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The Use of English in Medical Research and its Role in Enhancing Healthcare Quality

The Case Study of Healthcare professionals at Biskra Emergencies

Dissertation Submitted to the Department of English Language in Partial Fulfillment of the Requirements for the Degree of Master in Sciences of Language

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Declaration

I, Mohamed Elfateh Belhadj Labidi, hereby declare that the current research is my own work, and it has never been submitted to any other institution or university for a degree. This work was carried out and completed at Mohammad Khider University of Biskra, Algeria.

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Dedication

With love and eternal appreciation, I wish to dedicate this modest work to the most

Important, precious, and loving soul in the whole world.

MY MOTHER

, whose love and guidance have been the foundation of my strength and determination.

Your unwavering support and wisdom continue to inspire me every day, even though you are no longer here.

This achievement is a tribute to you, Mom.

Your spirit lives on in all that I do, and I am forever grateful for the love and lessons you bestowed upon me. This is for you, with all my love

May Allah bless you All.

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Abstract

The current study analyzes the role of English language proficiency in medical research and its impact on boosting the quality of care. This research focuses on the issues healthcare workers have while engaging with medical material written in English, and how their language skills shape these difficulties. The research topics examine the role of English language ability in increasing medical research comprehension among non-native English-speaking healthcare practitioners. Therefore, we established two hypotheses: the first one suggests that healthcare personnel with advanced English language abilities have a better comprehension of medical research, leading to enhanced patient care. The second hypothesis argues that healthcare professionals with superior English vocabulary knowledge will display better comprehension of medical research publications compared to those with inferior vocabulary abilities. The researcher adopted a quantitative approach, employing one data gathering method: a questionnaire for healthcare professionals, which obtained replies from 25 participants. The findings revealed that non-native English-speaking healthcare personnel experience severe language obstacles when engaging with medical research. Most participants thought that extensive English language skills, particularly vocabulary knowledge, considerably boost their ability to interpret medical studies and improve patient care. In short, the results validated both of the stated hypotheses for this study, and consequently, highlighted the importance of English language proficiency in boosting the quality of medical research and patient care.

Keywords: English language proficiency, medical research, Healthcare professionals, Quality of care.

List of Abbreviations

ESP

EAP

EMP

EFL

ELF

ENL

ESL

ELT

EST

ESS

EAP

EBE

EOP

COVID-19

WHO

NCI

NIH

CDC

FDA

DoD

NSF

R&D

AI

NNS

NNES

NMC

CEFR

IELTS

OET

ICU

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GENERAL

INTRODUCTION

INTRODUCTION

The language used in healthcare settings plays a crucial role in the insurance of effective communication and reaching the best care for patient. In a world where globalization and migration are increasing, healthcare providers are repeatedly encountering patients with many linguistic backgrounds. This phenomenon presents both opportunities and challenges, particularly for countries where English is not the native language.

This research proposal aims to investigate the use of English in healthcare and medical research settings within the context of Biskra Province, Algeria. The primary objective is to explore the potential benefits and disadvantages associated with the use of English in this specific context, and to put a value on its impact on the quality of care delivered to patients.

The rationale behind this study arises from the recognition that language proficiency, particularly in English, can remarkably influence the quality of healthcare interrelationship. Effective communication is predominant in establishing trust, collecting accurate information, and ensuring patients understand their diagnoses, treatment options, and potential risks.

Statement of The Problem

While English has become little by little prominent in healthcare and medical research globally, its influence on care quality remains a complex issue. This investigation aims to explore the potential benefits and disadvantages of utilizing English in healthcare, specifically focusing on:

- **Communication barriers:** How does the use of English impact communication between healthcare professionals and patients who have limited proficiency? Does it lead to misunderstandings, reduced trust, or unequal access to care?

- **Cultural sensitivity:** Can relying on English as the primary language in healthcare adequately reflect diverse cultural values and traditions associated with illness and treatment? Might it lead to cultural insensitivity or biased care delivery?
- **Accuracy and efficiency:** Does the use of English improve the accuracy and efficiency of communication within healthcare teams and recordkeeping systems? Conversely, are there potential risks of misinterpretations or errors due to language barriers?
- **Educational accessibility:** Does the emphasis on English create challenges for healthcare professionals who lack fluency, hindering their ability to participate in training programs and professional development opportunities?

By examining these issues, this investigation seeks to gain a deeper understanding of the complex relationship between English and care quality, ultimately aiming to:

- Identify potential solutions and strategies to ensure effective communication and equitable care for all patients, regardless of their language background.
- Advocate for culturally sensitive and inclusive practices within the healthcare system.
- Explore the potential benefits and drawbacks of promoting multilingualism within healthcare settings.

Through this comprehensive investigation, we hope to contribute to the ongoing dialogue about fostering a more inclusive and effective healthcare environment for all.

Literature Review

The use of language plays a crucial role in healthcare, affecting communication, understanding, and ultimately, the quality of care received by patients. Numerous studies have explored the relationship between English proficiency and healthcare disparities, highlighting

the importance of clear and effective communication for optimal care. This essay reviews existing literature on the use of English in healthcare and its potential impact on enhancing care quality.

The research presented in this review paints a clear picture of the significant impact English language proficiency and communication strategies have on the quality of healthcare. Language barriers can lead to misunderstandings, reduced trust, and ultimately, poorer health outcomes. By fostering culturally competent communication, utilizing language tools and technologies, and prioritizing healthcare professional language training, the healthcare industry can strive to bridge the language gap and ensure equitable access to quality care for all patients, regardless of their native language.

Research Questions

The present research study seeks to answer the following questions:

- To what extent does the use of English by healthcare providers improve patient understanding of their health conditions and treatments, leading to better informed decision-making and improved health outcomes?
- How does the level of English proficiency of healthcare providers, and the available language support mechanisms, influence the quality of care received by patients with limited English proficiency?
- In comparison to communication in a patient's native language, does communication in English lead to differences in patient satisfaction with the care received?

RESEARCH HYPOTHESES

On the light of the research questions, the research on investigating the relationship between vocabulary knowledge and L2 reading and listening comprehension will be guided by the following hypothesis:

1. **Hypothesis 1**: Increased fluency in English among healthcare providers is positively associated with improved patient communication and understanding, leading to enhanced care quality.
2. **Hypothesis 2**: Wide availability of medical research and resources in English positively impacts the development of new diagnostic tools and treatment protocols, ultimately contributing to improved care quality.

Research Aims

- This aim would involve analyzing the language used in research publications, grant proposals, clinical trial protocols, and international collaborations.
- It would also examine the impact of English proficiency on researchers' ability to access and contribute to global medical knowledge.
- To identify the specific aspects of vocabulary knowledge (size, depth, fluency) that most significantly impact their comprehension skills in both reading and listening tasks.
- This aim would investigate how English facilitates communication and collaboration among researchers across different countries and healthcare systems.
- It would also explore how access to English-language research findings can inform evidence-based practices and improve the quality of care delivered to patients worldwide.

Research Methodology

Research Approach

This research employed a mixed-methods approach, combining quantitative and qualitative methods to gain a comprehensive understanding of the topic.

- **Quantitative data** were collected through surveys of healthcare professionals and patients to assess their perceptions and experiences regarding the use of English in medical research and its impact on care quality.
- **Qualitative data** were obtained through semi-structured interviews with healthcare professionals and patients to delve deeper into their perspectives and experiences, capturing the nuances and complexities beyond numerical data.

2. Data Collection Methods and Tools

- **Quantitative data collection**
  - **Tool:** paper-based surveys with closed-ended and Likert-scale questions to assess perceptions and experiences.

Sample:

- Healthcare professionals: A random sample of physicians, nurses, pharmacists, and other relevant healthcare workers from diverse geographical locations and practice settings.
- Patients: A random sample of patients with varying levels of English proficiency receiving care in diverse healthcare settings.

3. Population and Sample

- **Population:** This research targets the global healthcare community, including healthcare professionals and patients of various backgrounds and nationalities.
- **Sample:** As mentioned above, the sample is a combination of:

- **Quantitative sample:** Random samples of healthcare professionals and patients. Sample size was determined based on power analysis to ensure statistical significance and generalizability of the findings.
- **Qualitative sample:** Purposive sample of healthcare professionals and patients representing diverse backgrounds and experiences. Sample size was based on data saturation, meaning data collection continues until no new insights emerge.

Introduction:

The field of English as a Foreign Language (EFL) has become extremely important in the modern interconnected world. This chapter explores the complex and diverse nature of English as a Foreign Language (EFL), beginning with its significance and goals. Gaining an understanding of how English as a Foreign Language (EFL) aligns with the expanding circle idea provides valuable insights into its extensive global influence and effects. Next, we delve into the domain of English for Specific Purposes (ESP), a specialized approach to English

education that customizes instruction to cater to the requirements of particular industries and occupations. English for Medical Purposes (EMP) is distinguished among the other varieties of ESP because of its crucial significance in the healthcare industry.

Teaching English for medical reasons involves not only developing language competency, but also providing healthcare professionals with the appropriate communication skills for their specific area. This section will examine studies that highlights the significance and goals of EMP. In addition, the chapter offers a thorough examination of research in a broad sense, including the definition of its different forms and goals, before focusing specifically on medical research.

Comprehending the meaning, classifications, and stages of medical research, specifically in the field of biomedical research in the United States, emphasizes the crucial function research serves in progressing medical understanding and application. Finally, we review the many domains of research, highlighting the interdependence of language proficiency and specialized knowledge in the medical realm. Through this exploration, we hope to underscore the essential junction of language and science in shaping successful and educated medical practitioners.

1. Exploring the Importance and Objectives of English as a Foreign Language:

1.1. The Importance of English Language

The broad domination of the English language may be credited to a convergence of historical, political, and economic circumstances that catapulted it to unequaled global prominence, even the most hopeful expectations. Originating as the language of Britain, English went on a trajectory of growth that surpassed continental borders, spreading its linguistic impact

to allover of the world, stretching beyond the limits of conventional cartographic depictions.

The ascension of English to the apex of worldwide linguistic domination was further hastened by the power of the United Kingdom and the developing economic might of the United States. As these two Anglophone countries soared to the apex of global power and influence, English rode on the coattails of their hegemonic ascension, strengthening its place as the premier language of the 20th century.

The unprecedented popularity of English throughout this century exceeded that of its old adversary, French, consolidating its role as the de facto worldwide language of communication and business. With its broad acceptance as the lingua franca of worldwide diplomacy, commerce, and education, English transcended its linguistic roots to emerge as the major conduit for global speech.

In sum, the stratospheric development of English as the worldwide language of the 20th century was not only a chance event, but rather the result of centuries of geopolitical change and economic growth. Its omnipresence in practically every sector of human activity highlights its ongoing legacy as the prototypical language of globalization, acting as a witness to the inexorable march of linguistic progress in an increasingly linked globe. Nowadays, English is recognized as the major international language of technology, education, aviation, global business, and international diplomacy. It has become the most often used language of worldwide communication nowadays. People, all across the Teaching English as a Foreign as mentioned in the Journal of Social Humanities (Revue des Sciences Humaines, June, 2016, p 35), use it for both sending and receiving messages. Of all languages in the world today, English deserves to be classified as a global language. It is the world's most frequently spoken language after Chinese. Also, it is the common medium of communication between the peoples of various countries (Verghese, C.P. 1989, p. 1). As such, it is recognized as the unique language for global

communication in the 21st century. Most individuals who speak English these days are not English and were not born in an English-speaking nation. English is not only catching people's interest, but it has acquired entry to both their hearts and minds as well. Again, the number of speakers of English as a second/foreign language is expanding every year, as noted earlier, since there is an increasing emphasis towards that language as an international language and as a lingua franca. The English of today reflects several centuries of growth. Baugh & Cable (1978, p. 1) assert that, the Renaissance, the growth of England as a maritime power, the growth of the British Empire, with progress of business and industry, of science and literature, Each, each in their way, helped to make the English language what it is today. In short, the English language expresses in its full development the political, social, and cultural history of the English people. So, the presence of contemporary mass communications and worldwide trade has made it easy to build up international bodies and arrange events on a worldwide scale. The United Nations, the World Bank, and the European Union both have various official languages, as do international conferences and academic periodicals. Practical considerations usually always demand that English is one of the official languages and also the one usually utilized.

2. Objectives of English as a foreign language:

In Algeria, the aim of successful English language instruction goes beyond simply linguistic knowledge. It reflects a holistic strategy that merges socio-cultural, humanistic, educational, and academic aims, therefore growing well-rounded persons armed not just with language skills but also with cultural awareness, empathy, academic rigor, and critical thinking ability.

Socio-cultural aims dig into the rich fabric of English-speaking countries, seeking to instill learners with a profound awareness for the different cultural landscapes where the language

flourishes. Through language study, students examine the cultures, traditions, beliefs, and social norms of English-speaking communities, building cross-cultural understanding and enabling effective intercultural connection.

Humanistic purposes stress the transformational power of language instruction in altering people' attitudes, beliefs, and views. Beyond linguistic competency, the English language curriculum strives to teach traits such as empathy, tolerance, and respect for variety, building a global worldview and growing compassionate global citizens capable of interacting constructively with individuals from varied backgrounds.

Educational goals embed English language learning within the larger educational environment, acknowledging its vital role in supporting academic and professional achievement. By educating learners with the language and cognitive skills essential for successful communication, the curriculum encourages students to perform academically, seek further education options, and prosper in a globalized society where English proficiency is increasingly important.

Academic goals center on preparing students for the demanding demands of academic debate and inquiry conducted in English. Whether pursuing higher education or specialized fields of study, learners are equipped with the language proficiency and critical thinking skills essential for success in academic endeavors, enabling them to engage critically with complex texts, formulate well-reasoned arguments, and contribute meaningfully to intellectual discourse.

Embedded within these overall aims are a set of core mental talents and skills thought vital for language learning and academic achievement. These abilities, spanning from information acquisition and understanding to application, analysis, synthesis, and assessment, serve as the building blocks upon which proficiency and competency in English are created. They not only enhance language learning but also stimulate cognitive growth, critical thinking, and problem-

solving skills required for navigating an increasingly complicated and linked world. By adopting a holistic strategy that blends linguistic, cultural, cognitive, and academic components, the Algerian educational system attempts to produce bilingual, bicultural persons capable of surviving in a worldwide society while conserving their cultural history and identity. Through the development of language competency, cultural awareness, and critical thinking abilities, English language education in Algeria acts as a catalyst for personal growth, intellectual enrichment, and social improvement.

3. How EFL Relates to the Expanding Circle Theory

The notion of English as a Foreign Language (EFL) finds resonance within the theoretical framework of the Expanding Circle given by renowned linguist Braj Kachru in his landmark book "Standards, Codification and Sociolinguistic Realism: The English Language in the Outer Circle."

Kachru's Expanding Circle theory delineates three concentric rings as a way of defining the worldwide distribution and use of the English language. These circles, particularly the Inner Circle, the Outer Circle, and the Expanding Circle, help to identify locations based on their connection with English and to illustrate patterns of English dispersion around the world. Within this paradigm, the Inner Circle encompasses countries where English serves as the predominant language of communication, with native speakers representing the majority of the population. This includes nations such as the United Kingdom, the United States, Canada, Australia, and New Zealand, where English is considered a native language (ENL). Contrastingly, the Outer Circle comprises locations where English has been historically introduced via colonization, commerce, or other kinds of interaction, later growing into a secondary language or lingua franca. Examples of Outer Circle nations include India, Nigeria, Kenya, Singapore, and the Philippines, where English performs numerous communication

tasks, including education, government, and business.

Finally, the Expanding Circle covers places where English has a peripheral position, being employed to varied extents but not extensively spoken or incorporated into daily speech. These nations, frequently located in areas such as Asia, Africa, and South America, depict situations where English operates largely as a foreign language (EFL), utilized mostly in educational settings or for specialized professional reasons.

