



# Experiences in the workplace community and the influence of community experiences on ENP courses for nursing professionals



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## SUMMARY

*Background:* A nursing community can be described as a discourse community or a Community of Practice (CoP). No matter what type, a nursing community exerts influences on its group members' worldviews, perspectives and beliefs.

*Objectives:* The purpose of this research is to explore what nurses' experiences of membership within the nursing community are and how such experiences influence nurses' views of English for nursing purposes (ENP) courses. *Design:* A qualitative case study was conducted in a medical centre in Taiwan in which many foreign patients seek medical treatment and in which English is highly valued.

*Participants:* Nine nurses who had at least three years working experience in relation to clinical practice participated in the study.

*Methods:* Semi-structured interviews and shadowing observations were the two primary methods of data collection.

*Results:* Five themes emerged: (1) building of the nurse–patient relationship, (2) provision of patient-centred care, (3) negative caring experiences, (4) professional identity, and (5) perspectives on ENP courses.

*Conclusions:* Nurses' connection with the community led for them to a focus in their working lives. This determined their perceptions of ENP courses.

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## 1. Introduction

This paper explores community experiences of a group of nursing professionals working in a large medical centre in Taiwan, and how such experiences exert influences on nurses' perspectives on nursing English courses provided during their college/university years. A qualitative case study is used, as nurses, nursing practice, and the hospital context comprise a bounded system, the defining element of case study (Hood, 2009). The research findings have implications for nursing English instructors in Taiwan seeking to sensitively structure nursing English courses to serve nurses who increasingly require knowledge of English, and also may provide increased awareness and critical insights for nursing English educators.

## 2. Background

According to Gobbi (2009, p. 73), community in its Latin root means “sameness”, “common or shared by many”, “together”, and “performing services”. A group of nursing professionals forms two (or more) kinds of community: a discourse community and a Community of Practice (CoP). It is a discourse community because those involved in the

healthcare profession share certain ideas about diseases and treatments whose meanings are assumed and do not require explanation in a discussion made of a group of healthcare professionals in the hospital context. They demonstrate their competence, specialisation and knowledge through expert discourses (Little et al., 2003). It is a CoP as it comes into being and binds together primarily through learning, engagement and participation (Lave and Wenger, 1991; Wenger, 1998). Wenger (2009, p. vii) indicates that “...the actual practice cannot be fully learned in the classroom. Health and social care delivery remains a practice located in relationships, in interactions and in the improvisation inherent in situated intelligence.” The centrality of a CoP is that individuals learn from participating and engaging in social practice. Individuals learn how to function properly and acceptably in the target setting as they move from peripheral participation towards full participation.

The formation of the identity of individuals in a community, whether a CoP or a discourse community, involves identification, a process through which identity is developed and constructed by creating connections to those of community members (Hyland, 2010, 2011; Wenger, 1998). Language, according to Hyland and Tse (2012), is a powerful tool for proclaiming one's connection with certain communities, and has the power of representing people in particular ways because the thing we say or write somehow shows who we are and demonstrates the image we wish to establish to others. Identity is constructed by using the rhetorical choices that the community makes

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use of. People gain credibility and approval as being the members of a community by aligning their language use with those of the community members. In other words, people position themselves and are positioned in the community by employing the discourse favoured by the community. Community discourse is the means that the community members use to produce knowledge, to solve problems, and to distinguish others. Distinct from the language-based formation of identity proposed by Hyland, Wenger (1998) brings a quite different perspective. He indicates that identity is constructed through both participation and reification. Membership of the particular community forms its members' identity. The generation of identity involves some forms of competence. When people claim themselves full members of the community, they are in a territory which appears familiar to them. They have the ability to deal with things happening in and around them; they understand how to interact with people; they make use of resources the members in the same community use to perform activities or to solve problems.

