

An English for Specific Purposes (ESP) Course for Nursing Students in Jordan and the Role a Needs Analysis Played

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Abstract

Needs analysis is essential for designing any language course for learners. The aim of this study was to explore the learning needs of 20 participants, all of whom are nineteen-year old first year university Jordanian students. These were (five males and fifteen females) enrolled in Isra University Faculty of Nursing Bachelor of Science (B.Sc.) degree nursing program during the Fall semester of the academic year 2010-2011. The researchers used three procedures, primarily nursing faculty and students interviews, observation of performance tests in labs, where participants performed lab procedures for their instructors, and clinical observations, where participants did the same procedures on actual clients in nursing homes and hospitals and needs analysis in the form of a 23-questionnaire (or survey) to gather data about the participants' learning needs. Based on the findings of the needs analysis, the researchers developed a language course to respond to their area of greatest difficulty: communicating in Arabic and in most cases, in English with clients, colleagues, nursing supervisors and the teaching staff of nurses in clinical settings. Materials for the ESP course were drawn from relevant health care communication sources (Bradley & Edinberg, 1982; Purtilo, 1990; and Davis, 1998). A series of in-class presentations and videotapes with particular emphasis on role-plays were adapted from the same sources to reinforce the course content and develop health care communication skills in participants in English since they are usually prepared to communicate with clients, colleagues and nursing teaching staff of culturally and linguistically diverse backgrounds at work in and outside Jordan. The course proved useful in helping participants to do so. It is recommended that further studies be conducted to satisfy diverse medical students' English language requirements in diverse medical professions (250 words).

Keywords: English for Specific Purposes (ESP); Health Care Communication; clinical settings; needs analysis.

Introduction

Needs analysis in language teaching has a vital role in the process of designing and carrying out any language course, whether it be (ESP) English for Specific Purposes or a General English course to meet the learning needs of a particular group of learners. It is the first essential step in course design and it provides relevancy for all course design activities. It places the learners' purposes in the central position within its framework. This manuscript attempts to present an overview of the process of needs analysis and language course design in the field of health care communication for 20 participants at Isra University Faculty of Nursing in Amman-Jordan: five male and fifteen female nursing students, all of whom are Jordanians in the Bachelor of Science (B.Sc.) degree nursing program in clinical settings, i.e., nursing homes and large hospitals. English is the medium of instruction and the language of communication among clients and Isra University teaching staff of nurses who are American and British universities Ph.D holders in nursing, all of whom are Jordanians. The literature review that follows explores the centrality of needs analysis as a prerequisite for designing a language course that precisely responds to and articulates learners' academic and clinical language needs.

Literature Review

The literature review in this manuscript explores the studies related to the vital role needs analysis plays in the process of designing and carrying out language communication courses that meet and respond to the learning needs of particular groups of participants in particular settings. It also focuses on the studies that explore the significant difference as well as the correlation between effective physician-client or nurse-client communication relations and improved health outcomes.

Studies Related to Needs Analysis

Hutchinson and Waters (1987) used a variety of procedures, primarily interviews, observations, and questionnaires to collect data about the objective needs of their ESL nursing students. Information was gathered through interviews with a nursing program director and five nursing faculty members to gather information about the difficulties ESL students were having in first year courses, a questionnaire was given to 28 ESL students at the beginning of Fall semester, requesting information about difficulties they perceived they were having in the nursing program; interviews with five ESL students in first year courses; observations of four performance tests in labs that accompany first year courses and observations of four clinicals: two from first year courses and two from second year courses. The study discussion of the needs analysis focused on the interviews with nursing faculty, nursing students and observations of labs and clinicals. West (1994, 1-19) proposed a pedagogic needs analysis as an umbrella term to describe three elements of needs analysis: deficiency analysis, strategy analysis or learning needs analysis and means analysis.

According to the researcher, deficiency analysis provides data about both the gap between present and target extralinguistic knowledge, mastery of General English, language skills, and learning needs analysis provides data about the strategies that learners employ in order to learn another language. Means analysis provides information about the environment in which the courses will be run and attempts to adapt ESP courses to the cultural environment in which they will be run, i.e., ESP syllabi should be sensitive to the particular cultural environment in which the courses will be imposed. In the field of health care, little attention has been given to needs analysis either to increase the number of nurses from culturally diverse backgrounds in the USA or to welcome the increasing number of multicultural students already in nursing programs (Furuta & Lipson, 1994, 665-670; Brink, 1995, 658-664; Bluford 1995, 28-31; Castiglia, 1995, 676-682). These researchers pointed out that recognizing and promoting the importance of cultural diversity in health care professions is a necessary first step in removing any obstacles or constraints on developing programs and initiatives that will help English as a Second Language (ESL) students succeed academically in health care programs and beyond in their respective professions. According to Smukler and Kramer (1996, 75-83), many of the culturally diverse students, including non-native speakers of English, who enter nursing, have difficulty succeeding academically in their nursing program.

Swiggum and Slett (1997) indicated that language difficulties are often cited as one of the factors which contributed most to student attrition. In the Conference on Cultural Challenges in Health Care Ethics held in 1997, attention was directed at the needs and health care concerns of refugees and immigrants as clients. In the field of health care in the USA, this conference directed attention at the needs of refugees and immigrants as clients- their health care concerns.

The needs analysis Dudley-Evans and St. John (1998) conducted of their ESL nursing students combined target situation analysis (TSA), i.e., communication in the target situation with present situation analysis (PSA), which estimates the learners' strengths and weaknesses in language skills. In addition to the objective needs of the ESL students in Associate of Science (A.S.) and Bachelor of Science (B.S.) degree nursing programs, Dudley-Evans and John indicated that students who enrolled in the health care communication course completed two questionnaires which helped in assessing their subjective and learning needs. The first questionnaire asked them about themselves and their learning needs, the second questionnaire asked them about their subjective needs or wants with regards to health care communication. This information was used along with an assessment of students' proficiency in English, to tailor the course content and pedagogy to their needs in the courses. The (Conference on Emerging Issues in Cultural Competency, 2000), directed attention at the ways of bridging the cross-cultural and linguistic gap between clients from culturally diverse backgrounds and health care providers. According to Richards (2002), the target population in a needs analysis refers to the people about whom information will be collected.

For example, in conducting a needs analysis to determine the focus of an English program in a public secondary school in an EFL context, then the target population might include policy makers, ministry of education officials, teachers, students, academics, employers, vocational training specialists, parents, influential individuals and pressure groups, academic specialists, and community agencies. Basically, sampling is an important issue in determining the target population. Sampling involves asking a portion of the potential population instead of the population and seeks to create a sample that is representative of the total population. Kavaliauskiene and Uzpaliene (2003, 1-6) pointed out that learners often find it difficult to distinguish between needs (the skills which a student sees as being relevant to himself or herself), wants (those needs on which students put a high priority in the available, limited time or lacks (the difference between the students' present competence and the desired competence or what the learner does not know). The researchers went on to say that needs cannot be determined alone by institutions, teachers, parents, or even society, but it is the learners themselves as the main sources that should be involved in determining their own learning needs, particularly in language learning needs.

