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٢ - Publons

٣ - Index Copernicus International

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The Role of Learning English in Enhancing the Core Competencies of Professional Egyptian Nurses

Dr. Amr Selim Wannas*

Abstract

Professional development is an essential part of well-established organizations in today's marketplace. Since English is the language of science nowadays, it is crucial that healthcare providers, especially nurses, become competent English users as it is incorporated in almost every form of professional development (e.g., courses, books, research articles, updated guidelines). In this sense, the principal aim of the study was to measure the perceptions of professional Egyptian nurses regarding the role of English in enhancing the COPA model core competencies in a cardiac context. In this pursuit, the study employed a quantitative exploratory approach as a 30-item questionnaire based on a 5-point Likert scale was constructed and disseminated to professional nurses. 82 participants took part in the study. Data were collected and analyzed using the IBM SPSS program. Results revealed that 1) the English language significantly influences the COPA model nursing core competencies according to perceptions of the participants and 2) English enhances the core competencies through improving nurses' assessment and intervention, communication, critical thinking, human caring and relationships, management, leadership, teaching and knowledge integration into practice and finally 3) male nurses are more aware of the importance of English in improving their core competencies than female nurses. The same applies to experienced nurses.

Keywords: COPA model, Nurses core competencies, English and nurses' skills, English and nursing.

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دور تعلم اللغة الإنجليزية في تعزيز الكفاءات الأساسية للممرضين المصريين المحترفين

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مستخلص الدراسة

يعد التطوير المهني جزءًا أساسيًا من المؤسسات الراسخة اليوم و نظرًا لأن اللغة الإنجليزية هي لغة العلم في الوقت الحاضر ، فمن الأهمية أن يصبح مقدمو الرعاية الصحية ، وخاصة عناصر التمريض ، مستخدمين أكفاء للغة الإنجليزية حيث يتم استخدامها في كل أشكال التطوير المهني تقريبًا (على سبيل المثال ، الدورات التدريبية والكتب والمقالات البحثية والإرشادات المحدثة). لهذا ، كان الهدف الرئيسي من الدراسة هو قياس تصورات عناصر التمريض المصري المحترفين فيما يتعلق بدور اللغة الإنجليزية في تعزيز الكفاءات الأساسية لنموذج COPA في إطار أمراض القلب. في هذا المسعى ، استخدمت الدراسة نهجًا استكشافيًا كميًا حيث تم إنشاء استبيان مكون من ٣٠ عنصرًا استنادًا إلى مقياس ليكرت المكون من ٥ نقاط ونشره على الممرضات والممرضين المصريين. شارك ٨٢ ممرضا وممرضة في الدراسة. تم جمع البيانات وتحليلها باستخدام برنامج IBM SPSS. أظهرت النتائج أن (١) اللغة الإنجليزية تؤثر بشكل كبير على الكفاءات الأساسية للتمريض في نموذج COPA وفقًا لتصورات المشاركين و (٢) اللغة الإنجليزية تعزز الكفاءات الأساسية من خلال تحسين تقييم وتدخّل التمريض ، والتواصل ، والتفكير النقدي ، والعلاقات البشرية ، والإدارة ، و القيادة والتدريب و دمج المعرفة في الممارسة وأخيرًا (٣) أن الممرضين الذكور أكثر ادراكًا بأهمية اللغة الإنجليزية في تحسين كفاءاتهم الأساسية من الممرضات وإدراك عناصر التمريض المتمرسين لأهمية اللغة الانجليزية أعلى وأفضل من أولئك الذين تقل خبرتهم عن ٣ سنوات.

الكلمات المفتاحية: نموذج كوبا – الكفاءات الأساسية للممرضين – الانجليزية ومهارات التمريض – الانجليزية والتمريض.

The Role of Learning English in Enhancing the Core Competencies of Professional Egyptian Nurses

1 Introduction

Learning is a lifelong process that requires perseverance and diligence. It is driven by interest and passion to know more. Yet, it is the path for cognitive and psychological illumination and a weapon that constructs the resistance in the confrontation of ignorance, violence and perilousness. In recent years, nurses have been contested on a number of levels in terms of their abilities in various clinical settings. Their impact was evident during the Covid 19 pandemic and beyond. In addition, Hegarty et al., (2009) stated that there are multiple challenges confronting today's world nurses among which are globalization, advancement in technology, recent policies and economic developments in healthcare and the changing characteristics of patients and science.

Thus, professional nurses are required to acquire a pack of competencies in order to ensure and maintain quality of care, patient safety and professional relationship with superiors and coordinates. Fukada (2018) defines competency as "a behavioral characteristic that is based on one's interests and experiences influenced by his/her motivation and attitude. It is an optimal behavioral trait that likely leads to achievements." (p. 2). Furthermore, Singapore's Nursing Board (2018, p. 1) provides another definition for core competencies as "a standard set of performance domains and their corresponding behavioral standards which a nurse is required to demonstrate". Generally speaking, nursing core competencies are a combination of knowledge, skills and attitude expected to be demonstrated by a professional nurse in a clinical setting (Fukada, 2018).

