

English for Nurses: Needs Analysis and Syllabus

Tatiana Canziani

University of Palermo, Italy

Abstract

In recent years, health profession degree courses entirely taught in English have become more and more frequent in Italy. Among these degree courses, the Associate Degree in Nursing has gradually spread in Italy since nursing is a profession that is highly required all over the world. As a matter of fact, Nursing is a profession that requires much specialized clinical competences and advanced communication skills (Schmidt 2003; Collins, 2005). From a linguistic standpoint, nurses have been defined as a sort of ‘communication broker’ (Bourhis et al., 1989) becoming linguistic mediators between doctors and patients (Garone & Van de Craen, 2017) since they have both to understand the doctor’s technical language and ‘translate’ it into the patient’s every day one. Thus, teachers face two main problems when designing an English course in Nursing: 1) the identification of student needs, which are technical and specific; 2) the development of a syllabus that considers the heterogeneous level of students who are quite often English native speakers. In this study, a syllabus designed for students attending the nursing degree course entirely taught in English at the University of Palermo based on the findings of the needs analysis will be proposed. Particular attention will be paid to the different communicative teaching strategies and techniques employed in order to help students to communicate more effectively in a clinical setting.

Keywords: ESP needs analysis; English for Nurses; Teaching strategies

Introduction

The Bologna Declaration (European Ministers of Education 1999) and its subsequent common European Framework of Qualification has led to an international movement of students within the European countries that accepted this declaration. As a consequence, over the past decades the number of English-language degree courses within the medical domain has significantly increased across the EU member states in order to attract incoming international students into European countries and to encourage the international mobilisation of students (Socha-Dietrich & Lafortune, 2019). Since 2009 on, more than 12 Italian public universities have opened English-language medical degree courses all over the country (e.g. Pavia, Bari, Milan,

Messina) from the North to the South of Italy. This tendency has been expanded to other health professional degree courses and in the past three years, some Italian universities (e.g. Palermo, 'La Sapienza' in Rome and 'Luigi Vanvitelli' in Campania) have activated nursing degree courses entirely taught in English. As a matter of fact, nurses are highly required all over the world and represent more than 50% of the current shortage in health workers and account for nearly 50% of the global health workforce (WHO, 2020). This shortage has become more evident with the COVID-19 pandemic that has caused, all over the world, an unprecedented demand for 'travel nurses' (registered nurses who take assignments in hospitals that have short term staffing needs). Nurses, indeed, spend more time with patients and are usually the first persons the patient asks for help in a hospital setting (Candlin, 2006). They take constant care of patients of all ages during their healthcare experience supporting them both physically and psychologically (Corrizzato & Goracci, 2013). Furthermore, they are the 'eyes and ears' of doctors providing them with information about patients' health status. From a linguistic standpoint, nurses are able to use different linguistic registers and often convert the Medical language of doctors into the everyday language of patients making them feel more at ease when communicating health information. Several studies (Bouhris et al., 1989; Koch-Weser et al., 2009; Garone & Van de Craen, 2017; Lu, 2018) have, indeed, shown that doctors normally use a highly specialised register to assert their status and patients may often feel embarrassed when they do not understand the doctors' language and so they refrain from asking questions. This is confirmed by Collins (2005) who found that in nurse consultations, patients' explanation tend to be on a continuous talk on their health status because such consultations focus on patient's talk and nurses directly use words the patient has employed during the interviews. On the contrary, in doctors' consultations, patients tend to be curtailed because the conversation normally starts from doctors' explanations in a language that is often technical. So, nurses play a central communicative role eschewing the medical jargon that generates communicative side-effects, understanding and meeting patients' communicative needs. In the following sections, the needs analysis of English for Nurses (EN) and the syllabus designed for student nurses will be presented.