Miyake and Tremarco (2005, 23-24) conducted a study to explore the needs of undergraduate, postgraduate and professional nurses through questionnaires and interviews based on a needs analysis and discuss the implications for EFL teachers. The focus of the investigation was on the balance between Social and Technical English in terms of syllabus design, classroom activities and professional requirements. An analysis of the results suggested that Social English is more important as it enables nurses to communicate with patients and enriches them as individuals. It also showed that classroom activities should promote confidence in using social communicative English throughout a course focusing on listening and speaking. The results also suggested that Technical English should be introduced incrementally and is better limited to basic technical vocabulary. Takaaki (2006, 1-9) viewed needs analysis as the systematic collection and analysis of all relevant information necessary to satisfy the language learning requirements of the students within the context of the particular institutions involved in the learning situation. There is an instrument proposed by Takaaki called General English Language Needs Analysis instrument (GELNA).

This particular instrument, which was developed in 2005, has seven sections which correspond to the seven courses offered in the program. Listening, speaking, reading, writing, culture-oriented, test preparation, and computer-assisted language learning (CALL). The GENLA instrument was designed to measure the extent to which the overall curricular goals matched students' perception of their own learning needs. This idea was also elaborated by Songhori (2007) that concepts of needs analysis include information about the situation in which the course will be run; personal information about learners; language information about their current skills and language use; the gap between the present situation and professional information about them; their needs from course; effective ways of learning the skills and language determined by lacks; professional information about them, i.e., the tasks and activities they are or will be using English for and how to communicate in the target situation. According to Siribaddana (2010), needs analysis is the basis for a good educational programme and should be the foundation stone for any curriculum development activity. The needs that are identified can be from many sources and the methods that are used in deriving these needs can also vary to a great extent. Among these methods, identifying learning needs would be an effective means of performing a need analysis and there are several types of learning needs that should be assessed in different instances, such as:

1. Normative needs, i.e., the expected standards in knowledge in relation to a trained individual in a particular discipline;
2. Prescribed needs, i.e., curriculum revisions can be thought of as being based on prescribed, needs;
3. Perceived needs, i.e., students' perception on what they want to learn;
4. Expressed needs, i.e., what the students' say that they want to learn and
5. Unperceived needs, i.e., needs which are not usually recognized by the students as needing to learn.

Following recognizing different types of learning needs, it is vital to decide on a type of a needs assessment which provides both accurate, as well as practical, means of information to study the needs. In short, needs analysis thus includes the study of perceived and present needs as well as potential and unrecognized needs..

Studies Related to Course Design

Gusels, Richardson and Higginson (2004, 692-700) conducted a study to assess the effectiveness of different communication skills training courses for health professionals in cancer care. The researchers searched six computerized databases and augmented this with a follow-up of references and grey (unpublished) literature.

They included all studies evaluating communication training and assessed methodological quality according to the standard grading system of the clinical outcomes group, data on author, year, setting, objectives, study, design and results were extracted and compared in tabular format. A total of 47 studies potentially assessing communication training in the area of cancer were identified. Sixteen papers were included describing thirteen trials. Four were randomized controlled trials (RCTs) (grade 1), with samples ranging from 72 to 233 participants. The others were all grade III (eleven trained health professionals, two trained medical students. The outcomes measured included communication skills as assessed on audio or video professionals' self-report and patient assessment. The study showed that communication training improves basic communication skills. Positive attitudes and beliefs are needed to maintain skills over time in clinical practice and to effectively handle emotional situation. Cameron (2008, 203-218) pointed out that nursing students would benefit from special classes in (ESL) English as a Second Language. Such classes require prior needs analyses that precisely articulate academic and clinical language needs. These can-do statements serve as suggestions for course content. The analysis focuses on skills required for school, clinical practice, and interaction with multicultural, socially stratified patient population.

Studies Related to Physician- Client or Nurse-Client Communication Relations

Stewart (1995) conducted a study to ascertain whether the quality of physician-patient communication makes a significant difference to patient health outcomes. The MEDLINE database was searched for articles published from 1983 to 1993 using physician-patient relations as the primary medical subject heading. Several bibliographies and conference proceedings were also reviewed. Randomized controlled trials (RCTS) and analytic studies of physician-patient communication in which patient health was an outcome variable were conducted. Most of the studies reviewed demonstrated a correlation between effective physician patient communication and improved patient-health outcomes. The components of effective communication identified by these studies can be used as the basis both for curriculum development in medical education and for patient education programs.

Gregory (2001, 390-393) identified seven essential sets of communication tasks in medical encounters:

- (1) Build the doctor- patient relationship;
- (2) Open the discussion;
- (3) Gather information;
- (4) Understand the patient's perspective;
- (5) Share information;
- (6) Reach agreement on problems and plans, and
- (7) Provide closure.

These broadly supported elements provide a useful framework for communication- oriented curricula and standards.

Morales, Cunningham and Brown (2001, 409-471) conducted a study to examine associations of patient ratings of communication by health care providers with patient language (English vs. Spanish) and ethnicity (Latino vs. White). A total of 7,093 English and Spanish language questionnaires were returned for an overall response rate of 59%. Five questions asking patients to rate communication by their health care providers were examined in this study. All five questions were administered with a seven-point response scale. The researchers estimated the associations of satisfaction ratings with language (English vs. Spanish) and ethnicity (White vs. Latino) using ordinal logistic models, controlling for age and gender. The study demonstrated that Latino / Spanish respondents were significantly more satisfied with provider communication than Latino / English and White respondents. These study results suggested Spanish- speaking Latinos were at increased risk of lower quality of care and poor health outcomes. Efforts to improve the quality of communication with Spanish -Speaking Latino patients in outpatient health care settings were needed.

Results also suggested that health plans and other large providers of medical care to Latino patients should monitor patient satisfaction with provider communication and examine its associations with treatment outcomes. Stevenson, Fiona, Britten and Dundar (2004, 235-245) drew on a systematic review of research on two-way communication between patients and health practitioner about medicines in order to determine the extent to which concordance is, or is not, being put into practice. Six electronic databases were searched using the following categories of search items: health care professionals, patients, medicine-taking and communication. Studies published between 1991 and 2008 were included.

Studies were not excluded on the basis of design, methods or language employed. There were mixed findings about the extent to which patients feel that their beliefs, experience and preferences about medicines can be shared. Doctors tended to dominate discussions in consultations, although patient participation is associated with positive outcomes. Health care professionals' behavior can impede as well as enhance patient involvement. Dunn and Hansford (2008, 1299-1306) indicated that clinical learning environment (CLE) is an interactive network of forces influencing student learning outcomes in the clinical setting. This study used mixed methods to identify factors characterizing students' perception of the CLE. The sample consisted of 229 undergraduate students in the second or third year of their biophysical nursing strand. The five subscales of the Clinical Learning Environment Scale, Staff- student relationships, nursing manager commitment, patient relationships, student satisfaction, and hierarchy and ritual, were supported by qualitative data obtained from student interviews.