Two renowned models of competencies have been introduced in the nursing domain: Benner's model and Competency Outcomes Performance Assessment (COPA) model. Benner (1982) categorizes competencies according to certain levels based on the knowledge and the experience acquired by nurses. The model is constituted of five levels through which an individual progresses: Novice, Advanced Beginner, Competent, Proficient and Expert. The COPA model lists the core competencies needed to be acquired by nurses in order to

reach the professionalism level: assessment and intervention, communication, critical thinking, human caring and relationships, management, leadership, teaching and finally knowledge integration (Lenburg, 1999).

English has become the language of international experts in almost all domains nowadays (Antic, 2007). Yet, since the nurse-patient and nurse-doctor relationships are based on communication, language is said to be an essential element in ensuring an effective communication for the provision of optimum patient care (Crawford & Candlin, 2013; Aroke et al., 2022). In addition, there has been a significant development in the field of English teaching and learning for non-native nurses in terms of English for nurses' syllabi and instruction methodology according to the nurses' needs and each organization's mission and vision (Kayaoğlu & Akbaş, 2016). According to Rahman (2015), knowledge in a variety of scientific disciplines, including medical, engineering, tourism, and nursing, can be gained through English for Specific Purposes (ESP). For instance, English for Nursing Purposes (ENP) focuses on how to use English in the context of nursing, where nurses engage in professional communication that includes speaking and writing in certain ways (Su et al., 2022).

Several studies explored the influence of English in providing the best possible care for patients. Ali and Watson (2018), for instance, investigated the influence of language barriers on the delivery of care to patients with poor English proficiency from various linguistic backgrounds from the perspective of nurses. Chetsadanuwat (2018) sought to investigate the current English language proficiency requirements for Thai nurses working in Bangkok's five JCI-accredited hospitals. The study found that nurses, who were the main medical liaisons between patients and doctors, ranked listening as the communication skill they found most important, and that this modality's major use was for listening to patients' histories, symptoms, and demands. Fadliah (2019) aimed to develop speaking materials for nursing students based on their needs. The study was conducted at a nursing school in Yogyakarta and the results revealed the real needs of nursing students, the perspectives of teachers on the delivery of instruction, and the descriptions of English for nurses that were applied in their field of work. Al Shamsi et al. (2020) was a review study that explored how the language barriers affected healthcare and made recommendations on how to overcome the difficulties. Gajewski (2022) sought

to examine if, as compared to native English speakers, English as a Second Language (ESL) students' academic performance in a nursing program was influenced by their English language competency at the time of application. According to the study's findings, it is important to ascertain the English language ability of ESL students who are struggling academically and who could be in need of assistance to help them communicate better in the nursing profession.

Since English is the language of science today, it has become one of the challenges faced by professional nurses and nursing students (Starr, 2009). In this sense, according to the researcher's knowledge, none of the previously conducted studies tackled the influence of English on enhancing nurses' skills. For this reason, the study aims to measure perceptions of professional nurses working in a cardiac care context on the role of English in enhancing their core competencies suggested in the COPA model. The study attempts to answer the following questions:

Research Question 1: What is the effect of learning English in enhancing the core competencies according to professional Egyptian nurses?

Research Question 2: How does English improve the COPA model core competencies for Egyptian nurses?

Research Question 3: Whose perceptions according to gender, age, experience demographics are more statistically significant regarding the role of English in improving the COPA model core competencies?

2 Methodology

Since the study attempted to investigate the contributive role of learning English language in enhancing the COPA model suggested core competencies for nurses, the researcher employed a quantitative, exploratory approach in an effort to disclose the perceptions of Egyptian cardiothoracic nurses regarding the topic of the study. The selected cardiac Centre adopted the COPA model of core competencies as a framework for nurses' professional development.

2.1 Participants

The study participants were selected randomly. Table 1 presents demographic information on the study's participants. The number of nurses included in the study was (n=90). However, 8 respondents were removed from the list due to their contradictory and inconsistent responses. The remaining number of the sample was (n=82). Participants were selected purposively. Additionally, the determined inclusion criteria stated that participants had to be working nurses in a Centre that provides free-of-charge quality service for patients with heart diseases. It is worth mentioning that the nurses at the cardiac Centre had to go through a preparation process following their recruitment to be professional nurses: undertook courses provided by the cardiac Centre, learned departmental and job-specific competencies and their attitude had to be friendly and humane towards patients, subordinates and superiors. Yet, they were selected randomly from different departments of the same cardiac Centre so as to gain various perspectives on the topic of the study according to their own miscellaneous experiences with patients and professional development.