English for Nurses:

General English differs from English for Specific Purposes (ESP) since it is designed to meet the specific needs of a group of learners focusing not only on the language (e.g. grammar and specialized lexicon) but also on the communicative skills and discursive strategies needed in order to use the language in a specific professional context. Within ESP, English for Medical Purposes (EMP) is a branch for a wide variety of medical (e.g. surgeons,

cardiologists) and allied health professions (e.g. nurses, midwives). English for Nursing Purposes (ENP) is one of the sub-branches of EMP and focuses on the use of English both in the clinical setting and in nursing education. Teaching ESP typically includes a range of tasks, such as investigating learner needs and specialist discourse, developing courses and materials tailored to the students' specific needs (Basturkmen, 2017). Therefore, when teaching in an ESP course, teachers should carry out the needs analysis of the 'how' and 'what' of an ESP course (Dudley-Evans & St John, 1998; Hyland, 2006; Flowerdew, 2013). As already observed by Richards (2001), the first two aims of ESP needs analysis concern the detection of the language necessary to perform a specific professional role and the identification of the gap between what students can do and what they need to be able to do. To achieve these aims, needs are analysed from three main perspectives, that of the learner, that of the teacher and that of the professional working in the specific context. After detecting learning needs, ESP teachers should state the goals to determine the teaching activities and materials needed to create an effective syllabus. As far as ENP is concerned, various studies on the needs analysis of student nurse have revealed that in terms of skills, nurse students have an urgent need for speaking and listening skills whereas in terms of language, students need a combination of general English and ENP when interacting with medical professionals (using medical jargon) and when engaged in a conversation with patients (using plain English) in specific situations such as explaining nursing procedures, drug reactions, medical treatment, taking the patient's history or giving advice (Lu, 2018). These qualitative and quantitative studies have been conducted on non-native speakers of English (NNES) including students enrolled in nursing degree courses in Asian countries (e.g. Indonesia, Korea and Taiwan) and in the USA (Bosher & Smalkoski, 2002), or NNES nurses working in Australia (Hussin, 2002). To the best of my knowledge, no previous studies have explored the English language needs of students enrolled in an Italian degree course in nursing entirely taught in English. In the following paragraphs, after a brief description of the degree course in Nursing at the University of Palermo, the language needs of student nurses will be investigated with a focus on the teaching activities offered during the English course.

Description of the Degree Course:

In the academic year 2019-2020 a three-year-basic degree course in Nursing (Associate Degree in Nursing) entirely taught in English was activated by the University of Palermo. This study programme has restricted access and the number of places is set annually by the Italian Ministry of Education, University and Research (MIUR). In order to be admitted students must have level B2 English proficiency and pass a written admission test

prepared yearly at national level. Nursing student internship is offered from the second semester of the first year of the degree course program and takes place in a highly specialised local hospital where the English language is spoken since it is the result of an international partnership between the Region of Sicily and a University Medical Centre in the USA. The students have four-hour weekly lessons during the first semester for a total of 30 hours. This semester includes subjects such as Bioethics, Human Anatomy and Physiology, Psychology, Theory of Nursing, Biology and Genetics and Psychology. In the academic year 2020\2021, the total number of students enrolled in the first and second years of the course was 23 coming from different countries and half of them came from countries where English was one of the official languages.

Needs Analysis - Methods:

In order to get a clear picture of the student nurses' learning needs, needs analysis was conducted adopting the model proposed by Dudley-Evans & St. John (1998). According to them, needs assessment should encompass the analysis of three main situations (the learning situation, the present situation and the target one). The Present situation refers to the analysis of students' strengths and weakness in language in terms of what skills and knowledge learners have before the course begins. The learning situation refers to learners' perspective and involves their subjective needs (why they have decided to take up that course and what their preferences in terms of learning are). The target situation refers to the specific professional context and concentrates on the objective needs *viz* what the learners need to do in the target situation (hospital setting).

