

IMPROVING SOCIAL COMPETENCES OF NURSING STUDENTS IN ESP CLASSES

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Abstract. *The article is to present the rationale for the need to improve social competences of nurses during ESP classes as well as introduce concrete proposals of activities that have the potential to achieve that aim. The idea for this improvement was formed after studying the book “Improving Nursing Practice. Education, Competences, Communication, Quality” by Aleksander Szejnberg and Tadeusz L. Jasiński (2013). The authors of the book report on the results of a survey which clearly show that nurses do not feel practically prepared for effective patient-oriented communication. The results of a short survey testing the PWSZ student nurses satisfaction of acquiring the social competences set out in the Nursing Department learning outcomes confirm Aleksander Szejnberg and Tadeusz L. Jasiński's findings. Taking into consideration that social competences belong to transversal skills which can be practised in any language, we strongly believe that our task as ESP teachers is to help student nurses practise verbal and non-verbal reactions oriented at improving their social competences in various health care situations.*

Since most ESP course books for student nurses do not contain information on how to behave or what to do, what to say to respect a person as a patient and a human being, the authors investigate the possibility of preparing practical exercises that address the problem of social competences in English for Nursing classrooms.

Key words: *social competences, nursing students, ESP*

1. INTRODUCTION

In tertiary education we tend to take certain competences for granted. It seems that adult students are aware of the complexity of human nature resulting in a multitude of behaviours and able to make use of their life experiences to react appropriately in various circumstances. Yet, the process of educating has not finished for those young people who, while building up their professional know-how, also need to develop a set of soft skills necessary to put the expertise into practice. It is true for any workplace, but the nursing profession, where the human side of everyday practice may be of importance almost equal to the expert side, social competences seem to be of even more significance.

2. WHAT ARE SOCIAL COMPETENCES?

Competences in general the product of our knowledge and skills. They “include knowledge of the physical world, of cultural codes of conduct, and of the behaviour patterns expected in certain situations. They include academic skills such as reading and writing; athletic skills such as swimming and tossing a football properly; social skills such as knowing how to ask someone out a date; job skills; and many others” (Spencer A. Rathus and Jeffery S. Nevid, 1987, 62). Consequently, they are built up throughout every person’s lifetime and they are often dubbed ‘people skills’, as they help to function in a given society.

While analysing different definitions of social competences the most adequate one seems to be one formulated by Margaret Semrud-Clikeman (2007, 1–2): “Social competence is an ability to take another’s perspective concerning a situation and to learn from past experience and apply that learning to the ever-changing social landscape. The ability to respond flexibly and appropriately defines a person’s ability to handle the social challenges (...). Social competence is the foundation upon which expectations for future interactions with others are built (...). Social experiences are intimately connected to emotional competence. It is rare that social competence is present without appropriate emotional functioning also present.”

Being closely connected to emotions, the notion of social competence is frequently accompanied by other additional constructs such as communication skills, and interpersonal skills. Social interaction presupposes that the purpose of an individual can be achieved via successful interaction with another individual by means of language and nonverbal signs. Apart from the ability to behave appropriately being socially competent requires the participants of the interaction to perceive the minute details, both verbal and non-verbal, that people might send while expressing themselves in various situations. It is undeniable that sheer knowledge about social competences, even accompanied by proper perception, will not be of use unless the participants of the interaction are motivated to behave in a socially appropriate way. Without the motivation to enact them, even the best training cannot ensure the interaction will be socially acceptable and emotionally supportive, the only exception being biologically determined developmental disorders (*ibid.*).

