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Communication Accommodation: Do Nurses and Patients Speak the Same Language?

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Nurses are required to communicate effectively with patients as they are the primary health care providers. There is worldwide acknowledgement that health care miscommunication increases stress, anxiety and dissatisfaction to all parties concerned. Communication errors are likely to increase when both the nurses and the patients are communicating in their weaker language (L2), or when even one of the speakers uses a weaker language (L2). This study uses the Communication Accommodation Theory (CAT) developed by Howard Giles (1973) to understand the adjustments made in communication between Malaysian ESL/EFL nurses and foreign L1/L2 English-speaking patients seeking treatment in Malaysia. The main focus of this study is to investigate how Malaysian ESL/EFL nurses and foreign L1/L2 English-speaking patients accommodate their speech when interacting in English. Five ESL/EFL nurses were interviewed and their interaction with the L1/L2 English-speaking foreign patients were observed in a private ENT Specialist Centre in Subang Jaya. The findings indicated that the nurse-patient communication problems arise from linguistics and socio-psychological aspects of the interactions. Both nurses and patients often used approximation strategies to converge in their communication and negotiation behaviour. In the older L1/L2 patients' interaction with the nurses, the goal was to accomplish convergence in communication for better clarity and comprehension. However, nurses perceived that the younger L1 patients' communicative behaviour as non-accommodative and under accommodative, positing divergence as they tend to mock the limited linguistic competencies of the nurses, hence, maintaining their social identity and power, relating to inequities in the social dynamic of nurse-patient encounter.

Keywords: communication accommodation theory; health care; medical english; nurse patient interaction

I. INTRODUCTION

Communication in health care setting is very important as the mobility of people from various language backgrounds has increased tremendously. Misunderstanding and miscommunication between health care providers and patient who do not share the same common language might compromise the quality of care (Meuter *et al.*, 2015). Miscommunication among nurses and patient increases stress, anxiety and dissatisfaction among patient and can even be life-threatening at its worse (Vogus *et al.*, 2010).

In the context of language-discordant nurse-patient communication, there have been criticism that many health communication studies lacked a solid theoretical foundation (Mc Gilton *et al.*, 2006; Boscart, 2009). McCann and Giles

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(2006) reported that 75% of health communication studies were a-theoretical.

This research investigates how Malaysian, English as a Second Language (ESL/EFL) nurses and foreign native English (L1) and second language (L2) English-speaking patients accommodate their speech when communicating in English. This study uses the Communicative Accommodation Theory (CAT) developed by Howard Giles (1973) to understand the adjustments made in nurse-patient communication.

Many studies looked at nurse-patient interaction where both patient and nurses speak the first language, English (Jannsen and MacLeod, 2010, New Zealand; Hemsley *et al.*, 2012, Australia; Puia and McDonald, 2014, United States). A few studies focused on the interaction between immigrant nurse who are L2 speakers and English-speaking patients (i.e. Vietnamese nurses working in Australia), while other studies looked at the interaction between English speaking nurses and L2 patients in an English-speaking healthcare setting (i.e. American nurses and Arabian patients in America (Crawford *et al.*, 2013; Fatahi *et al.*, 2010; Kline, 2003).

This study investigates the nurse-patient interactions in Malaysian healthcare setting, a multi-racial country with multilingual healthcare settings especially in the private sector. In Malaysia, the nurses speak Malay, English (ESL), Mandarin/ Tamil (vernacular languages) to colleagues, staff and patients from the same linguistic background. Most of the healthcare providers prefer to speak in Malay as it has been the medium of instruction used in schools. Even though English is taught as a second language, many of the nurses are not fluent in English.

The prime interest of this research is examining nurse–patient communication in English, where patients and nurses communicate in a second language but do so imperfectly due to English being his or her second language and how do they make communication accommodations or adjustments.

With medical tourism gaining popularity in Malaysia and the mushrooming of many private hospitals (Ghazali Musa *et al.*, 2012; Hariati Azizan, 2015; Hock, 2016), Malaysian ESL/EFL nurses are taking care of more and more Anglo and L2 English speaking patients (for example a Malay nurse, taking care of a German patient, where both the nurse and the patient have to communicate in their weaker language-English).