Table 1

Distribution of the Studied Nurses According to Demographics (n = 82)

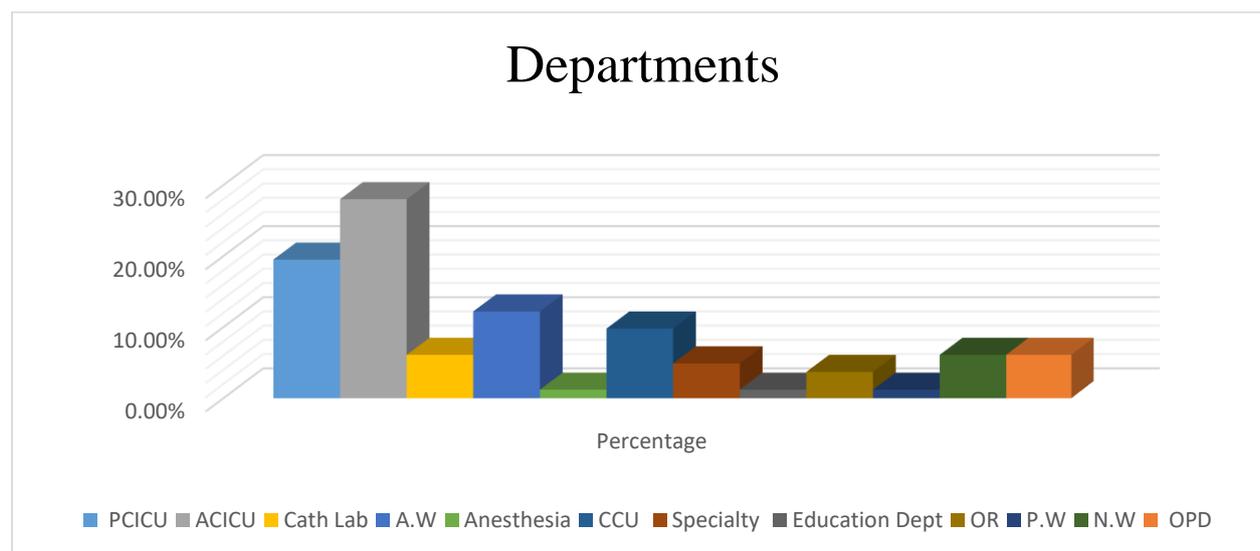
Demographic Items	No.	%
Gender		
Male	43	52.4
Female	39	47.6
Age		
Between 18 and 25	47	57.3
Between 26 to 40	35	42.7
Years of Experience in Nursing		
Less than a year	23	28.0
1 to 3 years	29	35.4
4 to 6 years	14	17.1
7 to 9 years	8	9.8
More than 9	8	9.8

The remaining 82 participants included 43 male nurses comprising 52.4% of the study's sample whereas the female nurses were 39 representing 47.6% of the study's sample overall number. Furthermore, 47 nurses representing 57.3% were between 18 and 25 years old, and 35 nurses constituting 42.7% were between 26 to 40 years old. In terms of experience, 23

participants (28%) had less than a year of experience in the field of nursing, 29 nurses (35.4%) had from 1 to 3 years of experience, 14 respondents (17.1%) had from 4 to 6 years of experience, 8 nurses (9.8%) had from 7 to 9 years of experience and the same number had more than 9 years of experience.

Figure 1

Distribution of the Studied Nurses According to Department Demographics (n = 82)



As demonstrated in figure 1, 23 nurses (28%) were working at the Adult Cardiac Intensive Care Unit (ACICU), 16 nurses (19.5%) were working at the Pediatric Cardiac Intensive Care Unit (PCICU), 10 nurses (12.2%) were working at the Adult Ward (AW), 8 nurse (9.8%) were working at the Cardiac Care Unit (CCU), 5 nurses (6.1%) were working at the Out-patient Department (OPD) and same number were working at the New Ward (NW) and the Catheterization Laboratory (Cath Lab). The remaining 10 nurses were working for other departments: Operation Room (OR), Specialty Unit, Education Department, Anesthesia Department and finally the Pediatric Ward (PW).

2.2 Data Collection

For the collection of the data, a 30-item questionnaire based on a 5-point Likert scale was constructed and disseminated to the sample of the study. The questionnaire consisted of nine sections: the first section (4 Questions) aims to elicit demographic information about the participants. The following eight sections (26 Questions) aim to elicit information on the role of English in enhancing nurses core competencies (see Appendix A). The eight sections

incorporated the elements of the COPA model of competencies and the questions were distributed as follows:

- a) Assessment, safety, monitoring, and intervention skills (8 items)
- b) Communication (5 items)
- c) Critical thinking skills (2 items)
- d) Human caring relationships (1 item)
- e) Workload and resources (1 item)
- f) Leadership skills (3 items)
- g) Teaching and learning (2 items)
- h) Knowledge and evidence-based practice (4 items)

The questionnaire was translated into Arabic and administered to participants in both languages to avoid misinterpretation and misconception of the items, was piloted over 5 expert nurses and a few modifications have been applied. In addition, it was evaluated for its language and layout, wording clarity and lack of ambiguity, appropriateness of sentence complexity, the overall appearance (face validity), clarity of instructions and length. All sections were clearly stated in the questionnaire form. At the top of the form, there were some instructions for the participants of the study. The questionnaire was disseminated to participants through a link to a google form in an effort to make the process easier for any participant possessing a smartphone, a laptop or any technological gadget that allows access to google platform (see Appendix A).

