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**OCCUPATIONAL ENGLISH WRITING TEST FOR POTENTIAL NURSES IN
KUANTAN PAHANG**

JEBUNNESA

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ABSTRACT

Nursing is a noble profession which is evergreen and ever broadening in duties and demands. Highly expert nurses are always in good demand both locally and globally. As nursing is being globalised significantly, a command in English has grown to be an essential requirement for health practitioners in all areas of the profession especially in diverse context. Malaysia is a highly multi-cultural and multi-linguistic country but nurses in Malaysia are not required to sit for any specific English Language test that suits the medical setting. At the moment the existing English Language tests do not specifically test nurses to use English Language in the context of medical situation. This research aims to suggest a special test, the Occupational English Writing Test (OET) which is specifically designed for health practitioners. Specifically the objectives of this research are to assess Malaysian nurses' performance in the OET, to evaluate the suitability and acceptability of the OET in Malaysian context. The OET is a language test used to assess health practitioners' English Language proficiency in medical and health context. It is designed to ensure that language competency is assessed in a relevant professional context. This study employs a case study. The nurses chosen as samples for this research cover 7 nurses of Medical Centre UMP and a group of nursing students from Kolej Kejururawatan, Kuantan and University College Shahputra, Kuantan. The researcher administers a questionnaire which comprises of three OET original sample writing tests. She also interviews the samples individually after the test. The test results are analyzed manually based on three variables. The result of this study which is conducted by OET sample writing test and especially the interviews obviously signifies that nurses' lack of communication skill is a barrier to patient safety. Therefore the nurses need to demonstrate a good communication skill in working context. Thus their language proficiency needs to be tested and OET is suitable for this purpose because OET exemplifies the real difficulty of language performance of health practitioners in work-related context. From the research, it is also crystal clear that OET is very much acceptable to Malaysian nurses. So by implementing OET on the nurses, Malaysia can produce highly skilled and linguistically competent nurses who can mitigate the risk of health services due to inadequate English language skills and can also work in abroad.

ABSTRAK

Kejururawatan adalah profesion yang mulia dimana kepakarannya sentiasa diperlukan. Jururawat yang kompeten sentiasa mendapat permintaan yang baik di peringkat tempatan dan global. Sebagai profesion yang diiktiraf di peringkat antarabangsa, komunikasi dalam Bahasa Inggeris telah berkembang menjadi satu keperluan yang penting bagi pengamal-pengamal kesihatan di semua profesion terutama dalam konteks yang pelbagai. Malaysia adalah sebuah negara yang memiliki pelbagai budaya dan bahasa tetapi jururawat di Malaysia tidak dikehendaki menduduki apa-apa ujian Bahasa Inggeris yang khusus sesuai dengan persekitaran perubatan. Pada masa ini ujian Bahasa Inggeris yang sedia ada tidak khusus menguji jururawat untuk menggunakan Bahasa Inggeris dalam konteks perubatan. Kajian ini bertujuan untuk mencadangkan satu ujian khas, iaitu Ujian Penulisan Bahasa Inggeris untuk pekerjaan (OET) yang khusus bagi pengamal-pengamal kesihatan. Secara khusus, objektif kajian ini adalah untuk menilai prestasi jururawat Malaysia dalam OET, serta menilai kesesuaian dan penerimaan OET dalam konteks Malaysia. OET adalah ujian bahasa yang digunakan untuk menilai penguasaan Bahasa Inggeris pengamal kesihatan dalam konteks perubatan dan kesihatan. Ia direka untuk memastikan bahawa kompetensi bahasa dinilai dalam konteks profesional yang berkaitan. Kajian ini menggunakan kajian kes. Jururawat yang dipilih sebagai sampel kajian ini meliputi 7 jururawat Pusat Perubatan UMP dan sekumpulan pelajar kejururawatan dari Kolej Kejururawatan, Kuantan dan Kolej Universiti Shahputra, Kuantan. Penyelidik mentadbir soal selidik yang terdiri daripada tiga sampel ujian bertulis OET. Penyelidik juga menemubual sampel individu selepas ujian. Keputusan ujian dianalisis secara manual berdasarkan kepada tiga pembolehubah. Hasil kajian ini yang dijalankan oleh OET bertulis sampel asal ujian dan khususnya temu bual jelas menunjukkan bahawa komunikasi yang lemah adalah satu halangan kepada keselamatan pesakit. Oleh itu, jururawat perlu menunjukkan kemahiran berkomunikasi yang baik ditempat konteks kerja. Oleh itu, penguasaan bahasa mereka perlu diuji dan OET didapati sesuai untuk tujuan ini kerana OET contoh kesukaran sebenar prestasi bahasa pengamal kesihatan dalam konteks yang berkaitan dengan kerja. Daripada penyelidikan, ia juga jelas bahawa OET sangat diterima untuk jururawat Malaysia. Jadi dengan melaksanakan OET pada jururawat, Malaysia boleh menghasilkan jururawat yang mahir dan cekap berkomunikasi yang boleh mengurangkan risiko dalam perkhidmatan kesihatan kerana memiliki kemahiran bahasa Inggeris yang mencukupi dan juga mampu bekerja di luar negara.

