FILMED SCENES IN TEACHING ENGLISH FOR NURSING TO IMPROVE THE COMMUNICATION AND MEDICAL SKILL

Amalia Rahmawati, S.Pd, M.Pd
STIKES Muhammadiyah Kudus
Jl. Ganesha 1 Kudus, Central Java, Indonesia
amalia@stikesmuhkudus.ac.id

ABSTRACT

ASEAN Economic Community (AEC) becomes the current issue in education field especially for nursing academy. The students should have good capability not only in medical aspects but also communication aspects. Speaking English is the key to have a good communication if AEC is realized. Therefore, lecturer should prepare the students to face AEC by applying new technique in teaching and learning process. This study aims to answer “is the use of Filmed Scenes in teaching English for nursing effective to improve the communication and medical skill?”. This study belongs to experimental study with posttest and observation as the data collection. This research was conducted in the even semester 2015. There were 82 students of second semester undergraduate nursing science program STIKES Muhammadiyah Kudus. The finding of this research shows that (1) the use of filmed scenes can improve the students’ vocabulary, communication skill and medical skill, (2) the use of filmed scenes can help the students to have realistic medical treatment, (3) the use of filmed scenes introduces the students to have interactive and communication therapeutic. This research recommended to explore and compare various methods in other subjects to achieve students, competence and develop quality nursing education.

Key words: Filmed Scenes, Teaching English for Nursing, Communication Skill, Medical Skill

1. INTRODUCTION

MEA or AEC (ASEAN Economic Community) becomes the hot news in Indonesia, especially for education field and it will be realized on the end of 2015. That makes the lecturer and universities prepare their students to face AEC to create the output that has high competitive. So their output can able to have competition with foreign students. The preparation of AEC also done by the medical institution, one of them is STIKES Muhammadiyah Kudus.

For preparing AEC, the students of STIKES Muhammadiyah Kudus are not only capable in medical aspect but also capable to speak English as the language in communication. It happens because they have a chance to work in foreign country. Therefore, there are two aspects that must be mastered by the students; they are medical aspects and communication aspects. In medical aspects, they have to be able to do their job based on the rules. If they have good medical skills, it is better for them to have a good communication skill based on their job.

Improving both of medical skills and communication skills especially English skill are important. If the students have a good ability in medical skill but they don’t have communication skill especially to speak English, the students cannot have competition with their competitor. Moreover, if they have a good communication skill to speak English but they do not have a good skill in medical aspects, they also will fail.

In medical skill, they must use several procedures to care the patients. And those procedures must be mastered by them when they work in medical field. While for the communication, having communication skill is a must for nursing students. It happens because they must be able to communicate with the patients to gain the patients’ information related to the illness and what they feel. Moreover, communication skill
also becomes one of the therapeutic ways for the patients. That is called therapeutic communication. Related to the communication, therapeutic communication can run well if the nurse and patient can have effective communication. One of the factors to make the communication runs well are they understood. Understanding can be done if they know the language. If EAC is realized, one problem happens for the Indonesian nurse if the patients come from foreign country, how to have an effective communication and how to give therapeutic if the nurses cannot speak English.

From that description, English becomes the important language that must be mastered by the students. There are four skills in English, they are listening, speaking, reading and writing. Form those skills; speaking becomes the main skill to be taught as English for nursing. It happens because when they work as nurse, speaking becomes the important skill. Nurse needs to communicate with the patient, and the communication usually done orally. Arnold (1983) states that one of functions of speaking is to create effective communication. Effective communication can be realized because by speaking because people can express what they think, feel and want. That is why speaking is more important than the other skills in this case. Moreover, Richards (2001:12) states that speaking, oral presentation or communication orally becomes the basis of learning language. It means that speaking seems the point of someone’s capability. Someone is called be able to communicate if he/she can speak.

However speaking English is important; speaking still becomes the students’ problem. It is also supported by Penny (1996) and Syafryadin (2013). Penny (1996) declares that students face problem in speaking usually in low motivation, inhabitation, mother tongue use and cannot say anything. Those problems can make the students only keep silent when they learn English. They only listen and they do not give any responds or try to speak up. In line with Penny (1996), Syafryadin (2013) also defines that students have problem in learning English in the term of nothing to say, grammatical mistakes and poor vocabulary. It means that when the students have to speak English, they got stuck; keep silent, grammatical mistakes and lack of vocabulary.

One of the ways to improve them is making them to have habitual to speak English. In the other hand, English become the local or supplementary subject for nursing students. They think that English is not really important than medical skills. Additionally, because English the supplementary subjects, they do not really pay attention to the English subject. In the other hand, if EAC (Economic ASEAN Community) is realized, the English for nursing becomes the important thing for them. However they have a good skill in medical but they cannot communicate effectively to the patients, they will fail. That is why English becomes the key when they work and communicate to the other people.