2.3 Data Analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (IBM Corp, 2011). The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, standard deviation. Significance of the obtained results was judged at the $p \leq 0.05$ level. In detail, the SPSS was used to perform the following statistical treatments:

- Participants responses in percentages towards the items included in the questionnaire.
- Arithmetic mean ranks to identify the range.
- Pearson Correlation (r) to ensure the validity of the questionnaire items.

- Cronbach's alpha coefficient (α) to measure the reliability of the study's questionnaire.
- Student *t*-test to measure the normally distributed quantitative variables.

Table 2
Validity Statistics

No.	r	p	No.	r	p
1	0.668	<0.001*	14	0.744*	<0.001*
2	0.713	<0.001*	15	0.709*	<0.001*
3	0.635	<0.001*	16	0.802*	<0.001*
4	0.785	<0.001*	17	0.671*	<0.001*
5	0.826	<0.001*	18	0.743*	<0.001*
6	0.715	<0.001*	19	0.803*	<0.001*
7	0.628	<0.001*	20	0.757*	<0.001*
8	-0.255	0.021*	21	0.677*	<0.001*
9	0.616	<0.001*	22	0.717*	<0.001*
10	0.590	<0.001*	23	0.664*	<0.001*
11	0.748	<0.001*	24	0.747*	<0.001*
12	0.718	<0.001*	25	0.830*	<0.001*
13	-0.186	0.095	26	-0.146*	0.190

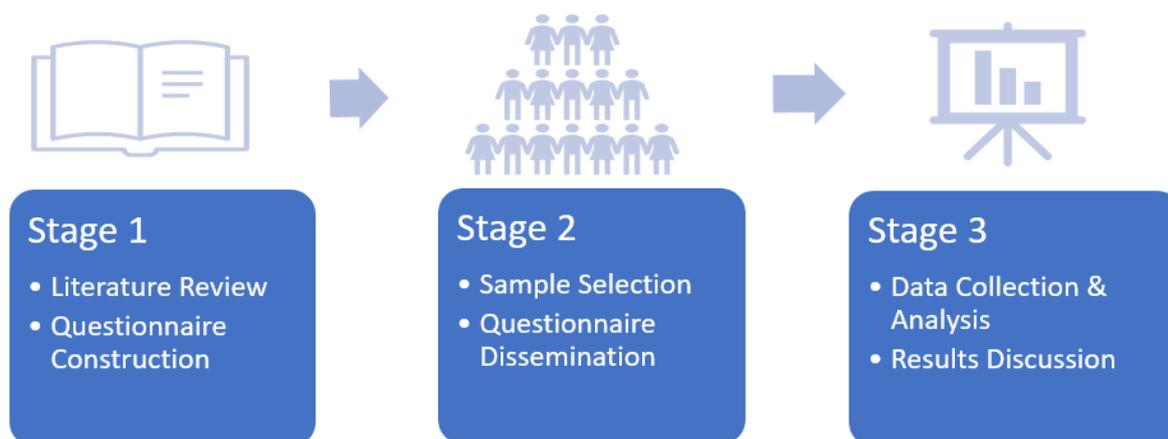
Note. "r" Pearson coefficient "*" Statistically significant at $p \leq 0.05$

For validity and reliability purposes, Pearson Correlation and Cronbach Alpha tests were conducted. In terms of the correlation test, all items were statistically significant at the ($P \leq 0.05$) level. Moreover, the reliability test of Cronbach Alpha for the 26 items of the 5-point Likert scale questionnaire was ($\alpha = .915$) which means that the items are highly reliable and applicable as similar to the previous part.

2.4 Study Stages and Procedures

The study encompassed three stages. Figure 1 demonstrates the stages the researcher followed in order to find feasible answers to the research questions and to reach a conclusion for the study's findings.

Figure 1
Stages of the Study



- 1) The researcher reviewed literature in order to identify the COPA model elements and the way they were applied in the cardiac Centre. The COPA model has been applied at the Centre since 2019. For this reason, the administration of the Centre wanted to hire an English instructor in a way to improve the nurses' English proficiency levels.
- 2) Following the review of literature, a questionnaire was constructed for the purpose of investigating nurses' perceptions regarding the role of English in enhancing their competencies.
- 3) The sample of the study was selected randomly from different departments as each of the departments have their own perspectives on the English language and experiences with the patients.
- 4) The questionnaire was installed on a google form and administered through a link that was shared with the nurses through a WhatsApp group. It was left open to accept the responses for a week. Moreover, a reminder to finish the questionnaire was sent to the nurses every day.
- 5) The settings of the google form were adjusted to accept only one response for every participant and not to show the results of the questionnaire for the other participants as it may affect their opinions, therefore the questionnaire results may tend to be biased eventually.
- 6) The results of the questionnaire were downloaded on an excel sheet and were sent to a qualified statistician who used the SPSS program to perform a few statistical procedures (Percentages of agreed and disagreed participants, arithmetic mean, Pearson correlation and Cronbach alpha)

**The Role of Learning English in Enhancing the Core Competencies
of Professional Egyptian Nurses**

7) The results were discussed to answer the research questions and reach a final conclusion to the research topic.