Present and Learning Situations:

As far as the student nurses of Palermo are concerned, the analysis of the Present situation (students' previous knowledge and skills) showed that students' English proficiency varied from upper intermediate (B2) to Proficiency (C2). Three out eleven Italian students were, indeed, native speakers since they were born in English speaking countries or had lived, studied and worked for a long period in the USA or the UK. Eight out 12 foreign students came from countries where English is one of the official languages (Philippines, Nigeria, Ghana and Gambia) and 4 students came from Ukraine, Rumania and Poland. As described in table 1, most students were 18-25 years old and only 5 out 23 students had a master degree (one of the Italian students had a Master Degree in Foreign languages).

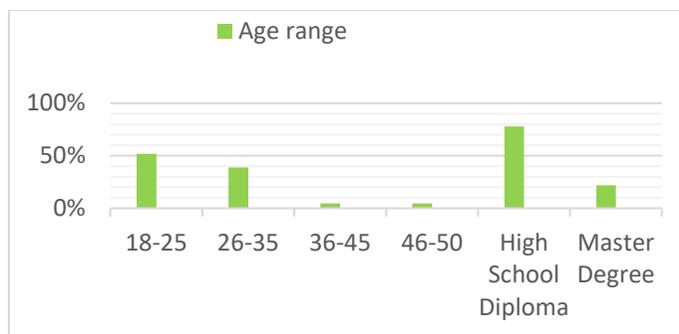


Table 1 - Students' ages and education

Therefore, out of a total of 23 students, 11 had a C2 level, 3 had a C1 level and 9 had an upper-intermediate one (B2). English proficiency evaluation was based on the English language certificates presented by students before enrolling in the degree course. Thus, 61% of students had a proficiency of General English ranging from C1 to C2. To investigate the learning situation and specify learning needs, a questionnaire was administered to the students. This questionnaire included various questions in order to identify their subjective needs in terms of: 1) motivation (why they were taking this degree course); 2) expectations and wants (what they are expected to learn from the course or wanted to learn in terms of contents); 3) background knowledge of English and specialised contents. The resulting answers have shown that in terms of motivation 40% affirmed that to become a nurse was their dream whereas about 22% cited as motivating factors a good job opportunity, a good way to improve their English proficiency or an opportunity to work abroad. In terms of expectations, most students declared that they expected to learn English medical language and use it in different registers in order to cooperate with doctors and interact with patients whereas a low percentage wanted to learn about communication techniques and enrich their level of English. In terms of background knowledge of the specialised context and language (nursing, medicine, biology) only two students out 23 had previous experiences in caring patients and none of them had a Bachelor of Science.

The Target Situation - Learners' Needs:

In order to evaluate what learners need to know in terms of required language and skills necessary to perform their specific professional role, previous studies on ENP have adopted different techniques such as ESP teachers' observation of nurses at work and interviews or surveys administered to professionals working in the specific field and students in the third year of their course. Unfortunately, in this case the target situation analysis has not been conducted using these sources due to COVID-19 pandemic. From March

2020, indeed, nurses and physicians working in the local hospital have been totally absorbed by COVID-19 pandemic management and it was not possible to interview or observe the nurses working in a so highly specialised hospital. Moreover, students usually start their traineeship in the second semester of the first year but from March 2020, the Italian government has issued a series of decrees that gradually increased restrictions and lockdown. Thus, at the time of this research, except for a couple of months the second year students had not been allowed to do their training and the first year ones had not started it. Not having the opportunity of gathering information from professionals or trainee students, in order to collect data on the linguistic competence, skills and vocabulary needed by nurses when practicing their profession, this information was retrieved by official documents such as the Nursing Code of Practice (NCP) and web sources like the American Nurse Association website. The NCP (2018) represents the professional standards that registered nurses and midwives must uphold to practise in the UK. In terms of communication this Code lists that nurses must:

1. use terms that people in their care, colleagues and the public can understand;
2. take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs;
3. use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs;
4. check people's understanding from time to time to keep misunderstanding or mistakes to a minimum (p. 9).

Thus, according to these assumptions, student nurses need a combination of general English and ENP when interacting with medical professionals (using medical jargon) and when interviewing or taking care of their patients (using general English). Moreover, nurses should learn how to use different communicative strategies in relation to cultural diversity and registers adopting an empathic attitude when interacting with patients.

