs. In treating English speaking patients in hospital, the demand on RNs to use English is heavier than on other healthcare providers because nurses communicate with the patient intimately on a frequent basis. An accurate exchange of information in patient-nurse communication is vital for appropriate treatment. There are numerous research studies on how much English is required in hospitals and on what kind of English is needed in their workplace.

According to the questionnaire survey conducted in Japanese hospitals by Yamanaka and Parker (2004), 92.4% of the responding hospitals said that their RNs needed English. Watanabe (1998) also concluded in the study that the need for English in hospitals is much higher than noticed. A research which involved two hospitals in Japan, the RNs feel that a high level of English is required in situations where mindful instruction and communication are needed. No matter with whom the RNs communicate in hospital, exchange of precise information is vital. Some researchers (Kohn, Corrigan, & Donaldson, and Institute of Medicine Committee on Quality of Health Care in America, 2000; Riley, 2017) propose that communication is a crucial factor in healthcare quality and safety, and that a lack of communication can cause healthcare errors.

As reported in "Centre for Canadian Language Benchmarks" (2002), RNs spend over half of their time (56%) with patients, and the three major tasks RNs do are asking for information (22%), giving explanations (21%), and giving instructions (9%). Communication with patients is part and parcel of being a RNs. RNs are the key factor of patients' recovery as they need to show the ability to communicate successfully for patients' emotional healing, other than proficient in English speaking. In order to fulfil the needs and demands of English communication skills, it is very crucial for RNs to have English competency in interactions and the four English skills (Saffer & Julia, 2013). Indeed, nursing care involves human lives and, in order to conserve them, precise communication is vital.

Vertino (2014) claimed that successful communication skills as matters that can contribute change in life. The significance of successful communication by RNs is determine in helping RNs handling difficult patients and

better decision makings (Donnelly& Neville, 2008), and provide reassurance to caregivers that patients are monitored efficiently (Wright, 2012). The ability to deliver correct language such as grammar and vocabulary in clinical setting is included in one of the components of communicative competence which is linguistic competence.

## **2. METHODOLOGY**

### **2.1 The design**

The study is a qualitative design which employs semi-structured interviews. 24 participants volunteered for individual interview sessions. Based on the research questions, several interview questions were prepared to guide the semi-structured interview that were divided into three separate sections. Three main themes were constructed for the analysis; (i) the significance of English competence in the clinical context (ii) the challenges of English language usage in the clinical context and (iii) the affecting factors of English language communication in the clinical context.

### **2.2 Sampling**

This study employs purposive sampling as the participants consist of registered staff nurse and midwifery (RN) with tertiary academic credentials that range from diploma and onwards under the context of English as a Second Language (ESL).

### **2.3 Data collection**

Semi-structured interview sessions were conducted for data collection. The saturation level of the sampling was achieved at 24 participants of a private hospital in Seremban through individual sessions. Each interview session lasted between 45 minutes to 1 hour within six-months period depending on the participants' availability. In the interview sessions, the participants' verbal responses were documented by using an audio recorder. After the verbal responses were collected, the documented audio recordings were converted into written transcriptions.

### **2.4 Data analysis**

The qualitative data gained from the participants' views based on the semi-structured interviews were merged in finding a particular patterns or themes to be concluded by the researchers. Narrative Thematic Analysis using the open coding system was used in the study. Based on Braun and Clarke (2006), it is claimed that narrative thematic analysis is widely used for "identifying, analysing and reporting patterns within data". Therefore, Braun and Clarke define themes in the analysis as elements which are "important about the data in relation to the research question and represent some level of patterned response or meaning to the data set". Hence, the Thematic Analysis was applied through three stages; (1) data reduction (2) data display and (3) data conclusion as the analysis identifies, reduces and concludes the interview findings. After the audio recordings of the participants were converted into written transcriptions, 24 transcriptions were selected for the data analysis. The responses of each participant were examined in details where unnecessary information that was not related to the study were eliminated. Afterwards, the data from each interview question was coded and labelled into several categories before being merged into themes. The researcher then arranged the research questions into themes that were identified from the data.