3 Findings

Tables 3, 4, 5 and 6 demonstrate the results of the data collected to measure the perceptions of Egyptian nurses regarding the English language and its contributing effect on the competencies of the COPA model. The COPA model sections included A) Assessment, safety, monitoring, and intervention skills, B) Communication, C) Critical thinking skills, D) Human caring relationships, E) Workload and resources, F) Leadership skills, G) Teaching and learning, and finally H) Knowledge and evidence-based practice.

Table 3

Distribution of the Studied Nurses According to A) Assessment, Safety, Monitoring, and Intervention Skills (n = 82)

Q	A) Assessment, safety, monitoring, and intervention skills	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean rank
		No.	%	No.	%	No.	%	No.	%	No.	%	
1	Learning and understanding English enhance following safety principles and precautions of hazardous materials and radiation for patients because I can read English.	0	0.0	0	0.0	4	4.9	35	42.7	43	52.4	4.48
2	Learning and using English makes it easy to verbalize emergency responses for all codes and recognition of clinical deterioration.	0	0.0	0	0.0	5	6.1	37	45.1	40	48.8	4.43
3	Learning and using English makes it easy to explain the nurse's personal roles in clinical settings because I use general and medical English in doing so.	0	0.0	0	0.0	5	6.1	38	46.3	39	47.6	4.41
4	Learning and using English makes it easy to understand, follow and employ aseptic techniques and standard precautions in all direct care activities because I can read, write, listen to and speak English.	0	0.0	1	1.2	3	3.7	45	54.9	33	40.2	4.34
5	Learning and using English makes it easy to document all clinical activities to ensure patient care quality and follow safety precautions.	0	0.0	0	0.0	4	4.9	45	54.9	33	40.2	4.35
6	Learning and using English ensures understanding patient care policies and appropriate data collection processes.	0	0.0	0	0.0	4	4.9	41	50.0	37	45.1	4.40
7	Learning English ensures appropriate patient assessment and safety and acquiring professional skills for nurses.	0	0.0	1	1.2	7	8.5	36	43.9	38	46.3	4.35
8	Learning English does not ensure appropriate patient assessment and safety and acquiring professional skills for nurses.	26	31.7	47	57.3	7	8.5	2	2.4	0	0.0	1.82

Table 3 demonstrates the quantitative data collected with respect to assessment, safety, monitoring, and intervention skills. 78 nurses representing 95% stated that learning and understanding English enhances following safety

**The Role of Learning English in Enhancing the Core Competencies
of Professional Egyptian Nurses**

principles and precautions of hazardous materials and radiation for patients because they can read English. 77 nurses constituting 93.9% stated that learning and using English makes it easy to verbalize emergency responses for all codes and recognition of clinical deterioration. The same number (77 participants) stated that learning and using English makes it easy to explain the nurses' personal roles in clinical settings because they use general and medical English in doing this process. 78 respondents comprising 95.1% agreed that learning and using English makes it easy to understand, follow and employ aseptic techniques and standard precautions in all direct care activities because they can read, write, listen to and speak English. The same number (78 participants) approved that learning and using English makes it easy to document all clinical activities to ensure patient care quality and follow safety precautions and that it ensures understanding patient care policies and appropriate data collection processes. Items seven and eight are two opposing direct questions that confirm the participants' responses. In item seven, 74 participants comprising 90.2% directly either agreed or strongly agreed that learning English ensures appropriate patient assessment and safety and acquiring professional skills for nurses whereas in item eight 73 participants representing 89% either disagreed or strongly disagreed that learning English does not ensure appropriate patient assessment and safety and acquiring professional skills for nurses.

Table 4
Distribution of the Studied Nurses According to B) Communication (n = 82)

Q	COPA Model Items B) communication	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean rank
		No.	%	No.	%	No.	%	No.	%	No.	%	
9	Learning and using English ensures effective interaction with patients, family and team members, especially with those who have a foreign background.	0	0.0	0	0.0	6	7.3	38	46.3	38	46.3	4.39
10	Learning and using English ensures incorporating effective communication principles in practice (e.g., ISBAR, Receipt of Patient information).	1	1.2	1	1.2	1	1.2	40	48.8	39	47.6	4.40
11	Learning and using English makes it easy to perform accurate, complete, timely and concise written and computer documentation.	0	0.0	0	0.0	2	2.4	47	57.3	33	40.2	4.38
12	Learning and using English ensures accurate admission assessment interview and appropriate patient history taking.	0	0.0	0	0.0	9	11.0	43	52.4	30	36.6	4.26
13	Learning and using English does not ensure accurate admission assessment interview and appropriate patient history taking.	24	29.3	45	54.9	5	6.1	6	7.3	2	2.4	1.99

**The Role of Learning English in Enhancing the Core Competencies
of Professional Egyptian Nurses**

Table 4 presents the questionnaire frequencies collected concerning the communication section in the COPA model. 76 respondents constituting 92.6% agreed that learning and using English ensures effective interaction with patients, family and team members, especially with those who have a foreign background. 79 respondents comprising 96.4% approved that learning and using English ensures incorporating effective communication principles in practice (e.g., ISBAR, Receipt of Patient information) and 80 nurses representing 97.5 stated that learning and using English makes it easy to perform accurate, complete, timely and concise written and computer documentation. Generally, 73 nurses constituting 89% either agreed or strongly agreed that learning and using English ensures accurate admission assessment interview and appropriate patient history taking whereas 69 nurses comprising 84.2% either disagreed or strongly disagreed that learning and using English does not ensure accurate admission assessment interview and appropriate patient history taking.