Moreover, the difference between English as a Second Language (ESL) and EFL, while theoretically different within the framework of World Englishes and the Expanding Circle, is commonly muddled in practical usage. This conflation causes issues in appropriately identifying areas as ESL or EFL-speaking, as observed by Charles Barber in his discussion on the matter. He stresses the inherent uncertainty in differentiating between ESL and EFL situations, giving instances like Indonesia where categorization may be problematic owing to diverse sociolinguistic aspects.

Barber further underlines the varied roles performed by second languages across diverse settings, stressing the heterogeneity in language usage across schooling, discourse domains, and social realms. For instance, in post-colonial India, there has been a progressive movement away from English-medium teaching in schools towards the promotion of regional languages, reflecting a process of linguistic indigenization and the developing dynamics of language policy and prestige.

In summary, Kachru's Expanding Circle theory offers a comprehensive framework for understanding the varied character of English language spread and its different sociolinguistic settings, providing light on the delicate interaction between language, culture, and power dynamics on a worldwide scale.

4. Definition of ESP

Defining ESP has demonstrated to be so challenging to researchers that ―producing a concise definition of ESP is not an easy task‖ (Strevens, 1987:109). Through time, researchers suggested several definitions of ESP.

According to Mackay and Mountford (1978: 2) ―ESP is generally used to refer to the teaching of English for a clearly utilitarian purpose. That is to state, that English should be taught to achieve certain language talents employing genuine situations, in a way that lets pupils to use English in their future career, or to understand English discourse relevant to their area of concentration. In the same manner Robinson (1991, p. 2) notes that generally the students learn English ―not because they are interested in the English language or English culture as such, but because they need English for study or work purposes‖. Anthony (1997, pp. 9-10) stated that some persons defined ESP as simply being the teaching of English for any goal that might be expressed. Others, however, were more explicit describing it as the teaching of English employed in academic studies or the teaching of English for vocational or professional purposes‖. This suggests that, the goal of ESP is to help language learners to build up the requisite talents in order to apply them in a certain field of investigation, career, or employment.

In (2001) Richards states that ESP teaching aims are: preparing non-native speaking students for study in the English-medium academic context; preparing those already fluent or who have mastered general English, but now need English for specific usage in employment, such as engineers, scientists, or nurses; responding to the needs of the materials of English for Business Purposes; and teaching immigrants the English needed to deal with their job situations. Hence in ESP, ―language is studied not for its own sake or for the objective of gaining a general education, but to ease the route to admission or better linguistic efficiency in academic, professional or working environments Basturkmen (2006, p. 18).

All the foregoing definitions (from 1978 to 2006) may be viewed as common core, as they described ESP as teaching particular topic and skills of English to specific group of learners aiming at communicating well in academic or vocational contexts.

ESP is a recognized activity of English Language Teaching (ELT) with certain particular qualities. Dudley-Evans and St. Johns tried (1998) to utilize a number of qualities, some absolute and others flexible, to emphasize the main features of ESP.

Absolute Characteristics:

- ESP is defined to fulfill specific needs of the learners;
- ESP makes use of underlying methodology and activities of the discipline it serves;
- ESP is focused on the language (grammar, lexis, register), skills, discourse and genre relevant to these activities.

Variable Characteristics:

- ESP may be connected to or developed for certain fields;
- ESP may employ, in specific teaching contexts, a different technique from that of General English;
- ESP is likely to be created for adult learners, either at a tertiary level institution or in a professional work scenario. It could, however, be for learners at secondary school level;
- ESP is generally intended for intermediate or advanced children.
- Most ESP courses presuppose some basic familiarity of the language systems; however, it may be applied with beginners.

(Dudley-Evans & St. John, 1998:4)

It is evident that the absolute properties are specific to ESP since learners'

expectations are of major significance when designing language activities. Concerning the variable elements, ESP courses may be developed for a specific group employing specified teaching style, nonetheless, all learners' categories and 14 disciplines may be associated with ESP. For that reason, ESP should be viewed just as a 'approach' to teaching, or what Dudley-Evans and St. John represent as a 'attitude of mind'. Similarly, Hutchinson and Waters (1987, p. 19) highlighted that, "ESP should properly be seen not as any particular language product but as an approach to language teaching in which all decisions as to content and method are based on the learner's reason for learning"

5. Types of ESP

David Carter's (1983) categorization of English for Specific Purposes (ESP) into three distinct sorts gives a detailed framework for grasping the diverse manifestations of specialized language instruction. The first group, classified as English as a confined language, encompasses scenarios when language use is bound to specific professional activities or domains, such as the speech employed by air traffic controllers or waiters. Mackay and Mountford (1978) underline the dichotomy between restricted language and language proper, stating that while the vocabulary and grammar deployed in such contexts may be highly specialized, they do not reflect whole linguistic systems. Rather, they form constrained repertoires adapted to particular situational needs, therefore underscoring the limited communicative breadth of such language domains.

In contrast, English for Academic and Occupational Purposes, the second sort identified by Carter (1983), offers a greater spectrum of specialized language instruction aimed towards academic and professional situations. Hutchinson and Waters (1987) further build on this category, splitting ESP into subcategories such as English for Science and Technology (EST),

English for Business and Economics (EBE), and English for Social Studies (ESS). Within each sector, English education is tailored to fit diverse aims, with English for Academic goals (EAP) focused on the language needs of academic discourse and English for Occupational Purposes (EOP) addressing the communication requirements of particular professions or vocations. While there may not be a definite distinction between EAP and EOP, as stated by Hutchinson and Waters (1987), both strands converge on the core purpose of preparing learners for employment, albeit via varied educational methodologies.

Carter's (1983) third kind of ESP, identified as English with defined topics, gives a subtle layer to specialized language instruction by transferring the focus from aim to content. This sort of ESP is centered with addressing the anticipated language needs of learners within specified thematic areas, such as scientists requiring English for postgraduate studies or conference participation. However, it may be argued that this typology is an integral component of ESP courses rather than a new category, as it incorporates the identification and incorporation of situational language based on needs analysis of real workplace speech. Thus, this form of ESP stresses the dynamic connection between language education and contextual relevance, wherein language content is customized to fulfill the distinctive communication demands of target professional or academic settings.

In conclusion, Carter's (1983) taxonomy of ESP kinds affords important insights into the multifaceted nature of specialized language training, identifying the numerous purposes, situations, and subject areas encompassed within the domain of ESP. By highlighting the multiple subtleties of language use across vocational, academic, and thematic domains, this classification approach increases our understanding of the educational techniques and communicative abilities required for effective communication in specialized contexts.

6. English for Medical Purposes

Learning English as a foreign language (EFL) provides a special set of problems, particularly for persons dwelling in settings where another language dominates everyday interactions. In such situations, the effectiveness of English language acquisition rests substantially upon the expectations and interactions of both educators and learners within the social milieu of the learning environment. This social environment involves a plethora of aspects, ranging from classroom dynamics and instructional approaches to larger socio-cultural norms and logistical considerations essential for managing language obstacles.

Teachers entrusted with training EFL learners sometimes meet hurdles that restrict their capacity to fulfill pedagogical goals. Dean (2004) underlines the complicated nature of English language acquisition, typified by its non-linear growth and dependency on contextual variables. Novice educators, in particular, may find themselves wrestling with the multidimensional influence of numerous elements such as students' backgrounds, goals, and the learning environment itself.

The variability among learners, including variances in expectations, needs, attitudes, and learning styles, creates significant complications for EFL instructors. Conversely, Tomlinson (2005) argues for pedagogical flexibility that accommodates instructors' particular ideas and preferences while keeping responsive to learners' needs and cultural norms. This needs a sophisticated grasp of cultural differences, as shown in the evaluation of cultural meanings of notions like friendship in particular Arab nations.

Throughout the history of language instruction, professionals have sought a unique, universal way to efficiently convey foreign language abilities to varied student groups (Brown, 2002). However, this pursuit has created a plethora of theoretical ideas, underlining the importance for educators to interact with the historical growth of their profession. Familiarity with this

historical background helps instructors to take a more adaptable and informed approach to education, therefore broadening their arsenal of pedagogical tactics.

Moreover, the multidisciplinary aspect of language instruction, inspired by subjects such as psycholinguistics and sociolinguistics, highlights the developing terrain of language education. This interdisciplinary approach not only enhances the educational discourse but also highlights the requirement for educators to actively participate in continuous research activities aimed at better teaching methods.

In light of these issues, language educators are called upon to extend their perspectives and actively participate to the intellectual conversation around language instruction. By broadening their knowledge base and integrating ideas from other disciplines, educators may change their teaching techniques to correspond with the increasing requirements and dynamics of language education.

Richards and Rodgers (2014) propose a comprehensive framework that delineates several methods to language education, anchored in core ideas of language competency and learning processes. By combining ideas from structural, functional, and interactional schools of thought, with theories of behaviorism, cognitive learning, and socio-cultural effects, this framework offers educators with a firm platform for informed educational decision-making.

This specific sort is a subdivision of the topic of English for Specific Purposes, which was formed in the years following World War II. This industry has witnessed a substantial inflow of immigrants to the United States of America, primarily for a number of reasons. Consequently, English for Specific Purposes (ESP) came into existence as a consequence of a considerable demand to master English on a more comprehensive scale. In the year 2013, Johns reported that "the central focus of ESP research at that time was English for science and technology (EST) in academic contexts" (p. 7). This information was mentioned in Paltridge and S. Starfield's essay. This specific field of English Language Teaching (ELT) has grown into

its own separate discipline ever since it was originally founded. The name highlights that English is not taught for its own reason, but rather for other goals generally tied to the learners' field of interest like English for Medical objectives (EMP).

The phrase "English for Specific Purposes" (ESP) was defined in a wide sense by St. John and Dudley-Evans (1998), who noted that the courses are designed to adapt to the specific needs of individual pupils. The techniques and practices of the targeted discipline or area of interest are employed in these courses, which are focused on the language or genre that is relevant to the targeted discipline or field of interest. In fact, these principles are achieved by the enormous efforts that are made by teachers or course designers in order to adapt general English to the context and the topic in which the teaching takes place.
For example, English for Academic Purposes (EAP), English for Science and Technology (EST), English for Occupational/Professional Purposes, English for Business and Economics (EBE), English for Medical Purposes (EMP), and English for Academic Legal Purposes are some of the subfields that have emerged as a result of the investigations that have been conducted in the field of English for Specific Purposes (ESP).
According to Flowerdew (2013), the first phase in the creation of an English as a Second Language (ESP) course is the needs analysis. This simply suggests that an ESP course is based on preset goals that are largely tied to the requirements of the learners in the target language. However, some of the most well-known champions of ESP studies, St. John and Dudley-Evans (1998), were among those who declared their disapproval to the study. They observed that "few empirical studies have been conducted to test the effectiveness of ESP courses" (p. 303). In other words, they are advocating for release of more experimental data based on critical viewpoints.

ESP was therefore an unavoidable effect of English holding the role of international

language and lingua Franca. In addition to German and French, as highlighted by Ferguson (2013), English has been another worldwide language of medical sciences that succeeded Latin and Arabic. By time, however, English has taken advantages and domination particularly in the number of journal articles published and international conferences hosted in English.

As a category of ESP, English for Medical Purposes (EMP) is a prospective field of inquiry that would include several related concerns. These include, as Ferguson (ibid) highlighted among others, the genres, grammatical features, and facets of medical terminology, as well as the spoken genres in doctor–patient consultations, conferences, and medical congress presentations. Research in these factors plays a significant role in the course design process as they supply the instructor with the primary qualities that differentiate medicine from other scientific area

The Importance of English in Medical Research

English has become the lingua franca in the field of medical research, which is a common language that spans cultural and national borders to allow the sharing of information and cooperation. This has occurred in the context of the global landscape of medical research. This dominance of English in medical research is not just the result of historical trends; rather, it is a reflection of a purposeful convergence on a single medium with the goal of improving the clarity, accessibility, and dissemination of scientific knowledge. There are many different aspects that contribute to the significance of English in medical research, including its influence on publishing, international cooperation, and the availability of information.
Due to the fact that English is the major language used in medical research, scientific communication is standardized. This ensures that discoveries from all regions of the globe are available to a large number of people. Medical publications that are known all over the world, such as The Lancet and The New England Journal of Medicine, publish their articles only in

the English language, so establishing a standard for the distribution of scientific information. The use of this standardization helps to reduce the likelihood of misunderstandings and inconsistencies resulting from translation problems. Additionally, it guarantees that terminology and protocols are understood and utilized in the same manner across all instances. The usage of English in medical research helps to enhance worldwide cooperation by offering a common language platform for researchers from different countries. Collaborative efforts across borders are vital for managing global health concerns such as pandemics, chronic illnesses, and new health risks. English proficiency helps researchers from other nations to participate in collaborative ventures, exchange data, and co-author papers, so quickening the speed of medical discoveries. For instance, the quick development of COVID-19 vaccines was considerably aided by worldwide partnerships, many of which were organized and communicated in English.

English being the dominant language in medical research also broadens access to study results. Researchers, practitioners, and politicians throughout the globe depend on the latest findings to guide clinical practices and public health policies. By publishing in English, researchers guarantee that their work reaches the greatest possible audience, including people who may not speak the original language of the study but are fluent in English. This wide accessibility is vital for the rapid adoption of research results into clinical practice and public health measures, possibly improving health outcomes on a global scale.

Despite its benefits, the dominance of English in medical research is not without obstacles and complaints. Non-native English speakers may encounter major difficulties in terms of publishing and distribution. These researchers could experience linguistic obstacles that might alter the clarity and perceived quality of their work, thus leading to biases in publishing rates and citation effects. Additionally, the pressure to publish in English might divert resources into language training and translation services, which could be especially costly for researchers in

low- and middle-income countries.

The prevalence of English in medical research serves as a cornerstone for the successful distribution and standardization of scientific information. It increases worldwide cooperation and guarantees that research results are available to a large audience, therefore playing a crucial role in advancing medical knowledge. However, it is necessary to identify and solve the problems experienced by non-native English speakers to build a more inclusive and egalitarian scientific community. As the medical research environment continues to develop, initiatives to foster multilingualism and offer linguistic help will be important in ensuring that the advantages of scientific discoveries are globally shared.

The Objectives of Teaching English for Medical Purposes

The goals of teaching English for Medical Purposes (EMP) involve a multidimensional activity that is positioned at the crossroads of education, medicine, and language. The adoption of English as the main scientific language lies at the core of this approach. English is the major medium through which cutting-edge research, medical literature, and international collaboration in the realm of medicine are transmitted. This accolade underlines the vital role that competency in English plays in educating medical students and practitioners with the language skills necessary for success in an increasingly integrated and varied healthcare environment.

There are a lot of essential aspects that contribute to the reason why it is crucial to train medical professionals in English. Firstly, the essential feature of English as a scientific language facilitates effective communication and information exchange across international borders. With medical breakthroughs and discoveries mainly documented and conveyed in English, understanding of this language becomes crucial for maintaining informed of the newest advancements and contributing to the global debate within the medical community. Moreover, the worldwide aspect of modern healthcare necessitates seamless communication

among healthcare staff from diverse linguistic backgrounds. Whether collaborating on research projects, participating in multinational clinical trials, or consulting with colleagues from different regions, proficiency in English fosters effective communication, collaboration, and the exchange of best practices, ultimately enhancing patient care and outcomes on a global scale.

In light of these urgent imperatives, the purposes of teaching EMP are numerous and far-reaching. Firstly, it contains a detailed study of the particular linguistic needs and limits faced by medical students and practitioners. This requires identifying areas of expertise important for various components of medical practice, including patient communication, academic writing, medical recordkeeping, and interdisciplinary cooperation.

