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Using corpus-based discourse analysis for curriculum development: Creating and evaluating a pronunciation course for internationally educated nurses

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ABSTRACT

This paper discusses the development of corpus-based curriculum for ESP, with a focus on two underresearched areas: health care communication and the use of corpus materials for pronunciation. Three aspects of corpus-based curriculum development are explored: corpus-based needs analysis; corpus-based materials development; and corpus-based assessment and evaluation (Flowerdew, 2012; Tono, 2011). First, this paper briefly reports on a quantitative corpus-based analysis of 104 nurse-patient interactions that was conducted to identify needs of nurses in clinical interactions, with a focus on the findings related to pronunciation (pitch range, tone choice, and prominence/sentence stress). Key differences were found between international and U.S. nurse discourse in the use of these features. Next, the paper describes the curriculum for a Pronunciation for Nurses course, with an emphasis on corpus-based materials development from the corpus described above. Finally, the paper discusses the corpus-based assessment of participants' progress and an evaluation of the Pronunciation for Nurses curriculum, including pre and post-tests, interviews with nurse participants, interviews with ESL teachers, and course evaluations. The methods discussed in the paper have implications for other ESP contexts and other aspects of language use.

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1. Introduction

Internationally educated nurses (IENs), or nurses trained overseas but working in the U.S. and other English-dominant countries, are an increasingly important part of the workforce. In the U.S., they account for 5.6%–29% of the practicing nurses, depending on the state (HRSA, 2010; Xu, 2010). In the southwestern city of the U.S. where the course described in this article was developed, IENs comprise around 40% of the nursing staff at local hospitals. IENs must pass rigorous training and assessments to practice in the U.S., including the U.S. licensing exam (the National Council Licensure Examination or NCLEX). For those for whom English is not a first language, standardized language proficiency tests are required. In Nevada, the context of this study, a minimum of 26/30 on the TOEFL iBT speaking test is required for nursing practice. However, it should also be noted that many of the IENs in the U.S. come from countries where varieties of English have developed locally (e.g.,

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India, the Philippines). Thus, these nurses are often fluent speakers of varieties of World Englishes (e.g., Indian English or Philippine English).

Despite this high level of training and language proficiency, there are numerous reports of provider-patient communication issues. One area identified as problematic for IENs by nursing professionals has been pronunciation (Deegan & Simkin, 2010; Sherman & Eggenberger, 2008). A few training programs from the nursing field developed for IENs have focused on targeting linguistic features of clinical interactions with patients, particularly pronunciation. However, these have tended to focus on accent modification, prioritizing consonant and vowel production, and do not focus on the analysis of actual IEN discourse in the nursing context to establish pronunciation needs (Ogilvie, Leung, Gushuliak, McGuire, & Burgess-Pinto, 2007; Sherman & Eggenberger, 2008; Xu et al., 2010). Also important to note is the fact that such programs may not include key principles of pronunciation instruction from an ESP/Applied Linguistics (AL) perspective, including the goal of intelligibility rather than 'native-like' performance and the role of pronunciation in pragmatic language use. Intelligibility is often defined as "the extent to which a speaker's message is actually understood by a listener," and can be distinguished from accentedness (see Munro & Derwing, 1995, p. 76). An ESP/AL perspective also places emphasis on suprasegmental issues such as intonation and stress in addition to consonant and vowel formation, and in particular the connections between such suprasegmental features and pragmatic functions in discourse (see Munro & Derwing, 2015; Pickering, 2018; Reed, 2015; and Wichmann, 2015 and for overviews of these principles in relation to pronunciation teaching and discourse analysis).

From the field of English for Specific Purposes, there have been a number of needs analyses and course development projects for nurses who are not IENs, but rather are studying nursing in the U.S. or other English speaking countries. Of particular note are Bosher and Smalkoski (2002), Cameron (1998), Crawford and Candlin (2013), and Hussin (2008). Importantly, these studies use discourse analysis along with surveys and interviews to establish the needs of international nurses who are training in English speaking countries. This work has provided evidence that pronunciation is one of the issues that nurses in this context may need to address, by providing examples of communication breakdowns in which pronunciation has played a role. However, since the emphasis of such ethnographic work has been to understand the very specific unfolding of communication difficulties in a given context, it has not focused on the identification of patterns of language use across a sizable number of nurses. Perhaps more importantly, these studies have concentrated on nurses who are receiving their nursing training in English speaking countries rather than nurses trained overseas (IENs), who are the focus of the course described here.

This study focuses on the use of corpus-based discourse analysis to inform a pronunciation course for IENs. The corpus, reported on more extensively elsewhere (see Staples, 2015a,b), consists of nurse–patient interactions (52 IENs and 50 U.S. trained nurses, USNs) in an in-patient hospital setting, with the IENs primarily coming from the Philippines. Important to note is that the data comes from extended role plays (a practice commonly used in assessing medical professionals) between practicing nurses and what are known as standardized patients (actors trained to present the same case to each nurse with whom they interact). The course integrates findings from the corpus-based study as well as an ESP/AL approach that emphasizes the importance of intelligibility and pragmatic/functional approaches to pronunciation instruction. While the focus here is quite narrow, it has implications for developing courses in other areas of ESP, and for other domains of language use outside of pronunciation.

2. Pragmatic impact of pronunciation in nursing and other spoken ESP contexts

One of the key areas that ESP ethnographic studies have identified as important for nursing education and practice in Western countries is therapeutic communication (Bosher & Smalkoski, 2002; Crawford & Candlin, 2013). Therapeutic communication refers to the prioritizing in the West of a healing relationship between nurses and patients (Antai-Otong, 2007, p. 9). Such a focus on the relationship between nurse and patient is also part of a larger movement in the West towards patient-centered care, which attempts to break down the asymmetry between providers and patients. However, this approach is not necessarily dominant in non-Western countries, and in fact was found to differ greatly for the countries represented in the current study, particularly the Philippines (Staples, 2015b). Importantly, part of therapeutic communication (and patient-centered approaches) includes expressions of rapport and empathy, which are often conveyed through the use of stress and intonation (since displays of interest and emotion are dependent on broader pitch range, for example). Bosher and Smalkoski (2002) and Cameron (1998) both identified stress and intonation as an area of difficulty for English as a Second Language (ESL) nurses in training during their clinical practice, but did not directly connect it to therapeutic communication or patient-centered care. There is a need, therefore, to connect these pronunciation features with the sociopragmatic and pragmalinguistic aspects of nurse–patient interactions.

Looking to other ESP contexts, there is a good deal of research that suggests that there are differences in the use of prosodic features such as intonation, pitch range, and sentence stress (prominence) between "Inner Circle" speakers of English and "Outer" and "Expanding Circle" speakers, to use Kachru's (1992) model, and that these differences have pragmatic consequences. Probably the most well-known example of pronunciation causing communication problems on the part of World Englishes' speakers is John Gumperz's microanalysis of Indian food workers' use of falling intonation where rising intonation was expected by their British English interlocutors (Gumperz, 1982). The British English speakers perceived the Indian English speakers as surly and rude, leading to communication problems. More recently, Pickering (2001) investigated prosodic patterns among three groups of teaching assistants (TAs): L2 English speakers from Outer Circle countries, such as China (NNES), L2 English speakers from Inner Circle countries (here, India; IES), and native English

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