### **2.5 Ethical approval**

Ethical approval no. KPJUC/RMC/CGPS/EC/2020/311 was obtained from the Research Ethical Committee of Research Management Centre (RMC) KPJ University College.

## **3. FINDINGS**

Total of fourteen themes resulted from the qualitative data analysis of three (3) research questions. In research question 1 (RQ1) there were five (5) themes obtained which include English speaking personal preference, English for communications, speaking is important, professionalism and improve work performance. Next, in research question 2 (RQ2) there were five (5) themes found which were lack of confidence, difficulty in grammar, restricted vocabulary, difficulty with accents and emergency situations. Whereas, in research question 3 (RQ3) there were four (4) themes discovered that includes personal speaking preference, speaking colleagues, speaking patients,

work promotion opportunity. The themes are described in the following sections according to each research question (RQ).

Table 1. Participants' views on English language usage in the clinical context

Main themes
Speaking preference
English for communications
Speaking is important
Professionalism
Improve work performance

In the RQ1, this study determines the participants' insights into what is considered as their perceptions on the English language usage in the clinical setting. There are five (5) themes identified and described as below.

### 3.1 Theme 1: Speaking preference

The theme integrates the participants' insights into which is their speaking preferences between English and Bahasa. Whether they personally prefer to use English or Bahasa in the clinical setting.

The majority of the participants involved claimed that English language as their preferred language of speaking in conducting their duties at the hospital.

*"...And some patients are would prefer speaking English, or some patients preferred English language pamphlets because they said it is easy for them to understand, precautions that they have to take. Aaa...I prefer English because from the begining of nursing if you ask me I will learn in English and my post basic is also in English. So I prefer English rather than Bahasa Melayu" (P7).*

P7 described her personal preference in speaking English because some of her patients preferred to speak English and it is easier for them in reading English pamphlets, as well as based on her educational background medium of language, previously.

*"Yes I prefer to speak English for different, like Indian or Chinese. Type of patients" (P11).*

P11 reported that she preferred to speak English with different races of patients or the non-Malays.

### 3.2 Theme 2: English for communications

This theme also shows most of the participants perceived the English language as the preferred and important medium of interactions with patients and colleagues in the clinical setting.

*"Yes, of course, if the patients start speaking in English I need to respond them in English because of some of them maybe do not understand what I am talking in Malay, some of them they say is respect. Because if they speak to you in English why you reply in Malay...it is very important because this hospital is not only for Malaysian, because some of our patients, our covid positive patients include Japanese if we do not speak English, we cannot communicate with them, maybe because of their slangs a bit, we need to like we need to be focused to reply a bit with their slangs so they understand us a bit better. Yes, if you asked me personally yes" (P7).*

P7 described in her experiences of events at the hospital that showed the preferred medium in the interaction process, even though she had to used broken English. Participants also claimed amongst other reasons of English usage such as medical terminology, bilingual interactions, and different races of patients. This shows how the participants perceived the importance of the English language usage in conducting their clinical duties.

*"Because most of our treatments and writing is in English so whenever passing report anything is all in English so better talking in English" (P24).*

P24 acknowledged that English language is also a preferred medium of interactions verbal and written for reports and delivering treatments to patients. This shows how participants perceived English language as an effective tool for a successful communication pertaining to their daily duties in the clinical settings.

### 3.3 Theme 3: Speaking is important

This theme illustrates that most of the participants perceived speaking English language as very important in the clinical settings.

*“Yes...yes..very important because English is an international language most of the what is that...is all in English so we must understand English very well although my English is not good” (P2).*

*“Hmm...ya sometimes. Because all doctors, all the medical terms, doctors notes, all documents was in English so we have to learn and know how to speak in English lah” (P3).*

P2 and P3 acknowledged that English language is indeed important verbally and in written as it is an international language, it is also used during in reports and communications with doctors.

