ON CORRELATION BETWEEN KNOWLEDGE ABOUT COMMUNICATION AND A SECOND LANGUAGE PERFORMANCE

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1. Introduction

The paper considers correlation between two levels of communicative competence, namely between the theoretical level - knowledge about efficient communication in the health care setting, and the practical level - performance of second language communication skills. It analyzes results of the survey focused on students´abilities to identify individual segments of the institutional dialogue in term of speaker´s communication intents, and to identify pragmatic funcion of utterances.

2. Background

If language users want to communicate in a second language effectively they need to know to communicate appropriately within a discourse community in addition to knowledge of the forms of language (sounds, words, and sentence structure). They have to use linguistic units suitable in different speech events. Students studying English for professional purposes in a non-English setting depend on textbooks to a large degree. “The role of textbooks in the process of teaching and learning is not to be doubted. They are the genre that all students face and help them acquire their specialized disciplinary literacy and shape their views in the initial phase of their university studies” (Stašková, 2005:24). They are primary (and often the only) source of pragmatic information. This fact openes possibility of a research whether or not pragmatic and sociolinguistic information should be included into textbooks as a part of the metadiscourse proceeding dialogues serving as training model for communication in specific communicative situations.

3. Methodology

The central objective of my research was to examine whether the students are able to identify:

a) individual dialogue segments and their partial communication goals, and

b) specific communicative functions of utterances in the a doctor/nurse - patient encounter.

In September 2011, 40 nursing and dental hygiene students at the Faculty of Health Care, Prešov University, Slovakia, were asked to participate in the survey. It was performed at one of the introductory seminars at the beginning of their third semester of the ESP course just prior practising dialogues related to the communicative situations “patient´s attendance at a clinic” and “admission of a patient to hospital”. Their English language level of knowledge ranged from false beginners to intermediate. Their knowledge about communication should have been on the same level as both nursing

and dental hygiene students took the obligatory course of Professional Communication in the second semester of their study.

The language material for the the study was a didactic, written form dialogue representing a text model of doctor/nurse – patient communication. The dialogue was taken from the textbook: " A Manual of English for the Overseas Doctor" by Joy Parkinson. It is written in Standard English and contains language units typical for register of health care professionals. The dialogue consisted of 84 turns, and was marked with numbers and capitals identifying sequence of the turns and interlocutors´roles in the dialogue: 1D, 2P, 3D, etc. (D – doctor, P-patient). A short description of the communicative situation proceeded the dialogue:

"*Man, aged 57. Referred by GP to Gastroenterology Clinic complaining of pain in right upper quadrant and stomach and acid reflux from stomach to gullet (easophagus).*

For the purposes of the analysis I used a self-completed questionnaire accompanying the dialogue. Its first part focused on the identification of the dialogue segments and their partial communicative intents. The task the students were asked to perform was as follows:

"Read the dialogue. Identify its parts, number them, and determine communicative goals in individual parts."

The second part of the questionnaire contained four context-based questions:

1) *What is the meaning of the expressions marked in bold? (Lines 3D, 47D, 49D, 63D, 79D and 82D)*
2) *What is the meaning of the underlined expressions in 79D, 79D and 80D?*
3) *Can you identify expressions by means of which the doctor maintains contact with the patient?*
4) *Who controls the conversation?*

4. Results

In the communicative situation, the analyzed dialogue relates to, the doctor performs the following strategy: he starts the dialogue and builds rapport (opening), confirms the reason of patient´s attendance at the clinic (orientation), obtains histories - personal, social, medical, previous, etc. (dialogue core), provides information about results of examination and treatment (information and counselling) and closes the conversation (closing). Opening segment was identified by 23 respondents (57,5%), orientation by 9 (22,5%), dialogue core by 38 (95%), information segment by 12 (30%) and closing by 20 (50%) Only 3 respondents (7,5%) identified all five dialogue segments correctly. Two students did not complete this part of the questionnaire.

It seems that the most significant problem was associated with identification of the below orientation segment as a separate part having its own communicative intent.