It is, however, usually the acquaintance with the wide context in which the interaction takes place rather than biological determinants that decide about the social success of an interaction. The main factors determining the understanding social interactions are culture, type of relationship, understanding the situation, function of the interaction, and the time when they take place. Culture comprises the beliefs and values that form a group identity of a community. They provide the matrix for how codes of conduct are learned, executed, and passed on to future generations. Relationships in a given context may also be varied. Communication in a family, with friends, or colleagues at work differs greatly as skills appreciated in some relationships may not be appropriate in others. It is also important to take into consideration the situation in which the conversation takes place: casual vs. intimate, formal vs. informal. Again, the behaviours valued in one background are often not suitable in another. Therefore, the most important factor that contributes to social competence seems to be the flexibility that allows the participants of an interaction to adapt to all the above mentioned determinants. The function of the interaction (eg. informative vs. calming) and the time when it takes place also need to be taken into account (Margaret Semrud-Clikeman, 2007, 3).

To emphasize the difficulty in presenting the concept of social competences and its numerous conceptualizations Kenneth A. Dodge’s point of view seems to be appropriate. According to Kenneth A. Dodge (1985) there are nearly as many definitions of social

competences as there are researchers in the field. The issue of social competences appears to be more complicated if the dynamic nature of this phenomenon is taken into account. It means that the competence successfully used in one social situation may not have the same result when used in another one (Kathryn N. Stump and others, 2009) The difference between social skills and social competence is significant. According to OCALI (2011) “social competence is an overall ability to interact appropriately in a variety of social situations as well as learn to read social environment. Whereas each social skill is learnt separately and it is ability to perform a list of discrete interactions appropriate to one social situation. All in all, social skills are part of learning social competence.”

3. HOW TO TEACH SOCIAL COMPETENCES FOR NURSING STUDENTS?

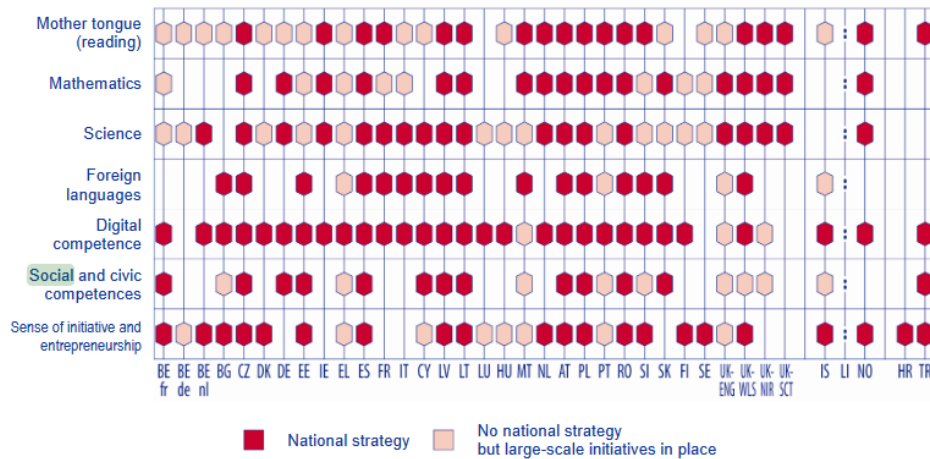
The importance of teaching and learning the above mentioned competence has been noted for decades not only by linguistic and psycholinguistic researchers but also by teachers of many subjects, including language teachers and nursing teachers (Zbigniew Zalewski, 2012, 262; Aleksander Szejnberg and Tadeusz L. Jasiński, 2013, 105–152, 193–227; Ellinor Tengelin and Elisabeth Dahlborg-Lyckhage, 2016, 3–9; Tracey Long, 2016, 31–32). Consequently, in “Common European Framework of Reference for Languages” among general competences the following terms have been described, which refer to social competences and skills: intercultural awareness, ‘existential’ competence, sociolinguistic competences, politeness conventions, register differences and functional competence. This principal need for acquiring social competences and skills has been observed by us – practising teachers equally in the higher education institutions and practice-placement settings. The following documents issued in 2010 set it out explicitly: “Standards for competence for registered nurses by NMC Nursing & Midwifery Council. The nursing and midwifery regulator for England, Wales Scotland and Northern Ireland” and “Standards of Practice for Culturally Competent Nursing Care by Expert Panel on Global Nursing & Health”. These documents concern nursing education curricula in the United Kingdom and the United States of America.