In order to investigate the clinical situations where students use English most, the teaching activities were prepared in terms of clinical simulations and reference was made to the American Nurse Association (ANA) website. The ANA is the premier organization representing the interests of 4 million American registered nurses. Founded in 1896, it is the strongest voice for the nursing profession.

Six main key nurse responsibilities were retrieved from this website:

1. Take detailed health care histories (medical histories and symptoms)
2. Listen to patients and analyse their physical and emotional needs

3. Draw blood, and perform other health-related testing
4. Check and monitor a patient's vital signs
5. Educate patients about management of illnesses
6. Provide support and advice to patients

These responsibilities overlap with the crucial situations identified by previous studies on ENP (Miyake & Tremarco, 2005; Nurakhir and Palupi, 2018; Saragih, 2014), which revealed that when engaged in a conversation with patients student nurses needed to face specific situations such as explaining nursing procedures, drug reactions, medical treatment, taking the patient's history or giving advice (Lu, 2018).

Teaching Materials and Activities - EMP Linguistic Features:

The tailor-made teaching materials as well as the battery of exercises have been designed by the teacher for this specific purpose and videos on specific nursing topics and 'scenes' representing the 'authentic' material were retrieved from ENS registered nurse websites and proposed to students during the course. The learning-centred syllabus was planned starting from the 4 main assumptions listed by the NCP (2018) regarding nurse communication in a medical context and various topics which are specific lexical features of the language of medicine and/or nursing were included in the syllabus (e.g. monoreferentiality, transparency, conciseness, metaphors). The first assumption of the NCP (2018) lists that nurses must: 'use terms that people in their care, colleagues and the public can understand' (p. 9). Thus, they should be able to: 1) understand and use the language of doctors (colleagues); 2) use terms and a language (plain English) that can be understood by patients (people in their care). In order to teach students how to use specialised and non-specialised vocabulary in a hospital context, students were introduced to the main EMP lexical features (monoreferentiality, conciseness and transparency). These linguistic features are, indeed, essential in order to comprehend the language of medicine and its technicality. Monoreferentiality refers to the generic rule that in Medicine a single word should be used to define a specific and unique concept (e.g. hepatitis cannot be substituted by another word but can be paraphrased as inflammation of the liver). However, many medical words may have synonyms due to the progress of medicine (e.g. Mongolism, Down Syndrome, Trisomy 21) or to the tendency to use new terms not having classical origin (e.g. thrombus or blood clot). Therefore, particular attention has been paid to the evolution of medical terms and their synonyms when defining diseases, techniques, symptoms and medical tools.

A second topic included in the syllabus was word formation with particular attention to Greek and Latin based medical terms (e.g. anaemia) formed through affixation. These technical words are transparent since they can be

understood through the analysis of their single parts (e.g. hyperglycaemia). Therefore, a list of affixes used in medicine in order to name a disease, a symptom, a surgical procedure or instrument or a radiological investigation was given to students and discussed in class. Exercises prepared for the specific purpose, foresaw a list of Greek or Latin based transparent medical words. Students were asked to analyse the single parts of these words dividing them into single parts specifying the correct meaning of each part and give the non-technical alternative to the technical Latin or Greek-based word (see the table below).

| Technical term | Analyse the word by dividing it into single components giving the correct meaning of each part | Give the non-technical term |
|-----------------------|---|--|
| Hypercholesterolaemia | Hyper: High (excess) cholesterol: a waxy substance -aemia: blood condition | High cholesterol (An excess of waxy substance in the blood) |