TABLE OF CONTENTS

	Page
SUPERVISOR'S DECLARATION	iii
STUDENT'S DECLARATION	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
ABSTRACT	vii
ABSTRAK	viii
TABLE OF CONTENTS	ix
LIST OF TABLES	xiii
LIST OF FIGURES	xiv
LIST OF ABBREVIATIONS	xv
CHAPTER 1 INTRODUCTION	
1.1 Introduction	1
1.2 Problem Background	5
1.3 Problem Statement	7
1.4 Research Objectives	9
1.5 Research Questions	9
1.6 Significance of Study	10
1.7 Summary	12
CHAPTER 2 LITERATURE REVIEW	
2.1 Introduction	13
2.2 Nursing	13
2.2.1 Beginning Meeting	16
2.2.2 History Taking	16
2.2.3 Interpretation and Scheming	17

2.2.4	Concluding session	18
2.3	Occupational English Test (OET) for nurses	18
2.3.1	Effective teamwork	20
2.3.2	Culturally appropriate care	21
2.3.3	Bright career	22
2.3.4	Broader horizon	23
2.3.5	Empowerment	24
2.4	OET writing sub-test	26
2.4.1	Assessment of writing sub-test	27
2.4.2	Reliability of OET	28
2.4.3	Validity of OET	28
2.5	Why OET instead of IELTS	29
2.6	Recent research on OET	31
2.7	Summary	32

CHAPTER 3 METHODOLOGY

3.1	Introduction	33
3.2	Research type	33
3.3	Research procedure	34
3.4	Sources of data	37
3.5	Instruments	37
3.5.1	Questionnaire	37
3.5.2	Interview	38

3.6	Samples	39
3.7	Pilot study	42
3.8	Results of the pilot study	43
3.8.1	Results of the writing test	44
3.8.2	Results of the interview	47
3.8.3	Pilot test discussion	50
3.8.4	Revised test from the pilot test	51
3.9	Data analysis	53
3.10	Summary	55

CHAPTER 4 RESULTS AND DISCUSSION

4.1	Introduction	56
4.2	Findings from the test with Kolej Kejururawatan	56
4.3	Findings from the test with University College Shahputra	68
4.4	Discussion on results of the writing test	75
4.5	Interview discussion	81
4.6	Summary	82

CHAPTER 5 CONCLUSION AND RECOMMENDATIONS

5.1	Conclusion	83
5.2	Limitations of Study	84
5.3	Recommendations for further research	85
5.4	Summary	86

REFERENCES	87
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APPENDICES	96
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A	Application to the Director of Medical Center UMP	96
B	Writing test question for the pilot study	97
C	Interview questions for the pilot test	100