Interpersonal relationships between the participants in the CLE were crucial to the development of a positive learning environment. Student satisfaction with the CLE was a result of, and influential in the creation of, a positive learning environment. Nurse education, clinical venues, and all others participating in the undergraduate nursing students' clinical education, must collaborate in order to create a CLE which promotes the development of well-educated registered nurses capable of providing safe, cost-effective patient care. Muray, Burns, Tai, Lai and Nazareth (2009) conducted a study to assess the effects of Interactive Health Communicative Applications (IHCAs) on people with chronic diseases. IHCAs are computer-based, usually web-based, information packages for patients that combine health information with at least one more aspect social support, decision support, or behavior change support. These are innovations in health care and their effects on health are uncertain. The researchers designed a four-part search strategy:

- First, they searched electronic bibliographic databases for published work;
- Second, they searched the grey literature i.e., unpublished literature, and
- Third, they searched for ongoing and recently completed clinical trials in the appropriate databases.
- Finally, researchers of included studies were contacted, and reference lists from relevant primary and review articles were followed up.

As IHCAs require relatively new technology, the search time period commenced at 1990, where possible, and ran until 31 December 2003. Randomized controlled trials (RCTs) of IHCAs for adults and children with chronic disease were the selected criteria. The study showed that IHCAs had a significant positive effect on knowledge (0.46; 95% confidence interval (CI) 0.22 to 0.69), social support (0.35; 95% CI 0.18 to 0.52) and clinical outcomes (0.18; 95% CI 0.01 to 0.35). IHCAs have a positive effect on self – efficacy (a person's belief in their capacity to carry out a specific action (0.24; 95 % CI 0.00 to 0.48). IHCAs had a significant positive effect on continuous behavioural outcomes (0.20; 95% CI 0.01 to 0.40). Binary behavioural outcomes also showed a positive effect for IHCAs. It was not possible to determine the effect of IHCAs on emotional or economic outcomes. Thorne, Con, McGuinness, McPherson and Harris (2010, 1116-1127) indicated that communication between persons with chronic illness and their professional health care providers is a critical element of appropriate health care.

As the field of health care communication evolves, it becomes apparent that aspects of the illness experience shared by those affected by specific diseases might be a source of particular insight into what constitutes effective or appropriate communication. This interpretive description of health care communication issues in multiple sclerosis (MS) was based on qualitative secondary analysis of a set of in-depth interviews and focus groups conducted with 12 persons with longstanding (MS) experience. Analysis of their accounts illustrates an intricate interplay between common features within the disease trajectory and the communications that are perceived as helpful or unhelpful to living well with this chronic illness. From the analysis of these findings, the researchers drew interpretations regarding what might be considered communication competencies for those who care for patients with this disease.

To sum up, the studies in this literature review place particular emphasis on the significant role needs analysis plays in assessing the needs of particular groups of students in particular research settings to design and carry out language courses that reflect and respond to their learning needs. This assessment of such needs helps researchers make particular pedagogic decisions. The aim of this manuscript is to explore the needs of a particular group of participants, all of whom are Jordanian first year students. These are enrolled in Isra University Faculty of Nursing Bachelor of Science (B.Sc.) degree nursing program during the Fall semester of the academic year 2010-2011.

Utilizing the expressed ideas in the above-mentioned literature review, this exploration of this study participants' learning needs will serve as a guide to help the researchers design and carry out an English language course that meets their needs, particularly in the areas of their greatest English language difficulties in clinical settings. This is because participants are expected to serve in culturally and linguistically diverse clinical settings in and outside Jordan, where English is the medium of instruction and the language of communication among the clients and the teaching staff of nurses in such settings. What is more, thousands and thousands of non-native speakers of Arabic live in Jordan and these are usually hospitalized in nursing homes and hospitals when their need for medical treatment arises. These concerns make this study a worthy one to be carried out and they add new information to the target field itself, i.e., health care communication in the target setting i.e., health care setting. The more ESP instructors know about the target field and the more experiences they have in the target setting, the more effective they will be in setting appropriate objectives for the language course and in helping students master the language in that setting.

Significance of the Study

Nursing faculty members at Isra University, a private university in Jordan where the medium of instruction at the faculty of nursing is English, are very much concerned about the difficulty their ESP Jordanian nursing students, whose native language is Arabic and who have studied English for 12 straight years prior to entering Isra University, are having in communicating with clients, colleagues and the teaching staff of nurses in Arabic and in most cases in English, depending on the situation in clinical settings, where they need to speak either English or Arabic to make small talks with each other and colleagues and understand when physicians or nursing supervisors are engaging in a small talk, particularly in English with them, to feel self-confident and comfortable asking other nursing students and supervisors for assistance in English and to chart or document appropriately in the clients' records in English. Good communication in English with physicians, nursing supervisors and colleagues on the part of nurses builds their trust, promotes health outcomes, increases their professional satisfaction and enhances their community image.

In response to these concerns, the researchers of the present study conducted a needs analysis in the form of a 23-item questionnaire (or survey) given to the 20 participants, all of whom are Jordanians at the end of the Fall semester of the academic year 2010-2011, requesting information about the English language difficulties they perceived they were having in the nursing program, particularly in Fall semester 2010 nursing courses. This study will report on the findings of the needs analysis, nursing faculty and students interviews and the intensive 8-week English for Specific Purposes (ESP) course (6 hrs./wk x 8 wks. = 48 contact hours) in health care communication skills in clinical settings, i.e., in nursing homes and large urban hospitals. This will be prepared in the second two weeks of February and up to the end of March 2011, piloted and evaluated in April and May 2011 in response to what is identified as Jordanian ESP nursing students' area of greatest difficulty: communicating in Arabic or in English, depending on the situation with clients, nursing colleagues and supervisors in culturally and linguistically diverse and specialized clinical settings.

Purpose of the Study

The present study aims at investigating the objective needs of 20 ESP Jordanian nursing participants enrolled in Isra University Faculty of Science (B.Sc.) degree nursing program during the Fall semester, 2010 in clinical settings, i.e., nursing homes and large urban hospitals and designing an (ESP) English for Specific Purposes course around such needs.

Methodology

Sample of the Study

At Isra University, a private university in Amman-Jordan, 3.1 % of the student population on campus during the Fall semester of the academic year 2010-2011, or 30 out of 1016 students, were in the Bachelor of Science (B.Sc.) degree nursing program in which English is the language of instruction and the language of communication among nursing students and their teaching staff of nurses. The present study sample comprised 66.7 % or 20 participants out of the 30 first year nursing students, all of whom are 19-year old Jordanian nursing students (five males and fifteen females) and have learned English for 12 years prior to entering Isra University Faculty of Nursing.

Study Instruments

The researchers of the present study used three research instruments: (1) interviews with the nursing program director, nursing faculty members and nursing students, all of whom are Jordanians at Isra University Faculty of Nursing Bachelor of Science (B.Sc.) nursing program during the academic year 2010-2011; (2) observations of participants' performance tests in Isra University nursing labs and in clinical settings, i.e., in nursing homes and large urban hospitals; and (3) a 23-item questionnaire (or survey) given to the 20 participants to gather information about their objective needs and design an (ESP) course around such needs.