In Europe the implementation of social competences seems to be the least advanced of all the transversal skills recommended by the European Parliament (Recommendation 2006/962/EC of the European Parliament and the Council of 18 December 2006 on key competences for lifelong learning). As it is visible in the following diagram reporting a study carried out 6 years after the recommendation, the area of social competences has not been tackled by the majority of European governments (see Fig.1). While Poland is listed as one of those countries where the problem has been addressed systemically, we attempted to investigate just how successful the training in social competences has been in the Nursing Department in PWSZ Tarnów.

Another problem is that the social competences, even if they are included in the national curricula, are hardly assessed (*ibid.*). While it is, admittedly, difficult to evaluate the degree of acquiring the ability to adhere to social norms, the fact is that students tend to underestimate the importance of skills that are not assessed formally considering them of secondary value (Hallie Orgel, 2017, 14–17).

The Polish policy of higher vocational education disposes to introduce and implement social competences as obligatory competences in the curriculum considering them as important as professional knowledge and skills. Since the academic year 2016/2017 in the SHVS in Tarnów social competences are included in the curriculum. As for the

◆◆◆ **Figure 1.1: Existence of national strategies to promote key competences in general education (ISCED 1 and/or 2-3), 2011/12**



Source: Eurydice.

Fig. 1 Existence of national strategies to promote key competences in general education

department of nursing the following social competences were noted in the syllabus – All nurses must:

1. treat the patient as an individual and respect their dignity,
2. systematically evaluate their own professional knowledge, skills and competences to maintain professional development,
3. work within agreed professional, ethical and legal frameworks during the nursing care,
4. shows ethical responsibility for an individual patient and nursing duties,
5. respect all patients' right,
6. keep professional secrets,
7. work in teams together with other professionals and care givers to find acceptable solutions to ethical challenges within the law (ethical principles),
8. be open and self-aware of their own and their patients subjectivity (the patient's role today is that of a partner),
9. show empathy while communicating with patients, the patients' families and their own co-workers.

All above mentioned competences are incorporated into the following subjects: 1. Basis of nursing, 2. Basic nursing care, 3. Geriatrics and geriatric nursing, 4. Internal diseases and internal nursing, 5. Paediatrics and paediatric nursing, 6. Obstetrics, gynaecology, obstetric and gynaecological nursing, 7. Anaesthetics, 8. Surgery, 9. Neurology, 10. Geriatric (palliative) care, 11. Psychiatry, 12. Rehabilitation and nursing care for the disabled. Whereas some selected aspects of social competences are to be fulfilled during such subjects as: 1. Scientific research in nursing, 2. Anatomy, 3. Microbiology and parasitology, 4. Dietetics, 5. The outline of immunology and toxicology, 6. First aid and medical emergencies/Emergency and disaster medicine, 7. Diploma paper.

However, the responsibility for the quality of education relies on all teachers. Therefore by understanding students' needs, enhancing good cooperation and communication with them,

we are on the way to the development of teaching/learning process in order to enable students to find their place in the demanding world of labour market and feel competent and respectful. So far, in spite of the formal requirements set out in the system, little or no emphasis has been placed on social competences in classroom procedures, the result of which is being observed especially in everyday situations in dialogues between participants of the education process – students, teachers and administrative workers. The idea for improving social competences of nurses during ESP classes as well as introducing concrete proposals of activities was formed after studying the book “Improving Nursing Practice. Education, Competences, Communication, Quality” by Aleksander Szejnberg and Tadeusz L. Jasiński (2013). The authors of the book report on the results of a survey which clearly show that nurses do not feel practically prepared for effective patient-oriented communication.