D	Questionnaire for the case study	101
E	Verification letter from CGS	108
F	Acceptance letter from Kolej Kejururawatan	109
G	Conducting test on the nursing students of Kolej Kejururawatan (photo)	110
H	Conducting test on the nursing students of UCSA (photo)	111
I	List of publication and conference	112

LIST OF TABLES

Table No.	Title	Page
3.1	Assessment criteria for the writing test	54
4.1	Scores of the respondents from Kolej Kejururawatan	57
4.2	Scores of the respondents from University College Shahputra	68

LIST OF FIGURES

Figure No.	Title	Page
3.1	Flow chart of research procedure	36

LIST OF ABBREVIATIONS

ADC	Australian Dental Council
AMC	Australian Medical Council
ASEAN	Association of Southeast Asian Nations
CAE	Centre for Adult Education
DIAC	Skilled Processing Centre (Adelaide)
ENP	English for Nurse Practitioners
EFL	English as a Foreign Language
ESOL	English for Speakers of Other Languages
ESP	English for Specific Purpose
GDP	Gross Domestic Product
IELTS	International English Language Testing System
ILC	Individual Learning Centre
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MNB	Malaysian Nursing Board
MOU	Memorandum of Understanding
MUET	Malaysian University English Test
NCPHT	National Committee for the Promotion of Health Tourism in Malaysia
NPs	Nurse Practitioners

OET	Occupational English Test
RMSE	Root Mean Square Error
SBAR	Situation, Background, Assessment, and Recommendation
SEM	Standard Error of Measurement
SUARAM	Suara Rakyat Malaysia (Voice of the Malaysian People)
TOEFL	Test of English as a Foreign Language
UCSA	University College Shahputra

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

“Nurses are the bedrock of highly functioning health systems in all countries,” said Evangeline Javier (Camara and Jackson, 2010). Nurses today are involved in developing their professional identity as physicians, scientists and educators by proclaiming their position in the health care system (Allen, 2007). Today's nurses work and live in a multicultural society where they encounter patients whose backgrounds are different from them, and who need care from nurses who are both proficient in their work and knowledgeable about the role that culture plays in patient treatment. So nurses need to have a good command in English which will suit the context of medical situation. Therefore Occupational English Test needs to implement on the nurses who work in multi-lingual context to assess their ability to communicate and work effectively in a diverse context to ensure quality care.

Nurses in Malaysia are not required to sit for any specific English Language test that suits the medical setting. Malaysian nurses now need to pass MUET and International nurses need IELTS with Band 5.5 or TOEFL with a minimum score of 550. These two English Language Tests do not specifically test nurses to use English language in the context of medical situation. It is the objective of this research to recommend a special test, the Occupational English Test or OET which is specifically designed for the nurses.

Occupational English Test, English for Specific Purpose test for health practitioners, is an English language proficiency test for certified health practitioners from abroad who want to practice or study in Australia or New Zealand. It is intended to check if the health practitioners from Non-English speaking background have English knowledge enough to be capable of communicating and working in Australia. It is a professionally controlled and internationally honored testing tool, made especially to measure the job-related language command of health professionals. It is an intensely valid, reliable and well-investigated language test which applies highly tenable methods around assessment, test security and scoring. OET test is a test of English only; however, it is the first step in ascertaining the candidates' professional knowledge and competence, and plays an important role in the decision making process relating to candidates' immigration matters. OET is accepted by the managing authorities of most major health professions across Australia, New Zealand and Singapore. Now it assesses the following professions: dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology, veterinary science.

The Occupational English Test was designed by Professor Tim McNamara of the University of Melbourne under contract to the Australian Federal Government. Tim McNamara is a Professor in Applied Linguistics at the University of Melbourne, where he taught Applied Linguistics since 1987. Tim's language testing research has concentrated on performance test, principles of validity, the utility of RASCH models, and the social and political meaning of language assessments. He is the writer of *Language Testing* and joint author (with Carsten Roever) of *Language Testing: The Social Dimension*. Tim has developed the OET in the 1980s and has worked on the growth of the Speaking sub-test of TOEFL iBT; he is also one of the original inventors who have developed IELTS. Tim frequently gives speech at international conferences and renders valuable service to the board of the many journals (Occupational English Test, 2009).