One of the ways to solve that problem is by using “filmed scenes”. Purnomo (2014) states that filmed authentic scenes are very effective to improve verbal and non verbal communication in teaching English for tourism. Moreover, the use of filmed authentic scenes also can make learning English for tourism more meaningful. English for tourism is similar to the English for nursing because they belong to English for specific purpose. In English for specific purposes (ESP), English is learned in specific field, therefore the purpose of learning English is not only to be able in daily communication, but also be able communicate in the working place. In addition, relating to the main subject or medical subject to English is very important to make the students have a chance to improve their medical competence and communication competence.

One of the ways to solve that problem is by using “filmed scenes” in teaching and learning English for nursing. “Filmed scenes” is effective in teaching English for nursing because the students can learn English looks like when they will work. In the filmed scenes, the situation is similar to role play but the differences are it focuses on medical and recorded. In the filmed scenes, one student becomes a nurse and one student become patient. Before doing the filmed scenes, the students must make the script then they can do the role play and record it. In the filmed scenes, the nurse will give treatment to the patient, and the communication must use
English. Communication that done by the nurse is not the daily communication but therapeutic communication. The students try to conduct the medical treatment and communicate with the patient in order to get information, give information and use communication as a treatment.

The objective of this study is to describe the effectiveness of the use of filmed scenes in teaching English for nursing to improve the English communication and medical competence for students of 2nd Semester Nursing and Science Program STIKES Muhammadiyah Kudus.

2. METHODOLOGY

This research belongs to pre-experimental design with intact-group comparison. In this design of study, there are two groups; experimental and control group. The experimental group will be treated by using “filmed scenes”, while the control group will use the conventional method. After that, both of groups will be tested by giving posttest. The differences between the control and experimental group can be seen from the result of posttest. The design of this research proposed by Sugiyono (2010:111) as follows:

<table>
<thead>
<tr>
<th>X</th>
<th>O1</th>
<th>O2</th>
</tr>
</thead>
</table>

Note :
X : treatment
O1 : the result of posttest which done by experimental group (given treatment)
O2 : the result of posttest which done by the control group

The population and sample of this study was the undergraduate nursing students in semester 2. There were 82 students who were divided into the control group 43 students and the experimental group 39 students. The reason choosing semester 2 becomes the population is because in even semester English only taught in the 2 and 4. In 4th semester English is focused on TOEFL.

This experimental study uses several instrument of the research, such as observation and posttest. The observation was done in every learning process meetings and the filmed scenes that the students collected. While the posttest was done after giving treatment 8 meetings for the experimental group and conventional method for the control group. This research conducted in May until June 2015.

The procedure conducting this research is (1) determining the population of the study that was the second semester of nursing students in STIKES Muhammadiyah Kudus, (2) taking two groups as experimental group and control group, (3) conducting experiment, (4) comparing between the posttest result of the experimental and control group, (5) drawing the conclusion.

In the experimental group, there were several procedures in doing the treatment, such as (1) asking the students to create the medical procedure treatment script, (2) doing the role play of medical treatment and recorded. The role play must follow the medical procedure and the students expected to use communication therapy in English. Moreover, the role play was recorded, so it can be evaluated.

The data analysis of this study was mean, median, and mode. The writer also used qualitative descriptive to describe the analysis of the observation. For the observation, there are several items that observed, such as communicative competence, pronunciation, manner, fluency and medical procedure. Moreover, in communicative competence, there are six competences, such as socio-cultural competence, linguistic competence, discourse competence, formulaic competence, interactional competence and strategic competence.

Socio-cultural competence focuses on the use of body language; linguistic competence focuses on pronunciation; discourse competence focuses on the text itself; interactional competence focuses on the gesture used and the last is strategic competence. The second item is manner. In manner, there are several aspects that observed, such as confident, speak loudly, appropriate gesture and mimik. The third item is the fluency. The students’ fluency can be seen from their performance, it is smooth or not. And the last item is medical procedure. In medical procedure, the students need to follow some medical procedures when they do the treatment.
3. FINDING AND DISCUSSION

After giving treatment, the students had posttest to know is there any significant different between using “filmed scenes” or not. The posttest score for experimental and control group can be seen below:

![Chart 1 The Result of Posttest](chart1)

From the score above, the next step is calculating the average, minimum and maximum score. Based on Arikunto (2002:236), the mean score can be calculated by using:

$$M_x = \frac{\sum x}{n_x}$$

Based on the calculation, the mean of experimental group is 93.46, while the mean of control group is 80.23. Those means indicates that the mean of the experimental group is higher than the mean of controlling group. It means that the score of experimental group is higher. Then, the maximum score of experimental group is 100 and the minimum score of experimental group is 75. While the maximum score of control group is 95 and the minimum score of the control group is 50.

The medium of the experimental group is 95 and the medium of the control group is 80. Moreover, the mode of the experimental group is 100 and the mode of the control group is 90.

Based on the result of mean, median and mode of this study, it can be seen that experimental group is higher than control group. It means that the use of filmed scenes is effective to improve the students’ skill, especially for communication skill.

The result of the posttest between experimental group and control group can be seen in the chart of the descriptive statistics include mean, median, mode, minimum score and maximum score below.

![Chart 2 The Descriptive Statistics](chart2)

Comparing with the result of the observation, using “filmed scenes” in teaching and learning English for nursing is more effective than using conventional method. That can be seen from several aspects, such as communicative competence, pronunciation, manner, fluency, and the medical procedure.

