



How appropriate are the English language test requirements for non-UK-trained nurses? A qualitative study of spoken communication in UK hospitals



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ABSTRACT

Background: Non-native speakers of English who hold nursing qualifications from outside the UK are required to provide evidence of English language competence by achieving a minimum overall score of Band 7 on the International English Language Testing System (IELTS) academic test.

Objectives: To describe the English language required to deal with the daily demands of nursing in the UK. To compare these abilities with the stipulated levels on the language test.

Design: A tracking study was conducted with 4 nurses, and focus groups with 11 further nurses. The transcripts of the interviews and focus groups were analysed thematically for recurrent themes. These findings were then compared with the requirements of the IELTS spoken test.

Settings: The study was conducted outside the participants' working shifts in busy London hospitals.

Participants: The participants in the tracking study were selected opportunistically; all were trained in non-English speaking countries. Snowball sampling was used for the focus groups, of whom 4 were non-native and 7 native speakers of English.

Methods: In the tracking study, each of the 4 nurses was interviewed on four occasions, outside the workplace, and as close to the end of a shift as possible. They were asked to recount their spoken interactions during the course of their shift.

The participants in the focus groups were asked to describe their typical interactions with patients, family members, doctors, and nursing colleagues. They were prompted to recall specific instances of frequently-occurring communication problems.

All interactions were audio-recorded, with the participants' permission, and transcribed.

Results: Nurses are at the centre of communication for patient care. They have to use appropriate registers to communicate with a range of health professionals, patients and their families. They must elicit information, calm and reassure, instruct, check procedures, ask for and give opinions, agree and disagree. Politeness strategies are needed to avoid threats to face. They participate in medical team discussions, and provide information. They have to be able to translate between everyday and medical registers. This requires socio-pragmatic competence, much of which is not tested by IELTS.

Conclusions: In addition to linguistic knowledge and fluency, nursing requires considerable cultural and pragmatic knowledge and competence. Our findings support arguments for including socio-pragmatic competence in language tests specifically designed for nurses. They also indicate a need for further research to find or design more appropriate assessment, and greater awareness amongst policy makers of the principles of language test design and use.

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What is already known about the topic?

- The skills and abilities assessed by a test should be relevant to the decisions made on the basis of test results ([International Language Testing Association guidelines, 2007](#)).
- The IELTS test is recognised as an English language proficiency test for the registration of internationally-trained nurses in

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Anglophone countries and is the only test recognised for this purpose in the UK.

- Concerns have been raised in the nursing community that the IELTS is not appropriate as an English language requirement for the registration of nurses trained outside the UK because it is a test of academic English.

What the paper adds

- An empirical investigation of the English language practices of nursing in the UK.
- Comparison of the spoken English requirements of nursing with the spoken English assessed by the IELTS.
- Details of spoken English required for nursing practice that is not assessed by the IELTS Academic.

1. Introduction

There has been a substantial increase in the flow of nurses from developing to developed countries since the 1990s, the result of short-term recruitment strategies designed to meet nursing shortages (Buchan and Sochalski, 2004). A vital part of the recruitment process is to ensure that nurses possess the qualifications required to practice in the receiving country. If the dominant language(s) used in nursing in that country are different from the country where the nurse has trained, then proficiency in a language can be a formal requirement. This paper reports a small-scale study that examines important issues associated with selection of a language qualification in the context of hospital nursing in the UK. The findings have implications for policy in other countries where a language qualification is required for practice.

2. Background to the study

Currently, there is a chronic shortage of nurses trained in the UK, which has resulted in an imperative to recruit nurses trained overseas (RCN, 2015). There has been a steady rise in the number of initial registrations since 2010, when 2519 non-UK trained nurses were on the register of the Nursing and Midwifery Council (NMC); in 2013/14 nurses trained overseas constituted 22% of the workforce (RCN, 2014). By 2014–15, the total had risen to 8183 nurses, of whom 7518 were from the EEA and 29 from Anglophone countries (NMC Communications Department, obtained under Freedom of Information, September 2015).