Secondly, teaching EMP seeks to create awareness among decision-makers and program designers regarding the vital requirement of adding language training into medical curricula. By underlining the symbiotic relationship between language competency and medical competence, it attempts to win support for the establishment and execution of specialized language education programs appropriate to the unique needs of medical learners.

Furthermore, the construction of a specific medical curriculum fitted to the linguistic needs of a small population of students and practitioners studying medicine in French forms a significant goal of teaching EMP. This includes a detailed understanding of the linguistic and cultural variables effecting language acquisition and competence within this specific environment, as well as the design of tailored instructional materials and pedagogical strategies to satisfy recognized standards effectively.

In essence, the objectives of teaching EMP extend beyond the mere acquisition of language skills; they encompass a broader mission to empower medical students and practitioners with the linguistic proficiency necessary to thrive in an increasingly interconnected and linguistically

diverse global healthcare landscape. By fostering effective communication, collaboration, and information exchange, teaching EMP assists to improve the quality of patient care, advancing medical research, and supporting professional progress within the medical profession.

Definition of the research

Research, basically, is an art of scientific inquiry, encompassing a rigorous and deliberate examination aimed at answering questions, addressing problems, or developing new information. It incorporates a methodical methodology, covering three main operations: data collecting, data analysis, and report authoring. These processes are interrelated and repetitive, establishing a cyclical process that ends in the distribution of research results to guide decision-making this art has been understood and defined by numerous academics as per their areas of study and availability of resources at the particular period. You will find out that the essential meaning and the context of these definitions are similar.In the broadest meaning of the term, the definition of research covers any collecting of data, information and facts for the advancement of knowledge. Another definition of research is offered by Creswell who states that – ―Research is a series of steps used to gather and analyze information to increase our knowledge of a subject or issue‖. It consists of three steps: Pose a question, collect data to answer the question, and offer a response to the question.

Definition of Medical Research

Medical research is a large and varied subject that involves numerous scientific investigations aiming at understanding health, illness, and the creation of novel therapies and medical interventions. Its fundamental purpose is to develop information that may improve health outcomes and increase the quality of life. Medical research may be classed into numerous forms, including fundamental research, clinical research, and translational research, each playing a critical part in the continuum from discovery to application.

Basic Research

Basic research, also known as basic or bench research, is the exploration of biological processes at the cellular and molecular levels. This sort of study is largely focused with understanding the fundamental processes of health and illness without a direct immediate application. For instance, examining the genetic abnormalities that cause cancer is within fundamental research. The information collected from fundamental research creates the foundation upon which clinical and translational research are constructed.

Clinical Research

Clinical research includes investigations that directly involve persons or groups of people. These studies are aimed to address specific concerns concerning the safety, efficacy, and effectiveness of drugs, medical devices, diagnostic items, and treatment regimens. Clinical research is separated into numerous phases: Phase I trials test new treatments in a small group of people for the first time to evaluate safety; Phase II trials expand the study to more people to determine efficacy and further evaluate safety; Phase III trials involve large groups of people to confirm effectiveness, monitor side effects, and compare it to commonly used treatments; and Phase IV trials are conducted after the treatment has been marketed to gather information on the drug's effect in various populations and any side effects associated with long-term use .

Translational Research

Translational research acts as the bridge between fundamental and clinical research. Often defined as "bench to bedside," this sort of study tries to transform results from fundamental research into practical applications that benefit human health and well-being. This entails taking findings made in the laboratory and turning them into novel therapies or medical procedures. Translational research guarantees that scientific discoveries are quickly

and successfully adapted to clinical settings, hence decreasing the period between discovery and implementation.

The relevance of medical research cannot be emphasized. It has led to countless advances that have altered healthcare. For example, the invention of vaccinations, such as the polio vaccine, has eliminated illnesses and saved countless lives. Advances in medical science have also led to the invention of antibiotics, which have transformed the treatment of bacterial illnesses, and more recently, the quick creation of COVID-19 vaccinations, which have been vital in managing the pandemic.

Moreover, medical research is crucial for the continuing development of current medicines. It adds to the study of medication interactions, the finding of biomarkers for illnesses, and the creation of customized medicine, where therapies are matched to the genetic profile of specific patients. This constant process of discovery and application guarantees that healthcare stays dynamic and progressive, addressing the growing concerns of human health.

Ethical issues are crucial in medical research. Ensuring the safety and rights of participants is a core concept. This is done via thorough ethical review procedures, informed consent, and adherence to established rules and legislation. Organizations such as the World Health Organization (WHO) and the Declaration of Helsinki offer guidelines to regulate the ethical conduct of medical research internationally.

Medical research is an important component of the healthcare system, generating improvements in medical knowledge and improving patient care. By knowing the many forms of research and their functions, we may comprehend the entire effort necessary to transform scientific findings into practical health solutions. The continuing investment in and support

for medical research are crucial for the sustained development in the battle against illnesses and the promotion of human health.

Biomedical Research in the United States

Biomedical research, the study of biological processes and disorders to discover novel medicines and medical technology, is a cornerstone of contemporary healthcare. In the United States, biomedical research has been crucial in driving improvements in medicine, improving patient outcomes, and stimulating innovation in the pharmaceutical and biotechnology industries. This article digs into the environment of biomedical research in the United States, its historical history, significant institutions and financing sources, present issues, and future possibilities.

The history of biomedical research in the United States is distinguished by key milestones and institutional breakthroughs. The early 20th century witnessed the formation of significant research institutes like the Rockefeller Institute for Medical Research (now Rockefeller University) in 1901, which played a key role in the development of modern medical science. The National Institutes of Health (NIH), created in 1930, has become the world's preeminent biomedical research agency, financing a huge variety of research programs around the nation. Post-World War II, the U.S. government greatly boosted its spending in biomedical research, recognizing its potential for public health gains and economic prosperity. The creation of the National Cancer Institute (NCI) in 1937 and subsequent institutions under the NIH umbrella showed this devotion. Landmark triumphs, such as the invention of the polio vaccine by Jonas Salk in the 1950s, underline the effect of ongoing scientific research efforts.

The NIH remains the principal government agency sponsoring biomedical research in the United States. It contains 27 institutions and centers, each focused on various areas of health

and illness. The NIH's funding, topping $40 billion yearly, supports research at universities, medical facilities, and independent research institutes countrywide. Other prominent government agencies are the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Department of Defense (DoD), which promotes medical research pertinent to military health. Additionally, the National Science Foundation (NSF) sponsors fundamental biological research with potential biomedical applications.

Private sector investment also plays a vital role. Major pharmaceutical and biotechnology firms invest large expenditures to research and development (R&D). Foundations such as the Bill and Melinda Gates Foundation and the Howard Hughes Medical Institute contribute considerably to biomedical research funding, concentrating on areas like infectious illnesses and genetic abnormalities.

Despite its extensive infrastructure, biomedical research in the United States confronts significant hurdles. Funding limits and budget concerns, notably swings in government expenditures for the NIH, may derail long-term research programs. The rivalry for funds is strong, frequently leading to high-pressure settings for researchers and possible biases in funding distribution.

Ethical issues and regulatory obligations provide further barriers. Ensuring patient safety and adherence to ethical norms in clinical trials is crucial but may sometimes hinder the speed of research. The fight over problems like as stem cell research, gene editing technologies like CRISPR, and animal testing continues to change the regulatory environment. Furthermore, there is a rising demand for diversity in biomedical research. Historically underrepresented groups sometimes encounter impediments to participating in clinical trials, leading to gaps in knowing how medicines impact diverse populations. Addressing these gaps is vital for the development of fair healthcare.

The future of biomedical research in the United States appears hopeful, with developments in technology ready to generate big discoveries. The integration of artificial intelligence (AI) and machine learning in research methodology has possibilities for expediting drug development and customized treatment. AI can examine enormous information to detect patterns and forecast results, boosting the efficiency of research operations.

Genomics and precision medicine offer another frontier. The Human Genome Project, completed in 2003, cleared the path for genomics research, helping scientists to understand the genetic basis of illnesses better. Precision medicine strives to customize medicines to individual genetic profiles, enhancing effectiveness and lowering negative effects.

Collaborative initiatives are also likely to play a crucial role. Public-private partnerships, multinational collaborations, and diverse research techniques help solve complex health concerns more effectively. Initiatives like the Cancer Moonshot, announced in 2016, illustrate the ability of collaborative efforts in generating major progress against tough illnesses like cancer.

Biomedical research in the United States has a rich history and a strong framework that has contributed considerably to global health achievements. While confronting problems like as financing restrictions, ethical issues, and the need for more diversity, the area is well-positioned for future expansion. Technological developments and collaborative efforts promise to preserve the United States' leadership in biomedical research, eventually increasing health outcomes and quality of life globally.

The Phases of Medical Research

Medical research occurs in a succession of painstakingly organized stages, each adding key insights and expanding our knowledge of disease processes, treatment methods, and preventative techniques. From first discoveries in the laboratory to large-scale clinical trials,

the evolution through these stages marks a transforming adventure towards enhancing human health and well-being.

- **Phase I: Exploration and Discovery**

The trip starts with Phase I, defined by exploratory research aiming at testing the safety, tolerability, and pharmacokinetics of new therapies in a small cohort of healthy volunteers or patients. These investigations, frequently done in controlled laboratory settings, provide the framework for succeeding stages by giving crucial data on dosage regimens, drug metabolism, and possible side effects.

- **Phase II: Efficacy and Proof of Concept**

Building upon the insights gathered from Phase I, Phase II studies concentrate on testing the efficacy and preliminary effectiveness of the experimental intervention in a wider and more varied patient group. Researchers hope to produce proof of concept, proving the therapeutic potential of the intervention while optimizing dosage regimens and discovering possible indicators of response. These investigations serve as crucial milestones, influencing decision-making about ongoing development and passage to Phase III trials.

- **Phase III: Validation and Regulatory Approval**

Phase III marks the crucial step in the clinical development route, when researchers strive to verify the efficacy, safety, and comparative effectiveness of the investigational intervention in large-scale, randomized, controlled studies. These studies, generally done across numerous clinical locations and involving thousands of participants, offer substantial data to support regulatory clearance and influence clinical practice recommendations. Moreover, Phase III studies may evaluate the long-term benefits and dangers of the intervention, revealing insights into its sustained effectiveness and safety profile.

- **Phase IV: Post-Marketing Surveillance and Pharmacovigilance**

Even after regulatory clearance and market authorization, the voyage of medical research continues into Phase IV, involving post-marketing monitoring and pharmacovigilance operations. These initiatives attempt to monitor the real-world safety and efficacy of the intervention in varied patient groups and detect unusual or unanticipated side effects that may not have been visible in pre-marketing studies. By thoroughly analyzing the long-term results and risk-benefit profiles of authorized therapies, Phase IV studies help to continued quality improvement and evidence-based decision-making in clinical practice.

In conclusion, the stages of medical research form a continuous continuum of inquiry and innovation, culminating in the translation of scientific findings into practical advances in patient care and public health. By navigating through these stages with precision and rigor, researchers may unleash the full potential of biomedical therapies and usher in a new era of transformational healthcare

Chapter Two

The Role of English in Enhancing Healthcare

Introduction

Effective communication is the cornerstone of effective healthcare delivery, influencing all element of patient care from diagnosis to treatment and beyond. In our increasingly globalized world, English has evolved as a dominating lingua franca in healthcare settings, overcoming communication gaps between diverse populations and healthcare workers. This chapter digs into the essential role of English in enhancing healthcare, addressing its significance, problems, and impact on patient outcomes. We will discuss the contrast between English as a Foreign Language (EFL) and English as a Lingua Franca (ELF) within the medical industry, and how English proficiency among healthcare personnel is vital for providing good care. Furthermore, this chapter will cover the special language requirements for healthcare personnel, the repercussions of varied degrees of English proficiency on patient care, and the unique obstacles experienced by non-native English speakers. Through a detailed investigation of effective communication and the hurdles that hamper it, we want to underline the crucial role of language skills in obtaining optimal healthcare results.*

Importance of Language in Healthcare

English is a language whose position is growing increasingly significant and popular. Migration and colonization were the means by which it expanded.

According to Kachru and Nelson (2001:9), the English language was already deemed to be "the most widely taught, read, and spoken language the world has ever known" twenty years ago. This is a testament to the fact that globalization has changed the English language into a tool for worldwide communication. Among the vast population of individuals who speak

English, it will be observed that for some of them, it is their native language, which is the reason why they are referred to as native English speakers (NESs). On the other hand, for others, they are defined as non-native English speakers (NNESs), which is a second language that they have acquired, and for others, it is a foreign language that is studied and utilized in various fields, such as international organizations, academia, science, business, or politics. Therefore, it is possible to infer that English used as a Lingua Franca has lexicogrammar, phonological, and pragmatic differences from standard English. This is due to the fact that English has frequently been used in environments that are geographically and culturally distinct from those of native English speakers, and that are also distant from those of native English speakers (mostly interactions between non-native English speakers). According to Seidlhofer (Kuo 2006:4), "there are commonly used constructions, lexical items, and sound patterns that are grammatical in Standard English but generally unproblematic in ELF communication." This is a statement that cannot be denied.

With the commencement of the Age of Discoveries, the English language began to spread beyond the boundaries of the British Isles. From the 15th to the 18th century, European empires started to fall into disarray.

traverse the world (Stevenson 2002:196), claiming new regions for their governments and uncovering hidden treasures such as gold or spices in future colonies along the way. It was Spain, Portugal, France, Great Britain, and the Netherlands that were included in the group of eight colonial nations. When they declared their colonies and imported new immigrants, not only were their culture, laws, institutions, politics enforced, but their languages as well (Stevenson 2002:197).

In addition, from the 20th century, the story of English has been closely linked to the rise of the United States as a superpower that has spread the language alongside its economic,

technological, and cultural influence, because, as Crystal states, “It may take a military powerful nation to establish a language, but it takes an economically powerful one to maintain and expand it” (Crystal 2003:85).

Although the British Empire started to wane after the World War I, the dominance of the United States and its expansion in population enabled English to stay applicable and to attain the position it is presently holding. That is, English is the most widely spoken language in the world and the third most spoken mother tongue after Chinese and Spanish. According to Ethnologue 20221 (25th edition), in actuality, there are an estimated 430 million speakers of English as a native language (ENL), while around 300 million speak it alongside their national or original language (English as a second language, ESL). About 200 million have acquired it at school (English as a foreign language, EFL), in nations where this language is not in use. The number of persons who use English as a second or foreign language thus exceeds that of those who speak it from birth. Nowadays, these figures have been attained because after the World War II, English became the language franca par excellence, overthrowing the previous domination of French, which in turn had superseded Latin for diplomatic and scientific communication reasons. English has become the most studied language in the world, as well as the most essential in the commercial realm, a tool for communication between ethnic groups with no cultural, scientific, or political connections.

One may suppose that the future of the English language and its position as a Lingua Franca and Global Language had already been predicted: the first time was in 1780, on the occasion of the proposal to Congress for an American Academy .As the second president of the United States John Adams remarked (in Crystal 1998:66) “English is destined to be in the next and succeeding centuries more generally the language of the world than Latin was in the past or French is in the present age […]. Then, a prominent German philologist, Jacob Grimm

highlighted “English may be called justly a language of the world, destined to reign in the future with still more extensive sway over all parts of the globe” (Crystal 1998:66).