To begin with, a short survey testing the PWSZ student nurses satisfaction of acquiring the social competences set out in the Nursing Department learning outcomes was carried out. Its aim was to check whether the situation in PWSZ Tarnów confirms the findings of Aleksander Szejnberg and Tadeusz L. Jasiński (2013). Secondly it was to provide the researchers with information on which areas they need to concentrate to improve the social competences in the narrow, situation specific field of nursing. From our observation the lack of social competences in this context means that students do not know how to apply and maintain socially accepted rules of behaviour, ways of providing information to patients, both in face to face interactions and using a phone or e-mail, ways of addressing their teachers or trainers or ways of taking turn in a discussion with their colleagues at work.

4. ASSESSING SOCIAL COMPETENCES OF PWSZ STUDENTS OF NURSING

4.1. The study

The sample included 176 undergraduate nursing students, including 46% of 1st-year students, 38% of 2nd-year students and 16% of 3rd-year students studying in the academic year 2016/2017. The questionnaire was composed of nine closed questions, the answer to which was to show a degree of ability to use a social competence. The questions for the questionnaire was developed on the basis of the social competences listed in the learning outcomes of the department of nursing. The whole questionnaire is included in the appendix. Since the wording of the competences might be not comprehensive for students, the authors paraphrased them giving an example of situation in which a competence should be used. Each question begins: Can you react/behave ...? or Do you know ...? The answers were formed on the basis of a 5-item Likert scale ranging from ‘definitely cannot’ to ‘definitely can’. In accordance with ethical principles, the school’s head of nursing department authorized this investigation and the participation of students was voluntary. All respondents completed the questionnaire in the presence of the authors. Before completing them the aim of the survey was presented. Students were asked for sincere answers.

4.2. Results

The results of the survey showed that students are generally satisfied with their experience in social competences. There is not a single student who assessed their capabilities in this area as very low. The percentage of answers suggesting very low ability (definitely cannot, rather cannot) and the lack of their knowledge on the given competence (do not know) ranged from 2% to 21% of all answers in answers 1, 2, 3 counted together.

The least acquired competence is the competence concerning coping with ethical dilemma like death, patient's disability and cultural differences. Most of the respondents (76%, 61%, 60%) state that they do know how to behave in the situation presented in question no. 6, 5, 8 (see Appendix). These answers were about keeping professional secrets, respecting all patients right and treating every patient equally regardless of their religion, nationality, the colour of skin etc. If the respondents' opinions cover their real competences, it seems to be very optimistic. The percentage of positive answers (definitely can, rather can) ranged from 79% to 98% all answers in place 5,4 counted together. However, if the answer "rather can/know" is only counted, a huge percentage of the questioned students is not convinced about their ability to cope with the given situations. According to the results the following social competences are not fully acquired by our students as they claimed that they rather can/know how to: 1. treat the patient as an individual and respect their dignity (60%), 2. systematically evaluate professional knowledge, skills and competences to maintain professional development (60%), 3. show ethical responsibility for an individual patient and nursing duties (56%), 4. work in teams together with other professionals and care givers to find acceptable solutions to ethical challenges within the law (ethical principles) (55%), 5. work within agreed professional, ethical and legal frameworks during the nursing care (54%), 6. show empathy while communicating with patients, the patients' families and their own co-workers (53%), 7. respect all patients' right (35%), 8. be open and self-aware of their own and their patients subjectivity (the patient's role today is that of a partner) (32%), 9. keep professional secrets (22%). The amount of given answers "rather can/know how to" (55%) concerning coping with ethical dilemma like death, patient's disability and cultural differences confirm the authors suggestion to concentrate on these dilemmas. It is worth mentioning that the significant difference in choosing answers was noted between 1st-year students and 3rd-year students and between the 2nd-year and 3rd-year students. It is dictated by the fact that most subjects during which competences are acquired are realised in the last year of studies. Moreover, interactions with patients, in which student nurses can check their social skills are carried out while doing training in the third year of nursing studies.