### 3.4 Theme 4: Professionalism

This theme integrates the participants’ insights into why speaking English language is important in terms of portraying the professional image of participants in the clinical settings.

*“Because I think English language is more professional lah, I mean when we communicate with other Chinese, Indian and I think more professional language in the area... because as I mention earlier English language is more professional to communicate with patient, and then English can give me more benefits lah, can make me more like...more confident, English language is ...as mentioned earlier like professional language for nursing career” (P5).*

*“Because it shows our professionalism, all the medical terms in English when we talk in English so we understand easily” (P15).*

P5 and P15 described that English is a more professional language for interactions with patients and makes them feel more confident as it shows the professional image of them as nurses.

### 3.5 Theme 5: Improve work performance

The theme illustrates the insights into how the participants perceived English language can improve work performance in the clinical settings.

*“Yes. I think I can improve my working performance because it’s more to knowledge and at the same time our skill must together with the knowledge must be together with communication and together with the English speaking” (P15).*

*“Yes, we can improve working performance because when we speak English we feel more confident, to talk to doctors, to patients foreigner so no communication breakdown lah with the doctors and our staff” (P4).*

P15 and P4 described in their daily experiences that English language can improve work performance in terms of skills enhancement through wider knowledge gained and thus, contributes to self-improvement. Moreover, the majority of participants added that they feel more confident in speaking English when communicating with doctors, patients and staff.

In the RQ2, this study determines the participants’ insights into what is considered as their perceptions on the challenges of English language usage in the clinical setting. There are five (5) themes identified and described as below.

Table 2. Challenges of English language usage

Main themes
Lack of confidence
Difficulty in grammar
Restricted vocabulary
Difficulty with accents
Emergency situations

### 3.6 Theme 1: Lack of confidence

This theme integrates insights into how the majority of participants perceived the challenges in speaking English at the hospital.

*"...for speaking I don't usually have great confident in speaking because I don't use English in my daily conversation so it's quite hard. Chatting and whatsapps that is fine"* (P22).

*"hmm...it's depend when I talked to aaaa... some friends with English language it's okay, it's depend when talk to the people yang what all the Chinese Malay when I talk English there people will laugh at me, like that lah macam tu, I don't confident to use 100 percent English. I have to improve more lah"* (P1).

P22 and P1 reported that lacking of confidence in English speaking is one of the challenges in the clinical settings. The participants have difficulties in speaking English as they have the lack of confidence in the usage of English language. It is also claimed that they are afraid of being laughed by others, including colleagues. Therefore, they have difficulties in speaking English with patients and colleagues due to the lack of confidence.

### 3.7 Theme 2: Difficulty in grammar

This theme integrates insights into how the majority of participants perceived the challenges in speaking English in terms of grammar, in the clinical setting. The majority of the participants claimed that having difficulty in grammar is one of the challenges faced in communicating with patients and colleagues. This includes uncertainty in pronunciation and correct words to use.

*"Sometimes I am not confident using the grammar sometimes to pronounce the words, there's two things lah I think sometimes I will, sometimes I try to speak English but I am afraid around the grammar the pronunciation not correct and aaa.. people will laugh to me"* (P4).

*"Most of that are my problem, I don't speak in English because of the grammar, what to say and I don't know what word to use"* (P21).

P4 and P21 acknowledge that having difficulty in grammar is one of the challenges in speaking English with patients and colleagues. The participants are afraid of using wrong grammar and mispronunciations which could lead to being laughed by others.

### 3.8 Theme 3: Restricted vocabulary

This theme integrates insights into how the majority of participants perceived the challenges in speaking English, in terms of vocabulary which is limitations in vocabulary.

*"I think all the points, sometimes the past tense, present tense, the grammar, the exact words, what I should use, the correct words, because we barely use the English right, like I said just now, grammar, past tense, exact word"* (P12).

*"...even though I learn English language at schools, but when it comes to speaking, I know the words but I don't know how to translate it"* (P1).