Data Gathering Procedure

Data were gathered through: (1) interviews with the nursing program director, an American university Ph.D holder in nursing; four nursing faculty members who are Ph.D holders in the same area of specialization from British universities and four ESP nursing students, all of whom are Jordanians at Isra University Faculty of Nursing, Amman-Jordan to gather information about the difficulties participants are having in the Fall semester courses in the academic year 2010-2011. These courses included *Fundamentals of Nursing, theoretical and practical components; Technical English*, i.e., the English language content and functions that nurses working in the medical professions usually encounter in the various clinical settings and *Social English* i.e., the Social Communicative English items and functions that nurses usually use in interactions with each other, with clients and with their nursing teaching staff and their nursing supervisors at work.

It is worth mentioning that the researchers of this study conducted the interviews with the above-mentioned people in English simply because it is the medium of instruction and the language of communication among the parties concerned, i.e., participants, nursing program director and nursing faculty members at Isra University Faculty of Nursing; (2) observations of four performance tests in Isra University nursing labs and four clinicals that accompanied the practical components of the Fall semester 2010-2011 nursing course *Fundamentals of Nursing* in Al-Hussein Medical City, a large military hospital as a clinical setting in Amman-Jordan, where the participants had their internship during the Fall semester, 2010. The language of instruction and communication among the hospital and teaching staff of nurses there is English and Arabic is spoken with clients, and in most cases English because large numbers of culturally and linguistically diverse clients are usually hospitalized in large clinical settings, such as Al-Hussein Medical City in Amman.

The researchers of the present study focused on conducting four interviews with four nursing faculty members; four nursing students; and observing only four labs; and four clinicals to avoid having so much trouble interviewing and observing so many people at work, to have more specific, accurate and straightforward data, for ease of reference and for the sake of simplicity. What is more, this small and consistent number of interviews and lab. and clinical observations is, to the researchers' best knowledge, indicative enough of the most basic language items and functions the present study participants need; (3) a 23-item questionnaire (or survey) given to all 20 study participants at the end of the Fall semester 2010-2011, requesting information about the language difficulties they perceived they were having in the nursing program, particularly in the Fall semester, 2010 nursing courses.

Data Analysis

The researchers of the present study placed heavy emphasis on the following components for data analysis purposes:

Faculty Interviews

The director of the nursing program at Isra University Faculty of Nursing commented during an interview the researchers of the present study conducted with her that study participants were experiencing the most language difficulty in communicating with clients and the teaching staff of nurses in English in the various clinical settings. Additional interviews were conducted with four out of ten nursing faculty members at the same university to obtain specific information about the language difficulties the study participants were having communicating with the same nursing staff in clinicals or health-care settings, such as nursing homes and large urban hospitals. These four nursing faculty members stated that participants' difficulties in clinicals consistently surrounded health care communication issues. They also emphasized that it was difficult for them to be assertive, i.e., to have or show positive assurance with clients in clinical settings. The faculty members gave several examples of the study participants having difficulty understanding or being understood by clients in clinical settings: (i) *inappropriate stress and intonation in their voice* and (ii) *their low volume of speech, i.e. they speak so softly with clients that they can barely hear them.*

The nursing faculty members also commented on some study participants' *inability to follow through with step-by-step procedures and difficulty charting or documenting appropriately in clients' records. They accidentally misread the number(s) written on the physician's order(s).*

Students Interviews

Interviews with four nursing students revealed that clinical settings were the most problematic for them, particularly because of their difficulty in communicating in Arabic, and in most cases in English with clients who are native or non-native speakers of Arabic or English, depending on the clients' language backgrounds since thousands and thousands of culturally and linguistically diverse clients are hospitalized in Jordanian hospitals. They all commented that they became very nervous when communicating with clients and the teaching staff of nurses, and that communicating with them often caused greater anxiety than the actual procedures they performed in labs. Doing a task, for example, is easy because they can memorize how to do that, but when they have to do it to a real-life client, it is a difficult situation. The faculty members commented that some study participants have been giving injections to clients for almost a semester now, but when they work with them, they get so nervous and cannot remember the procedures they have done a hundred times perfectly in lab. The above-mentioned interviews were conducted in the first two weeks of February 2011.

Observations

The researchers of the present study observed a total of four performance tests in the Fall semester 2010-2011 course labs.: two in the first eight weeks of the Fall semester 2010-2011 (October and November 2010) and two in the second eight weeks of the same semester (in November and December 2010). These four performance tests in labs focused on the practical component that accompanies the *Fundamentals of Nursing* course, where a nursing instructor demonstrates certain procedures, such as giving a client an injection or measuring the amount of insulin to inject into a diabetic client. Nursing students usually meet in the lab twice a week for 1 hour of class time to learn new lab procedures and practice them. Once students have learned a certain procedure, they must perform it for the nursing instructor in what is called a performance test. Once nursing students pass a performance test, they are ready to attend clinicals in Al-Hussein Medical City, a large military hospital in Amman-Jordan., where they do the same procedures on actual clients. While students are attending clinicals, they are still actively attending lectures and labs, learning new nursing materials as well as procedures and techniques. Twenty participants: five male and fifteen female nursing students were observed: thirteen participants who had been identified by their nursing lab instructors as having difficulty with procedures and seven participants who had been identified by the same nursing lab instructors as performing the procedures successfully.

Survey

The findings of the interviews and observations in labs and clinicals conducted in the dates previously mentioned on p. 16, helped the researchers of the present study pinpoint the study participants' needs and or lacks as ESP Jordanian nursing students. A 23- item questionnaire (or survey) in the form of Can-do Statements, based on Isra University Nursing Faculty members' language backgrounds and their previous teaching experiences, was distributed among the 20 study participants at the end of Fall semester 2010-2011 on January 30, 2011, requesting them to fill out their subjective needs or wants with regards to health care communication in clinical settings to give the researchers a sense of what the health care communication course will consist of in specific concrete terms, on the one hand, and to give the participants a chance to express and indicate what they think they need to improve in terms of health care communication skills and what they would like to have covered in the language course. In the 23- item survey that appears in Table 1 in the Appendixes at the end of this manuscript, participants were asked to indicate how much they feel they need to improve each of the communication skills mentioned in it, by circling the appropriate number, listed to the right of each skill, where (1) = *very much*, (2) = *somewhat*, (3) = *a little and* (4) = *not at all*.

ESP Course

Having determined the present study participants' needs with regards to the 23- item survey of such needs in their target field itself, i.e., health care communication, the researchers of this study translated these needs into several specific course objectives. These course objectives appear in Table 3 in the Appendixes at the back of this manuscript. The intensive eight-week ESP *Communication in Health-Care Settings* (6 hrs/wk x 8 wks=48 contact hrs.) course, displayed in Table 4 in the Appendixes at the back of this manuscript, was prepared in the second two weeks of February and up to the end of March 2011.