OET comprises of four sub-tests: Listening, Reading, Writing, and Speaking. Now, one should get at least B for all four sub-tests to be worthy of working as a doctor in Australia. Based on the requirements of AMC (Australian Medical Council), all skills must be passed in one sitting. The dentists are, however, exempt from this ruling as ADC (Australian Dental Council) rules have not changed and the candidates can pass the four skills in multiple sittings. It must be noted that the validity of the test is for two years starting from the date of the first passed skill. The test is conducted up to 10 times a year across over 40 venues, mostly in Oceania and Asia. All venues do not operate on every test date.

The test is administered by OET Centre under the support of University of Melbourne. Language Testing Research Centre of the University of Melbourne created the original test under favor of Australian Federal Government. The OET Centre, a business unit of the Centre for Adult Education (CAE), is a not-for-profit organization which is renowned for its contribution to adult education over the past 63 years. The OET Centre has an MOU with the University of Melbourne for OET research, materials supply and technical support. The University of Melbourne is well-known internationally for its research and educational institution with special potency in its Language Testing Research Centre, which has been the technical counselor for the OET since its beginning.

The Department of Linguistics and Applied Linguistics in the School of Languages of University of Melbourne provide recommendations directly to the OET Centre and also through representation on the OET concerned team. In all four areas, the tests have two elements, a general component and a professional component. General component comprises of Listening and Reading tests which are common for all professions. Professional component includes writing and speaking tests which vary profession to profession. Listening and reading tests are related to general medical topic and same for all candidates. On the other hand, writing and speaking tests are designed to test the capacity of test-taker to use English in working field and the framework of these tests are also same for all professions (Occupational English Test, 2009).

The total examination time is approximately 3 hours. Relying on the number of candidates, tests take place in one or two days. The test is currently accepted in Australia, New Zealand and Singapore. Every board or council decides the result required from candidates to satisfy the language proficiency standards needed to act in their profession.

OET is intended to check if the health professionals from Non-English speaking background have sufficient knowledge of English language to be able to communicate and work in a multi-lingual context. Malaysia is a multicultural society. Among 25 million population of Malaysia, 2.1 million are migrants who comes mostly from Southeast Asian countries like Indonesia, Philippines, Bangladesh, India, or Myanmar. These migrants contribute 25% to 30% of Malaysia's workforce who work mainly in building, palm oil plantations and domestic services (SUARAM, 2009). The population of Malaysia consists of various ethnic groups like Malays, Chinese, Indian, Iban, and Kadazan-Dusun, and a lot of other tiny ethnic groups. The population of Malaysia becomes even more ethnically, culturally and linguistically diverse with migrants of diverse race, cultures and languages. The Chinese and Indian ancestors are also migrants and they have come to work here before Malaysia achieved independence in 1957.

As one of the fastest growing Southeast Asian countries, Malaysia has become a destination for many legal and illegal migrant workers from neighboring countries since the 1990s. Recently, private higher education institutions have mushroomed and attracted many international students from developing and underdeveloped countries that are looking for a less expensive alternative compared with those in Western countries. Bahasa Melayu is the official language. English is widely spoken in business and commerce, whereas various Chinese dialects, Indian languages, and indigenous languages are also used. Malaysia is therefore a highly multi-cultural and multi-linguistic country and it has significant involvement for Malaysian nurses and other health care professionals who render trans-cultural health services to the migrants living (Chang, 2010). Thereby to give proper medication to these diverse people, Malaysian

health practitioners, especially nurse practitioners must need to demonstrate sufficient knowledge in English because nurses' lack of sufficient command to communicate in the working context can create many problems. For example it may cause a doctor over-treat a patient, sending patients for additional tests and procedures that increase costs of care. It can cause serious medical error or unexpected patient death. In some cases this language barrier is also responsible for poor nurse physician relationship. Therefore a test like OET which is especially designed for health practitioners, needs to implement on them. This research has taken the initiative to experiment the Occupational English Writing Test on the nurses in Malaysia to assess its suitability in Malaysian context.