Table 2 - Exercises on affixation

These exercises helped students to shift from the technical language to the ordinary one. Conciseness refers to the use of abbreviations (e.g. acronyms, blending) which are often used in a medical context in terms of definition of diseases and disorders (e.g. ADHD or Attention Deficit Hyperactivity Disorder), laboratory test (e.g. PSA or Prostate Specific Antigen), radiological investigations (PET or Positron Emission Tomography), nursing procedures (IV or intravenous). These abbreviations are normally included in the electronic health record but they are often used when interacting with a patient. Although these standard medical abbreviations can be seen as efficient professional shorthand, a lack of their knowledge can act as a barrier to effective communication and understanding among patients. To improve this skill different videos recorded by ENS registered nurses presenting the most common abbreviations used in a medical record and in a clinical context when assessing patients’ health history were retrieved from the web and proposed to the students. Moreover, a battery of exercises was administered to students regarding the identification of the abbreviations used in medical records, medical prescriptions and in brief clinical cases (see the table below).

| Abbreviation | Meaning |
|---------------------|------------------------|
| CVS | CardioVascular System |
| a.c. | before meals |
| SOB | Shortness of breath |
| AMA | Against Medical Advice |
| BP | Blood Pressure |
| Hx | History |
| bid | Twice a day |
| qd | daily |
| qid | four times a day |

Table 3 - Abbreviations in Medicine

The aim was to furnish students with the required knowledge in order to be able to read a medical record (e.g. DOB or Date of Birth) or a medical prescription (PO or by mouth) as you can see from the exercise below, proposed to students during the course.

| | |
|-------------------------------|-------|
| Patient personal detail | |
| Name(s): | DOB: |
| Surname: | Date: |
| Prescription | |
| Dolores 40 mg - 1 tab a.c. qd | |
| Orson 50 mg - 1 pil PO qid | |

Table 4 - A medical prescription in class

In this exercise students were asked to ‘translate’ the abbreviations included in the medical prescription and explain to patients when and how to take these drugs (the name of the drugs have been invented by the teacher).

In the second two weeks of lessons, in order to help students to enhance an effective communication with their patients taking ‘reasonable steps to meet people’s language and communication needs’ (NCP, 2018:9), student nurses were introduced to the use and comprehension of metaphors which represent one of the most common communicative strategies used in a medical context. This linguistic figure is a useful tool that may be used by nurses when explaining a nursing procedure or when educating patients about the management of their illness explaining the physiological mechanisms which characterise the disease. Explanations are an important area of health care communication since they are attempts made by health professionals or patients in order to clarify an aspect of care or to justify it. Various authors (Reisfield & Wilson, 2004; Casarett et al., 2010) have, indeed, underlined the importance of using metaphors when explaining a medical concept or interpreting metaphors that patients may use when talking about their health.

As matter of fact, to relate an unfamiliar domain to a familiar one facilitates the comprehension of an unknown concept. For this reason, students were taught how to interpret a metaphor using psycholinguistic techniques such as analogical or conceptual reasoning. This strategy is based on the creation of a set of analogies or correspondences between two domains (Gentner 1983; Lakoff and Johnson 1980). The first metaphor employed to instruct students on metaphor comprehension was the war metaphor “cancer is a war” often used by doctors when interacting with their patients. This war metaphor is in the form of A is B and may be transformed into a simile composed by two domains or concepts. The source domain is the unknown, unfamiliar concept (cancer, chemotherapy) whereas the target one is the familiar one (war, nuclear weapons). Students were asked to identify the similarities between the two concepts or domains and give their own interpretations which were: 1) Physicians and patients are allied and fight together; 2) Nuclear weapons (chemotherapy) are used as in a battle to fight a common enemy (cancer).

The second example concerned metaphors in which the source domain was not an action but the visual image of an action. The metaphorical expression “Depression is falling into an abyss” is often used by depressed patients when narrating their mood. In this case, the source domain (unknown) is not a concept but the visual image of an action (falling into an abyss). This action reproduces three main visual images: 1) someone falling down in an unknown atmosphere (visual image); 2) someone crying and shouting but no one can hear him\her (auditory image); 3) an abyss or better a place where there is no bottom. In this case, students gave their interpretations in terms of the patient’s feelings defining him\her as anguished, suspended in the air, unable to act or move, lonely and unable to find a way out. Therefore, the final interpretation was that depression is like falling into an abyss because depressed people feel alone, abandoned and anguished and cannot find a way out from their condition being unable to move or act due to it. Other metaphorical expressions (see the table below) used within the medical context were discussed in class and students were asked to interpret them using analogical reasoning.