1D "... *Your doctor has sent us a letter about your problems. You've had blood in your water (urine) and chest pain. You had an ECG for that and nothing serious*

showed up. And now you've got pain again in your chest. And you've recently had an ultrasound scan of your abdomen?

2P *Yes, and the result was all right."*

Surprisingly, most respondents "overlooked" also the information and counselling part despite the fact that the doctor´s utterance was quite long and started with the underlined polite formula:

80D *"... I´m happy to say I can't find anything seriously wrong with you. I'd like you to have a blood test before you leave the hospital, which I expect to be normal. I am sure you do not need to worry about cancer. Your trouble is almost certainly due to acid coming back from your stomach into your gullet and irritating it. Nowadays we call this GORD which stands for Gastro Oesophageal Reflux Disease. Is there anything you want to ask me?*

Respondents´ replies to the context-based questions were evaluated as a) being correct b) misunderstanding of the task c) being incorrect, and d) no aswer. The results were as follows:

Question 1: What is the meaning of the expressions marked in bold? (Lines 3D,47D,49D,63D,79D and 82D)

The expressions „*Well...", So apart from this trouble...", „Now ...", „You say..."* fulfil the communicative funcion of dialogue organization (Müllerová, 1979) and indicate change of conversation topic within the core dialogue segment – taking history. 13 respondents (32,5%) replied correctly, 11 (27,5) misunderstood the question and translated the words and phrases into Slovak, 10 (25%) replied incorrectly, e.g. *"Doctor encourages the patient,""The marked expressions join the dialogue parts", " They begin the sentences"*, or "*Doctor determines the situation and compares it with the previous one."* 6 students (15%) did not answer the question.

Question 2: What is the meaning of the underlined expressions in 79D, 79D and 80D?

In order to maintain effective communication, doctors perform strategies of manifestation politeness and respect towards patients, mitigating their own power, and thus they modify the illocutionary force resulting in an intentional weakening of the utterance meaning. The reason of this attenuation is mainly solidarity. (Urbanová, 2003, p. 28) In the analyzed dialogue, the doctor shows his interest in the patient in the commentary on patient´s reply *"Well, we all have worries."* (communicative function of empathy), manifests attenuation in his indirect polite question *„Could you go next door, slip off your trousers and shoes and lie on the couch."* (communicative function of command) and expresses his feelings and solidarity: *„I´m happy to say I can't find anything seriously wrong with you..."* (communicative function of feeling expression).

The respondents replied as follows: 14 (35%) identified at least 1 communicative function correctly, 8 of them identified all three communicative functions, 14 (35%)

misunderstood the task and translated the underlined parts of the sentences. 12 (30%) did not answered the questions.

Question 3: Can you identify expressions by means of which the doctor maintains contact with the patient?

In the dialogue, these words and conventional expressions were used by the doctor to maintain contact with his patient (communicative funcion of contact): *„OK“, „Right“, „You say“, „Well“, „Well, Mr Alvarez“* and *„Well, we all have worries”.*
14 respondents (35%) answered correctly, 17 (42,5%) did not supply answer to the question and 9 (22,5%) replied incorrectly and determined *"all questions", "what, how, how often"*as contact phrases and words.

Question 4: Who controls the conversation?
39 (97,5%) respondents identified the doctor as being the powerful communicator. 1 respondent (2,5%) did not replied.

5. Conclusion

The results indicate that a teacher cannot take for granted that students are able to transfer their knowledge about professional communication acquired in their mother language automatically to the second language communication. As the correlation between "knowing about" and "showing knowledge" is rather week, at least in the study participants, it seems to be necessary to provide students with studying materials, whether a textbook or handouts, that "present disciplinary knowledge in an organized view, and summarize the situation in the form of disciplinary consensus" (Stašková, 2005, p.24). In other words not only texts and excercises but a complex pragmatic information related to the appropriate use of language in conducting speech acts such as directing, requesting, complimenting, expressing feelings, etc. in doctor/nurse – patient communication along with sociolinguistic information about communication norms and conventions followed by the health care discourse community prior to practising model dialogues.

Literature

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