

# *Nursing on the Move*

## **Communication, integration, interaction in healthcare**

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## Ideas

*Frame of reference*

## Concerns

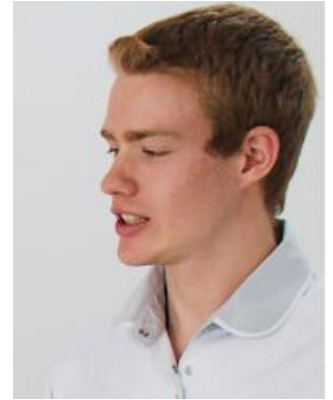
*Worries, fears,  
implications, effects*

## Expectations

*Involvement  
and care*



# Care



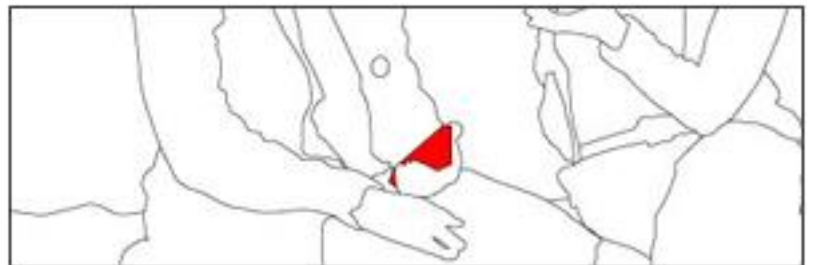
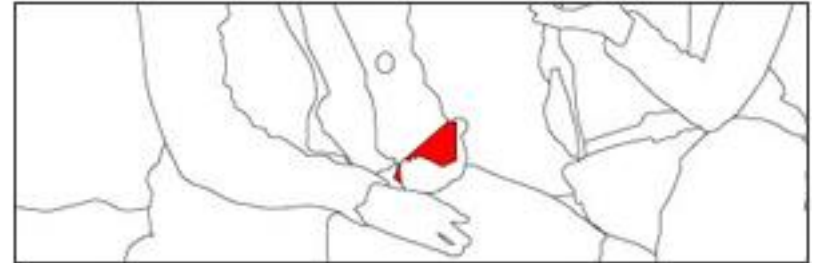


# *Interactions*



# Communication

- *Com*  
*Communis*  
*Communicare*
- Verbal  
Non-verbal
- Language-in-use  
Language-in-action  
Inter-action

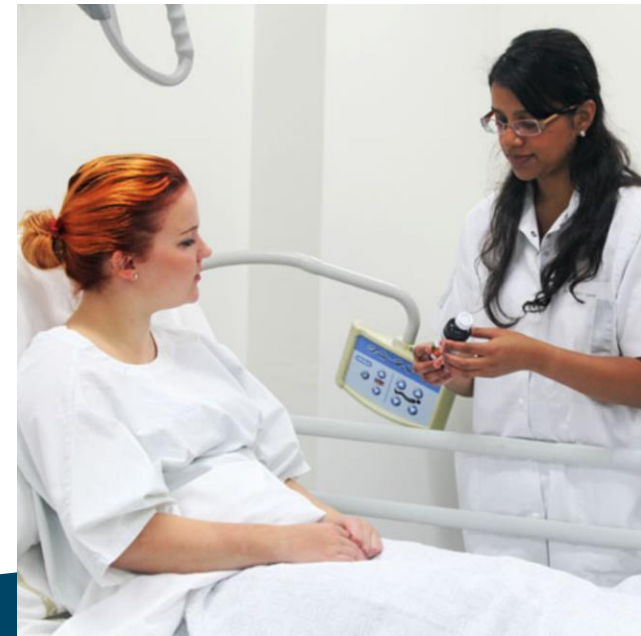


# Healthcare communication

- Quality of communication **influences** quality of patient care and health outcomes

*Hewett et al. 2009, Watson et al. 2012, Stewart 1995*

- As part of a treatment  
With patients, colleagues, relatives  
Not intuitive, professional, interdisciplinary knowledge  
→ What is language, what is communication?
- Medical professionals are **on the move** between
  - languages
  - cultures
  - medical contexts
  - approaches



# Communication tensions

- Communication can go *wrong*

Why?

- Delicate Dr-P relationship
  - Fear for legal consequences of medical errors
  - Cost-effectiveness
  - Career
  - ...
- 
- Communication in an L2 ...





## *Why? Facts and figures*

- Just under half of Europeans (46%) are able to speak any foreign language *well enough* to hold a conversation.

*Special Eurobarometer 386, 2012*

- As a speaker of English you need *approx* 600 hours (24 weeks) to learn a *language related to English* to gain *Professional working* proficiency [upper intermediate; 3/5].

*Foreign Service Institute*

- With growing foreign economies and more global communication than ever before, languages are becoming a crucial *skill* for professionals.

*Special Eurobarometer 386, 2012*

# ***What makes language challenging for nurses?***

Nurses are:

- Rather confident in their first-language
- Significantly less confident in their second-language (L2)
- Across a range of culture-related issues
- Socio-psychological issues are more challenging in L2

Solutions:

- Language-specific skills training
- Address communication about culturally-grounded beliefs:  
e.g., health and religious

*(Gasiorek & Van de Poel, i.p. 300 nurses)*



## *What makes language learning challenging?*

- Effective: goal-oriented  
specific and tailored purposes
- Efficient: just-in-time  
no time to waste

*Motivational: This is what I need*

*Experiential: I cannot speak without grammar*

*Psychological: I don't have the gift*

*Social: We are all in the same boat*

→ Lifelong language learning

→ Made-to-measure language learner/learning toolbox

## *Needs translated*

### NoM components:

- Nurses' different roles in professional contexts
- Communicative challenges:  
face threat; cultural background, ...
- Language learning needs and profile
- Communicative (re)action inventory
- International literature
- Local context(s)



## BACKGROUND



### **Nursing on the Move**

Eight partners with medical, academic and training backgrounds are engaged in an intensive collaboration to develop a range of tools for e-learning and on-the-job communication for the nursing profession. Under the coordination of the University of Antwerp participants from Austria, Belgium, Finland, Italy, South-Africa, Spain and Sweden are working on the Nursing-project which is to last until September 2017 and is co-funded by the European Commission. Scenarios, video cases, strategies and tips will guide (pre)professional nurses to a more appropriate and more effective communication in their clinical setting.







[www.nursingonthemove.eu](http://www.nursingonthemove.eu)

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# *Communication breakdown*

- Language support guides:  
the use of a second/foreign language is just one of many issues  
in cross-cultural communication

*Calgary-Cambridge guides;  
Silverman, Kurtz, & Draper, 2005*

- (Preventive) treatment  
to address ensuing communication problems?

*Van de Poel & Gasiorek 2012:4*