In order to register, nurses from non-EEA countries are required to demonstrate English language competence by achieving a minimum of 7.0 IELTS (International English Language Testing System) overall on the Academic test of English, and 7.0 on each of the sub-tests: reading, writing, speaking and listening. Since 18th January 2016, this regulation has been extended to nurses from the EEA and Switzerland unless they have an acceptable alternative English language qualification, (Nursing and Midwifery Council, 2016).

Furthermore, since 1st October 2014, in order to demonstrate clinical competence, a multiple-choice test of theoretical practice-based knowledge that can be completed in the home country, followed by an OSCE (Objective Structured Clinical Examination (OSCE) taken in the UK has replaced a 20-day period of protected learning (time allocated for staff development), itself followed, if appropriate, by the completion of a record of achievement during a period of supervised practice. Given that the new regulations no longer require a period of supervised practice, it would appear that there is an even stronger imperative for nurses to have the necessary English language skills before they start work in the UK.

Thus, being the only required qualification, the IELTS Academic test represents a high stakes test for nurses who want to apply from overseas to work in the UK. This is also true for nurses who want to register for work in Australia, New Zealand, Canada and the United States, where it constitutes one of a number of recognized English language qualifications. However, there is growing criticism of the appropriateness of this requirement for nurses (Hearnden, 2008; Lum et al., 2015; Allan and Westwood, 2015; Hull, 2015; Müller 2015). Concerns that it is not necessarily pertinent to the English language requirements of health professionals because it is a test of academic English have been highlighted by a number of respondents in the recent Nursing and Midwifery Council consultation exercise (NMC, 2015).

The IELTS Academic version was validated as an English language test for entry to courses of academic study. However, since 2000, professional bodies in Anglophone countries have increasingly used it as the standard language qualification for non-native speakers of English (Merrifield, 2008, 2011, 2016). For instance, in the UK the qualification is recognized by the Association of Chartered Certified Accountants, the Chartered Institute of Marketing, the General Dental Council, the General Medical Council, and the Nursing and Midwifery Council. In her study, Merrifield found that the justification for its adoption as an English language qualification by professional bodies rested on the basis that the test is widely available, is reliable (for its purpose), and tests communication skills. However, these criteria neglect important aspects of test validity that must be considered in the selection of a language test.

3. Validity in language testing

Concerns expressed above regarding the use of the IELTS Academic as a 'gate-keeping' test for non-UK-trained nurses question the validity of the use of the test for this purpose. Validity is the overarching principle of language testing. Test validation concerns the evidence that can be used to justify the interpretation of test scores. According to the American Educational Research Association (AERA, 1985:1) 'Validity is about the appropriateness, meaningfulness and usefulness of specific inferences made about test scores'. The score a test taker achieves in a language proficiency test is expected to provide information for stakeholders about a test taker's ability to communicate in the language that is assessed by the test. A range of qualitative and quantitative methods can be adopted during and after the administration of a test to investigate the extent to which the test is a valid and reliable measure of what it is claimed to assess, the test's impact on teaching, and other social consequences associated with its use. However, these efforts are futile if the underpinning construct, the linguistic abilities and knowledge that the test assesses are not relevant and/or are insufficiently sampled by the test (Weir, 2005).

Language proficiency test design should be based on a theory of language that informs the construct, the linguistic abilities and knowledge that the test aims to assess. 'A test designer must decide on the construct to be measured and state explicitly how that construct is to be operationalized' (ILTA Guidelines for Practice, 2007:2). This is a particular challenge for proficiency tests of general language ability because language is socially situated. The score on the test is expected to inform stakeholders about the test taker's ability to communicate in 'real-world' contexts. In addition to assessing knowledge of the lexis, grammar, morphology, phonology and discourse systems of a language, language tests, more crucially, need to assess the test taker's ability to draw selectively on this linguistic knowledge in order to use language effectively, and appropriately, in real life situations, so as to achieve 'authentic' communicative purposes and express 'authentic' social identities. The published descriptors in Table 1 give an idea of the

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