1.2 PROBLEM BACKGROUND

Although effective communication with patients is increasingly understood as a key to effective, patient-centered care in all health care settings, the quantity and quality of training that nurses get in ways to promote and enhance effective nurse-patient communication is sadly lacking. This is true in the context of the pre-service training of nurses, and it is even truer with regard to the in-service training and in continuing education of nurses. There are, fortunately, some rare exceptions.

Standard health care requires clear communication. Poor communication is the root cause of many serious health care events comprising unexpected patient deaths and harmful injuries as well as the resulting legal obligation and economic damage for medical practitioners (The Joint Commission, 2007b). Nurses live and work in a multicultural world and need to be knowledgeable about culture and language of patients. Knowing how to communicate effectively with patients comprises an understanding of language. Lack of communication or communication barrier creates situations where medical errors can occur. These errors can bring about rigorous damage or abrupt patient death. Communication failures between patients and health practitioners are involved with unfavorable events and poor standard health care, such medical errors, which in turn has been associated with miserable clinical consequences or even death (Cohen, Rivara, Marcus, Mc Phillips and Davis, 2005). Medical errors,

especially those caused by communication failure, are vital problem in today's medical institutions. Language barrier and miscommunication can set such a serious barrier to health care that it becomes a prerequisite to use an interpreter. The result of poor communication can cause poor history documentation, unnecessary tests and misdiagnosis. This can lead to a dangerous situation which is threatening for patients. Specifically poor patient-provider communication can cause "Serious medical missteps, delayed healthcare utilization, increased healthcare utilization, increased costs, poor patient outcomes" and "reduced patient satisfaction" (The Joint Commission, 2010ab; Divi, Koss, Schmaltz and Loeb, 2007).

Communication failure is the main reason of many sentinel events. According to Joint Commission, communication failure is the leading cause for medication errors, treatment delay and wrong-side operations. It is also the second leading cause for operative and postoperative events and deadly falls. Language barriers are described to affect the grade of health service. In late 1999, the Institute of Medicine in its report on medical errors and patient safety emphasized the detrimental effects of language barrier (Kohn, Corrigan and Donaldson, 1999). When physician and patient used different languages, error rates were greater (Gandhi, Burstin, Cook, Puopolo, Haas, Brennan and Bates, 1998). Woloshin et al. described the connection between language barriers and incorrect medical history taking and misdiagnoses of medical situation (Woloshin, Bickell, Schwartz, Gany and Welch, 1995)

Language barriers can also decrease patient's abilities to pursue medical direction and follow treatments (Collins, Hughes, Doty, Ives, Edwards and Tenney, 2002) or to abide by instructions for further care (Enguidanos and Rosen, 1997). Poorer medical results among patients with hypertension and diabetes were also related to language barriers (Perez-Stable, Napoles-Springer and Miramontis, 1997; Tocher and Larson, 1998). However, the relationship between language barriers and adherence is not consistent (Kaplan, Greenfield and Ware, 1989). Language barriers can make doctors to over-treat patients, prescribing additional tests and procedures that increase costs of medication and may carry further risks to the patient (David and Rhee, 1998).

Patient safety is closely linked with communication and teamwork (Nightingale, 1858). In fact, agencies such as the Centers for Medicare and Medicaid Services, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Institute for Healthcare Improvement hope health care providers to boost good communication and teamwork to prevent errors and ameliorate patient outcomes. Poor communication between nurses and physicians is the most important factor causing dissatisfaction with nurse-physician working relationships. Poor nurse-physician relationships have far-reaching implications within health care settings. According to the JCAHO report, communication failures among health care professionals brought about 70% of 2,455 recorded sentinel events, including about 75% of the patients dying consequently (O'Daniel and Rosenstein, 2008). Therefore a test like OET is essential to assess the nurses' knowledge of medical English who work in a diverse context and Malaysia is a country where diverse people live.