The course piloting and the evaluation of the piloting were done in April and May 2011. A variety of language materials drawn from a variety of sources on communication in health care settings was used in this health care communication course to actively respond to, engage and develop study participants' health care communication skills. Once again, as shown in Table 4, the adapted course materials on *Communication in Health Care Settings* is divided into four units: Assertive Communication Skills, Therapeutic Communication Skills, Information-gathering Techniques and the Role of Culture in Health Care Communication Settings. Materials for the course were drawn from a variety of sources for developing health care communication skills in the present study participants as ESP Jordanian nursing students as follows:

For the first course unit on *Assertive Communication*, a separate chapter from a communication textbook for physical therapists (adapted from Davis, 1998) was used. Assertive communication usually occurs when the individual gets his / her point across without offending others, in contrast to non-assertive communication, when the individual fails to get his / her point across, but is perceived by others as hostile, angry, or offensive in some way (Davis, 1998). Nursing students generate examples of non-assertive, aggressive and assertive responses for various situations that require an assertive response, such as, being confrontational, saying no, making requests, or expressing opinions. The following is an example of a situation that requires "saying no" assertively and the responses that are given to students as a model (adapted from Davis, 1998):

"The head nurse stops you on the floor as you are just about to evaluate a new patient. "Mr. Johnson needs to be supervised in the use of his walker as he goes to the bathroom and none of us have time I wonder if you'd mind walking him right now".

Non-assertive – *"Well, I'm very busy, but if he has to go right now, I suppose I can help".*

Aggressive – *"Look, I taught him how to use that walker. It's your job to supervise him in bathroom activity. I've got a patient to evaluate, and I don't appreciate you assuming I've got the time. That's very inconsiderable of you".*

Assertive – *"No, I can't do that right now. Mrs. Adams is able to help him, as can his family members. I have a new evaluation that can't wait".*

For the course units on both therapeutic communication as well as information-gathering techniques, two chapters were used from a nursing communication textbook (adapted from Bradley & Edinberg, 1982). For the exercise on reflection, for example, nursing students give back the client's feeling words, as if they were the health-care provider, as in the following example (adapted from Bradley & Edinberg, 1982).

"Client's Statement: *I don't feel like doing anything today... go away. I'm too upset to talk.*

Student's (Health – care Provider's) reflection: *you're too upset to talk?"*

For the use of open-ended questions, nursing students convert closed questions to open-ended questions or statements as in the following example (adapted from Bradley & Edinberg, 1982):

"Closed Question: *Did you have a good week?*

Student's (Health – care Provider's) Open – Ended Alternatives: *How was your week? Or Tell me about your week".*

In addition, study participants practice role-plays using the assertiveness skills, therapeutic communication and the information-gathering techniques discussed in the above-mentioned chapters. Indeed, the role-plays component is perhaps the most important aspect of the health care communication course, as participants are given the opportunity to simulate communication in the target clinical setting. The following is an example of a role – play scenario used in the unit on assertiveness (adapted from Davis, 1998).

"Your colleague who always takes advantage of others comes up to you in front of a patient and asks you to cover for her, as she has to make an important phone call. She disappears and does not return for two hours. When she returns, you decide to confront her.

Each role-play is usually followed by a brief discussion of the interaction. Instructors from the nursing program may visit classes to lead their nursing students in role-plays. For the course unit, on the Role of Culture, two chapters were used from a textbook on health care communication (Purtilo, 1990), one on space, time and non-verbal communication and the other on personal and cultural biases.

Assessment of Participants

The present study participants were evaluated upon the completion of the course at the end of May 2011. on the basis of their (i) mastery of the developed health-care communication course objectives determined by their successful completion of the various tasks and assignments throughout the course, (ii) class attendance on a regular basis; (iii) completion of the course readings and (iv), participation in class and small- group discussions. Twenty five percent of the participants' final grade was allotted to regular class attendance, participation and group work; another 25 % was based on the quality of eight essays on the various clinical settings; 25 % was given for 2 lab. performance tests: For the first lab performance, participants' role-play the health- care provider in a scenario that requires an assertive response, i.e., showing a client a positive assurance. For the second lab. performance test, participants' role-play two scenarios, one which requires therapeutic communication skills and the other information-gathering techniques. The participants' lab performances were videotaped and evaluated using a 3-point rating scale, with (1) *not at all effective*, (2), *somewhat effective*, and (3), *very effective*. The participants' grade was calculated by adding up the ratings for each criterion. The final 25% was allotted to the course final written examination that tested participants' understanding of therapeutic communication, information-gathering techniques and assertiveness skills. The following is an example of a scenario used for the performance test on therapeutic communication (adapted form Davis, 1998):

"You are interviewing a young adolescent patient with diabetes. The patient just found out that she may not be able to join an athletic team, something she has been looking forward to for the last year. The patient is upset and frustrated".

It is worth mentioning that the present study participants received descriptive comments about their lab. and clinical performances, including the tone, rate and volume of their speech from their nursing director and supervisors while doing lab and clinical observations.

Results

Interviews with the director of the nursing program, the nursing faculty and study participants, observations of such nursing participants in labs. and clinicals and the findings of their needs analysis survey revealed that participants had the most difficulties in the language areas displayed in Table (2) in the Appendixes at the back of this manuscript. The content in this Table is in order of most difficult to less difficult. These results are derived from participants and nursing supervisors' written notes while doing lab. and clinical observations and from their needs survey or Can-do Statements. The 20 participants, who were enrolled in the first course Fall semester during the academic year 2010-2011, were on clinical rotations. They were observed once in clinicals. During these observations, 9 participants had difficulty being assertive with clients, made no eye contact with clients, and used inappropriate stress and intonation when speaking to clients in clinical settings. In all these clinical observations, the nursing faculty members commented that the participants were unable to finish a clinical procedure with a client without close guidance from them as nursing supervisors. The study participants as their nursing faculty commented, had difficulty asking clients, colleagues and the teaching staff of nurses direct questions and / or responding directly to their questions and either answered inappropriately or did not answer at all. The study participants were unable to complete the clinical procedures for example, taking a client's blood pressure, understanding medication, information from a client's chart in order to proceed with a physician's order and changing a dressing on a client's wound. When discussing individually their performance in clinicals, 9 study participants commented that, in general, they had difficulty.

Understanding the directions given to them by their nursing supervisors; that they did not feel comfortable asking their nursing supervisors for help even when they know they were unable to finish a clinical procedure on their own; and that the clinical experience was often uncomfortable for them. Interestingly, all study participants said: that it was most uncomfortable interacting with nursing supervisors.

As some participants said:

"...We don't like asking our nursing supervisors for help because we think they'll look down on us". It's not that we are not nice with clients, but sometimes we get embarrassed when can't answer a client's a nursing supervisor's question(s) because we don't understand what the client(s) or the nursing supervisors (s) is / are asking us. We just keep doing the clinical procedure instead of trying talk to the client(s) or the nursing supervisor(s). We'd rather try and understand things by ourselves than have to talk to our nursing supervisors about such things".