P1 and P12 described that restricted vocabulary is one of the challenges for them to speak English at the workplace. Apparently, finding the appropriate words is quite a critical problem among the participants in their interactions with patients and colleagues. Messages delivered are understood, but the participants need to translate words needed during interactions and prior to that, there is difficulty.

### 3.9 Theme 4: Difficulty with accents

The theme demonstrates on how the participants perceived difficulty with accents, as one of the challenges in the English language usage in the clinical context.

*"Sometimes it will be difficult because of other people slangs and it is also difficult to speak with them in English"* (P21).

*“Actually such as, macam foreigner lah, slang lah isn’t it, berbeza sikit from Japan, from Korea, even they speaking in English the slang still difficult to understand because of the slang” (P3).*

P21 and P3 claimed that difficulty with accents is one of the challenges based on their experiences with most foreign patients especially those from Europe or the Asian countries. The accents are apparently difficult for the participants to understand the messages and this resulted to the difficulty of feedback delivery by the nurses. Therefore, the participants are unable to speak well with them.

### 3.10 Theme 5: Emergency situations

The theme demonstrates on how the participants perceived emergency situations, as one of the challenges in the English language usage in the clinical setting. The participants claimed that they had difficulties in speaking English during emergency treatments, in which they prefer to use Bahasa (Malay language) instead.

*“It’s like we are in emergency cases we have to do CPR to patients sometimes all the words in English but definitely we mix up with Malay... Because most of us is Malay, I mean, our background is always speak in Malay, sometimes we try to talk in English, they do not understand or you know, during emergency time we have to be extra fast aaa...compared to elective cases right” (P12).*

*“Hmm...maybe when we had a patient want to delivery at emergency department maybe we had some a doctor want to speak in English and I will reply in English, if a patient asked me where is the way to the clinic so I will reply them in English” (P22).*

P12 and P22 reported that emergency situations are amongst the challenges in English language usage with regards to communicating with patients and colleagues in their clinical setting. It is mentioned that they have the difficulty in terms of finding the immediate correct words in speaking during the emergency situations.

In the RQ3, this study determines the participants’ insights into the factors affecting the usage of English language in the clinical setting. There are four (4) themes identified and described as below.

Table 3. Factors affecting the usage of English language

Themes
Personal speaking preference
Speaking colleagues
Speaking patients
Work promotion opportunity

### 3.11 Theme 1: Personal speaking preference

This theme integrates the insights on the perception of the participants on personal speaking preference as the affecting factor (motivation) for them to speak English with their patients and colleagues.

*“...I think because my patients, their parents, because like I say usually for the non-Malays try to speak English and I also like to speak English with them...” (P15).*

*“...I prefer, since I already learnt everything in English so I prefer English communication when we practising nursing so communicating better way. Some of the patients asked us in English and that is better for us to improve our English skills and also to explain to them in a perfect manner” (P24).*

P15 and P24 described that English language is their interaction preferences in the clinical settings, compared to their mother tongues. It is due to their interests, speaking colleagues and medium during schooling.

### 3.12 Theme 2: Speaking colleagues

The theme illustrates the insights on the perception of the participants on speaking colleagues as the affecting factor for them to speak English with their patients and colleagues.

*“aa...makes me motivated, okay...when I see my doctors explain to the patients in English language very well. So I think that makes me motivated lah, try to use English language lah” (P5).*

*“Report, nursing report, during pass over report, aaa...during pass over report we use English, verbally in English and other than writing report” (P8).*

P5 and P8 reported that colleagues, especially some of the doctors and nurses speak English in performing their duties in which encourage them to use English language in communicating with patients.

### **3.13 Theme 3: Speaking patients**

This theme integrates the insights on the perception of the participants on speaking patients as the affecting factor for them to speak English at the workplace.

*“Yes, if patients spoke English with me I am encourage to speak English with them also lah, even if my colleagues speak English with me I also speak English with them” (P9).*

*“Ya, ya...exactly! why, because sometimes patients fully speaking when we talk in Bahasa not most of them can understand in Bahasa so we have to speak in English” (P3).*

P9 and P3 claimed that speaking patients also contribute in encouraging them to use English language as the means of interaction in the clinical setting.