1.3 PROBLEM STATEMENT

In Malaysia, migrants frequently face the challenges of adjusting themselves to the mainstream cultures, values, and language and preserving their own ones. Because of linguistic and cultural bar and the marginalizing health and public principles, they also frequently encounter a variety of problems while approaching the health care scheme for the diagnosis and medication of their sickness. Besides, medical professionals who are being challenged not only to comprehend their cultures and disease comprehension and experience but also to understand their languages or dialects, often prejudice, and discriminate the migrants (Chang, 2010). This has been an impetus for the United Nations' announcement of the Universal Declaration of Human Rights which upholds for "equal treatment and opportunity for all, regardless of cultures, ethnicity or social-economic status, and including refugees, mentally ill persons and women" (Brody, 2007).

The expansion of the health care sector in Southeast Asia has increased the demand for nurses in Malaysia during the past several years. Currently, there are 70 private colleges, 17 Ministry of Health colleges and three public universities that produce approximately 12,000 diploma graduates annually (Ministry of higher education Malaysia, 2010). Taking all of them with poor academic results and English proficiency will reduce the reliability and occupational image of nursing. Recently Public Health Assistant Minister Dr Jerip Susil said that failure to pass the qualifying exam with the Malaysian Nursing Board (MNB), and insufficient English proficiency can cause 8,000 nursing graduates in Malaysia being workless (Karen Bong, 2010). The government is also concerned about the issue, because unemployment implies years of liability for many graduates and as jobless nurses faces the burden of repaying study loans, which will affect the loaners and parents who sent their children for further studies. Dr Jerip further mentioned that, "Colleges that possess the license to train nurses should ensure that their programmes are tied up with the MNB which is strict with the standard and qualification of nursing graduates," (Karen Bong, 2010). He also added that it is important that nurse graduates adapt to real life situations. He also emphasized that poor proficiency in English among graduates may be another contributing factor to their unemployment, he considered,

"English is still the main language used in the medical field, especially in communication in private clinics and hospitals. But I realize that many youngsters with poor command of English could possibly fail in interviews," (Karen Bong, 2012).

So now it is very essential for Malaysian nurses to demonstrate a good command in English and their command of English language need to be assessed by a test like OET.

1.4 RESEARCH OBJECTIVES

Based on the problems that exist among health practitioners around the world, as indicated in the statement of problem, the objectives of this research are to:

1. Assess Malaysian nurse's performance in the Occupational English Test provided by OET Centre, Australia
2. Evaluate the suitability of the Occupational English Test provided by OET Centre, Australia in Malaysian context
3. Get the potential nurses' opinion about OET writing test.

1.5 RESEARCH QUESTIONS

Based on the objectives of this research, the following research questions are formulated:

1. How do nurses in Malaysia perform in the existing Occupational English Test designed by the OET Centre in Australia?
2. Is the Occupational English Test provided by OET Centre, Australia suitable to be used in Malaysian context?
3. Do the nurses in Malaysia agree with the Occupational English Test provided by OET Centre, Australia?

1.6 SIGNIFICANCE OF STUDY

This study will provide empirical data for ESP programs intended for the medical field. ESP practitioners can benefit from this study in different areas of Malaysian education and in medical education in EFL contexts. ESP researchers and practitioners can benefit from this investigation by comparing and contrasting the language situation in this study with other ESP applications around the world. This study also contributes to our understanding of how English is used in international workplace settings as a foreign language or *lingua franca*.