Fifteen out of the twenty participants in the suggested health care communication course for the purposes of the present study ranked speaking or listening to clients, colleagues and nursing supervisors first or second as most challenging in health care courses, in clinicals or on-the-job. These participants wrote:

"We have a problem speaking in front of a lot of people, class discussions are very difficult because we cannot comprehend speech". Two participants expressed difficulty in communicating in English with " ... old people who cannot express themselves." As far as participants' expectations of the health care communication course are concerned, they indicated that they wanted to improve their communications skills in health care clinical settings and overcome their feelings of discomfort communicating in Arabic or in English, with clients, depending on their language backgrounds. This information was used, along with an assessment of the participants' proficiency in English, to tailor the suggested course content and pedagogy to their needs in the course. The language proficiency of the study participants in the course varied from low intermediate to advanced. Once again, the participants who completed the health care communication course took an English placement test based on the Combined English Language Skills Assessment (CELSA), a reading assessment as well as a listening assessment based on Comprehensive English Language Test (CELT) or the University of Michigan EPT (English Placement Test). Of the twenty participants with placement test scores, seven participants scored at the low intermediate level, six at intermediate, five at low advanced and two at advanced based on CELSA an EPT score. As far as the study participants' expectations of the adapted health care communication course are concerned, the present study revealed that overall participants wanted to improve their communication skills in health care clinical settings and overcome their feelings of discomfort communicating in Arabic and in most cases in English with clients, colleagues, nursing director and supervisors and the teaching staff of nurses. The participants were

interested in health care communication skills, that entail expressing or responding to clients' feelings or emotions, such as reassuring a client in a clinical setting; calming a client; responding to clients' feelings; sharing feelings; clarifying information provided by a client; using humor and controlling a client or a colleague in clinical settings. The participants completed an evaluation of the health care communication course which was especially adapted for the purpose of the present study at the end of May 2011 based on the survey of their subjective needs, which they filled out on the first of May 2011. Participants were asked to respond on a four-point scale, from (1), *very much or very useful*, to (4), *not at all*, to the questions: *"How much did you learn about each of the following communication skills?"* and *"How useful were each of the following activities?"* Open-ended questions gave participants a chance to consider the overall usefulness of the health care communication course, as well as make suggestions for its improvement. In other words, this course evaluation was used to determine to what extent the participants' objective, and learning needs were met in the adapted course and what adjustments in the content and pedagogy of the course are needed.

The mean response to survey items regarding how much the present study participants felt they had learned in the course $X = 1.7$ and for the usefulness of the various course activities $X = 1.5$. Participants consistently found role-plays to be among the most useful aspects of this health care communication course, rating its usefulness as $X = 1.3$. In response to the question *whether participants would recommend this health care communication course to nursing students in health care programs*, ten participants wrote they would because this health care communication course gave them the opportunity to learn about their most important problem: *"communicating in English with clients, colleagues, the nursing director, supervisors and the teaching staff of nurses in health care clinical settings"* and it is also the only communication course so far that discussed the issues of communication in the various health care clinical settings that they face as non-native nursing students when they go to clinicals or jobs. Four other participants wrote they would recommend such a health care communication course because it prepared them towards being aware of their own shortcomings.

In response to the question *which asked what participants found most useful about this health care communication course*, three participants wrote that it gave them, a clear picture on the language that non-native doctors and nurses usually use in communication in multicultural health care settings. Two participants commented that the readings and discussions in class made them reflect in their own culture and also brought awareness of how health care system works in the various clinical settings. In addition, information from participants was very sensitive about the usefulness of this developed health-care communication course. One study participant who failed clinicals due to his inability to communicate, particularly in English with clients, colleagues, and nursing supervisors in health care clinical settings, made an improvement in his health care communication skills.

Two participants, who were also having difficulty in communicating in English with clinicals, subsequently, reported using assertiveness, i.e., showing positive assurance as well as therapeutic communication skills, specifically reflecting and showing empathy with a difficult non-Arab client's case. Two participants, who were on academic probation before taking this health care communication course, completed the rest of their nursing courses at the end of the Fall semester 2010 -2011 at Isra University Faculty of Nursing.

Discussion

The present study revealed that participants needed adequate practice in therapeutic communication skills although therapeutic communication is taught in the various courses of the nursing program at Isra University Faculty of Nursing. In addition, the study participants needed instruction in assertive communication which occurs when the individual gets his/her point across without offending others and in role of culture in health care communication neither of which is included in its nursing program. The study participants reported how much they benefited from the health care communication coursework that was especially adapted for the purpose of this study. Ten participants, for example reported that the course was easy enough that they did not even have to study because of this course. The remaining ten study participants reported that they learned more in the course about health care communication and culture than in their nursing and genre arts and science courses combined. In other words, the ESP health care communication course the researchers of this study adapted was, sensitive to the participants' particular needs. This result receives confirmation from (West, 1994; Dudley-Evans & St. John, 1998; Gregory, 2001; Gusels, Richardson & Higginson, 2004).

The researchers of the present study as shown in Table 2 and Table 4 selected and adapted the health care communication course materials and methods in various health care clinical settings in the light of the findings of the participants' needs analysis which revealed that overall participants wanted to improve their communication skills in health care settings and overcome their feelings of discomfort in communicating in Arabic and, in most cases in English, depending on the situation with clients, colleagues, professionals and supervisors in such settings. In sum, most of the present study participants' health care communication skills entail reassuring, claming and controlling a client in a certain clinical setting; expressing, responding to and sharing a client's feelings and emotions; clarifying information provided by a client as well as using humor in health care clinical settings. This study result receives support form (West, 1994; Dudley – Evans & St. John, 1998; Cameron, 2008 & Siribaddana, 2010).

Based on the findings of the needs analysis the researchers of the present study conducted for its purposes, a special course on health care communication was adapted to respond to participants' needs of areas of greatest difficulty as ESP Jordanian nursing students. Interviews with nursing faculty and participants observations in labs and clinicals revealed that participants had the most difficulty communicating in Arabic and in most cases in English clearly and effectively, using appropriate paralinguistic features for communication such as appropriate tone, rate and volume of speech, particularly in role- plays and in clinical settings with elderly clients and the teaching staff of nurses at Isra University Faculty of Nursing; using appropriate non-verbal communication skills, such as appropriate gestures, facial expressions and eye contact, charting or documenting appropriately in clients' records; understanding the nursing supervisors' directions and following through with step-by-step procedures in performance tests and clinicals. This receives support from (Hutchinson & Waters, 1987; Smukler & Kramer, 1996. Swiggum & Slett, 1997; Dudley-Evans & St. John, 1998; Gregory, 2001; Kavaliauskiene & Uzpalience, 2003).

The study results also revealed that ten participants were unable to complete procedures in performance tests and clinicals. For example, taking a client's blood pressure, comprehending medication information from a client's chart in order to proceed with a physician's order and changing a dressing on a client's wound. There was another factor that contributed to participants' inability to understand or request clarification from a nursing supervisor or a colleague. When discussing individually their performances in clinicals, the study participants, for example, commented that, in general, they did not always understand the directions given to them by their nursing supervisors, and that they did not feel comfortable asking each other and their nursing supervisor for help even when they knew they were unable to finish a procedure in clinicals on their own. This is, in the researchers' view, due to the fact that the clinical experience was often uncomfortable for the present study subjects. Interestingly, it was also uncomfortable for participants' interaction with their nursing supervisors and colleagues.