The significance of english as lingua franca in healthcare

The term “Lingua Franca” stands for a bridge language used by speakers of other languages to make communication possible with one another (Seidlhofer,2005:339). The term indicates a type of “communication between people who have different first language from the language being used to communicate” (Baker, 2009:569) or, again, as argued by Samarin (1987, in Seidlhofer 2011:7) a Lingua Franca represents “any lingual medium of communication between people of different mother tongue, for whom it is a second language”. If used to guarantee communication between groups that do not have the same mother language, then any language can acquire the status of Lingua Franca. Yet this definition seems to obviously relate to the contemporary increase and usage of the English language, which is mastered in practically every nation in the globe. nowadays, “English as a Lingua Franca” internationally allows individuals from all across the globe the chance to interact with one other, regardless of whether they are natural speakers or have learned English as a second or foreign language (Seidelhofer 2011: 7). In fact, it is considered "any use of English between speakers of different first languages for whom English is the communicative medium of choice, and often the only option" (Seidelhofer, 2011:7). In developing this definition, however, linguists have questioned whether or not native speakers should be included in the ELF phenomenon, as most ELF interactions occur between non-native English speakers (Seidelhofer 2011: 7). However, the latter are included when referring to the ELF phenomenon, even though they represent a minority, and their native forms of communication, which differ greatly from those

of ELF, are not taken as a linguistic reference related to the phenomenon of English when used as a Lingua Franca since they could contribute to confusion in the understanding of what are the forms used by native speakers and those used by nonnative speakers (Seidelhofer 2011:7, Jenkins 2007:2). Echoing Cristopher Brumfit's observation about the "ownership (that means the power to adapt and change) of any language which rests with the people who use it", native English speakers (NESs) are likely to contribute far less than non-native English speakers (NNESs) to the way ELF will evolve in coming years (Brumfit 2001:116).

In order to better comprehend what is meant by native and non-native speakers, and to better understand the usage of English in various nations around the globe, it is essential to refer to Braj Kachru's Three-Circle model (Figure 1), which

is a well-known model of the spread of English. The inventor of the model conceived the notion of three concentric rings of English: The Inner Circle, The Outer Circle, and the Expanding Circle (Kachru 1992). The 'Inner Circle' covers those countries where English is a native language for its population, for example the United Kingdom, the United States. Here English as a Native Language (ENL) means the language that got established via the migration of native speakers of English. The 'Outer Circle' includes countries where English is not the mother tongue, but a language of such importance, for historical reasons, that it is 12 recognised both as a second language and as an official language for many aspects of the public sphere, for instance in legal, administrative and educational institutions. In specifically, these are nations that were part of the British Empire such as India, Nigeria, the Philippines, Malaysia or South Africa. In these countries the English language, that is viewed as a Second Language (ESL) was established through the colonization by English-speaking nations. Finally, the 'Expanding

Circle' covers those nations where English is extensively taught and studied as a foreign language (EFL), for instance China, Russia or Japan (Sedlhofer, 2011:2)

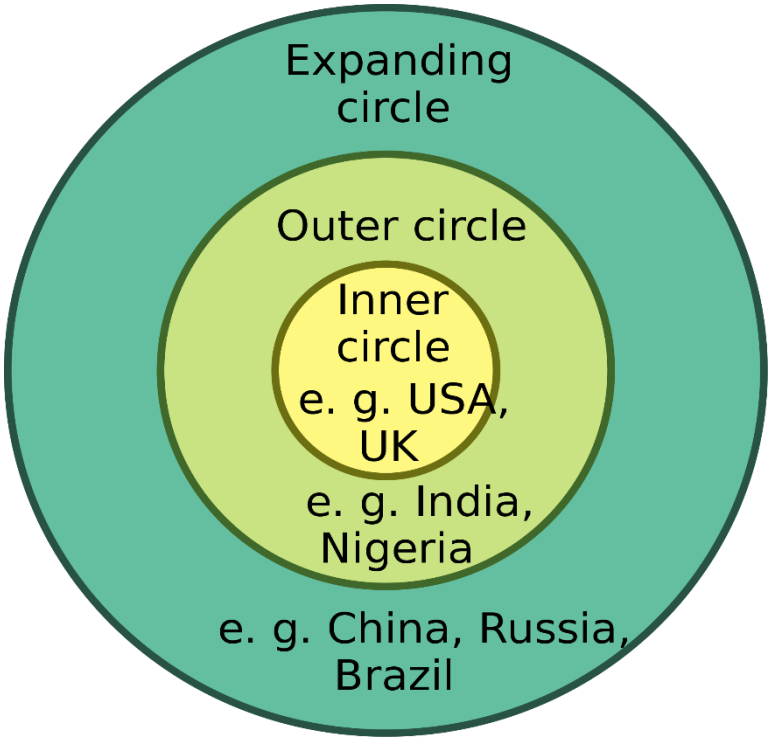

FIGURE 1: Kashrus's Three Circles of English

Nowadays, however, communication in English in general around the world has been considerably impacted by the growth that ELF has experienced, thus challenging the standards of native speakers, demanding rather "intercultural understanding

than native language competence" (Gallo 2022:58). The British Council2 , today, estimates that English is spoken by two billion people worldwide, presenting a landscape that is no

longer homogeneous, but characterised by contexts in which interactions from native and non-native varieties are included, that is by the coming together of different languages and cultures in which both the L1 of the interlocutors and English can be found as shared for mutual communication (Gallo 2022: 58)

For this reason, the contemporary situation of the dissemination of the English language is no longer reflected, both by Kachru's model and by Modiano's one. Since in the first case, the NNSs of the Expanding Circle are no longer seen as mere users of rules, the ESL speakers of the Outer Circle as rule modifiers, nor the NSs of the Inner Circle as the exclusive makers and diffusers of the rules that shape the tongue(Gallo 2022:58). In the second situation, however, reference will no longer be made to a geographical subdivision that regards as the protagonist the degree of competence possessed by the speakers of the language. This is a consequence of the "paradox of internationalization, that is, the more a language is used throughout the world, the less it is able to convey the vision of the world of its NS, who can no longer be considered the sole owners of its correctness (Santipolo 2006) ", therefore also NNSs and ESL users act and will act as creators of rules that can be used in communication in English (Gallo 2022: 58).

EFL vs ELF

A significant concern in exploring English as a Lingua Franca is to observe the differences between English as foreign language and English as a Lingua Franca. Seidlhofer and Jenkins have both discussed the link between ELF and EFL to elucidate the notion. Jenkins compared 5 main features of ELF with EFL, which may be found in the table below (Table 1).

ELF	**EFL**

1. Belongs with the global English's	1. Belongs with Foreign Languages
2. Different perspective	2. Deficit perspective
3. Its metaphors: contact and change	3. Its metaphors: interference and fossilization
4. Code switching seen as bilingual resource	4. Code-switching seen as error resulting from gap in knowledge
5. Goal: successful intercultural communication	5. Goal: successful communication with NESs

Table 1: English as a Lingua Franca (ELF) and English as a Foreign Language (EFL) (Jenkins 2014:26).

According to Jenkins, as a first feature, the table puts ELF under the concept of Global Englishes as evidence of the fact that "English is spoken all over the globe, both within the same nation where people share the same first language, and between speakers of various languages/countries" (Jenkins 2014:26). This notion, therefore, permits NNES, who are the majority in the English-speaking globe, to be free to pick the style of English they wish to use in interactions. From the chart, therefore, it can also be shown that in ELF the dissimilarities with ENL (English as a Native Language) are not immediately recognized as faults, but there is a desire on the side of ELF users to use English as a 15 language to communicate in a manner different from ENL. Jenkins also highlights the ELF's code-switching functionality as a useful resource for interactions that occur in multilingual environments. The phenomena of code-switching, also known as codemixing, describes the alternation between two or more languages or dialects, with the usage of components of numerous languages in a single

conversation, which might be seen as an accessible resource of bilingual speakers (Jenkins 2014: 26).

Finally, an essential element of the ELF, as well as its purpose, that is to concentrate on the efficiency of interactions in intercultural contexts, thus also incorporating NNESs, rather than concentrating on fairness during encounters with NSs. On the contrary, as far as EFL is concerned, it "belongs to the Foreign Languages", since, according to the model of the Foreign Languages, the latter are learned in such a way as to be able to interact with native speakers, and above all, using the language correctly as the native speakers of a language do (Jenkins 2014: 26). Furthermore, in EFL if the phenomenon of code-switching occurs, or if there are ways of speaking different from those used regularly by NSs, then one immediately thinks of a lack of knowledge or mistakes made by those who are learning EFL, considering that, as stated by Jenkins in the last point, the main purpose of the EFL is to have correct and successful interactions with NEs.

English Proficiency in Healthcare Settings

The effects of having a restricted skill in the English language have been condensed into four primary categories as shown below.

Theme 1: ability to obtain health information and services

Language competency substantially influenced a client’s ability to identify services required, to get appointments, and to successfully interact with healthcare professionals when seeking treatment and managing post-appointment care and follow-up. Information about healthcare services is frequently available in English or French. Thus, a client with language challenges lacked appropriate information about available services and was unable to receive assistance immediately. Clients with language barriers are less likely to actively seek health and/or mental health services when required, as is evidenced from a client’s comment: “No do not

know about mental health services because of the language problem. Can I go to the hospital to obtain it?" [client]. Another customer inquired: "Do I need appointments for blood tests?" The breadth of healthcare services supplied in different countries ranges greatly. Lack of awareness about existing healthcare options in the community caused a barrier, which was highly impacted by clients' local language proficiency. A healthcare practitioner in the research noted that,

"We need to make the community or the clients' population know that this is available for you and this is the process how you get access to this service, the language barrier is a huge barrier for this population and to access like any health care service."

The method in which healthcare is structured and managed differs from nation to country, and for immigrants, comprehending the services available inside the host country mostly relies on their capacity to decipher information about them. Those with linguistic problems may not know how to obtain different healthcare services. This may lead to miscommunication between the client and the practitioner, producing disappointments and disappointed expectations for both, as one healthcare professional noted:

"I offer free prescription delivery, but clients didn't come to the door, they didn't understand that the delivery person is delivering it and all they're doing is going to the door, ringing the doorbell expecting them to be let in. On numerous occasions, we were unsuccessful because they [clients] wouldn't open the door, there was no one there or-they did not understand, so, unless someone on the other end speaks English and tells us they're going to be there, we won't deliver now."

Experience with healthcare delivery in clients' countries of origin and cultural ideas about health and what healthcare services should be obtained might interfere with

their healthcare access. Language issues may hamper a client's capacity to grasp the distinctions between healthcare organization in Canada and in their country of origin, resulting to the underutilization of healthcare services, as one healthcare practitioner explained:

"If you don't know their language, it becomes difficult to provide care to them. Also, cultural beliefs can interfere with access to care. For example, they [immigrants and refugees with language barrier] do not know how to access an optometrist or dentist. So, I have to give them a lot of information as they have no idea."

Due to language problems, customers have difficulty following talks with receptionists, submitting the documents necessary for coordinating care, and arranging and attending appointments. Clients with linguistic challenges were less likely to seek clarifications when they could not comprehend instructions or to advocate for their needs. As one customer commented, "I don't speak good English. Therefore, sometimes it is difficult to comprehend what the receptionist is saying."

Similarly, a health administrative worker remarked "I am still waiting for the healthcare number from three clients. They [customers with language barrier] do not comprehend it is important for billing purposes".

The degree to which clients with poor language skills are able to get the healthcare services they need mostly relies on their ability to grasp material that is written in English and to understand how the healthcare system is structured.

Theme 2: capacity to build a therapeutic partnership with healthcare providers

English language proficiency substantially altered the therapeutic interaction between patients and healthcare providers. Clients with language challenges were unable to explain their health issues appropriately, as one client noted: "Without proficiency in English, it is difficult talking

to the health care provider. It's a struggle to describe what you're experiencing. It will be simpler as a newbie if they have a family doctor who speaks the same language. Like for Clients reported finding trouble asking questions about their health and comprehending treatment recommendations. One customer remarked that, “Sometimes, the doctors describe the illness in a way that I don’t comprehend what the physicians say. Sometimes this makes it extremely hard to go to the physicians because of the language problems.”

Children with pain, it is difficult for them to communicate what they [children] want or to make them [children] understand.”

Healthcare personnel were generally worried about not getting appropriate information regarding health concerns from patients with language challenges. They experienced difficulty during physical exams or while offering treatment instructions, which might have poor effects, as one healthcare worker explained: “Say I am treating an ear infection. I have informed the clients numerous times that the drug is to be supplied by mouth, but they assumed it had to be installed in the ears. So, I have a few of disastrous cases when I have prescription medicine where they don’t know it is administered by mouth. I suppose additionally, when they don’t understand, they feel awkward to ask for explanation. They are really ashamed and they get quite frustrated.”

Similarly, customers with English language limitations also cited trouble comprehending medication regime as a client noted.

“I had problems with the iron levels, the doctors prescribed iron pills. I asked the physicians how many to take, but he did not explain it adequately. He initially suggested that I should take one tablet a day, but when I inquire if that would be enough; he replied I may take 2 to 3 pills.

How can he counsel me like way without explaining it properly?”

Theme 3: problems with engaging language interpreters

Language translators are not provided at all clinics and families typically bring ad hoc interpreters to the visits or utilize volunteers working within the healthcare system. Often, these ad hoc interpreters lack adequate skills and experience to carry out medical translation, which causes extra complications. Healthcare practitioners may not feel certain that instructions are being translated verbatim. They also noticed that frequently they got a simplified or short version of what the customers told and asked whether vital contextual information was lost during translation. This may be frustrating for the healthcare professionals and interfere with the establishment of the therapeutic alliance, as a healthcare practitioner pointed out: “Some of the barriers I've experienced, those mainly had to do with communication and interpreters. I guess sometimes I wonder with the translation, what is being stated to the patient. Because they have quite a lengthy chat, and then when I ask the interpreter what was said … yeah, they have no questions. *laughs* so I'm not sure what the conversation was, so it can be a little bit, uh, frustrating.”

Further, some translators could present a cultural and/ or religious interpretation of tactics that might not align with Western medical treatment, as one healthcare professional explained:

“There are times when the clients will bring in their interpreters that I don't feel that my teaching and my advice is being given to them appropriately or word for word. I find that the personal interpreters they send in will contraindicate and conflict with what I am telling the client because they will say "no that's not how we do things" instead of telling the client what I as a practitioner would want them to do”.

Sometimes, ad hoc translators are less effective in aiding with client-provider communication and they may become a hindrance to the therapeutic partnership, as a healthcare practitioner

noted:

“Sometimes working with an interpreter is difficult because you don't always know whether the translator translates exactly what you're trying to come across or Some consumers were also worried that their messages were not transmitted adequately to the healthcare personnel during translation as a client mentioned: “I cannot speak English so I cannot go by myself to the doctor …Before I had to wait for my husband he works, and say everything fast as he had to go back to work soon, I could not say everything I wanted, to the doctors, but now my son comes with me so it is better but I have to remind him always to say everything I said, to the doctor as he is still young and may forget.”

A medical interpreter’s presence might generate privacy and confidentiality difficulties, particularly for clients with mental health issues. Interpreters aiding individuals with mental

disease need training to ensure culturally acceptable relationships, lest the encounter prove more detrimental to the clients than the illness itself. The paragraph below from a healthcare practitioner is a good example of culturally unsafe medical translation.

“I had this case where the interpreter was not trained in mental health, and they found the conversation to be funny, so it was an elderly Asian lady who had delusions and hallucinations—well, we had a hard time with that. The interpreter was laughing.”

Some customers felt uneasy seeking language instruction from relatives or members of the same community. As is expressed by a lady client: “I need lady doctor or lady speaking my language. I need pills to halt baby [contraception] where

can I obtain it. I cannot speak about this with my doctors when others [family members who aid with translation] are present with me and I am waiting for 3 months now.”