Table 5
Distribution of the Studied Nurses According to Different COPA Model Items (n = 82)

Q	COPA Model Items	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean rank
		No.	%	No.	%	No.	%	No.	%	No.	%	
	C) Critical Thinking Skills											
14	I use English to reflect (ex: discuss and suggest) on nursing practice and patterns of care to improve self-assessment and planning.	0	0.0	0	0.0	4	4.9	51	62.2	27	32.9	4.28
15	I use English in critical analysis to relate diagnostic data to clinical decisions because they are written in English.	0	0.0	1	1.2	8	9.8	44	53.7	29	35.4	4.23
	D) Human Caring Relationships											
16	Learning English makes it easy to read, adapt and provide care based on philosophical, multi-cultural, moral, and ethical concepts.	0	0.0	0	0.0	3	3.7	43	52.4	36	43.9	4.40
	E) Workload and Resources											
17	Learning English ensures an appropriate professional request of assistance when unsure of process/task because I employ techniques that use the English language in doing so.	0	0.0	0	0.0	9	11.0	40	48.8	33	40.2	4.29
	F) Leadership Skills											
18	Learning and using English makes it easy for leaders to manage conflict because it is based on effective communication especially if there are foreign patients, visiting consultants or multi-national nursing staff.	0	0.0	0	0.0	9	11.0	48	58.5	25	30.5	4.20
19	Learning and using English maintains a professional image for leaders.	0	0	1	1.2	7	8.5	41	50	33	40.2	4.29
20	Learning and using English makes it easy for leaders to give accurate and corrective feedback especially when using medical English.	0	0	0	0	1	1.2	47	57.3	34	41.5	4.40

Table 5 displays the data collected with regard to critical thinking skills, human caring relationships, workload and resources, and leadership skills. In terms of critical thinking, 78 nurses representing 95.1% confirmed that they use English to reflect on (ex: discuss and suggest) nursing practice and patterns of care to improve self-assessment and planning and 73 participants constituting 89.1% confirmed that they use English in critical analysis to relate diagnostic data to clinical decisions because they are written in English. As for human caring relationships, 79 nurses comprising 96.3% stated that learning English makes it easy to read, adapt and provide care based on philosophical, multicultural, moral, and ethical concepts. Concerning workload and resources, 73 participants (89%) approved that learning English ensures an appropriate professional request of assistance when unsure of process/task because they employ techniques that use the English language in doing this process. As for leadership skills, 73 respondents (89%) stated that learning and using English makes it easy for leaders to manage conflict because it is based on effective communication especially if there are foreign patients, visiting consultants or multi-national nursing staff. Additionally, 74 nurses comprising 90.2% stated that learning and using English maintains a professional image for leaders and 81 nurses (98.8%) agreed that learning and using English makes it easy for leaders to give accurate and corrective feedback especially when using medical English.

**The Role of Learning English in Enhancing the Core Competencies
of Professional Egyptian Nurses**

Table 6

Distribution of the studied Nurses According to Teaching and Learning and Knowledge and Evidence-based Practice (n = 82)

Q	COPA Model Items	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Mean rank
		No.	%	No.	%	No.	%	No.	%	No.	%	
	G) Teaching and Learning											
21	Learning and using English promotes continuous clinical learning and acquiring knowledge in a consistent manner.	0	0.0	0	0.0	3	3.7	40	48.8	39	47.6	4.44
22	Learning and using English enables me to identify my learning barriers, my aptitude and motivation to learning.	0	0.0	0	0.0	9	11.0	44	53.7	29	35.4	4.24
	H) Knowledge and Evidence-based Practice											
23	Learning and using English ensures self-directed learning and professional growth for me because I read research articles from which I learn evidence-based practice.	0	0.0	0	0.0	3	3.7	43	52.4	36	43.9	4.40
24	Learning and using English motivates me to apply what I have learned in the clinical setting because I become able to read, write, listen and speak in English.	0	0.0	0	0.0	5	6.1	43	52.4	34	41.5	4.35
25	Learning and using English ensure gaining knowledge and evidence-based practice.	0	0.0	0	0.0	1	1.2	45	54.9	36	43.9	4.43
26	Learning and using English does not ensure gaining knowledge and evidence-based practice.	31	37.8	41	50.0	2	2.4	6	7.3	2	2.4	1.87

Table 6 demonstrates the data collected for the teaching and learning as well as the knowledge and evidence-based practice sections of the COPA model in relation to the English language. Regarding the former one (Teaching and Learning), 79 nurses (96.4%) confirmed that learning and using English promotes continuous clinical learning and acquiring knowledge in a consistent manner. Also, 73 nurses (89.1%) stated that learning and using English enables them to identify their learning barriers, their aptitude and motivation to learning. As for the latter section (Knowledge and Evidence-based Practice), 79 participants (96.3%) agreed that learning and using English ensures self-directed learning and professional growth for them because they read research articles from which they learn evidence-based practice. Moreover, 77 respondents (93.9%) stated that learning and using English motivates them to apply what they have learned in the clinical setting because they become able to read, write, listen and speak in English. Finally, 81 nurses representing 98.8% either agreed or strongly agreed that learning and using English ensure gaining knowledge and evidence-based practice whereas 72 nurses constituting 87.8%

either disagreed or strongly disagreed that learning and using English does not ensure gaining knowledge and evidence-based practice.