If OET can be implemented in Malaysia, Nurses will be able to perform their job such as, patient admission, taking medical specimens, patient handover, post-operation assessment and discharge planning, more confidently and effectively. Authentic tasks and activities based on everyday nursing scenario from dealing with patients in pain to discussing lifestyle changes make the OET relevant and motivating. The nurse practitioners can also know online activities which concentrate on the ultimate advances in nursing technique by acquiring a good command in English. Thus, nurses can be confident when faced with unknown equipment in a new setting and this will develop the standard of Malaysian health care because trans-cultural nursing and cultural brokering are the peaks of rendering effective and culturally concurrent and sensitive health care for the ethnically, culturally and linguistically diverse migrants and the general people of Malaysia (Chang, 2010). By implementing OET, Malaysia can provide patient provider communication which will increase the possibility that “patients’ problems are diagnosed correctly, patients understand and adhere to recommended treatment regimens, patients (and their families) are satisfied with the care they receive.” (Wolf, Lehman, Quinlin and Hoffman, 2008).

The implementation of OET in Malaysia will also contribute greatly to Malaysia’s medical tourism industry. Tourism is the second largest contributor to the country’s GDP and the most productive service sector (Henderson, 2009). Following the identification of medical tourism as an engine for economic growth, the National

Committee for the Promotion of Health Tourism in Malaysia (NCPHT) was set up to promote Malaysia as a “centre of medical excellence” (Chua, 2002), bringing together institutional players in the domains of medical care and tourism to frame a scheme of action to boost and develop the industry. The NCPHT selected target countries from which to attract foreign patient-consumers and classified them into four market segments (MOH, 2002; Chee, 2007). The first one comprises of the ASEAN countries with emerging middle classes (e.g., Indonesia, Cambodia and Vietnam), collectively perceived as lacking adequate access to standard medical care. The second one concentrates on the Middle Eastern middle class, welcoming mostly from the Gulf States, searching healthcare outside of home region. The third segment consists of countries in which medical service is too expensive to make patient-consumers look abroad to save money (e.g., USA, Singapore and Japan). The last group involves countries with socialized healthcare systems in which waiting times for procedures are considered common (e.g., UK and Canada).

Medical tourism goals are reliant on successfully identifying and replying to the varied demands and prospects of patient-consumers. Numerous industry conference sessions in Malaysia highlight private facilities and even entire country’s ability to offer culturally appropriate care and linguistic proficiency in order to attract prospective medical tourists (Ormond, 2011). Trade oriented publications like Medical Tourism Magazine are beginning to intensify the need for cultural and linguistic training and directives to be established throughout the industry. Besides, effective patient provider communications “is increasingly viewed as an essential component of quality healthcare and patient safety as well as the basic right of every patient” (Ethical Force Program Oversight Body, 2006; The Joint Commission, 2010). So the implementation of OET will play an increasingly expedient role both in medication and in medical tourism.

1.7 SUMMARY

This chapter initially gives some background information on Occupational English Test. OET is a language test used to assess health practitioners' English Language proficiency in medical and health context. The objectives of this research and the necessary questions are given in this chapter. This chapter points out the sorts of problems created because of Nurses' insufficient command in English, such as dissatisfaction with working, medical errors, severe injury or unexpected patient death and so on, are also described in detail here. It also describes the outcomes of implementing OET for Malaysian nurses, such as effective teamwork, continuity and clarity within the patient care team, improved information flow, more effective interventions, improved safety, enhanced employee morale, increased patient and family satisfaction etc. In the next chapter, definition of nursing, various phases of nursing communication, the significance of OET for nurses and recent research information on OET will be described in detail.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses in detail about nursing comprising the definition of nursing and various aspects of the profession today. Various duties or job responsibility of nurses including history taking, patient admission, prescribe pharmaceuticals, order and interpret diagnostic tests, plan discharge etc are discussed in detail. This chapter gives an account of various phases of nursing communication such as beginning meeting, history taking, interpretation and scheming and conclusion. It discusses the importance of OET for nurses for example brighter career, broader horizon, empowerment, better service and so on. It also depicts the recent implementation of OET in Saudi-Arabia.

2.2 NURSING

In 1987 the International Council of Nurses set up an official definition of nursing which is a well exposure of nursing profession as a whole,

“Nursing, as an integral part of the health care system, encompasses the promotion of health, the prevention of illness, and care of the physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual family and group responses to actual or potential health problems. These