Moreover, healthcare practitioners were occasionally worried about the quality of the translation services supplied to their customers. Healthcare practitioners reported that some translators failed to communicate instructions sufficiently during sample collection and diagnostics tests, leading to delays in the treatment process and linked to treatment. One healthcare practitioner described the issues with insufficient medical translation: “I requested that the client present with a stool sample in the container provided. A few of times, some individuals came up with pee in there rather than excrement. This is after multiple explanations with an interpreter present.”

Another healthcare worker remarked that: “Giving simple instructions such as the need for a full bladder before ultrasound, many don’t understand what bladder is. Last week I attempted to conduct spirometry on a patient even with the presence of an interpreter and I was not successful. He simply didn't understand. I suppose he [interpreter] did not translate accurately.”

Effective communication between healthcare providers and customers is crucial for delivering safe and quality treatment.

Theme 4: implications of linguistic barriers on health outcome and measures reducing disparities

Clients with linguistic challenges typically manage care on their own and owing to lack of adequate communication they are frequently unsatisfied with treatment obtained. Clients felt as if it was not worth seeking therapy when there was no way of resolving their language issues, as one client noted: “This country has so much resources and sometimes I feel the resources are not put to good use. What is the use of visiting a doctor if I do not feel satisfied? First, you must schedule appointments, arrange everything at home to travel for that

appointment, and then still wait when you are there, and then the doctors hardly spend time with you."

In many nations healthcare is obtained on a need to basis and people may not have understanding about preventive health. Emphasis is put on preventive medicine in Canada, although giving health education might be problematic owing to language issues as a healthcare practitioner pointed out: "If they don't understand the preventative or the treatment plan but instead of perhaps doing some preventative stuff, they want to jump right to the surgery or jump right to the medication. Like PAP smears and mammograms, there is a shortage of knowledge in the nations where they originate from. There are no principles of preventive health care there. We tried to deliver an information session with interpreters it greatly slowed down the meeting; everyone had to wait for the interpreter to translate our directions and if we didn't immediately have them interpret the attendees were having a hard time following the conversation"

Healthcare personnel were anxious about the threats that clients with language problems would experience outside from healthcare environment, as was described by one healthcare provider:

"First of all, they [clients] might not understand what I'm telling them when I'm asking them to administer insulin themselves and increasing their dosages depending on their numbers. A lot of times they're very puzzled on that fact and the translation, something is being lost in the translation. Any mistake may put them in a very perilous situation if they give themselves too much insulin."

Language skills might impede with chronic illness care, which needs constant monitoring through regular clinic sessions. Even with medical translation, some customers may not grasp the stages in the treatment plan that they are expected to follow to manage chronic diseases

efficiently. Without extra assistance accessible after medical sessions, some patients struggle to make up follow-up appointments, refill prescriptions, and comply to medical instructions. In the absence of supports, treatment adherence could be low.

A healthcare clinician recounts what occurs when customers don't get post-appointment follow-up or support:

"A lot of them [clients] have chronic conditions such as hypertension and don't come for a routine checkup. You'll visit them and put them on medicine and try to underline that this is long term therapy, and they will need to come back in a month for a checkup. You'll notice that they've turned up a year later, and yet they were given prescriptions to last them for one month only and didn't renew them even though they had renewals. They will come up a year later with a headache or whatever, and their blood pressure is totally out of control. I see it a lot."

Clients suggested implementing few solutions to address language obstacles. Women consumers generally chose same gender interpreters for women health concerns and they leaned on family and friend networks for aid as a client mentioned: "I have a very good friend who took holiday from work to come with me, I had to talk to the doctor about women problem." Clients also consulted friends or relatives to identify suitable healthcare providers near them. A consumer mentioned: "I will ask my sister for healthcare for my family she and her family help us when we need information. I can also find out via the internet." Clients could also seek information about healthcare services and methods to get it from community groups offering settlement services as a client mentioned: "I ask my English teacher when I need information about healthcare services they can help me."

Some consumers pointed out that locating caregivers from their ethnic background would be useful. Many clients take it upon themselves to seek treatment from these providers and may

postpone healthcare access, as this participant mentioned: “I am waiting to find a doctor who speak my language and can comprehend my culture.”

Matching customers with providers from the same linguistic and cultural background is helpful yet complicated. It may be more viable in bigger cities with larger and established ethnic communities. A customer who had treatment from a provider from the same ethnic background reported a positive experience, as is obvious from this comment: “My doctor is from my country and he was able to explain to me why I need the surgery (hysterectomy). I was terrified and I did not want to do it, but my husband and my doctor made me see that it was essential and if I did not do it I would become very sick, I did it and I am fine now.”

Alternatively, healthcare personnel who are culturally attuned to the obstacles that clients with language limitations experience are frequently empathic and flexible and ensure that clients get the appropriate treatment. One healthcare practitioner noted:

“They experience barriers accessing health care due to language limitations. Some customers may have difficulty in conceptualizing what constitutes good health. This is partially influenced by the fact that most of them may have endured marginalization for so long. Therefore, [customers] may not have the correct access to information or ask the right inquiry. I try to speak to them at their level of comprehension. Specialized clinics providing services to immigrants and refugees might have trained interpreters; however, their time might be limited, and they might not be available for healthcare services outside the clinics. One healthcare provider mentioned: “We are lucky to have interpreters in our clinic but their time is limited and most of their time is allocated for in-person appointments in the clinics and they might not be available to provide support for other program such as health promotion.”

To obtain a favorable treatment result among immigrants with language problems, excellent coordination of care, strong patient-provider communication and aid with follow-up into the

community post visit are essential. Lack of these supplementary services discourages persons from receiving healthcare services. This is obvious from a client's comments: "I cannot speak English well and so cannot explain what I need I grew so upset with the physicians did not go to visit one in one complete year but that came to harm me. I now have discomfort in my ankle which is growing but what is the sense of informing the doctors I cannot explain adequately and they will not understand and it will not help."

Individuals could postpone access to healthcare, which increases patients' susceptibility to bad health outcomes

English Language Requirements for Healthcare Professionals

Nurses, midwives, and nursing associates are essential contributors to the provision of healthcare in the UK. As a registered professional, it is imperative that you prioritize the interests of those who require nursing or midwifery services. Effective communication is an essential component of this. Furthermore, it is essential to possess the ability to articulate thoughts and ideas with clarity and efficiency in the English language. To be eligible for registration with the Nursing and Midwifery Council (NMC), you must demonstrate a sufficient command of the English language to practice nursing or midwifery safely and efficiently in the United Kingdom. This corresponds to proficiency level C1 according to the Common European Framework of Reference for Languages (CEFR). An individual possessing a C1 proficiency in the English language is capable of performing all tasks and responsibilities in a professional or academic environment, and can function independently in a country where English is the native language.

This study outlines the evidence, information, and documents that you must give to demonstrate your proficiency in the English language. It also explains how this evidence, information, and documentation will be evaluated.

- Accepted forms of evidence: to meet the requirements, you need to exhibit proficiency in the skill of reading, writing; listening, and speaking. The evidence Shown against the following criteria will be regarded:

Whether it is recent, objective and independent.

whether it clearly proves that you can read, write, communicate and interact with patients, service users, family and healthcare professionals effectively in English as a nurse, midwife or in a function analogous to that of a nursing associate and whether we can clearly verify it.

There are three pieces of proof that will satisfy (NMC) that you have the necessary knowledge of English to practise in the UK. We will accept one of these types without having further evidence.

Evidence type 1: you have recently attained the required score in the academic version of International English Language Testing System (IELTS) or the Occupational English Test (OET). You must get the required score in reading, writing, listening and speaking.

Evidence type 2: you have completed a pre-registration nurse, midwife or nursing associate programme that was taught and tested in English. During that programme you must have spent at least half of your time interacting with patients, service users, their families and other healthcare professionals, and at least three-quarters of these interactions must have been in English.

Evidence type 3: you have recently practised for one year in a country where English is a majority spoken language.

Evidence type 1:

You have recently achieved the required score in the academic version of International English Language Testing System (IELTS) or the Occupational English Test (OET). You must achieve the required scores in reading, writing, listening and speaking**.**

- For IELTS you must achieve at least 7 in reading, listening and speaking, and at least 6.5 in writing.
- For OET you must acquire at least a grade B (350 to 440) in reading, hearing and speaking, and at least a grade C+ (300 to 340) in writing.
- Whichever test you take, you must have attained the required scores within the last two years at the date we consider your whole application.
- You can meet the required scores over two sittings of the same test. You cannot mix OET and IELTS test scores when combining tests. You must take the two test sittings within twelve months of each other, and you must have been tested in all four areas both times.
- 1. IELTS: you must get at least 7 for reading, hearing, and speaking, and at least 6.5 for writing, in at least one of the two exam sittings. You must not score below 6.5 for hearing, reading, and speaking, or below 6 for writing, in either of the two exam sittings.
- 2.OET: you must earn at least grade B (350-440) for reading, hearing, and speaking, and at least grade C+ (300-340) for writing, in at least one of the two test sittings. You must not score below grade C+ (300-340) for listening, reading, and speaking, or below grade C (250-290) for writing, in either of the two exam sittings.

- .If you have taken the test twice and missed one of the required scores by no more than 0.5 (IELTS) or no more than half a grade (OET), you can supplement your test scores with additional supporting information from your employer.

Evidence type 2

You have completed a pre-registration nurse, midwife or nursing associate programme that was taught and examined in English. During that programme you must have spent at least half of your time interacting with patients, service users, their families and other healthcare professionals, and at least three-quarters of these interactions must have been in English.

- If you have completed an NMC-approved pre-registration nurse, midwife or nursing associate training, we will accept this as evidence that you have the necessary knowledge of English**.**
- If you finished your pre-registration nurse, midwife or nursing associate programme in a nation where English is a majority spoken language you will need to demonstrate that the programme meets the requirements for interactions in English by giving documentation that is recent, objective and that we can easily verify, such as a transcript from the University or Higher Education Institution where you completed your course.
- If you finished your pre-registration nurse, midwife or nursing associate programme in a nation where English is not a majority spoken language you will need to give evidence that you were taught in English and that you can interact clinically in English. To support you we will allow you to offer separate proof for the teaching and interaction parts. You will need to provide:

- 1. A training transcript or official letter from your training institute showing that your course was taught and examined in English.
- 2. Additional supporting information from your workplace (see below) as evidence that you can interact therapeutically in English.
- If you cannot offer both of these items you will need to present an alternative type of evidence such as a language test.

Evidence type 3:

You have recently practiced for one year in a country where English is a majority spoken language.

- The end of the period of practice you are relying on must be within the last two years at the point NMC assessing your whole application.

Regulated practice (nurse and midwife applicants):

You must have successfully completed a language examination as part of your registration. NMC will ask for extra information on the language assessment you conducted, and we may ask for a reference from your company (or employers) to confirm your practice period.

Non-regulated practice (nursing associate applicants):

If you are applying to the nursing associate part of the register and have been practising for at least one year in a country where English is a majority spoken language in a role that is not regulated, you can use this practice as evidence type 3 provided that your role corresponds to that of a nursing associate, and you used the skills, knowledge and experience you gained from the qualification you are relying on as part of your registration application. NMC may seek for a reference from your employer (or employers) to establish that your function corresponded to that of a nursing associate. You must also have successfully completed a

language examination as part of your employment.

Supporting information from employers:

As set out above, under specific instances NMC will allow you to supplement evidence types 1 and 2 with extra supporting information from your current employer. You must have been working in a health or care setting for at least 12 months at the date you submit your application.

When you apply you will be requested to nominate your line manager to ensure that you have appropriate understanding of English in reading, writing, listening and speaking. You must have proved that you can interact with a wide spectrum of people, including patients, service users, their families and other healthcare professionals. Your line manager (or line managers) must be an NMC registrant.

You will also need to select a senior NMC registrant from the same employer to counter-sign the information.

Readmission:

If you are seeking to return to the register through our readmission process, we need to be convinced that you still have the essential understanding of English since you were last on our register. We will accept one of the following sorts of evidence:

Evidence type 1: English language test

You must have recently attained the required score in the academic IELTS or OET.

You must achieve the required scores in reading, writing, listening and speaking, and you must have achieved the required score within the last two years at the point

NMC assess your whole application (see evidence type 1 for further details, including on additional supporting information from employers).

Evidence type 2: A relevant qualification in English

You must have completed:

1. An NMC-approved return to practice programme that was taught at an NMC approved educational institution and that formed part of your readmission application to the NMC, or

2.A pre-registration nurse, midwife or nursing associate programme that was taught and tested in English (see evidence type 2 for further details, including on supporting material from employers).

Evidence type 3:

Recent practice in a country where English is a majority spoken language

You must have:

1. Been registered with us within the last two years, or

2.Practised for either 450 hours in the previous three years, or 750 hours in the previous five years, in a country where English is a majority spoken language.

Language assessment:

- If the NMC are not satisfied that you have the appropriate knowledge of English, they may ask for extra evidence, information or papers. NMC may also ask you to complete an examination or assessment and give us evidence that you have done so.
- If you are required to perform an English language assessment or examination, you have a right of appeal against that decision to a Registration Appeal Panel.

Once you are admitted to the register, you must uphold the professional standards that are set forth in The Code: Professional standards of practice and behaviour for nurses, midwives and

nursing associates (the Code). Paragraph 7.5 of the Code

indicates that you must ‘be able to communicate clearly and effectively in English’.

If we receive a concern that you do not have the sufficient knowledge of English after you have joined our register, you may be subject to fitness to practise proceedings. When they are considering a nurse, midwife or nursing associate’s understanding of English, decision-makers will base their conclusion about whether they have the necessary knowledge of English to practice safely mostly on language test results.

Impact of English Proficiency on Patient Care

Patients should not be wounded by the care that is intended to heal them, and they should remain free from accidental injury, according to the report To Err is Human: Building a Safer Health System, which was released by the Institute of Medicine (IOM).

In its report titled "Crossing the Quality Chasm" from 2001, the Institute of Medicine (IOM) listed patient safety as one of the key requirements of providing high-quality medical care. Now more than ever, efforts to protect the safety of patients are at the center of policies that aim to improve the quality of care offered to all patients.

A bigger amount of emphasis is currently being paid to the function that language barriers play and the impact that they have on adverse outcomes.

According to data from recent studies, adverse events that occur in patients with limited English proficiency (LEP) are more frequently caused by communication challenges and are more likely to result in serious harm when compared to patients who speak English.

In addition, the Joint Commission has produced a new set of standards on patient-centered communication. These guidelines focus an emphasis on the value of language, cultural competence, and patient-centered treatment. Beginning in 2012, hospitals who are seeking accreditation will be forced to comply with these proposals regarding their operations.

Challenges Faced by Non-Native English Speakers in Healthcare

A language barrier has shown to be, at many moments, an insurmountable obstacle regardless of the context or the venue. The 2020 United States Census has indicated that over 10% of Omaha people are deemed foreign-born. Given this data, the issues caused by
Language barriers for example in Omaha and its nearby urban regions are extremely significant. It has been established that language challenges in healthcare settings increase the issue of patient safety and generate a decline in both the healthcare providers' and patients' satisfaction with the treatment and involvement. In addition, the language services essential to aid this communication barrier have been found, in many cases, to increase both the duration and cost of therapy (Al Shamsi et al., 2020). In a study on the impacts of English proficiency in healthcare, researchers discovered that persons with weaker English proficiency were less likely to see their healthcare provider (Shi et al., 2009).

Varying ways of translation/interpretation possibilities include live online interpretation services, live phone interpreters, live video interpreters, in-person interpreters, and online translation services such a Google Translate. The study conducted by Al Shamsi et al. in 2020 indicated that different translation/interpretation resources have been shown to have differing impacts on patient satisfaction rates.