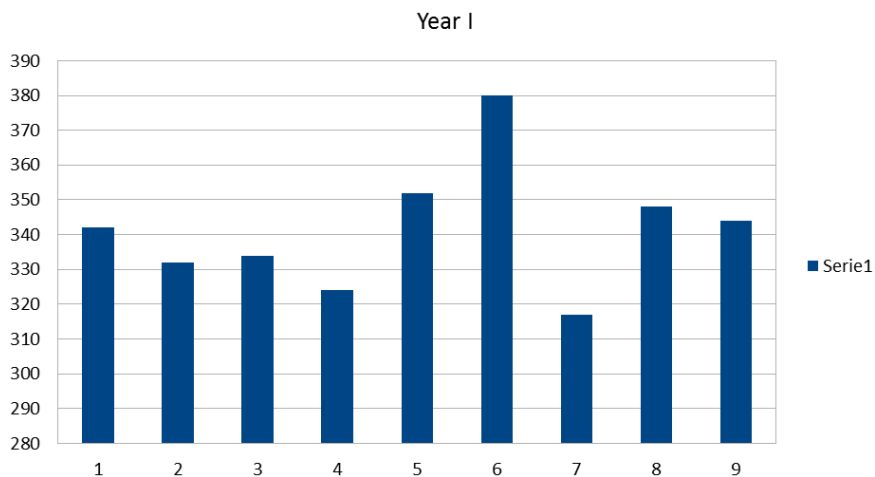


Fig. 1 Answers to questions on social competences from 1 to 9 given by 1st-year undergraduate nursing students in SHVS in Tarnów

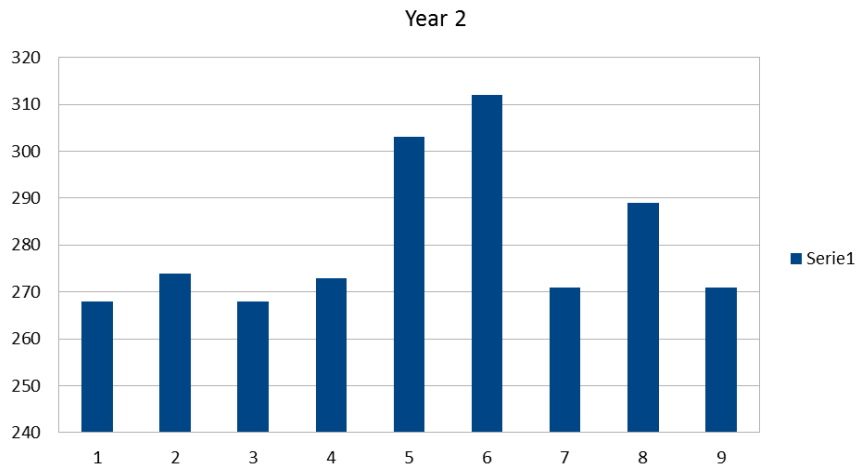


Fig. 2 Answers to questions on social competences from 1 to 9 given by 2nd-year undergraduate nursing students in SHVS in Tarnów

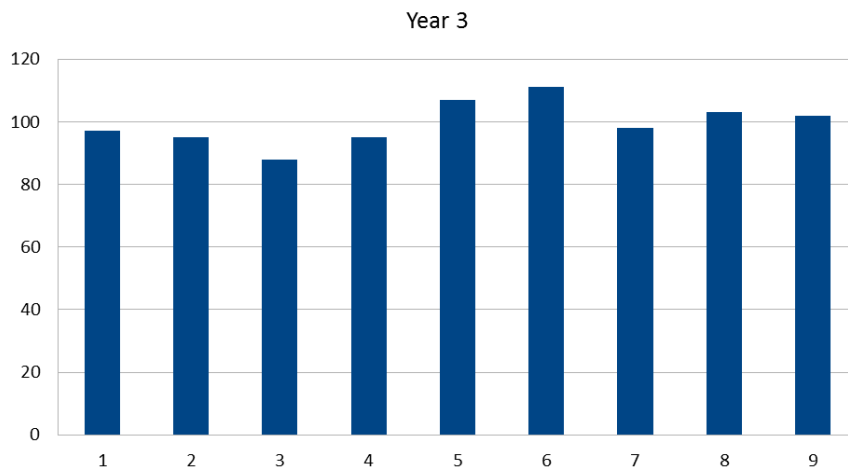


Fig. 3 Answers to questions on social competences from 1 to 9 given by 3rd-year undergraduate nursing students in SHVS in Tarnów