### **3.14 Theme 4: Work promotion opportunity**

The theme shows the insights on the perception of the participants on work promotion opportunity as the affecting factor for them to speak English with their patients and colleagues.

I think we will secure a work promotion lah if we good in English, because for me English is a universal language, people with more comfortable will speak English” (P9).

*“Yes, definitely. There is, one of the points, there is many aspects, if you want to get promoted, your behaviours, how well you can speak, not only English, also other language, one of it is English” (P12).*

P9 and P12 acknowledged that through speaking English, it will support the chances of them to be promoted to higher level position for the advancement of the career path. Other than it is because English is a universal language, it is also perceived as more professional and an added value to an individual.

## **4.0 DISCUSSION**

### **4.1 Participants’ views on English language usage**

In terms of career perspectives, the participants in this study have perceived that English language usage in general is indeed very important for them as private healthcare professionals in the clinical setting. Based on similar past studies, this research has discovered similar results on perceptions of English usage which includes the following themes; English speaking preference, English for communication, speaking is important, professionalism and improve work performance. Similar findings from past researches in Thailand (Waidarp, 2011), Indonesia (Saragih, 2014) and Malaysia (Karuthan, 2015) in which listening and speaking skills are most needed by nursing students. Overall, majority of the participants think that they are competent to communicate with patients and managed to complete their daily given tasks without major problems.

Other than perceiving English usage is important for communication purposes, the participants also think that English speaking portrays their professionalism at the workplace because it makes them feel more confident in conversations and look more intelligent. Moreover, the participants also feel that English usage will help in improving their work performance in terms of quality service and chances of work promotion to a higher position. In terms of nurses’ confidence and, the more experience, the more confidence the nurses are when speaking (Aathira, 2017). This is based on their observation and experiences with the management level in which they noticed that leaders at the workplace always use English language in their interactions.

Speaking is also one of the elements found to be important in the workplace (Al Mahrooqi & Denman, 2016). In terms of career, work performance and higher quality service, it is found that English language is significant and portrays nurses’ performance internationally (Krerck Chetsadanuwat, 2018). Past studies claimed that effective English communication skills were important in delivering the optimum satisfactory services to foreigners or poor communication would decrease satisfaction, lower trust, affect patient’s diagnosis and treatment plans (Lee, 1997 and Pandey and Sinhaneti, 2013). Similar findings reported that limited language proficiency of non-native health



professionals (Australian Government Department of Health and Ageing, 2008; Barton, Hawthorne, Singh & Little, 2003; Douglas, 2008), has been distinguished as a possible challenge to successful communication and lessen quality service (Eggy, Musial & Smulowitz, 1999; House of Representatives Standing Committee on Health and Ageing, 2012; McDonnell & Usherwood, 2008; Xu, 2010).

#### **4.2 Challenges of English language usage**

The nursing profession like other professionals poses its own challenge as there are various requirements for particular situations and within specialist departments (Allen et al., 2007). The participants in this study reported similar findings in previous research in which they had challenges in grammar, restricted vocabulary, difficulty in accents, lacking of self-confidence and emergency situations. They acknowledged similar problems in the English language usage, even though they have learnt English as their second language since their pre-school. This resulted by the Malay medium during schooling as claimed in past study that most healthcare professionals in the Malaysian clinical context are less fluent in English speaking and prefer to speak in Malay because of the usage of the Malay medium during their school years (Karuthan et al., 2020). Therefore, the participants are having difficulties in terms of grammar and vocabulary. This also resulted to inactive participation during discussions and lack of self-confidence in conversations as reported by the participants. The findings of past research also found that a number of registered nurses did not initiate an English interaction as they had a low level of confidence while speaking English (San Miguel & Rogan, 2015).

In terms of accents, the participants face challenges with a small number of foreign patients from the UK and Asian countries as lacking of authentic experiences with them. In relations to stress situation such as illness and emergency situations, it is reported by previous study that even bilingual people who can communicate in English fluently, are more comfortable interacting using their first language in situations of stress, illness and tiredness (Robertsa et al., 2007).