For example, a study by Truong et al. found that telehealth gave various benefits for treating patients who did not predominantly speak English. This technique enabled patients to receive consultation and treatment in their local language that they may not have otherwise been able to obtain access to depending on their location. The restrictions related with this alternative are cost and availability of electronic equipment to all as well as a lack of technology knowledge (Truong et al., 2022).

Even with the use of competent hospital interpreters, issues in communication between

patients and healthcare staff are fairly common. A study was done in 2003 by Flores and collaborators in a hospital outpatient clinic in which 13 occurrences were documented and transcribed. These encounters included the use of an interpreter in each case which was used for communication between the patients, their relatives, and the healthcare providers. These interpreters were present in the form of professional hospital interpreters for six of the exchanges, and as a stand-in interpreter for the other seven instances (such as a nurse, a social worker, and in one case, an 11-year-old sibling). In these circumstances, the researchers discovered that in 474 pages of transcribing, there were 396 errors in interpretation. In these, 52% of the errors fell into the category of omission and 63% of these errors were deemed to potentially produce clinical repercussions. These errors of therapeutic relevance were more likely to occur with the use of stand-in interpreters (Flores et al., 2003)

Importance of Effective Communication in Healthcare Delivery

Tools of communication are not confined to one type but are many. It is usually separated into three: verbal, written, and nonverbal. Though, all are equally vital. The question that emerges in this situation is, whether we can communicate without words? The answer is, yes, we can transmit messages and learn through body language, voice tone, and other physical traits. Touch is another powerful means of communication that has to be addressed when there is a requirement to send an energetic message. Yet, the facial expression is an important tool that conveys much information about the thoughts and sentiments of others. The communication process in itself has a sequence of experiences. It may start with hearing, seeing, smelling, touching, or even tasting. After all, it has to be recalled that every communication is always delivered through two primary streams, the verbal and the nonverbal. According to James Borg, a psychologist and business consultant, just 7% of human communication is done using the verbal tools employing the tongue with words to transmit messages.

While 93% of human communication comprises of body language, i.e., the nonverbal messages, which is the major way that human people transmit their feelings to others. It is the body language that is used often, in another sense it is the body speaking to the eyes rather than tongue speaking to the ears. These types of communication (the nonverbal) include a series of activities supporting those verbs, such as the tone of voice by which those verbs said, then what others observe as body language including facial expression and the level of volume of voice. Accordingly, the communication equation dwells of:

- Seeing: Deliver 55% of the message. It is seen or felt and consists of face expression, clothes, grooming, posture, eye contact, touch, and gesture.
- Hearing: the heard voice that depends on the tone, vocal clarity, and linguistic expressiveness. It provides 38% of the message.
- The words by themselves delivering only 7% of the message.

Hearing as a crucial technique of communication ought not to be disregarded as Peter Drucker, an American management expert, observed that "the most important thing in communication is to hear what is being said." And to verify it, Mark Twain, a great American poet-writer, said, "If we were supposed to talk more than listen, we would have been given two mouths and one ear." Having stated that, it is vital to know the differences between hearing and listening. Hearing is a bodily function that is normal but passive.

While hearing is seen as an active physical and mental process, that is an acquired talent. Although, listening is harder than hearing both are important for good communication. Ultimately, should the communication be competent and delivers its message effectively, the senders have to believe in it fully so that their non-voluntary body expressions would support their feelings.

In the medical arena, the whole practice of medicine relies largely on communication. It is done for, swapping of ideas, delivering messages, and exchanging information by signals, speech, or writings.

Health knowledge that physicians gain is a strong channel that demands skilled communication for transformation into an accurate plan of action within the patient. Without communication, the whole health system that includes patients, medical personnel, and the nation's health will suffer and would not be able to work effectively. Hence, excellent communication is crucial for medical professionals, enabling them to accomplish patients' essential treatment appropriately. As a consequence, the health organization would tend to be dynamic and productive when communication is thorough, accurate, and timely. In many instances, patients are almost alleviated after good communication provided by the health team workers. On the contrary, the health of many other patients deteriorates when communication was not so good or underprivileged. Having saying that, the art of communication is not new. It has been the center of the attention of our ancestors' physicians since ancient times. Al-Razi, Avicenna, Al-Rahawi, and others, have stressed the importance of communication when dealing with patients and their family members. Avicenna states, "Illusion is half the disease, and reassuring is half of the treatment, and patience is the first step to healing" Doctors, while communicating with their patients, should grasp both the tongue and the body language. Usually, all sorts of communication tools inside and externally are employed while holding a consultation. Since the instrumental duty of healthcare practitioners is a solid doctor-patient relationship, it can only be achieved through vivid verbal and nonverbal communication channels. It is without a doubt that the most important of all talents that every doctor has to develop is the ability to communicate effectively. Such abilities help doctors to fulfill their jobs and responsibilities adequately, which will be reflected in patient satisfaction.

Many researchers have continually underlined the connection between healing and interpersonal relationships. The Institute for Healthcare Communication in underlining the significance of communication stated “A clinician may conduct as many as 150,000 patient interviews during a typical career. If seen as a healthcare procedure, the patient interview is the most widely employed procedure that the physician will employ”. Physicians generally dedicate more than 80% of their time in speaking either to patients and or their relatives or to their professional colleagues. Much of it spent on face to face conversation. For such aim, doctors ought to develop the abilities of how to “Say it with body language”. Because patients often judge the quality of care by how effectively the physician listens (as represented by their nonverbal signals, in other words, their body language). And by how fully the physician explains the diagnostic and treatment options, and lastly, by how well they will be involved in the decision-making about their condition .

According to Helman’s ‘folk model’, during each appointment patients usually ask for answers to the following main six questions: what has happened, why it has happened, why to me, why now, what would happen if nothing were done and what should be done about it Therefore, doctors and the health care team should respond to those patient’s expectations by using their abilities of good communication to explain; the diagnosis, the investigation, and the treatment plan. But finding the correct words is the most crucial element in such communication. In general, doctors are expected to:

- Have the abilities to convey any unpleasant news properly. Be skilled to effectively give health advice. Have the capacity to provide post-hospital discharge instructions.
- Have the ability to grasp excellent communication skills with relatives.

- Be able to convince the patient to sign informed permission/clarification for any invasive surgery or acquire the consent from the close family for post-mortem measures.

Furthermore, they must to have the abilities to communicate adequately with other health care experts about the patient's condition if a second opinion or referral is needed.

Nonetheless, when presenting information to the patient, it is crucial that doctors recognize the patient's priority questions and strives to respond correctly. They should also anticipate poor patient's recollection so that they would reinforce the knowledge using a printed or an on-line material. Unfortunately, on many situations, communication could be one-way when the doctors give their patients the message, but do not accept an answer from them. That is in contrary to the ideal style of two-way communication when patients can also respond to the doctor or the health care team.

The physicians and other healthcare personnel grow up with a set of communication talents that may be called an instinctive behavior and potentially part of their personality. Not disregarding that some are gained and taught from the environments, family, and friends. Additionally, the more the health care workers are in practice; the more they comprehend this skill. But, how successfully the communication skill is adopted depends on how well it was taught to the individual. Hence, it has to be understood that the art of communication is a trainable subject that should be taught and mastered. Furthermore, such qualities should be part of the education curriculum of medical schools. It is necessary to strengthen medical students' communication skills as early as practicable to be a component of their personality and behavior on graduation Later in real life, the work experience and the number of consultations that they conduct will develop such talents. Although it is not simple to change

self, it is never too late to work on our communication abilities to improve the quality of care offered to the patient.

Hence it may be firmly maintained that “The foundation of any clinical skills within the health profession is communication.” Brian Tracy, a specialist in teaching individuals and organizations, asserted that “Communication is a skill you can learn. It is like riding a bicycle or typing. If you are willing to work at it, you can fast improve the quality of every element of your life”

The doctor’s communication abilities are variable and depend on the degree of strength of doctor-patient relationships. However, reports suggested numerous aspects that are related to the physicians’ attribute, attitude, behavior, or the place that they are working-in could play a key influence in improving the doctors’

quality of communication skills. These include: Whether they are confident while interacting with the patients and their family members. If they are a good listener and learn how to think before speak. To be able to communicate with direct eye contact and have a reassuring facial expression. If they pose acceptable body language. Have awareness and respect for the patient’s boundaries (body space and proximity). Enhance touching the body on locations that give relief and confidence to the patient such as the shoulder. Choose appropriate and adequate consultation time. Avoid hasty consultation that will just reflect carelessness. Be empathetic with the patient’s medical situation. Speak knowledgeably with a pleasant tone and simply no jargon words language that is straightforward, intelligible. And, they must guarantee that the receiver has grasped it well. However, because time counts in health care, the quality of and not the quantity of doctor-patient interaction is most important.

Barriers to Communication

Many things function as barriers to effective communication. These hurdles will lead to failure in message delivery ultimately limiting the main purpose of communication. The hurdles could be human or environmental affecting four parts of the communication process which are the encoding barriers, transmission barriers, decoding barriers, and responding barriers.

The physicians and other healthcare staff grow up with a set of communication abilities that may be considered an instinctual behavior and possibly part of their personality. Not neglecting that some are obtained and taught from the environments, family, and friends. Additionally, the more the health care personnel are in practice; the more they grasp this expertise. But, how successfully the communication skill is adopted depends on how well it was taught to the individual. Hence, it has to be acknowledged that the art of communication is a trainable discipline that should be taught and acquired. Furthermore, such abilities should be part of the education curriculum of medical schools. It is vital to improve medical students' communication skills as early as feasible to be a component of their personality and behavior on graduation Later in real life, the work experience and the amount of consultations that they do will increase such talents. Although it is not easy to change self, it is never too late to work on our communication skills to improve the quality of care offered to the patient.

Communication difficulties that are relevant to the medical industry could include the followings:

- Distorted Relationships: If the doctor-patient relationship is disrupted or dysfunctional, for sure, the communication will be restricted, and the message cannot be conveyed properly.

- Psychological problems: It is tough to educate patients who are complaining of psychological problems. They will have a shut-off mind against any reasonable advise. Should the physician have such a problem he/she will also, lose interest in effective discussion creating a barrier for successful communication.
- Unsuitable setting: The ideal environment for efficient communication ought to be calm, relaxing, comfortable, clean, adequate climate conditions, and non-threatening scenarios.
- Variation in age: Doctors may experience difficulty in delivering their message to specific age groups such as children and the elderly.
- Variation in gender: Dialogue under gender-related related settings could sometimes be problematic.
- Educational level: The message supplied should fit the recipient's education level otherwise; there would be a communication breakdown.
- Secrecy and confidence: Since doctor-patient relationships are built on trust, patients should develop the confidence that their doctors will maintain their secrecy and be trustworthy in their words.
- Pain, Fear, Anxiety, and Anger: In such situations, patients are not ready to listen since they are overwhelmed with their sensations. Angry patients, especially from the health workers, will have negative feelings towards the health team resulting to a communication failure.
- Lack of interest: In the case where the patients are not interested in becoming educated.

- Lake of hope: Patients with terminal illnesses frequently loose hope and are not interested in any discussion.
- A language is an essential instrument for communication. Should both (doctor and patient) have a different language, for sure, they will not be able to comprehend each other, leading to a communication breakdown.
- Lack of time: When either the doctor or the patients are busy and have no time left for proper exchange, such will lead to unsatisfactory communication.
- Disease rather than a person-centered approach: For a successful consultation, it has to be always person centered and not disease-oriented.
- One of the most major hurdles to communication is when one party (typically the doctor) has an immense sense of superiority. Such sensation prohibits any message from being transferred to the receiver.
- Another obstacle to communication develops when there is no eye contact or personal touch.

Any effective medical encounter needs excellent communication between the patient and the practitioner.

Many research revealed a positive effect of appropriate communication on both the doctor and the patient.

Good communication increases the doctor-patient contact, boosts their relationship, develops good alliances, and thus increases the cooperation between both . Additionally, It eases the patient's education about the nature of their condition, encourages them to adopt a preventative health behavior, and boost their compliance with the medical advice. In general,

it supports in better diagnosis and management of the disorders, consequently, enhances the overall health outcome. Studies have indicated that more than 80% of the clinical diagnosis is made from merely proper history taking, and most of the sound diagnostic decisions are reached owing to it. Others showed that the clinician's capacity to explain, listen, and empathize can substantially alter the biological and functional health outcomes of the patient. Besides, it enhances the patient's satisfaction level. On the other hand, communication has as well, good benefits on the health care team, as it fosters greater doctor's performance and job satisfaction. Anne Morrow Lindbergh, an American author, observed that "Good Communication is just as stimulating as black coffee and just as hard to sleep after." Overall, it will help the patient to be more actively involved in the decision-making process about their illness and be informed of the expectations and goals of the management plan.

Communication is a highly crucial skill that all doctors and medical teams should master. No matter how knowledgeable a physician might be, if he or she cannot open effective communication with the patient, he or she will not be of benefit. Good communication helps in improved diagnosis and management of illnesses and is the path to develop the doctor-patient relationship.

Role of English in Interprofessional Communication

Interprofessional communication happens in synchronous and asynchronous modes. Synchronous genres refer to communications happening in real time such as a meeting, ward round, handoff, or unplanned chat (Conn et al., 2009). Communications also happen asynchronously such as on white boards, through pharmaceutical orders, or written progress reports (Conn et al., 2009).

Communication is not simply verbal and written; it encompasses body language, attitude and tone (Nadzam, 2009). Physicians and nurses are trained differently in terms of communication

methods and these differences lead to dissatisfaction (Table 1). Nurses are educated to be highly.

Descriptive and clinicians are trained to be succinct (Rodgers, 2007). “Members from different professions use their telling of the patient’s story, framed in the narrative structure of their own discipline, as a way to pass on information to their colleagues” (Clark, 2014, p. 37). “The embracing of true multimodality by a team is the key to achieving the kind of integrated communication required for effective collaboration” (Clark, 2014, p. 37).

Physicians have observed annoyance with nurse communications for “disorganization of information, illogical flow of content, lack of preparation to answer questions, inclusion of extraneous or irrelevant information, and delay in getting to the point” (Dixon et al., 2006, p. 377). Nurses indicated concerns with physician communications due to “perceived inattentiveness especially during night hours, unwillingness to discuss goals of care, and feeling that a list of signs and symptoms had to be provided instead of just stating what the nurse thought the clinical problem was” (Dixon et al., 2006, p. 377)

Research in the intensive care unit (ICU) has shown challenges resulting from interprofessional communication. In a study performed with 272 nurses from 17 ICU’s, Gurses and Carayon (2007) discovered nurse-physician communication was identified as a performance hurdle by ICU nurses. Twenty-one of participants noted delays in seeing new medical orders and 18% of participants felt there was inadequate information supplied by physicians.

In the context of home health, Markley and Winbery (2008) stated that it just takes a few seconds of listening to a clinician’s report of a patient’s status for the physician to determine if he or she trusts their viewpoint. They asserted that nurses can earn the trust of physicians by efficiently expressing the facts, offering targeted recommendations with confidence (Markley

and Winbery, 2008). Perron et al. (2014) ran a Delphi study to identify the topics and skills most needed to be taught during interprofessional programs. The top theme discovered was healthcare practitioner communication with the patient and his entourage in interprofessional collaboration; they observed numerous factors having a favorable link with confidence: availability of manager, availability of educator, amount of disciplines worked with everyday, amount of team strategies, and happiness with the team. Qualitative findings identified facilitators including experience, expertise, respect, supportive connections, and opportunities to contribute. “Challenges included lack of experience, lack of knowledge, balancing practice expectations, and communication challenges”

Rice et al. (2010) discovered that interprofessional hierarchies had considerable detrimental effects on communication and collaboration with healthcare practitioners on a typical internal medicine unit.