Metaphors

Explanations through metaphors

1. Viral infection: “Antibodies are like little blood warriors. When you're sick, your body produces lots of soldiers (antibodies) to defend you against foreign invaders (viruses)”;
2. Food allergy: “You have a food allergy when your immune system identifies a protein in what you eat as an invader, and reacts by producing antibodies to fight it”.

Patients' narrative description of the symptoms

1. Depressed patient: “It's like swimming in the treacle”.
2. Paraesthesia: “It's like ants running in my body”.

Table 5 - Metaphorical expressions used in class

Teaching Material and Activities - Communication Techniques:

Another linguistic role of nurses is ‘to use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people’s personal and health needs’ (NCP, 2018: p.9). In order to underline the different cultural approach and way of communicating (verbal and non- verbal communication, a non-empathic and an empathic approach when asking about symptoms) videos concerning nurse responsibilities such as taking a history, monitoring vital signs (e.g. checking blood pressure) administering drugs and drawing blood were retrieved from different ENS (American, Canadian and British) nurse websites. Students were asked to observe both the nurse’s and the patient’s behaviour and identify the way of communicating of these nurses in order to understand the importance of a correct and respectful communicative behaviour when interacting with a patient in a clinical setting.

Moreover, in order to instruct students on nurse health assessment interview the history-taking sequence proposed by Douglas et al. (2005) was presented to students. This model proposes a systematic, sensitive and professional manner of taking a patient’s history reducing mistakes to a minimum.

History-taking sequence

- 1) The presenting complaint
- 2) Past Medical History
- 3) Medication History
- 4) Family History
- 5) Social History
- 6) Sexual History
- 7) Occupational History
- 8) Summary
- 9)

Table 6 - History-taking sequence (Douglas *et al.* 2005)

Moreover, unhelpful questions that can interfere with an effective nurse-patient communication (the not to do list) were subject of discussion and students were asked to avoid using this type of questions in the role-play.

Unhelpful interview techniques

- Ask why or how questions
- Use persistent questions
- Use technical language
- Interrupt
- Ask leading questions that suggest the answers

Table 7 - Ask me 3 questions

The use of these two techniques are essential in nursing assessment since they help nurses in organising their interview in an effectively manner. Moreover, when taking the patient’s history, particular attention has been paid to pain assessment, which is essential to make an initial patient’s health assessment. For this reason, the SOCRATES model (Swift, 2005) was proposed to students in order to conduct a systematic pain assessment.

| SOCRATES | Questions |
|-----------------------|---|
| Site: | Where exactly is the pain? |
| Onset: | When did it start, was it constant/intermittent, gradual/ sudden? |
| Character: | What is the pain like e.g. sharp, burning, tight? |
| Radiation: | Does it radiate/move anywhere? |
| Associations: | Is there anything else associated with the pain, e.g. sweating, vomiting. |
| Time course: | Does it follow any time pattern, how long does it last? |
| Exacerbating factors: | Does anything make it better or worse? |
| Severity | How severe is the pain, consider using the 1-10 scale? |

Table 8 - SOCRATES model

Finally, in order ‘to check patients’ understanding from time to time to avoid misunderstanding (NCP, 2018:9), the ask myself 3 questions technique and summarization were the last two topics of the syllabus. The ask myself 3 questions (Institute for Healthcare Improvement, 2018) encourage patients to understand the answers to three questions (see below):

1. What is my main problem?
My bad cholesterol level is high and I’m at risk of heart problems.
2. What do I need to do?
I need to take this drug once a day, do exercise and have a balanced diet.
3. Why is it important for me to do this?
If I take these pills once a day, do exercise and have a balanced diet, my bad cholesterol level will reduce as well as the risk of having heart problems.