A. Communication Accommodation Theory (CAT)

Communication Accommodation Theory (CAT) was developed by Howard Giles in 1975. This theory states that "A person changes his or her speech and vocal patterns and their gestures, in order to accommodate to others" (Dragojevic *et al.*, 2015). The changes include speech rate, volume, word choices, slangs, accents and pronunciation and non-verbal gestures. These changes are made consciously and deliberate or unconsciously for the other person to understand better. The changes in communication patterns are done to create and maintain a good relationship between the interlocutors (Mahanhita Mahadhir *et al.*, 2014). The changes are thus made based on previous interactions, desire to establish and maintain a positive and social identity, the other person's language proficiency, language behaviours and communicative choices and the interpretation of the other person Inter-personal adjustments are also influenced by specific situation of the interaction. (Mahanhita Mahadhir *et al.*, 2014).

CAT helps us understand the speech shifts towards or away from the interlocutors respectively as convergent or divergent behaviour. Convergence happens when the speaker and listeners adjust their communication behaviour in a similar manner for the message to be delivered in an understandable manner. Divergence is the changes in communication behaviour to emphasise verbal and non-verbal differences between the interlocutors. In other words, divergence is used to show the differences in identity, status and power between the interlocutors. The perceptions of communicative behaviour as accommodative or non-accommodative, are determined by the inference of motives and evaluation of interactions and interactants (Gasiorek and Giles, 2013). CAT provides explanation why and when healthcare providers engage in communication strategies in order to achieve mutual understanding and patient medical safety in the hospital (Giles, 2016).

There is scarce literature on interaction studies that used CAT framework in Malaysia. Mahanhita Mahadhir, Nor Fariza Mohd Nor, and Hazita Azman (2014) examined multiracial family interaction and Wan Irham Ishak and Rafik-Galea (2015) examined communication accommodation in the insurance industry. No other Malaysian studies invoking CAT have emerged in the literature since.

II. MATERIALS AND METHOD

This study was conducted at an Ear, Nose and Throat (ENT) Specialist Centre located in Subang Jaya, a suburban town of Kuala Lumpur with a mixed patient profile. Foreign patients that visit this clinic include native English speakers from America, Australia, England and New Zealand, as well as speakers of English as a Second language from the European continent such as France and Germany and from East Asian countries such as China, Japan and Korea who speak English as either a Second Language or Foreign Language. The Malaysian nurses working at this health setting were ESL /EFL speakers. For the study, ethical clearance was obtained from University Malaya and permission was granted from the management of the specialist centre.

A. Data Collection

In this study, five Malaysian ESL/EFL nurses, out of the twelve nurses working at the centre, were interviewed using semi–structured questions. Nurses were interviewed individually at the meeting room of the centre and the interviews were audio recorded. The questions for the interview were adapted from several CAT articles and books that used the CAT framework (Hewett *et al.*, 2015; Mahanhita Mahadhir, *et al.*, 2014; Dragojevic *et al.*, 2015; Giles, 2016). These questions were verified by a senior matron working at University Malaya Specialist Centre (UMSC).

Among the nurses interviewed, two had worked at the centre for three years, two had worked for two years and the remaining one had worked for less than one year. Before the interview sessions, the nurses were briefed about the purpose of the study and were given a list of questions that will be focused on. The transcripts of the interviews were then coded. For the observations, informed consent was obtained from both the patients and nurses. However, the interactions between the patients and nurses could not be recorded as permission to do so was not granted by the management, hence, extensive field notes were made on the communication between the nurses and patients. The notes were compared with the transcripts of the interview sessions among the nurses.

B. Data Analysis

Narrative Thematic Analysis using the open coding system was used in the study. According to Braun and Clarke (2006), narrative thematic analysis is widely used for "identifying, analysing and reporting patterns within data". Braun and Clarke, (2006) define themes in such analysis as elements that are "important about the data in relation to the research question and represent some level of patterned response or meaning to the data set". Both the researcher and a coder (a senior lecturer from UiTM) independently analysed the statements in the interview transcripts. The coders examined each statement then decided which theme was reflected by that statement and generated a theme (Corbin and Strauss, 2008).

When new themes emerged, new categories were created. The aim was to produce a target list of themes (Press and Cole, 1995). The researcher and coder later met and checked for congruency. They discussed and resolved the differences which emerged during the open coding. Inter-coder reliability was computed as the percentage of themes in agreement. For this study, the percentage agreement was 75.35. According to Fahy (2001) an inter-coder reliability range of 70 percent to 94 percent was "acceptable" to "exceptional".