Physicians indicated they were used to having their orders carried out without discussion or negotiation. “The fast paced, interruptive environment reduced opportunities or incentive to enhance restrictive interprofessional relationships”. Interprofessional communication was “rare and impersonal”. Similarly, Woodhall et al. (2008) showed that physicians had reservations about nurses offering suggestions prior to the physician’s evaluation of the patient. The authors documented implementing an SBAR intervention to improve communication in a tertiary care center resulting in substantial improvements Staff mentioned they liked the template to streamline information. “An experienced nurse shared, ‘In the emergency room, the SBAR tool has eliminated errors due to assumptions. Now the physician and nurse are on the same page from the very beginning’”. Heinrichs et al. (2012) additionally recommended adopting SBAR to “flatten the hierarchy” among caregivers.

Chapter three

Research Methodology and Reseults

Introduction

This chapter provides a detailed explanation of the methodology used in this investigation. The methodology encompasses various elements, including the study approach, research design, data gathering methods and instruments, population and sample, and data analysis procedures.

This chapter provides an overview of the theoretical foundation for the research approach used in this study. Ultimately, it explains the reasoning behind the decision to use specific data gathering methods and the strategies that were selected to conduct this research.

Research design

This dissertation investigates the function of English as a lingua franca in medical research and its influence on boosting the quality of patient care. By studying the transmission and accessibility of medical information, the research intends to uncover how the usage of English effects clinical practices, patient outcomes, and worldwide healthcare standards. The study adopts a mixed-methods approach, including quantitative analysis of medical research articles and qualitative interviews with healthcare experts.

Research methodology

A research strategy may be described as a theoretical framework that is utilized by scientists to carry out a given study. The typical and commonly employed approaches for conducting research is quantitative approach. The current study employs one particular strategy based on the subject matter of the investigation, its questions and hypothesis.

The following investigation will comply with a quantitative approach considering the implement of quantitative methods are more suitable and valuable in a given investigation like the aforementioned, to observe and look over situations or events that influence people, and

also quantitative research generates objective data that can be effectively expressed by means of statistics and numbers.

The Population and Sampling

The study's quantitative component will entail a selective sampling of healthcare professionals from diverse professions within a hospital setting, including doctors, nurses, caretakers, and laboratory technicians. This diversified selection offers a comprehensive representation of opinions across different professional groups involved in patient care. By engaging participants from different specializations and positions, the research intends to capture a wide range of experiences and thoughts regarding the influence of English-language medical research on clinical practices and care quality. This method will permit a detailed understanding of how different types of workers perceive and utilize English-language research in their daily practices and its consequent impact on patient outcomes.

Data collection methods /tools

The research approach utilized to acquire the essential data to evaluate and answer our research questions is going to be a questionnaire addressed to healthcare professionals in order to explore the influence of utilizing English as a lingua franca has an impact on medical research and the care quality. The participants will be given questions to perform a survey to obtain numerical data.

Questionnaire

The data gathering method used in this investigation is a questionnaire, the latter was established in a way to generate answers from the participants of the research and also to resolve the research questions that addresses the impact of the utilization of english as a lingua franca in medical research and its outcomes. Brown (2001, p.6) defines questionnaire

as "any written instruments that present respondents with a series of questions or statements to which they are to react either by writing out their answers or selecting them among existing answers". Thus, the questionnaire is regarded as a very efficient method for gathering data pertaining to a given subject, with the objective of gaining the respondents' answers and opinions on the matter.

Cohen, Manion, and Morrison (2007, p.320) categorize questionnaires into three types: structured questionnaires, which exclusively consist of closed-ended questions; unstructured questionnaires, which include open-ended questions; and semi-structured questionnaires, which incorporate a combination of open-ended and closed-ended questions.

The option to employ a questionnaire in this study was based on the necessity to acquire the participants' thoughts and perceptions on their degree of comprehension. Moreover, this method is regarded as a feasible data collection tool because of how quick, easy, and effective the procedure of acquiring data might be. According to Pandey and Pandey (2015, page 58), it is regarded as “an important instrument being used to gather information from widely scattered sources”.

The Aim of the Questionnaire

The purpose of this questionnaire is to completely understand the interaction between healthcare workers and English-language medical research within the emergency department. This involves analyzing several critical dimensions: demographic information, perception of English language usage, utilization of research in practice, perceived influence on care quality, and ideas for improvement.

Demographic Information

The first component gathers basic personal facts, such as gender, age, and present function within the emergency department, with their level of competence in English and years of

experience. This data is vital for contextualizing the responses and understanding how different demographic factors may influence the use and interpretation of English-language research.

Perception of English Language Usage

The second portion attempts to assess the comfort level of healthcare professionals with reading and understanding medical research papers written in English. It also analyzes whether they believe that language limitations impair their capacity to interpret and use research findings in their clinical practice. This assists in identifying potential issues linked to language proficiency that could hinder the integration of research into practice**.**

Utilization of English Medical Research

In the third portion, the questionnaire evaluates how frequently respondents adopt insights from medical research articles into their clinical procedures. It also identifies constraints that inhibit the utilization of study findings, such as language issues, lack of time, or difficulties in interpreting statistical analysis. This section intends to highlight practical issues faced by healthcare practitioners in using research for clinical decision-making.

Perceived Impact on Care Quality

The fourth segment analyzes the perceived influence of access to and knowledge of English medical research on the quality of care offered in the emergency department. Respondents are asked to rate the significance of this impact and provide instances of how incorporating research findings has positively improved patient care. This aids in comprehending the real-world benefits and uses of medical research in boosting treatment quality.

Suggestions for Improvement

finally, the questionnaire asks solutions for eliminating language hurdles and enhancing the utilization of English medical research. Respondents can also submit any extra remarks or

recommendations relevant to the topic. This section attempts to gather actionable observations and recommendations to promote the accessibility and practical use of medical research in non-English language situations. Overall, the questionnaire is designed to provide a detailed and multifaceted understanding of the role of English in medical research from the perspective of various healthcare professionals in the emergency department, and to identify ways to enhance the effective use of research to improve patient care quality.

The Structure and Content of Students Questionnaire

The questionnaire is meant to methodically look into many facets of healthcare professionals' engagement with English-language medical research within the emergency department.

Structure of the questionnaire

1. Demographic Information

The questionnaire opens with basic demographic queries to determine the respondents' background, including gender, age, role within the emergency department, English language level, and years of experience. This basic data lays the framework for studying how individual factors may influence responses.

2. Perception of English Language Usage

Following demographic characteristics, the questionnaire investigates respondents' comfort levels in reading and comprehending English medical research papers. It looks into whether language obstacles impair their interpretation and use of study findings in clinical practice, offering light on potential linguistic challenges.

3. Utilization of English Medical Research

The second portion focuses on the practical component of research integration, assessing how frequently respondents apply insights from English medical research into their clinical

procedures. Additionally, it studies the impediments impeding the utilization of study findings, such as language issues or time limits.

4. Perceived Impact on Care Quality

Moving forward, the questionnaire delves into the perceived influence of English medical research availability and understanding on care quality within the emergency department. Respondents rate the significance of this impact and provide examples indicating how integrating research findings positively improves patient care, delivering real-world insights.

5. Suggestions for Improvement

Lastly, the questionnaire solicits suggestions for eliminating language hurdles and enhancing the utilization of English medical research. Respondents are invited to make further comments or recommendations, providing an environment for meaningful insights and enhancements.

Content

The content of the questionnaire is rigorously constructed to capture a thorough grasp of the function of English in medical research, catering to the different perspectives of healthcare professionals in the emergency department. By addressing demographics, perception, utilization, impact, and improvement ideas, the questionnaire navigates through nuanced layers of interaction between professionals and English-language research.

In essence, the questionnaire's structure and content serve as a robust foundation for examining the consumption and impact of English-language medical research in the emergency department. By carefully addressing essential dimensions, it strives to expose practical problems, highlight benefits, and elicit constructive suggestions, ultimately contributing to the advancement of research usage and care quality in hospital settings.

The Questionnaire’s Piloting and Validation Phase

During the piloting and validation phase, the questionnaire undergoes extensive testing and revision to ensure its reliability and validity. Initially, the questionnaire is pilot-tested with a small sample of healthcare professionals typical of the target demographic. This pilot phase attempts to discover any ambiguities, inconsistencies, or difficulties encountered by respondents when completing the questionnaire. Feedback from the pilot test participants is carefully analyzed, and required adjustments are made to improve clarity, relevance, and comprehensiveness. Subsequently, the updated questionnaire undergoes validation to measure its psychometric features, including reliability and validity. This involves presenting the questionnaire to a broader sample of healthcare professionals and doing statistical analysis to determine the internal consistency of the questionnaire items and its association with published measures of related domains. The validation process confirms that the questionnaire accurately measures the target constructs and can be confidently utilized to obtain significant data for the research study.

Analysis and Interpretation of the Respondents Answers

The initial data gathering method utilized in this study is a questionnaire, delivered to healthcare workers at Bachir Ben Nacer Hospital Emergencies in order to examine their responses.

Section 1: Background Information

Q1. Gendre

Table 1.1: Respondents' gender.

Gendre	Number of Respondents	Percentage
Male	9	36.7%
Female	16	63.3%

The responses to this question indicate that the sample population consisted of 36.7% (9 out of 25) male respondents and 63.3% (16 out of 25) female respondents. This suggests that the sample had a higher proportion of female respondents compared to male respondents.

Q2. Age

Table 1.2: Respondents' Age**.**

Age	Number of Respondents	Percentage
Under 20	3	12%
20-30	12	48%
31-40	4	16%
41-50	3	12%
51-60	3	12%
Over 60	0	0%

The data from Question 2 shows the age distribution of the respondents. The majority of the sample population, 48% (12 out of 25), and falls within the 20-30 age range. The second largest age group is the 31-40 range, which accounts for 16% (4 out of 25) of the respondents. The 41-50 and 51-60 age ranges each comprise 12% (3 out of 25) of the sample. Notably, there are no respondents over the age of 60. The youngest age group, fewer than 20, accounts for 12% (3 out of 25) of the sample. In summary, the sample population is relatively young, with the majority of respondents falling between the ages of 20-40.

Q3. What is your level of proficiency in English?

Table 1.3: Respondents' evaluation of their level in English.

Level	Number of Respondents	Percentage
Beginner	13	52%
Intermediate	9	36%
Advanced	3	12%

The table shows the distribution of respondents' self-evaluation of their level of proficiency in English. A total of 25 respondents participated in the survey. 52% of the 25 respondents consider themselves beginners in English, indicating a need for basic language skills support, while 36% evaluate their level as intermediate, suggesting a moderate understanding of the language. Only 12% of the respondents consider themselves advanced, implying a high level of proficiency.

Q4. What is your current role in the hospital emergency department?

Table 1.4: Current Role in the Hospital Emergency Department

Role	Number of Respondents	Percentage
Physician	8	32%
Nurse	12	48%
Paramedic	5	20%

The table displays the distribution of respondents' current roles in the hospital emergency department. The majority of respondents (48%) are Nurses, followed by Physicians (32%), and Paramedics (20%). This suggests that the survey respondents are primarily comprised of frontline healthcare professionals who are directly involved in patient care in the emergency department.

Q5. How many years of experience do you have in the emergency department?

Table 1.5: Years of Experience in the Emergency Department

Years	Number of Respondents	Percentage
2 to 5	6	24%
5 to 10	15	60%
More than 10	4	16%

The table shows the distribution of respondents' years of experience in the emergency department. The majority of respondents (60%) have 5 to 10 years of experience, followed by 24% with 2 to 5 years of experience, and 16% with more than 10 years of experience. This suggests that the survey respondents have a significant amount of experience working in the emergency department.

Q6. On average, how many research articles related to emergency medicine do you read in a month?

Table 1.6: Average Number of Research Articles Read per Month

Response	Number of Respondents	Percentage
0/2	10	41.7%
3/5	8	33.3%
6/10	4	16.7%
More than 10	3	12.5%

The data reveals that the majority of respondents (41.7%) read only 0-2 research articles related to emergency medicine per month, suggesting a lack of engagement with research in this field. One-third (33.3%) read a moderate 3-5 articles, indicating some interest in staying updated. A small proportion (12.5%) read more than 10 articles, likely comprising researchers, academics, or clinicians heavily invested in staying current. The remaining 16.7% read 6-10 articles, possibly consisting of individuals interested in research but limited by time or resources. Overall, the results imply a need to increase awareness and accessibility of research articles in emergency medicine, as well as more efficient ways to disseminate findings to busy clinicians.

Section 2: Perception of English Language Usage in Medical Research

Q7. How comfortable do you feel with reading and understanding medical research articles written in English?

Table 1.7: Comfort Level with Reading and Understanding Medical Research Articles In English.

Response	Number of Respondents	Percentage
Very Comfortable	5	20%
Comfortable	7	28%
Neutral	4	16%
Uncomfortable	9	36.0%

The results of Table show that a majority of respondents (64%) feel uncomfortable reading and understanding medical research articles written in English, with 20% feeling "Very Comfortable" and 28% feeling "Comfortable". However, a notable proportion of respondents (36%) do not feel comfortable, with 16% feeling "Neutral" and 20% feeling "Uncomfortable", suggesting that some may require additional support or resources to improve their English language skills. This highlights the need for training opportunities or resources to help medical professionals improve their English language skills, particularly in reading and understanding medical research articles, and further research could investigate the specific language barriers or challenges faced by these respondents and explore the impact of language proficiency on the ability of medical professionals to stay updated with the latest research and its implications for patient care.

Q8. Do you think the language barrier affects your ability to comprehend and apply findings from medical research in your practice?

Table 1.8: Language Barrier and Application of Medical Research Findings

Options	Number of Respondents	Percentage
Yes	17	68.%
No	5	20.%
Unsure	3	12.%

This table reveals that a significant majority (68.0%) of medical professionals believe that language barriers hinder their ability to comprehend and apply findings from medical research in their practice, implying that language proficiency is a critical factor in staying updated with the latest research and providing evidence-based care. This finding suggests that language barriers may lead to a knowledge gap, potentially compromising the quality of patient care, and highlights the need for strategies to overcome language barriers, such as providing research summaries in multiple languages, offering language training for medical professionals, or promoting international collaboration to facilitate knowledge sharing.

Section 3: Utilization of English Medical Research in Practice

Q9.How frequently do you integrate insights from medical research articles into your clinical practice?

Table 1.9: Frequency of Integrating Medical Research into Clinical Practice

Response	Number of Respondents	Percentage
Daily	11	36.7%
Weekly	5	16.7%
Monthly	5	16.6%
Rarely	3	10%
Never	1	3.3

The results of this question indicates that a significant proportion of medical professionals regularly integrate insights from medical research articles into their clinical practice, with 36.7% doing so daily and 33.3% (16.7% weekly and 16.6% monthly) doing so at least once a month. This suggests that many healthcare providers value staying up-to-date with the latest research findings and incorporate them into their decision-making processes. However, a notable minority, comprising 13.3% of respondents (10% rarely and 3.3% never), do not frequently utilize medical research in their practice, which may indicate a need for further education or support to facilitate the adoption of evidence-based practices.

Q: 10 what factors hinder your utilization of medical research findings in your practice?

Table 1.10: factors that hinder the utilization of medical research findinngs in practice

Factors	Number of Respondants	Percentage
Language barriers	14	58.33%
Lack of time.	5	20.83%
Difficulty in understanding statistical analysis	3	12.50%
Lack of access to research articles.	2	8.33%
Lack of relevance to clinical practice	0	0%

The data suggest that language limitations are the main impediment to effectively applying medical research findings in practice, as reported by a substantial 58.33% of participants. This shows that the language of research papers may be a substantial barrier to knowledge

translation, and that attempts to provide multilingual summaries or translations of study findings may be important to boost consumption. Additionally, lack of time (20.83%) and difficulty in understanding statistical analysis (12.50%) also appeared as noteworthy hurdles, underscoring the need for more accessible and user-friendly research distribution tactics.