Table 7

Relation Between English and Improving Core Competencies for the Different Categories of Nurses according to Gender, Age and Experience

Variable	N	Overall	t	p
		Mean ± SD.		
Gender				
Male	43	4.15 ± 0.38	2.133*	0.036*
Female	39	3.98 ± 0.33		
Age				
Between 18 and 25	47	4.01 ± 0.33	1.818	0.073
Between 26 to 40	35	4.15 ± 0.39		
Years of Experience in nursing				
≤ 3 years	52	4.01 ± 0.34	2.184*	0.032*
More than 3 years	30	4.18 ± 0.38		

Note. “p” p value for comparison between the studied categories. “*” Statistically significant at $p \leq 0.05$

Table 7 presents the data collected with regard to the relation between English and nurse’s perceptions of improving core competencies in different categories: gender, age and experience. In terms of the gender, there was a statistically significant difference at $p \leq 0.05$ as there was a difference in the mean score for the interest of males ($M=4.15$, $SD= 0.38$) rather than females ($M=3.98$, $SD= 0.33$). With respect to the participants’ age, there was no statistically significant difference at $p \leq 0.05$. Also, in terms of experience, there was a statistically significant difference at $p \leq 0.05$ for the interest of nurses who have more than 3 years of experience ($M= 4.18$, $SD=0.38$).

4 Discussion of Results

Taking into consideration the questionnaire frequencies, the English language effect cannot be ignored with respect to its enhancement to the COPA model competencies according to Egyptian cardiac nurses as learning it ensures appropriate assessment, safety and the acquisition of professional skills for nurses. If one can read, write, understand, listen and speak English fluently and accurately, he/she can perform the assigned tasks effectively minimizing errors occurrences and enhancing the performance of the nursing team in the hospital. As for communication, learning and using English at the workplace, ensures

accurate communication when dealing with patients or next-of-kin with a foreign background when the only language of communication in such a situation is English. It also ensures accurate documentation especially in the admission, patient-history taking and patient-intervention discussion processes.

Learning and using English enhance critical thinking skills through relating diagnostic data which are written in English to clinical decisions which are previously discussed in medical English or/and general English. Nurses, in addition, can utilize philosophical and multicultural ethical concepts which are provided in books and research articles that use English as their primary language. Asking for assistance and doing professional requests in the cardiac care setting is implemented in medical and/or general English most of the time as nurses use English medical terminologies in doing the assigned tasks. A prime example on that is the ISBAR (Introduction, Situation, Background Assessment, Recommendation) tool which organizes a conversation into the essential elements in the transfer of information from one source to another such as from nurses to physicians.

In terms of the leadership skills, English keeps a professional image for leaders, especially when performing their managerial tasks such as conflict management and corrective feedback in medical English, communication with visiting doctors and nurses. Finally, concerning education and knowledge-based practice, since English is the language of science, using it ensures a motivated and continuous learning process for novice and professional nurses. This is because most renowned theoretical and practical books, research articles and research-based updated guidelines and policies are all written in English although sometimes they are translated into other languages.

The results of the student *t*-test revealed that the perceptions of male nurses are different and more significant than the perceptions of female nurses to the role of English in enhancing the COPA model core competencies (see Table 7). This means that male nurses are more aware of the importance of learning English in improving their core competencies than female nurses. Furthermore, the perceptions of nurses with more than 3 years of experience are more significant than those with less than 3 years of experience in the field of nursing regarding the role of English in improving the nurses' competencies suggested by the COPA model.

5 Conclusion

The present study investigated the contributing role of English in enhancing the nursing competencies suggested in the COPA model. It employed a quantitative approach through a questionnaire and the selected sample of participants were working at a renowned cardiac Centre. The results showed that the English language significantly influences the COPA model nursing core competencies according to the selected sample of participants. Furthermore, enhancing the core competencies can be through having a good command of English so as to improve nurses' assessment and intervention, communication, critical thinking, human caring and relationships, management, leadership, teaching and finally knowledge integration into practice. Last but not least, male nurses' perceptions towards the role of English in enhancing nurses competencies are more significant than female nurses and perceptions of experienced nurses are more significant than those with less than 3 years of experience.

Additionally, the study adds to extant literature as according to the researcher's knowledge, no previous studies tackled the topic of the study before. However, the results cannot be generalized as the vision and mission of the cardiac Centre include the provision of a world-class quality care for patients with heart diseases, the conduct of research in order to add to science in the field of medicine and the ongoing professional development for its members in order to perform their tasks effectively.