A great difference is observed between answers to question number 5, which is shown by the diagram below. It concerns respecting all patients' rights. As students gradually acquire knowledge about patients' rights, the results confirm it. Nevertheless it also shows the necessity of introducing exercises in which patients' right are presented and obeyed.

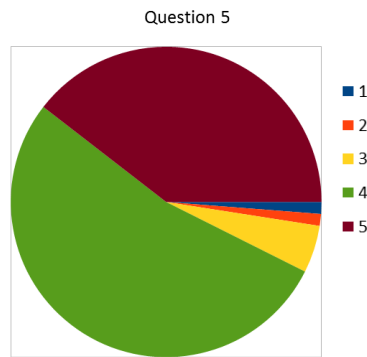


Diagram 1 Answers to question 5 given by the 1st-year undergraduate student nurses

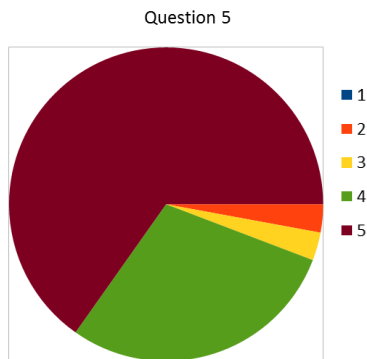


Diagram 2 Answers to question 5 given by the 2nd-year undergraduate student nurses

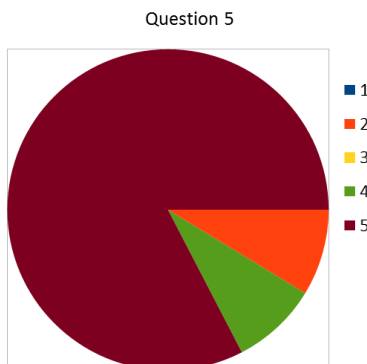


Diagram 3 Answers to question 5 given by the 3rd-year undergraduate student nurses

The answers to question 7 show clearly that situations that make students solve ethical problems are the most difficult. It confirms what was said earlier about the nature of ethical dilemmas – the complexity of context sometimes makes it hardly possible to be certain about the appropriateness of a solution.

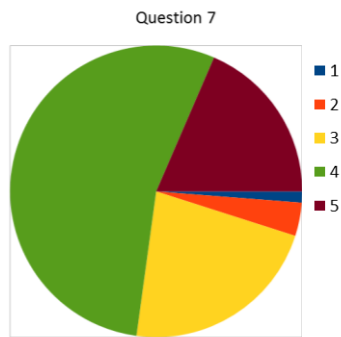


Diagram 4 Answers to question 7 given by the 1st-year undergraduate student nurses

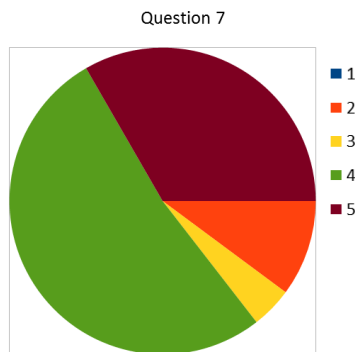


Diagram 5 Answers to question 7 given by the 2nd-year undergraduate student nurses