The emerging themes were then analysed and mapped using the CAT framework. This was done through "systematic reflection", as proposed by Schon (1983, 1987), by closely examining nurse-patient communication and drawing conclusions about the communicative behaviour. An example of a CAT theme is "the use of convergence". While the sub themes were, "speak slowly to the nurse, speak slowly to the patients, the use of repetition while communicating with the nurse, and the use of repetition while communicating with the patient".

III. RESULT

In this study major linguistics aspects such as Phonetic and Paralinguistic, Semantic and Morphology features were analysed. Both convergent and divergent communication were observed in this study.

A. Convergence in Nurse-Patient Interaction

1. Approximation Strategies

Approximation strategies refer to the ways a speaker adjusts his/her speech in response to the interlocutor. The approximation strategies identified in this study were:
Phonetic and paralinguistic features

A1: Speak in a slower or reduced rate of speech manner

N3 … *after they* [the patients] *speak slowly, I can faham* [understand] *what they are trying to tell me" […]*

The nurses reported that the older LI/L2 patients were more accommodating.

A2: Modify Malaysian accent:

Since the patients were not familiar with the Malaysian accent, the nurses had to speak slower, enunciate and articulate the words clearly and sometimes modify their accents to be similar with the patient's accent.

N1 … *"speak slowly, so that they* [patients] *understand" …. like I say la-rin-ko-sko-pi* [Laryngoscopy].

In this way important information about medication, scans, and medical or surgical procedures could be conveyed clearly and accurately.

A3: Use of repetition:

The nurses would also repeat key words to make sure the patients understand the message and did not mind doing so as it was their duty.

N3 … *"take out your ring" … "take out the ring" … "take out" … "ring" "ring"'* <<**take out** >> [informing the patient to remove her ring with gestures] […]

N1: …. *"sorry can you pardon", "can you repeat one more time", "can you say again, I don't understand"* [when they would like the patients to repeat what they had said]

A4: Foreign pronunciation:

Often the nurses had difficulty understanding the patients due to the differences in pronunciations.

N1 …. *"Foot"* instead of *"food"* […] (American patient)

N2 … *"I dunna"* for *"I don't know"* […] (American patient)

N4 … "*sound like they* [patients] *are speaking their mother tongue*" […]

N5 … "*they* [the Korean patients] *cakap macam dalam drama Korea* [speak like in the Korean drama]" […]

A5: Change in tone, pitch and volume:

When communicating with the patients, the tone of the nurses would also change according to the context. When asked if the nurses realised, they were changing their tones, Nurse 2 replied:

N2 … *"like automatic our* [the nurses] *tone also change"* […]

2. Morphology Features

B1: Use of simple syntax:

When L1/L2 patients realise the nurses do not comprehend or look confused, they tend to use simple language and words

N1 … "*they* [patients] *use simple words" […]*

N2 … *"we* [nurses] *need to speak in simple English to make sure the patients understand so they* [the patients] *can catch up"* […]

3. Semantic Features

C1: Use of colloquial vocabulary:

The nurses, at times they forget they were speaking to a foreign patient and used common colloquial expressions

N3…come lah…. makan [eat]…finish your medicine.

C2: Use of Slangs:

N5 … *"they* [patients] *write when I don't understand"* […] …. *like when Australian patient keep saying* ***breky*** *… I don't understand, then he*

[Australian patient] … *write* ***breakfast*** *on the phone.*

C3: Use of expressions of greetings and thanks in the patients/nurses first language:
The use of greetings was aimed at creating better rapport with the patients and could be seen to create proximity in the interaction.

4. Nonverbal Gestures

D1: Use of gestures, facial expressions, body language and touch:
Both patients and nurses used nonverbal communication such as hand gestures, body movements and facial expressions.
N5 … *"helps me* [hand gestures] *to express myself"* and *"help them* [patients] *to understand"* […]
N1 … *"I show* ***three*** [gesture for number 3] *and tell take three times* [the medication] […]
Some of the older European patients and most of the East Asian patients were reported to point or touch their body parts such as the ears, nose, forehead and eyes to indicate the exact location of the pain.