Once again, this may have been because these study participants did not like asking their nursing supervisors for help because they thought they may have looked down on them and thought that they did not understand what they were doing all the time. It was not that they were not nice with clients, colleagues and nursing supervisors, but because they got embarrassed when they could not give answers to their questions because they did not understand what they were asking them. They just kept doing the observation or clinical procedure instead of trying to talk to the clients. The participants would rather try and understand things by themselves than talk to their nursing supervisors about it. In the researchers' view, the quality of physician-nurse or nurse-patient communication makes a significant difference to improved patient health outcomes. That is, there is a correlation between effective physician-patient or nurse-patient communication and improved patient health-outcomes. (Stewart 1995; Gregory, 2001; Morales, Cunningham & Brown, 2001; Stevenson, Fiona, Britten & Dundar, 2004; Thorne, Con, McGuinness, McPherson & Harris, 2010, give support to these justifications.

A total of 16 observation procedures were observed in Isra University and AL-Hussein Medical City in Amman labs and clinicals. On all 16 occasions, the study participants were unable to complete ten procedures with clients without guidance from their nursing teaching staff. This is, in the researchers' view, due to lack of assertive communication skills, i.e., the participants had difficulty showing positive assurance to a client and or asking clients or nursing supervisors direct questions as well as responding directly to their questions and either answered inappropriately or did not answer at all. Since there may not be appropriate English for Specific Purposes (ESP) materials currently available in the ESP sub-specialty field (e.g. English for Nursing) or more broadly, (English for Medical Purposes) and in the present study target field itself, i.e., health care communication, the researchers of the present study, as shown in Table 4 in the Appendixes at the back of this manuscript adapted materials from textbooks in this target field to serve its purposes. For the first unit in the adapted health care communication course, on assertiveness, a chapter from a communication textbook for physical therapists (Davis, 1988) was used.

For the units on, therapeutic communication and information-gathering techniques, two separate chapters were used from a nursing communication textbook (Bradley & Edinberg, 1982), and for the last unit in the course, on the role of culture, two chapters were used from a textbook on health care communication (Purtilo, 1990). This familiarity with such textbooks on ESP health care communication helped the researchers of the present study with the selection of these appropriate language materials for the purposes of designing a course on the present study target field, i.e., health care communication. In the researchers' view, the adapted ESP course is quite sensitive to the participants' local needs in the areas of assertiveness, therapeutic communication, information gathering techniques and the role of culture. This receives support from (West, 1994; Furuta & Lipson, 1994; Brink, 1995; Castiglia, 1995; Conference on Cultural Challenges in Health Care Ethics, 1997; Conference on Emerging Issues in Cultural Competency, 2000; Gusels, Richardson & Higginson, 2004; Takaaki, 2006 & Songhori, 2007). Since needs analysis is considered the essential first step in the course design process, the researchers of the present study translated the findings of the needs analysis they conducted on a sample of 20 ESP Jordanian nursing participants into appropriate course objectives (See Table 3 in the Appendixes) Likewise, the adapted health care communication course materials and methods were selected in the light of the findings of the needs analysis. This is shown in Table 4 (in the Appendixes).

This measure is in line with that of (West's, 1994). It is also important to mention that the adapted language materials from textbooks in the present study target field itself, i.e., health care communication are closely aligned with the goal of developing participants' proficiency in communicating in Arabic and in most cases in English effectively with clients, colleagues, the teaching staff of nurses and nursing supervisors in the various clinical settings. This information receives support from (West, 1994 Furuta & Lipson, 1994; Brink, 1995 & Castiglia, 1995). Once again, the needs analysis the researchers of the present study conducted, combined target situation analysis (TSA) with present situation analysis (PSA). The functional demands of the target health care communication settings were determined and a health care communication course was adapted around the study participants' lacks (See Survey of participants' Needs in Health Care Communication Table 1, in the Appendixes). This measure receives support from (West, 1994; Dudley-Evans & St. John, 1998; Gusels, Richardson & Higginson, 2004 & Siribaddana, 2010). As for the study participants difficulties in the various clinical settings, four nursing faculty members at Isra University stated that such difficulties consistently surrounded communication issues. For example, nursing faculty gave several examples of participants having difficulty in understanding or being understood by clients.

They also commented on participants' inability to follow through with step-by-step procedures in labs and clinicals and difficulty in charting or documenting appropriately in clients' records, as well. Interviews with 5 participants' confirmed the accuracy of the information that their nursing faculty had given. That is, these five study participants stated that clinical settings were the most problematic for them, particularly because of difficulty in communicating, particularly in English with clients of culturally and linguistically diverse backgrounds. They all commented that they became very nervous when communicating with such clients, and that communicating with clients often caused greater anxiety than the actual procedures they performed. Smukler & Kramer, 1996; Swiggum & Slett, 1997; Gusels, Richardson & Higginson, 2004 support this study result.

The number of each of role-plays or clinical and lab observation tests in the adapted health care communication course is two or three per participant. In the researchers' view, this is to be increased to nine or ten per nursing student as an important means of assessing nursing students' mastery of the adapted health care communication course objectives. To make more time for the role-plays, class presentations as well as time spent on written analysis of classroom interactions are to be decreased as much as possible and future variations of the assigned health care communication course are to include instruction in more traditional aspects of English as a foreign language (EFL), i.e., speaking, pronunciation, stress and intonation. In the researchers' point view, these aspects of EFL, reflect, in one way or another, the more specific needs of EFL and or ESP nursing students that cannot be addressed in a health care communication coursework for non- native and or ESP nursing students. This study finding receives support from Morales, Cunningham & Brown, 2001; Gusels; Richardson & Higginson, 2004; Takaaki, 2006; Cameron, 2008 & Siribaddana, 2010).

Conclusion

The researchers of the present study were very much concerned about the difficulty many of their ESP Jordanian nursing students were having: communicating in Arabic and in most cases in English, depending on the situation with clients, colleagues, nursing supervisors and the teaching staff of nurses in clinical settings, i.e., in nursing homes and large hospitals since they are usually prepared to deal with culturally and linguistically diverse residents in Jordan. In response to the study participants' concerns, a needs analysis in the form of a 23-item questionnaire (or survey) was conducted at the end of Fall semester 2010 on (January 2011), requesting information about the language difficulties all twenty study participants perceived they were having in the nursing program, particularly in Fall semester 2010 nursing courses. The researchers interviewed the director of the nursing program and four nursing faculty members at Isra University Faculty of Nursing in the first two weeks of February 2011 to obtain specific information about the language difficulties the study participants were having in communicating in English with the teaching staff of nurses, colleagues and, particularly with clients of culturally and linguistically diverse backgrounds who are hospitalized in large urban hospitals in Jordan.

The researchers also observed four performance tests in the Fall semester 2010-2011 course labs: two in (November 2010) and two in (December 2011). These four performance tests focused on the practical components that accompanied Fall semester 2010 nursing courses, particularly *the Fundamentals of Nursing* course. Once nursing students have learned a certain lab procedure, they must perform it for their nursing instructors in Isra University Faculty of Nursing labs. in what is called a performance test. Once participants pass a performance test, they are ready to attend clinicals, where they do the same procedures on actual clients in clinical settings, i.e., in nursing homes and large urban hospitals, such as AL-Hussein Medical City, a large military hospital in Amman-Jordan, where the study participants had their internship during the Fall semester 2010. This large urban clinical setting is open to all Jordanian clients as well as those of culturally and linguistically diverse backgrounds.