First is the communicative competence. Based on the observation done in the control group and experimental group, the results are different. In the experimental group, their pronunciation was better than the control group. For example when they had the project about the health promotion and gave treatment about burn wound care. In the experimental group, when the students gave the health promotion and treatment about burn wound care, the others (patient and participant) tried to be active in that activity. They had question and answer section that created a good atmosphere in communication. If they can create a good atmosphere, they also can reach the communication that becomes the important thing in communication as Brown (2000:246) described that communicative competence is as the important aspect in communication that makes people convey and interpret the information. Furthermore, in communication people actually negotiate the meanings interpersonally with the specific context. Communicative competence itself covers five components; socio-cultural competence, linguistic competence, discourse competence, formulaic competence, interactional competence and strategic competence (Celce-Murcia, 2007).
Based on the analysis in the experimental group, this group had tried to use communicative competence elements in their filmed scenes. In the socio-cultural competence aspects, the students sometimes used body language to make their partner understand what they mean. In the discourse competence aspects, however they used spoken discourse, they were able to create a good text. They could produce spoken text that can be easy to be understood. Their texts were cohesive and coherent. When they spoke, they also could speak systematically. The next competence is the linguistic competence. One of the components in the linguistic competence is pronunciation. The students’ pronunciation was better. It happens because they had tried several times when they what to have the filmed scenes. So, using filmed scenes is effective to make them pronounce correctly. In formulaic competence, it means that the speaker used the formulaic expression in their communication. Based on the observation, the students used some formulaic expressions in their communication. In the interactional competence, the speaker can use gesture when they communicate with others. Gesture can help the listener in understanding the message that the speaker said. The last is the strategic competence. In the strategic competence, the use of some interactional strategy in communication makes their communication effective.

In the control group, however they tried to be active in the communication, there were several mispronounce and made misunderstanding in the communication. Based on the communicative competence factors, sometimes the students could not fulfil the six competences in the communicative competence. One of the competences that they could not fulfil was the discourse competence and formulaic competence. The students still had problem in discourse compete aspects. In that case, they still had problem with the text that they produced. In communication, sometimes their text did not fill the cohesion and coherence principle. Sometimes they had problem in doing the therapeutic communication. However it is the therapeutic communication, the term is still in communication. Therefore, communicative competence becomes the important part, especially for the discourse competence. As Celce-Murcia (1995) added that discourse competence focuses on the selection, sequencing, and arrangement of words, structures, sentences and utterances to achieve the spoken or written communication. Based on the observation, the students still had problem in how to arrange words, structures and utterances that easy to be understood by the listener. Moreover, the use of formulaic expression was also still lack. They sometimes used the Indonesian translates that made them cannot reach the formulaic expression. For example: when they want to say “thank you, oke”, they say “thanks yes, oke yes” that comes from “terima kasih ya, setuju ya”. However those expressions seem English, they are not in English way.

The second observation is about the manner. In the manner, there are several aspects that become the criteria in analyzing the students’ communication and medical skill. The criteria are confident, speak loudly, using appropriate gesture, and mimik. In the experimental group, the students could fulfil those criteria. But in the control group, the students sometimes had problem in the inappropriate gesture. It happens because they did not know the meaning of their utterances.

The third aspect in the observation is the fluency. Based on the observation, the students who belong to experimental group could speak smoothly than the control group however hesitant sometimes happened.

The last aspect is the medical procedure. In giving medical treatment, the nursing students must follow some medical procedures. For example, before giving catheterization treatment, they met the patient to ask the readiness patient. After the patient was ready, the nurse prepared the medical equipment. Then the nurse must wash their hand. In washing hand, they have 6 steps. After then, doing the treatment. In the experimental group, the students did the medical procedure systematically. Moreover, they also tried to mention every single equipments in their treatment to memorize the name of medical equipment in English. While in the control group, the students sometimes did the medical procedure unsystematically. They sometimes missed the medical procedure.
From those several aspects, it is clear that the use of filmed scenes is effective for the students especially in learning English for nursing. The experimental group shows the positive effect after getting treatment after using filmed scenes. The positive effect is not only comes from English skill and communication skill but also from medical skill. And those skills are important for the students.

4. CONCLUSION

Teaching English for nursing is quite different from teaching English for general. It happens because in teaching English for nursing has specific purpose that is improving English for nurses. It is very important to make them ready when they work. Moreover, English as the language in communication is not only for daily communication but also for the therapeutic communication. One of the ways to improve communication and medical English for nursing students is by using filmed scenes. It can be concluded that the use of filmed scenes can improve the students’ vocabulary, English and communication skill and also improve the medical skill. It happens because in filmed scenes the students tried to use English as a medium in communicating and giving treatment to the patient. It means that they have a realistic medical treatment using English. Therefore, they also have a practice in giving therapeutic communication using English. It can be concluded that the use of the filmed scenes in teaching English for nursing is effective to improve communication and medical skill for nursing students.

REFERENCES

Amold, E. 1983. Starting to Teach Study Skill. London: Edward Arnold, Ltd