Section 4: Perceived Impact of English Medical Research on Care Quality

Q.11 In your opinion, how does access to and understanding of English medical research Contribute to enhancing the quality of care in the emergency department?

Table1.11: access to and understanding of English medical research and its Contribution to enhancing the quality of care in the emergency department

Contribution	Number of respondent	Percentage
Significantly	12	50%
Moderately.	3	12.50%
Slightly.	7	29.17%
Not at all.	3	8.33%

The results imply that access to and knowledge of English medical research greatly contributes to increasing the quality of service in the emergency department for the majority of respondents (50%). Additionally, a moderate or slight contribution was recorded by 25% and 29.17% of respondents, respectively. These findings underline the necessity of ensuring that emergency department workers have access to and comprehension of high-quality medical research in order to give the best possible treatment to their patients.

Q.12 Can you provide an example of how implementing findings from medical research has

Positively influenced patient care in the emergency department?

Participant's responses:

- Early detection and treatment of sepsis with antibiotics and IV fluids lower mortality.
- Rapid thrombolytic therapy and standardized assessment techniques improve outcomes for stroke patients.
- Multimodal analgesia strategies promote pain alleviation and patient satisfaction while minimizing opioid use.
- Rapid assessment and risk stratification methods improve diagnosis and treatment of myocardial infarction.
- Advanced Trauma Life Support (ATLS) recommendations promote systematic assessment and stabilization of trauma patients.

Commentary on participant's responses:

As a student researching the integration of medical research findings into clinical practice, I found these instances particularly illuminating for understanding how evidence-based treatments can alter patient care in the emergency department. The establishment of sepsis procedures, for instance, underlines the important significance of early intervention, indicating that timely delivery of antibiotics and IV fluids can considerably lower fatality rates. Similarly, developments in stroke care highlight the necessity of quick thrombolytic therapy and standardized diagnostic methods, which not only hasten diagnosis but also enhance patient outcomes by decreasing long-term disability. The advancement of pain treatment procedures through multimodal analgesia protocols is another testament to how research may promote patient satisfaction and safety by reducing reliance on opioids, thus addressing the opioid problem. The development of chest pain protocols, with tools like the

HEART score, illustrates how organized risk stratification may lead to quicker and more accurate diagnoses, critical for illnesses like myocardial infarction where time is of the essence. Lastly, the use of Advanced Trauma Life Support (ATLS) protocols in trauma care shows a systematic approach to patient assessment and stabilization, which has been proved to minimize death and morbidity rates. These instances collectively show the dynamic character of medical practice, where continual research and its implementation are crucial for increasing patient care and results. They serve as a reminder of the need of being abreast with current research and being adaptable in clinical practice to adopt these life-saving improvements.

Section 5: Suggestions for Improvement

Q.13 What measures do you think could be taken to overcome language barriers and

Improve the utilization of English medical research in the emergency department?

Commentary on the participants answers

We see that they give a solid platform for addressing the essential issue of language barriers in the emergency department. The ideas to adopt multilevel treatments, provide language access services, and promote diversity and inclusion in the workforce reflect a smart and comprehensive approach to tackling this complicated problem. These strategies have the potential to greatly enhance health outcomes for patients with limited English proficiency, and their implementation could serve as a model for other healthcare settings. By emphasizing the importance of language access and cultural sensitivity, these answers take a critical step towards ensuring that high-quality medical research is available to all patients, regardless of their linguistic or cultural background.

Summary and interpretation of the results:

The inclusion of research-based guidelines into emergency department practices greatly enhances patient care. Each example offered highlights how evidence-based interventions increase the speed and accuracy of diagnosis and treatment, which is critical in emergency settings where time is of the importance. Early intervention and standardized approaches are proved to be life-saving, increasing survival rates and improving patient recovery outcomes. Furthermore, these examples show the importance for healthcare personnel to regularly update their knowledge and methods based on the newest study findings. The dynamic nature of medical practice mandates that healthcare workers remain updated about new research and flexible enough to incorporate these discoveries into practical procedures. This constant adaptation and implementation of research discoveries drive the evolution of emergency care, ensuring that patients receive the most effective and current therapies available.

These approaches underline the vital necessity of evidence-based medicine in emergency treatment. The systematic approach to managing illnesses such as sepsis, stroke, pain, chest pain, and trauma, anchored in rigorous research, not only streamlines patient care but also establishes a high bar for clinical outcomes. By consistently incorporating cutting-edge research into practical guidelines, emergency departments can sustain high standards of care, ultimately improving patient outcomes and improve the overall efficiency of emergency medical services.

Conclusion

In conclusion, the present chapter provides full answers to all the research questions. In addition, the data collection methods used in this study proved to be successful in confirming the research hypothesis. The study successfully achieved its general and specific aims by the end of the research. Furthermore, the findings of this chapter provide insights into the research

questions addressed in this study, specifically the use of english in medical research and it role in enhancing care quality case study the emergencies of Bchir Ben Nacer , Biskra.

General Conclusion

General Conclusion

The integration of the English language within the medical industry has increasingly become a focal topic of research, notably considering its impact on care quality. This essay analyzes the significance of English proficiency among healthcare staff in boosting the quality of care offered in the emergency department at Bachir Ben Nacer. The preponderance of English in medical research, worldwide guidelines, and professional communication highlights its crucial significance in current healthcare settings.

One of the key advantages of English proficiency in the medical industry is the capacity to access the newest research and breakthroughs. English is the dominating language in scientific papers and international medical magazines. For healthcare providers in emergency

departments, being abreast of new research is vital. New therapies, protocols, and medical discoveries typically initially appear in English-language journals. This instant access allows healthcare practitioners to deploy cutting-edge treatments and evidence-based practices, which can greatly enhance patient outcomes. At Bachir Ben Nacer, the use of English enables staff to incorporate the newest findings into their clinical practice, ensuring that patients receive the most sophisticated and effective care available.

The use of English improves the standardization of care through the implementation of internationally accepted principles and protocols. Many global health organizations, like the World Health Organization (WHO) and the American Heart Association (AHA), publish their guidelines in English. By adhering to these established norms, healthcare providers may provide consistent and high-quality care across diverse areas and institutions. In the emergency department at Bachir Ben Nacer, English proficiency among staff members allows for the smooth integration of these principles, ensuring that the care delivered complies with worldwide best practices and enhances patient safety and results.

Effective communication is critical in any medical setting, but it is particularly crucial in emergency rooms when time-sensitive decisions are made. English proficiency increases communication among healthcare personnel, especially in multilingual and multicultural situations. Clear and precise communication can be life-saving in crises. At Bachir Ben Nacer, the ability to communicate effectively in English guarantees that all team members, regardless of their native language, can interact smoothly. This leads to quicker decision-making, less errors, and better-coordinated treatment, ultimately improving patient outcomes.

English fluency opens up several options for professional advancement. Healthcare personnel competent in English can engage in international conferences, training programs, and collaborative research projects. This continual professional growth is vital for sustaining high standards of service and fostering innovation. At Bachir Ben Nacer, staff personnel with

English proficiency can engage with the global medical community, bringing new knowledge and skills back to their practice. This not only promotes their professional progress but also translates into enhanced patient care within the emergency room.

The availability of medical information in English also aids patient education. Providing patients and their families with information on medical diseases, treatments, and preventive measures in English allows them to make informed decisions about their health. At Bachir Ben Nacer, the utilization of English-language instructional materials ensures that patients have access to comprehensive and accurate health information. This encourages patient engagement and adherence to treatment strategies, leading to better health results.

The case study of the emergency department at Bachir Ben Nacer illustrates the transforming significance of English proficiency in boosting care quality in the medical area. Access to the latest research, uniformity of care, increased professional communication, continued professional development, and effective patient education are all aided by the use of English. These characteristics jointly lead to the provision of high-quality, evidence-based care in emergency settings. As the medical industry continues to grow, the importance of English proficiency will only increase, underlining the need for its inclusion into medical education and training programs to assure the highest standards of patient care.

Pedagogical Recommendations

Suggestions for Students

Based on the results obtained from this study, the following recommendations can be helpful for healthcare students.

- Healthcare students should focus on having a strong command of medical English, including terminology and jargon relevant to the subject. This will help students to

read and grasp medical literature, participate in conversations, and communicate effectively with peers and professionals abroad.

- Regularly reading English-language medical publications, research papers, and clinical guidelines is vital. Staying informed with the newest research helps students understand emerging trends and best practices, which they may implement in clinical settings to improve patient care.
- Attending and actively engaging in international medical conferences, workshops, and webinars done in English can expand knowledge and provide exposure to global viewpoints in healthcare. This experience can also promote networking with professionals and peers from around the world.
- Writing and submitting research papers, case studies, or reviews to English-language medical publications might be advantageous. This not only enhances students' writing skills but also contributes to the worldwide body of medical knowledge and displays their work to a larger audience.
- Take use of online resources and courses offered in English, such as MOOCs (Massive Open Online Courses), webinars, and certification programs. These materials generally give high-quality teaching on numerous medical themes, boosting students' knowledge and competencies in line with international standards.

. Suggestions for healthcare professionals:

- Stay informed with English-language medical literature through regular reading of recognized publications and attending conferences. Engaging with current research ensures that you are informed of the newest breakthroughs and evidence-based methods that can enhance patient care in your field.

- Foster collaborations with colleagues and healthcare institutions internationally. Participating in international research initiatives and networks enables for the sharing of ideas, best practices, and innovations. This partnership can lead to the creation of innovative treatment procedures and improvements in care quality.
- Utilize English-language standards and protocols from renowned international organizations (e.g., WHO, AHA) to standardize care practices. Implementing evidence-based methods ensures that patient treatment corresponds with global standards and best practices, thereby improving patient outcomes.
- Improve proficiency in medical English to successfully communicate with coworkers, patients, and overseas collaborators. Clear and clear communication is vital in medical settings, particularly in crises. Investing in language skills can promote greater teamwork, patient education, and overall care coordination.
- Utilize English-language educational resources to empower patients and their families with accurate health information. Clear communication about medical diseases, treatments, and preventive actions in English increases patient understanding and compliance, leading to improved health outcomes.

Suggestions for Future Researchers

According to the results of the current study, which focused on the use of English in medical research and its role in enhancing care quality among healthcare professionals at Biskra emergencies. Future researchers are urged to expand the scope of this research by examining the influence of this difficulty on other language abilities and adopting alternate data collection methods that may offer better results. Due to the very limited sample of the present study, we further advocate extending the conversation analysis to include more participants to get a better view of these verbal and non-verbal differences.

Limitations of the Study

The study had significant limitations, including a small sample size of 24 respondents, limited geographic reach, and reliance on self-reported data, and potential language difficulties that may have omitted workers who encounter challenges in accessing and comprehending medical information. Additionally, the study may lack variety in terms of staff backgrounds, skills, and functions, and may have methodological shortcomings, such as non-random sampling or non-validated survey questionnaires. The study's breadth of questions may have been limited, and it depended on subjective estimates of the contribution of medical research to quality of care, which may not reflect objective measures of patient outcomes or treatment quality. Furthermore, response bias may have occurred, and the study's findings may not be generalizable to different healthcare settings or demographics.

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List of appendices

Appendix 01:

Section 1: Demographic Information

1. Gendre:

-☐Mal -☐Female

2. Age:

-☐Under 20. -☐20-30. -☐31-40. -☐41-50. -☐51-60. -☐Over 60

3. What is your level of proficiency in English?

-☐Beginner. -☐Intermediate. -☐Advanced.

4. What is your current role in the hospital emergency department?

-☐ Physician. -☐ Nurse. -☐ Paramedic.

5. How many years of experience do you have in the emergency department?

☐ 2 to 5 ☐ 5 to 10 ☐ More than 10

6. On average, how many research articles related to emergency medicine do you read in a month?

☐0/2 ☐3/5 ☐6/10 ☐More than 10

Section 2: Perception of English Language Usage in Medical Research

7. How comfortable do you feel with reading and understanding medical research articles written in English?

-☐ Very Comfortable. -☐ Comfortable. -☐ Neutral. -☐ Uncomfortable

8. Do you think the language barrier affects your ability to comprehend and apply findings from medical research in your practice?

-☐ Yes. -☐ No. -☐ Not Sure

Section 3: Utilization of English Medical Research in Practice

9. How frequently do you integrate insights from medical research articles into your clinical practice?

-☐ Daily. -☐ Weekly. -☐ Monthly. -☐ Rarely. -☐ Never

10. What factors hinder your utilization of medical research findings in your practice? (Select all that apply)

-☐ Language barriers. -☐ Lack of time. -☐ Difficulty in understanding statistical analysis

-☐ Lack of access to research articles. -☐ Lack of relevance to clinical practice

Section 4: Perceived Impact of English Medical Research on Care Quality

11. In your opinion, how does access to and understanding of English medical research contribute to enhancing the quality of care in the emergency department?

-☐ Significantly. -☐ Moderately. -☐ Slightly. -☐ Not at all.

12. Can you provide an example of how implementing findings from medical research has positively influenced patient care in the emergency department?

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Section 5: Suggestions for Improvement

13. What measures do you think could be taken to overcome language barriers and improve the utilization of English medical research in the emergency department?

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14. Any additional comments or suggestions related to the use of English in medical research and its role in enhancing care quality in the emergency department?

……
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Thank you for your participation! Your feedback is invaluable for this research study.

هذه تركز .الرعاية جودة تحسين على وتأثيرها الطبي البحث في الإنجليزية اللغة في الكفاءة دور الحالية الدراسة تتناول باللغة المكتوبة الطبية المواد مع التعامل أثناء الرعاية الصحية في العاملون يواجهها التي المشكلات على الدراسة في الإنجليزية اللغة على القدرة دور البحث موضوعات تتناول .الصعوبات هذه اللغوية مهاراتهم تشكل وكيف الإنجليزية، الأولى :فرضيتين بوضع قمنا لذلك، .الإنجليزية باللغة الناطقين غير الصحية الرعاية ممارسي بين الطبي البحث فهم زيادة الطبي، للبحث أفضل فهم لديهم الإنجليزية اللغة في متقدمة مهارات يمتلكون الذين الصحية الرعاية في العاملين أن تقترح اللغة بمفردات فائقة معرفة لديهم الذين الصحيين المهنيين أن تقول الثانية الفرضية .الصحية الرعاية تحسين إلى يؤدي مما الباحث تبنى .بالمفردات أقل معرفة لديهم الذين بأولئك مقارنةً المنشورة الطبية للأبحاث أفضل فهماً سيظهرون الإنجليزية مشاركاً، **25** من ردود على حصل الصحية، الرعاية في للعاملين استبيان :البيانات لجمع طريقتين مستخدماً كمياً، نهجاً باللغة الناطقين غير الصحية الرعاية في العاملين أن النتائج كشفت .باحثاً من ردود على حصل الطبيين، للباحثين واستطلاع اللغوية المهارات أن المشاركين معظم اعتقد .الطبية الأبحاث مع التعامل عند شديدة لغوية عوائق يواجهون الإنجليزية وتحسين الطبية الدراسات تفسير على قدرتهم كبير بشكل تعزز المفردات، معرفة وخصوصاً الإنجليزية، اللغة في الواسعة على الضوء سلطت وبالتالي، الدراسة، لهذه المطروحتين الفرضيتين كلتا صحة النتائج أكدت باختصار، .الصحية الرعاية .الصحية والرعاية الطبي البحث جودة تعزيز في الإنجليزية اللغة في الكفاءة أهمية

الكلمات المفتاحية :الرعاية جودة الصحيين، المهنيين الطبي، البحث الإنجليزية، اللغة في الكفاءة