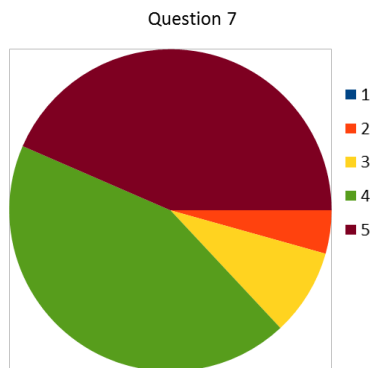


Diagram 6 Answers to question 7 given by the 3rd-year undergraduate student nurses

It is worth noticing that a great number of the 3rd-year students in comparison to the previous years of studies answered “I do not know” determining whether they are open and self-aware of their own and their patients subjectivity (the patient’s role today is that of a partner). Being more aware of not only good experiences of interactions and contacts with different patients could have made our students give such answers.

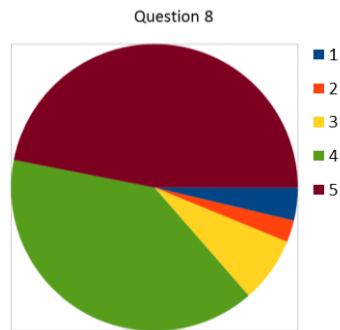


Diagram 7 Answers to question 8 given by the 1st-year undergraduate student nurses

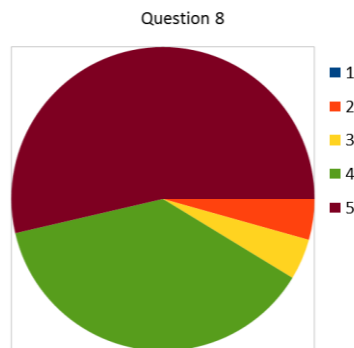


Diagram 8 Answers to question 7 given by the 2nd-year undergraduate student nurses

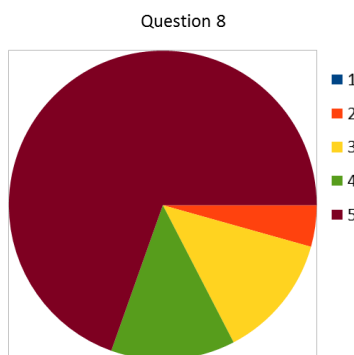


Diagram 9 Answers to question 7 given by the 3rd-year undergraduate student nurses

5. SUGGESTED SOLUTIONS

A way to improve the situation that we believe in is to introduce a set of activities for ESP classes where the competences might be practised in the most realistic way. To come up with a list of possible scenarios for activities that might have the potential to enhance the nursing students confidence in functioning in various social circumstances we held lengthy discussions with our colleagues – nursing teachers who encounter a lot of problem situations in their real clinical place of work. Additionally, the authors have also contributed by presenting situations from classroom setting, in which social skills are needed.

Taking the study results into consideration the most appropriate situations during which social competences could be practised are those which require action, interaction, critical thinking, reflections and problem solving. It is very important to show the aim of every exercise and assignment and make students take responsibility for their implementation. In other words, by practising exercises students should become more and more aware of they could behave in new, different and often problematic situations, in which they are to take action having in mind both the foreign language barrier and patient-centred care.

After analysing literature on teaching and learning effective social competences the following types of activities seem the most recommended: simulated situations from living experiences of all participants in the health care process; role-play with the assessment of the quality of verbal and nonverbal communication; analysing ways of behaviours, tone of voices, language functions, nonverbal language, gestures by watching video films; group discussions on dealing with discomfort; solving real problems with which nursing teachers and students have to cope in clinical areas. Materials for exercises should be collected in a written form as descriptions of situations with which experts, teachers as well as nurses have had to deal with. An additional source of materials are websites and online film links related to topics we are interested in. Students could be of considerable help while providing websites and problematic situations.