Whereas, the challenges in terms of restricted vocabulary, this involves the usage of pain assessment tool are the results of language difficulty as claimed in past studies, in spite of its limitations, the Numeric Rating Scale prevails the common pain assessment tool in clinical context (Safikhani et al. 2017; Williamson & Hoggart, 2005). In addition, pain is a subjective matter and clinician care makes pain management liable to notable discrepancy across racial, ethnic, and language-based patient factors (Meints et al., 2019). Therefore, effective communications through the English language usage is proven essential between health professionals and patients in order to prevent medical error (Allen & Pierce, 2016).

#### **4.3 Factors affecting the usage of English language**

From this study it is found that a number of factors influence the participants' motivation at work. The feeling of togetherness and helping each other in communicating with patients is meaningful and motivates the participants to use English language, including English speaking in the clinical setting. It is similar from the past findings, for instance, experiencing that the work is meaningful is crucial for motivation (Perreira et al. 2016; Toode et al. 2011). The chances to learn and develop in daily tasks, preferably together with colleagues in the same position, is a vital factor for motivation (Ahlstedt et al., 2019; Toode et al. 2011)

Therefore, in terms of the motivational factors of English language usage, from this study resulted the following themes; personal speaking preference, speaking colleagues, speaking patients and work promotion opportunity. The similar findings reported by the participants that their colleagues play an important role in motivating them to use English language in order to complete their daily tasks in the clinical settings. This includes colleagues in the same profession and doctors. Past studies also claimed that interactions between registered nurse colleagues and with other professionals is crucial in providing care to patients (Robb et al., 2004; Boynton, 2015; Edmondson, 2018). Having effective relationships with colleagues, while being able to work independently, is important (Ahlstedt et al., 2019; Toode et al., 2011). RNs working independently using the English language in the clinical setting is fundamental in order to deliver quality service.

### **5. RECOMMENDATIONS**

It is recommended that RNs to consistently use English language in their daily conversations with patients and colleagues in order to enhance their English language skills in daily routines.

Hence, it is also recommended that RNs continue to enhance their English language skills for example, through frequent readings. This includes reading of poems, magazines and books in English, as well as try to practice

using new vocabulary in their daily duties. During ward meetings and clinical rounds also, RNs are encouraged to use English speaking to enhance speaking skills. Other than that, RNs are highly recommended to attend English course including personal classes for enhancement of communication skills with patients and colleagues. Regular classes especially for English speaking is needful for RNs to enhance RNs' speech. A wide range of vocabulary for RNs can be taught by experts on the field. Specific oral based and writing based communication can further improve RNs' English skills. English course content and assessment should be developed by the experts in the field.

## 6. CONCLUSION

The results of this study are very significant to clinical practice, as it contributes to important insight that affecting the life of patients with non-native RNs' ability in speaking English. In this study, the RNs were aware that English language usage is important for many reasons, but they did not see the practical needs of English speaking in their clinical settings. It is impossible for RNs to learn all languages to meet the needs of all patients; nevertheless, the positive perceptions towards English language usage and an understanding of the English language challenges, can help the RNs seeking alternatives to overcome the challenges. This is to ensure that they are able to successfully deliver effective care to the patients. Since there is no English courses provided for the RNs, it is recommended that the hospital to provide RNs with English courses combined with motivational session. The difficulties faced by the RNs were mainly due to the lack of awareness and support at the institutional level. Other than that, it is also encouraged for them to practice frequent English readings and daily consistent usage of English speaking. In addition, more communication-based courses can be developed by the expert academicians to meet the needs of the RNs in delivering quality service in the clinical settings. This is in line with past studies which determined that English course content for RNs, should have its specific materials, examinations, and benchmarks that are developed and designed by profession experts. For instance, the courses which involve grammar, vocabulary, pronunciation, report writing, handling difficult patients and emergency situations.

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