The results imply that medical institutions consider improving the English language proficiency level of their members in an effort to improve their competencies can thereby elevate their performance. This may happen through illustrating the importance of English in educational materials, policies that promote members who have learned English and used it at the workplace.

Recommendation for Further Research

Scholars are advised to:

- Measure the effect of learning and using English in each of the COPA model competencies through observing and interviewing members in the other settings of the medical field such as the neurology, nephrology, dermatology, gastrointestinal track (GIT) and gynecology fields.

- Measure the effect of learning English on nurses' core competencies in light of the Benner's model.
- The correlation between learning English and improving nursing and medical quality of care in different medical settings.

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The Role of Learning English in Enhancing the Core Competencies of Professional Egyptian Nurses

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Appendices

Appendix A

The Study's Questionnaire

The purpose of this questionnaire is to measure the perceptions of Egyptian nurses regarding the relation between learning / using English and improving their core competencies. The questionnaire consists of nine sections: the first section (4 Items) aims to elicit demographic information about the participants. The following eight sections (26 Items) aim to elicit information on the role of English in enhancing nurses core competencies.

Demographics

- I am a (male – female) nurse.
- I am (between 15 and 25 – between 26 and 40 – over 40).
- I work at the.....
 - 1- Adult Ward (A.W)
 - 2- Pediatric Ward (P.W)
 - 3- New Ward (N.W)
 - 4- Pediatric Cardiac Intensive Care Unit (PCICU)
 - 5- Adult Cardiac Intensive Care Unit (ACICU)
 - 6- Cardiac Care Unit (CCU)
 - 7- Outpatient Department (OPD)
 - 8- Operation Room/Theatre (OR)
 - 9- Catheterization Lab

The Role of Learning English in Enhancing the Core Competencies of Professional Egyptian Nurses

- 10- Specialty Unit
- 11- Anesthesia Unit
- 12- Education Dept

- Years of Experience in nursing:
(Less than a year – 1 to 3 – 4 to 6 – 7 to 9 – more than 9)

A) ASSESSMENT, SAFETY, MONITORING, AND INTERVENTION SKILLS

- 1- Learning and understanding English enhance following safety principles and precautions of hazardous materials and radiation for patients because I can read English.
- 2- Learning and using English makes it easy to verbalize emergency responses for all codes and recognition of clinical deterioration.
- 3- Learning and using English makes it easy to explain the nurses personal roles in clinical settings because I use general and medical English in doing so.
- 4- Learning and using English makes it easy to understand, follow and employ aseptic techniques and standard precautions in all direct care activities because I can read, write, listen to and speak English.
- 5- Learning and using English makes it easy to document all clinical activities to ensure patient care quality and follow safety precautions.
- 6- Learning and using English ensures understanding patient care policies and appropriate data collection processes.
- 7- Learning English ensures appropriate patient assessment and safety and acquiring professional skills for nurses.
- 8- Learning English does not ensure appropriate patient assessment and safety and acquiring professional skills for nurses.

B) COMMUNICATION

- 9- Learning and using English ensures effective interaction with patients, family and team members, especially with those who have a foreign background.
- 10- Learning and using English ensures incorporating effective communication principles in practice (e.g., ISBAR, Receipt of Patient information).
- 11- Learning and using English makes it easy to perform accurate, complete, timely and concise written and computer documentation.
- 12- Learning and using English ensures accurate admission assessment interview and appropriate patient history taking.
- 13- Learning and using English does not ensure accurate admission assessment interview and appropriate patient history taking.

C) CRITICAL THINKING SKILLS

- 14- I use English to reflect (ex: discuss and suggest) on nursing practice and patterns of care to improve self-assessment and planning.
- 15- I use English in critical analysis to relate diagnostic data to clinical decisions because they are written in English.

D) HUMAN CARING RELATIONSHIPS

- 16- Learning English makes it easy to read, adapt and provide care based on philosophical, multi-cultural, moral, and ethical concepts.

E) WORKLOAD AND RESOURCES

- 17- Learning English ensures an appropriate professional request of assistance when unsure of process/task because I employ techniques that use the English language in doing so.

F) LEADERSHIP SKILLS

- 18- Learning and using English makes it easy for leaders to manage conflict because it is based on effective communication especially if there are foreign patients, visiting consultants or multi-national nursing staff.
- 19- Learning and using English maintains a professional image for leaders.
- 20- Learning and using English makes it easy for leaders to give accurate and corrective feedback especially when using medical English.

G) TEACHING AND LEARNING

- 21- Learning and using English promotes continuous clinical learning and acquiring knowledge in a consistent manner.
- 22- Learning and using English enables me to identify my learning barriers, my aptitude and motivation to learning.

H) KNOWLEDGE AND EVIDENCE-BASED PRACTICE

- 23- Learning and using English ensures self-directed learning and professional growth for me because I read research articles from which I learn evidence-based practice.
- 24- Learning and using English motivates me to apply what I have learned in the clinical setting because I become able to read, write, listen and speak in English.
- 25- Learning and using English ensure gaining knowledge and evidence-based practice.
- 26- Learning and using English does not ensure gaining knowledge and evidence-based practice.