The introduction of exercises with ethical problems will definitely be challenging not only for student nurses but also for us – language teachers. We strongly feel and believe that without cooperation with nursing teachers, teachers of ethics and psychologists exercises on ethical dilemmas cannot be practised appropriately. After implementation of these exercises consultation with ethic experts is a necessity. As for an order of social competences we have tried to present them from the most needed in students opinions after analysing the study results:

All nurses must:

1. work in teams together with other professionals and care givers to find acceptable solutions to ethical challenges within the law (ethical principles),
2. show ethical responsibility for an individual patient and nursing duties,
3. be open and self-aware of their own and their patients subjectivity (the patient's role today is that of a partner),
4. respect all patients' right,
5. treat the patient as an individual and respect their dignity,
6. systematically evaluate their own professional knowledge, skills and competences to maintain professional development,
7. work within agreed professional, ethical and legal frameworks during the nursing care,
8. keep professional secrets,
9. show empathy while communicating with patients, the patients' families and their own co-workers.

6. CONCLUSIONS

The outcomes of the questionnaire clearly indicate that there is a significant need of continuing practising social skills, especially those in which cultural barriers as well as ethical dilemmas must be faced. These skills should be acquired in made up situations during classroom interactions between dialogue participants in class.

There is a slight dissonance between very optimistic results from our survey and students' behaviours in a teaching/learning setting. It can be explained by the fact that we as teachers are focused on not appropriate verbal and nonverbal behaviours as we aim at eliminating them. As a result we feel we need to re-evaluate what has been done so far. Another explanation could be the possibility of students' high self-esteem, which reveals in giving many more positive answers. Here our duty, teachers' duty, is to verify it by implementing a variety of language exercises that will practise the skills and enhance the students' self-awareness as to the competences they possess at the same time, which may be the subject of the next article. One more explanation for the lowest estimated competence could be the fact that to the nursing students the choice between alternatives which seem almost equally undesirable (which is the case of most ethical dilemmas) can never be evaluated as perfect. That explanation is also confirmed by the representative of nursing recruitment company Cordant Care in the United Kingdom – Magdalena Iwona who shared with us the patients and employers opinions on the Polish nurses' high ethical principles. She emphasised that in her company there is a tendency to employ the Polish nurses because of their ethics.

APPENDIX

Questionnaire for undergraduate nursing students

Dear Students,

Please complete this short anonymous survey we are addressing to you. The aim of the questionnaire is to get back information on your knowledge and experience concerning social competences acquired during nursing studies. The outcomes will be used to create language exercises practising social skills during the English course.

Certificate:

Please mark your year of studies.

I am an undergraduate student nurse

in the first year

in the second year

in the third year

Instruction:

Please assess selecting one answer from 1 to 5 your practical preparation (know-how) and skills needed to react in the following situations.

1. Can I behave appropriately when I see a patient who is not treated fair? (hurting, causing pain, manipulating, judging, lowering the patient's achievement)

– definitely cannot – rather cannot – do not know – rather can – definitely can

2. Can I always submit all nursing duties to the patient's good? (develop skills, keep a good relation in a team work, care for a patient as for a loved member of my closest family)
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
3. Can I react when the rules of behaving are not obeyed? (telling lies, aggression, bullying etc.)
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
4. Can I admit if I doubt in the quality of carried out a professional task by myself?
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
5. Do I know and respect the patient's rights?
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
6. Do I know how to keep a professional secret? Do I keep it?
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
7. Can I cope with ethical dilemma, which is to be faced by a nurse in her work? (death, the patient's disability, cultural differences)
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
8. Can I treat every patient equally regardless of their religion, nationality, the colour of their skin etc.?
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can
9. Can I identify not only with a situation of a patient but also the members of their family as well as other co-workers?
- ☒ – definitely cannot ☒ – rather cannot ☒ – do not know ☒ – rather can ☒ – definitely can

Thank you!

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All answers to “Questionnaire for undergraduate nursing students” given by all student nurses

Legend:

- 1 – zdecydowanie nie potrafię/definitely cannot
 2 – raczej potrafię/rather cannot
 3 – nie mam zdania/do not know
 4 – raczej potrafię/rather can
 5 – zdecydowanie potrafię/definitely can

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