A community influences its group members' worldviews, perspectives and beliefs. Wenger (1998) argues that one's investment in a community influences his or her way of looking at the world. Being a member of the community leads to a focus on certain things. Although not all members in the community look at things in the same way, there is a tendency for them to value particular things, make similar choices and have certain interpretations. Bizzell (1992) remarks that participating in a community inevitably involves some kinds of changes of thinking. An "inbuilt dynamic" (p. 227) forms and shapes one's mind and views of the world in the process of engaging oneself in activities in relation to the community. It is possible that the person is unaware of such changes so concentrated is he or she on fitting into the target community. For Little et al. (2003), human beings are social and societal creatures; therefore, the feeling of belonging is important. When people connect themselves with a community, they feel secure and privileged in that the community provides a feeling of belonging. A certain degree of conformity, however, is required if one wants to be accepted as a group member of a community. A community affects what members should say and what they will think. Members, consciously or unconsciously, conform to the norms. Another explanation explaining how one's beliefs and thinking are changed focuses on experience in relation to the community. Little et al. (2003) argue that experience is material which people can draw on in making sense of the world, and a template upon which people's personal values and subjective feelings are based. Human beings are in an environment full of events. They experience these events by being involved with or observing them. It is this developed and remembered experience which constitutes and influences the background of people's thoughts, perspectives and beliefs.

### 3. Study Aims

If a community influences its members' perspectives and beliefs as assumed above, it is reasonable to suspect that nurses who are involved in the nursing community, which has particular practices on language use (discourse community) and which stresses learning in practice (CoP), might appreciate certain things and develop certain beliefs in relation to the community. Such appreciations and beliefs might determine the way they construct their perspectives on nursing English courses. Therefore, the aim of this paper is twofold: to explore (1) what nurses' experiences of membership within the nursing community are and (2) how such experiences influence nurses' views of English for nursing purposes (ENP) courses. ENP is a sub-branch of English for specific purposes (ESP), and refers to the specialised course of nursing, and its specialisation is to enable learners to acquire language knowledge in the nursing field (Lee, 1998). Hutchinson and Waters's (1987, p. 22) model of ESP course design, which includes the three important elements: (1) language descriptions; (2) needs analysis; and (3) learning theories, served as a guideline to systematically explore nurses' views of ENP courses.

### 4. Methodology

Of the many possible methodological approaches available, case study was chosen as the more suitable one to fulfil the aim of the study for two reasons. First, the nurses included in study, the nursing in which they are involved, and the specific context in which they act comprise a 'bounded system', the defining feature of case study (Hood, 2009). Second, this study is not interested in producing generalities or testing hypotheses. Rather, it seeks to reveal the uniqueness of the selected case, with the hope that something valuable could be learned from studying the case. Table 1 summarises the characteristics of the case.

The hospital selected represents a unique case in Taiwan, based on three reasons. First, the hospital is the largest medical system in Taiwan, with more than ten branches located in different areas in Taiwan and Mainland China. The medical system includes medical care centres, convalescent nursing homes, and district hospitals. Second, the hospital has an International Care Centre, in which many foreign patients from other countries seek medical services. Compared to other medium- and small-scale hospitals, the medical professionals working in the hospital selected have more opportunities to encounter foreign patients. Third, the hospital has participated in many programmes promoted by the central government, for instance, "Hospital Creating an English-Friendly Living Environment" and "Creating an English Living Environment". This indicates that the hospital itself is devoted to the development of healthcare professionals' English proficiency as English is the language used when foreign patients seek medical care from Taiwanese professionals.

#### 4.1. Observations and Interviews

Shadowing observations in the surgical ward were conducted over eight consecutive days (day shift: 0800–1600) in the spring term of 2013. The duration of these observations was from 15th to 22nd of February. The interviews were carried out from July to August 2012. They took place in the visiting room in the hospital, and were conducted mainly in Chinese. The interviews were tape-recorded for verbatim transcription.

#### 4.2. Data Analysis

The process of data analysis followed five steps proposed by Chang (2010): (1) transcribing, (2) conceptualising, (3) propositionalising, (4) graphing, and (5) theorising. The results obtained for each step are different. The difference is not only in terms of quantity, but in quality also. The first step is to transcribe the data collected in the interviews and observations. The second step concerns attaching concepts to the data collected. This step is also called coding as each code could be seen as a concept possessing meanings. Once concepts have been attached to the data, they then have meanings owned by the concepts. The third step is called developing themes, the purpose of which is to "formalise and systematise the researcher's thinking into a coherent set of explanations" (Miles and Huberman, 1994, p. 75). The fourth step is to design a comprehensible matrix which encompasses themes developed. The last step is to support existing theories, based on what is found from the data.

#### 4.3. Ethics

The approval of the Institutional Review Board Committee (IRB) of the hospital was obtained before the study was conducted. The nurse participants were voluntary participants. An informed consent form was given beforehand to ensure their participation. The confidentiality and anonymity of the participants were protected, and pseudonyms were used throughout the study.

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