5. Visuals

E1: Use of written form, cue cards, videos and diagrams:
The nurses also resorted to visuals when it was difficult to explain in English or when the procedure involved was complex.
N5 … *"I buka desktop* [switch on the desktop]*, tunjuk* [show] *all the pictures and videos… how the pros dan* [and] *cons about the* [medical] *condition"* […] … *"I kena ada [need to have the] computer"* […]

B. Divergence in Nurse-Patient Interaction

There had been instances of divergence in the interaction between the nurses and the patients. Divergence in communication is reported in the following instances:

A1: Patients who do not cooperate or refuse to accommodate:
Some young L1 patients and proficient European patients would not cooperate when nurses asked them to slow down the speech as they spoke rapidly causing discordance. The nurses had to be polite and accommodate the patients under their care.
N2 … *"show off that they* [patients] *are better"* […] *"we* [the nurses] *have to be polite"* …. "we *have on choice …. this* [hospital] *is where we* [the nurses] *work*".

A2: Negative tone and attitude:
Some L1/L2 proficient patients would sound irritated and their tone would be sarcastic when they were asked to speak slowly and clearly. They also convey their displeasure non- verbally.

B1: Use of a translator:
Often, the translators were not very proficient either and they would interrupt the nurse -patient interaction, more disruptive then helpful.
N2 … *"their friends* [the patient's friend] *also cannot speak properly and at the end it will be more problematic for us* [the nurses]*"* […]

C1: Use of visual/media - Google Translator:
Frequent reliance on Google Translator distances the relationship between the patients and the nurses. Both interlocutors would be busy getting the right translation instead of adjusting to each other in a face to face interaction. At times the translation would be wrong as the N1 points out:
N1 … "[the word] *ni enna venom* [Tamil] *is* [directly translated as] *you what want* [direct Tamil to English translation]" […]

IV. DISCUSSION AND CONCLUSION

The findings in this study on L2 nurses'– L1/L2 patients' interactions indicate more convergent behaviour than

divergent ones. Both, nurses and patients, used approximating strategies to accommodate communication for better clarity and comprehension.

The approximation strategies used include phonetic, paralinguistic, semantic and morphological features. The phonetic and paralinguistic features included exaggerated intonations, distinct pronunciations, reduced rate of speech, repetition and higher pitch. The semantic features included colloquial language, lexis, slangs and the morphological features including simple syntax and lexis. Nonverbal communication such as hand gestures, body movements and facial expression, especially more smiling, were also frequently used to overcome some of the verbal language barriers. The use of nonverbal communication found in this study corroborates with the findings of Gasiorek *et al.* (2015).

In this study, the older L1 English speaking patients were more willing to accommodate the L2 nurses to establish a better rapport. This could be due to social maturity or social quotient. This finding corroborates with the literature that a good communicator is aware of his surroundings and the people he interacts with (Hewett *et al.*, 2015) and he will make the necessary changes to make the other person feel comfortable (Denes *et al.*, 2015).

The L2 speakers and EFL speakers from Europe and East Asia seem to be more willing to accommodate to the Malaysian nurses as they themselves were not that proficient in English. This supports findings from other studies that people are more willing to adapt and accept the others who share a common belief, culture or status (Wan Irham Ishak, and Rafik-Galea, 2015), in this case due to the weaker language proficiency.

At times, nurses seemed to over accommodate in their interactions. They would greet the patients in patient's first language, use some memorized anatomical terms in the patient's native language and give broad smiles. Over accommodation in this context seemed to be a positive convergence than a divergence as the patients appear to like the initiatives taken by the nurses. Nurses working in private institutions are at times compelled to practice forced convergence in their interaction with their patients as the establishment expect the nurses to be polite, helpful and friendly to maintain the good image of the institution at all times. This finding is different from that of Hemsley *et al.*, (2012), where it was found that the nurses do not have time to change their communication styles as they were busy and could not afford to spend a lot of time with each patient. The use of demonstration with explanation is another non-verbal convergence practised by the nurses in this study. This is similar to the findings in a study by Mahanita Mahadhir, *et al.*, (2014).

It is interesting to note that some foreign patients use discourse particle "*lah*" which is often used in informal contexts, and a symbol of identity of Malaysians. This could be considered as divergence as the speaker is identifying his or her own uniqueness. In such cases the usage of *lah* is seen as an approximation strategy aimed at converging communication.

Sina Farzadina and Giles (2015) explain that the use of devices that interfere and disrupt the relationship between people as divergent. In this study, it was found that the use of a translator and Google Translate were indeed disruptive as it prevented establishing good relationships with the patients. Other forms of divergence include patients' refusal to accommodate, patients communicating in a mocking manner and show of displeasure, nonverbally, especially among the younger native English speakers and younger proficient L2 patients. This is a form of divergence (Giles, 2016). Divergence and the non-accommodative stance of these patients may be due to preconceived personal biases or negative stereotyping regarding roles.

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