This study reports on the findings of nursing faculty interviews, nursing students interviews, observations of performance tests in labs. and clinicals and the 23-item questionnaire (or survey), and an intensive eight-week ESP course in *Health Care Communication Settings* (6 hrs./wk x 8 wks. = 48 contact hrs.) was first prepared in the second two weeks of February and up to the end of March 2011. The Piloting of the course and the evaluation of the piloting were done in April and May at Isra University Faculty of Nursing in Amman-Jordan. The health care communication course the researchers of the present study piloted, responds to the objective and learning needs or lacks of participants as ESP Jordanian nursing students. In the researchers' view, the piloted course may also increase diversity in the various health care professions through helping culturally and linguistically diverse nursing or more broadly medical students succeed in their nursing or medical programs.

The present study also shows that familiarity with textbooks and relevant studies in the target ESP field itself, i.e., health care communication helps course designers and ESP teachers a lot in selecting appropriate (ESP) materials and methods for their students. It is also helpful to have contacts and multiple experiences in the target setting, i.e., clinicals in various health-care settings. In the researchers' view, the more experiences ESP Jordanian nursing instructors and or students know about the target field, i.e., English for Nursing or more broadly, English for Medical Purposes and the more experiences they have in the target clinical setting, i.e., health care communication in clinical settings, the more effective they will be in setting appropriate objectives for a certain health care communication course in such settings and in helping nursing students master the language and cultural aspects of communicating in English with the teaching staff of nurses effectively in those settings.

Furthermore, since there may not be appropriate ESP materials currently available in some medical fields, for instance, ESP instructors may have to adapt appropriate ESP materials from textbooks in the target field itself, i.e., health care communication in clinical settings. The researchers recommend that the adapted health care communication course for the purpose of the present study be upgraded to two ESP courses in the same target field itself, i.e., health care communication in clinical settings in further studies because of its great and invaluable benefit as reported by the present study participants. The researchers of the present study recommend that further studies be conducted to explore and focus on, the balance between Social English and English for Specific Purposes (ESP) in terms of syllabus design, classroom activities and professional requirements in the field of health care communication, in particular. In the researchers' view, both Social English and (ESP) enable nursing students to communicate in English with clients, colleagues and nursing supervisors of culturally and linguistically diverse backgrounds and enrich them as individuals. This does not necessarily mean that nursing students do not benefit from special classes in English as a Foreign Language (EFL). On the contrary, such classes also require a prior needs analysis that precisely articulates academic and clinical language needs to satisfy their language learning requirements within the context of the particular institutions involved in the learning situation.

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Appendixes

Table 1: A Survey of Participants' Needs in Health Care Communication in the Form of Can- do Statements

Health Care Communication Skill No.	Can-do Statement	How much?			
		Very much	Somewh at	A little	Not at all
	<i>I can:</i>	1	2	3	4
1	introduce myself	1	2	3	4
2	make small talk	1	2	3	4
3	reassure a patient	1	2	3	4
4	calm a patient	1	2	3	4
5	respond to patients' feelings	1	2	3	4
6	use silence with a patient	1	2	3	4
7	show empathy with a patient	1	2	3	4
8	share feelings	1	2	3	4
9	ask questions	1	2	3	4
10	restate information provided by a patient	1	2	3	4
11	clarify information provided by a patient	1	2	3	4
12	summarize information provided by a patient	1	2	3	4
13	be assertive, or confident i.e., show passive assurance or confidence	1	2	3	4
14	be specific	1	2	3	4
15	express opinions	1	2	3	4
16	use humor	1	2	3	4
17	confront a patient or colleague	1	2	3	4
18	respond to an angry patient or colleague	1	2	3	4
19	refuse unreasonable requests	1	2	3	4
20	refuse support from a colleague	1	2	3	4
21	pronounce words	1	2	3	4
22	understand patients' language	1	2	3	4
23	understand non-verbal communication	1	2	3	4
	_____	1	2	3	4
Other: (Please fill in)	_____	1	2	3	4
	_____	1	2	3	4

Table 2: Study Participants' Areas of Most Language Difficulties

<i>Language Area No.</i>	<i>Language Difficulty Area</i>
1.	Being assertive, i.e., showing positive assurance with clients, colleagues, the teaching staff of nurses and nursing supervisors;
2.	communicating clearly and effectively, using appropriate paralinguistic features of communication, such as stress and intonation and volume and rate of speech, particularly in clinical settings with elderly clients, colleagues, and the teaching staff of nurses and nursing supervisors;
3.	understanding clients as well as using appropriate non-verbal communication skills, such as gestures, facial expressions, and eye contact;
4.	making "small talks" either in Arabic or in English, depending on the situation with clients, colleagues, the teaching staff of nurses and nursing supervisors from different cultural and linguistics backgrounds and understanding when they are engaging in "small talk" with them;
5.	feeling self-confident and comfortable asking other nursing colleagues and nursing supervisors for assistance;
6.	understanding how cultural values influence their interaction with clients from different cultural backgrounds different from their own;
7.	understanding the nursing instructors' directions and following through with step-by-step procedures in performance tests and clinicals;
8.	listening carefully to clients, colleagues and nursing supervisors and understanding information that is being stated about clients, asking for clarification when necessary; and
9.	charting or documenting appropriately in clients' records

Table 3: Communication in Health Care Settings Course Specific Objectives

<i>Course Unit Title</i>	<i>Specific Objective No.</i>	<i>Course Specific Objectives</i>
		By the end of the course, the study participants will be able to:
1. Assertive Communication	1.	- distinguish between passive, aggressive and assertive communication;
2. Therapeutic communication and	2.	- demonstrate positive, assertive communication in role- plays;
3. Information -gathering techniques	3.	- identify, define, and generate appropriate examples of therapeutic communication and information-gathering techniques;
	4.	- demonstrate appropriate therapeutic communication and information-gathering techniques in role- plays;
4. The Role of Culture in Health Care Communication	5.	- understand the role of culture in health care communication settings;
	6.	- identify the cultural knowledge, values, and assumptions implicit in certain countries' health care settings, and compare and contrast with participants' own culture;
5. The Role of Non- Verbal Communication in Health Care Communication Settings	7.	- understand the role of non- verbal communication in health care settings;
	8.	- demonstrate appropriate gestures, facial expressions, and eye contact, and appropriate tone, rate and volume of speech in role- plays.

Table 4: Distribution and Sources of the Adapted "Communication in Health Care Settings" Course Materials and or Units for Study Participants

<i>Course Unit No.</i>	<i>Health Care Communication Area</i>	<i>Adapted / Drawn From</i>
1.	Assertive Health Care Communication	a chapter from a communication textbook for physical therapists (Davis, 1998) was used.
2 and 3	Therapeutic Communication and Information-gathering Techniques	Two chapters were used from a nursing communication textbook (Bradley & Edinberg, 1982)
4.	The Role of Culture in Health Care Communication	Two chapters were used from a textbook on Health Care Communication (Purtilo,1990)