These three simple but essential questions in every health care interaction designed by health literacy experts can foster clear health communication between health professionals and patients in particular when a pharmacological treatment is required. The second technique employed was summarization which is one of the steps included in history-taking sequence but that may be used in different nursing situations (e.g. pharmacological treatment, instructing on how to dress a wound at home). Thus, when conducting an interview nurses should summarize or rather remind the patient the understanding of his\her symptoms demonstrating that they have been listening filling in holes in the patient’s history. These techniques are essential because understanding health instructions reduces the risk of making mistakes when taking medicines or preparing for a medical procedure.

The activities in class foresaw the presentation of various clinical cases prepared by the teacher for the students and a lot of role-play and simulations were used in this phase in order to give them the opportunity of acquiring communicative competence when taking a patient’s history, dressing a wound, monitoring vital signs and assessing pain. All the time students alternately changed their role and were actively involved in these activities as observers of the verbal and non-verbal strategies employed by their colleagues providing a feedback in a manner that acknowledges both the positive and negative aspects of the role play. Moreover, ENS students often played the role of linguistic supervisors correcting their colleagues’ grammar mistakes.

Conclusion

This paper has described the context and teaching strategies within a degree course in Nursing entirely held in English and has outlined some

distinguishing features such as EMP lexical features and communication strategies. Psycholinguistic and linguistic techniques were employed as teaching strategies aiming at improving student nurse skills both as linguistic mediator between patients and doctors and as effective health communicator. Students' feedback was positive and they really appreciated the topics included in the syllabus. Among the topics that they appreciated most, scenes such as taking the history and specialised vocabulary were the ones that they considered most useful for their future profession and asked for the inclusion in the syllabus of a more exhaustive list of technical terms concerning medical instruments. In conclusion, although this teaching experience has been evaluated as positive, the syllabus could be improved in many ways. First of all, an accurate observation of nurses at work should be desirable in the future to investigate the specific circumstances in which nurses are required to use the English language in order also to acquire a more specialized knowledge of the medical instruments used by nurses at work. Moreover, the syllabus should also include academic reading and writing focusing the attention on the role of nurses as researchers and professionals who constantly need to be updated on specific professional topics. Therefore, the textual analysis of nursing papers published in international Journals of Nursing should be an integral part of the syllabus improving student nurse academic writing skills. However, to achieve this aim additional hours of lessons should be added to the course since 30 hours of lessons are not sufficient.

To conclude, even though an ESP teachers are not nursing experts and have no possibilities to observe or cooperate with students or experts working in their professional context, they can overcome this situation starting from an in-depth needs analysis of the duties of nursing profession taking the role of the learners themselves in order to help students to develop the language skills that nursing learners need in order to face the challenges of the labour market.

References:

1. Basturkmen, H. (2017). ESP teacher education needs. *Language Teaching*, 52(3), pp. 318-330. <https://doi.org/10.1017/S0261444817000398>
2. Boshier, S. & Smalkoski, K. (2002). From needs analysis to curriculum development: designing a course in health-care communication from immigrant students in the USA. *English for Specific Purposes*, 21(1), pp. 59-79. [https://doi.org/10.1016/S0889-4906\(01\)00002-3](https://doi.org/10.1016/S0889-4906(01)00002-3)
3. Bourhis, R.Y., Roth, S. & MacQueen G. (1989). Communication in the hospital setting: a survey of medical and everyday language use amongst patients, nurses and doctors. *Social and Medical Science*, 28(4), pp. 339-346.

- [https://psycnet.apa.org/doi/10.1016/0277-9536\(89\)90035-X](https://psycnet.apa.org/doi/10.1016/0277-9536(89)90035-X)
4. Candlin, S. (2006). Constructing knowledge, understanding and meaning between patients and nurses. M. Gotti & F. Salager-Meyer (eds), *Advances in medical discourse analysis: Oral and Written context* (pp. 65-86). Bern: Peter Lang.
 5. Casarett, D., Pickard, A., Fishman, J.M., Stewart C.A., Arnold, R.M., Pollak, K.I. & Tulskey, J.A. (2010). Can metaphors and analogies improve communication with seriously ill patients?. *Journal of Palliative Medicine*, 3(3), pp. 255-260.
<https://dx.doi.org/10.1089%2Fjpm.2009.0221>
 6. Collins, S. (2005). Explanations in consultations: the combined effectiveness of doctors' and nurses' communication with patients. *Medical Education*, 39 (8), pp. 785-796.
<https://doi.org/10.1111/j.1365-2929.2005.02222.x>
 7. Corrizzato, S. & Goracci, G. (2013). English for nursing: The importance of developing communicative competences. *The Journal of Teaching English for Specific and Academic Purposes*, 1(2), pp. 177-184.
 8. Dudley-Evans, T. & St. John, M. (1998). *Developments in ES: A multidisciplinary approach*. Cambridge: Cambridge University Press.
 9. Flowerdew, L. (2013). Needs analysis and curriculum development in ESP. In B. Paltridge & S. Starfield (eds) (pp.325-346). Oxford: Wiley-Blackwell.
 10. Garone, A. & Van de Craen, P. (2017). The role of language skills and internationalization in nursing degree programmes: A literature review. *Nurse Education Today*, 49, pp. 140-144.
<https://doi.org/10.1016/j.nedt.2016.11.012>
 11. Gentner, D. (1983). Structure-mapping: A theoretical framework for analogy. *Cognitive Science* 7(2), pp. 155-170.
[https://doi.org/10.1016/S0364-0213\(83\)80009-3](https://doi.org/10.1016/S0364-0213(83)80009-3)
 12. Hussin, V. (2002). An ESP program for students of nursing. In T. Orr (Ed.), *English for Specific Purposes* (pp. 25-35), Virginia: TESOL.
 13. Hyland, K. (2006). *English for Academic Purposes*. London: Routledge.
 14. Institute for Healthcare Improvement (2018). Ask Me 3: Good questions for your health. <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>
 15. Koch-Weser, S., DeJong, W. & Rudd, RE (2009). Medical word use in clinical encounters. *Health Expectations* 12(4), pp. 371-382.
<https://doi.org/10.1111/j.1369-7625.2009.00555.x>

16. Lakoff, G. & Johnson, M (1980). *Metaphor we live by*. Chicago: University of Chicago Press.
17. Lu, Y.L. (2018). What do nurses say about their English language needs for patient care and their ESP coursework: the case of Taiwanese nurses. *English for specific purposes*, 50, pp. 116-129. <https://doi.org/10.1016/j.esp.2017.12.004>
18. Nursing & Midwifery Council (2018). *The Nursing Code of Practice*. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
19. Reisfield, G. & Wilson, G.R. (2004). Use of metaphor in the discourse of cancer. *Journal of Clinical Oncology*, 22(19), pp. 4024-4027. <https://doi.org/10.1200/jco.2004.03.136>
20. Richards, J.C. (2001). *Curriculum development in language teaching*. New York: Cambridge University Press.
21. Saragih, E. (2014). Designing ESP materials for nursing students based on needs analysis. *International Journal of Linguistics*, 6(4), pp. 59-70. <https://doi.org/10.5296/ijl.v6i4.5983>
22. Socha-Dietrich, K. & Lafortune, G. (2019). Recent trends in internationalization of medical education. In *OECD, Recent Trends in Migration of Doctors, Nurses and Medical Students* (pp. 35-50). Paris: OECD Publishing.
23. Swift, A. (2015). The importance of assessing pain in adults. *Nursing Times*, 111(41), pp. 12-16 https://cdn.ps.emap.com/wp-content/uploads/sites/3/2015/10/071015_The-importance-of-assessing-pain-in-adults.pdf
24. WHO (World Health Organization). (2020, 01, 9). *Nursing and Midwifery*. <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>