

## GENRE ANALYSIS IN TEACHING ENGLISH FOR PROFESSIONAL COMMUNICATION

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**Abstract:** *During their studies of general English at secondary school students obtain knowledge of the forms and meaning of words used in everyday situations, knowledge of grammatical components and frequently occurring language functions. Then they enroll in university to study a profession. English for Professional Communication is usually a part of their curriculum. Within it, they need to acquire communicative competence enabling them to enter a discourse community of experts. In addition to learning the terminology used in a profession they have to acquire sociolinguistic and discourse competences as well including generic one. It is a challenge that English teachers face when they decide to enclose authentic genres into their teaching materials. This paper presents suggestions how written genres can be used in teaching English for nurses. Most of the discourse and genre analyses relate to face-to-face doctor-patient encounters and nurses' computer-mediated communications. To my knowledge, less attention has been given to written genres of the nursing discourse. Therefore the paper presents the most important concepts of genre, explains the roles of genre in organizational communication and gives a brief description of the discourse community of nurses and ways it uses task-oriented and patient-oriented genres as mechanisms of interaction. It also explains the purpose of individual genres. In the process of creating materials for learning professional English one of the most important tasks is the selection of suitable texts as they should meet learners' needs and represent texts used in practice. I consider a Nursing Care Plan for a key text. Therefore, I present a detailed analysis of its parts focused on their communicative functions, description of standardized lexis, grammar structures and broken grammar rules. I suggest a method how to teach the Nursing Care Plan genre in English lessons and present tasks leading to the acquisition of receptive and productive skills related to the use of this genre. I believe that the knowledge of genres can help students to make sense of the diverse types of communicative actions that are typical of the discourse community to which they will belong.*

**Keywords:** Communicative competence; genres; genre analysis; discourse community of nurses; English for Professional Communication; English for nurses.

### **Introduction**

The word *genre* meaning *class* or *kind* is widely used not only in literary theory for conventional classification of various literary works but in the media and linguistics as well. The notion of genre is not merely interpreted as "a general complex name of text groups characterized by common literary features, such as composition,

topic or form, or by their combination“ (Findra, 2004:26), but is connected with the texts produced in different communicative situations for various purposes, and directed to various audiences.

Within the applied linguistics in the English language contexts, a concept of genres as social action has a long tradition. It was Carolyn R. Miller who examined “the connection between genre and recurrent situation and the way in which genre can be said to represent typified rhetorical action“(1984:151). In the course of years, three dominant approaches in applying genre theory have emerged. The non-linguistically oriented New Rhetoric Studies focusing on the social context of genres, ethnographic research and interpretation of the situational context in which the individual texts are used. Pedagogical focus is primarily oriented towards awareness of the situational characteristic and social functions of genres in different settings and not towards their linguistic structures. Unlike representatives of the New Rhetoric approach, analysts of the English for Specific Purposes (ESP), English for Academic Purposes (EAP), and the representatives of the Sydney School - Systemic Functional Linguistics are oriented linguistically, i.e. they focus their research towards linguistic realization of a genre and look at the situational context only to interpret language structures.

During the 90s of the last century, many other scholars showed interest in organizational communication and genres used for the purpose of communication in different institutions, (Yates and Orlikowski, 1992; Swales, 1990).

Some Slovak authors consider a genre for the model text (Findra, 2004; Mistrík, 1995) developed on the basis of the recurrent use of the same texts with the same contents and formal structure in similar communication situations. Others denote it as a norm, as a certain generalized sum of rules that should be followed while creating particular texts. They should be mastered by language users as a part of their communicative competence (Slančová, 1994).

### **1. Genres as organizational communication**

Yo Ann Yates and Wanda Orlikowski (1992) were the first authors who applied the term “genre” to the text used within institutional (organizational) communication, i.e. outside the academic setting and the literary theory with its traditional division of genres into epic, drama and lyric. They defined it as a typified communicative action characterized by articular social purpose. They consider the genre to be a template according to which communication is performed as a standard rhetoric activity resulting from recurrent situations. Their suggestion that a genre is a typified communicative action is similar to the one of Carolyn R. Miller. Their main criterion for genre classification is the level of their abstraction, whereas Swales (1990) and Bhatia (1993) emphasize communicative function of genres. Swales (1990) connects the use of genres with discourse communities (DC) and proposes six features that characterize a certain group as a DC. A DC has a repertoire of common public goals that can be written in documents or function as unwritten rules. It also has elaborated mechanisms of communication among its members. It uses both oral genres, such as meetings, seminars, conferences, and written ones, e.g. memos, letters and journal articles, etc. depending on the type of community. A DC does not use genres as a means of communication primarily to socialize, but to perform common goals - to provide information and feedback. Swales points out that a DC community “possesses one or more genres“ (1990:26) and uses special

lexical units or technical terminology that often isolate a particular DC from other ones. Specialized lexis may not be fully comprehensible to non-community members as it is true for English words of Latin and Greek origin used in medicine, nursing and biology. According to Swales another typical feature of a DC is that it has a limited number of its members. Its novices should show a certain amount of expertise, including oral and written communicative skills so that they could be accepted by the particular DC as its respected members. To summarize Swales's suggestions, in an institutional setting, genres have their origin in the work, organizational and managerial activities closely interrelated to communicative activity of the particular DC.

## **2. Organisational communication of nurses**

Swales's characteristics can be applied to the DC of health care staff. Its public goals are explicit – they are written in the form of documents, such as *Standards of Nurses' Practice*, where the goals of nursing care including the principles of nurse-patient talk is enclosed. They were elaborated by the American Nursing Association and are used in the English speaking countries. The Slovak equivalent is so called Standards of Nursing Care.

Nursing DC uses all mentioned mechanisms of interaction by means of oral and written communication. In medicine and nursing, providing information and feedback is performed as in-group and out-group communications. In-group communication is carried out within the DC. It includes talks to colleagues, supervisors, other experts, or health care institutions, as well as various written texts addressed to them. Out-group communication is directed towards the lay public – patients and their relatives.

### **2.1. Written genres used in organizational communication of nurses**

As far as a health setting is concerned, the majority of discourse and genres analyses relate to face-to-face doctor-patient encounters and nurses' computer-mediated communications. To my knowledge, less attention has been given to the written genres of the nursing discourse, to their analysis and classification, in spite of the fact that writing is integral to nursing and represents a great deal of nursing tasks. The generally known mantra "If it is not documented, it never happened." confirms the importance of written genres. From the legal standpoint, documenting is crucial as it serves as evidence in the case of trials.

In the second half of the 20<sup>th</sup> century a dramatic turning point occurred in nursing that had a great influence on the variety of genres used by the nursing community. Nursing became autonomous in the field of theory and practice. Training performed exclusively in hospitals was transferred to the academic setting as nurses need to take bachelor degree courses to be qualified. At the same time nursing was established as an independent scientific discipline with its own research. From this it results that a genre repertoire used by the nursing community includes widely recognized *academic genres*, student-written as well as pedagogical ones, (conference posters, theses, dissertation abstracts, textbooks, etc.), *research genres* that are meant for expert audience and are written to promote one's research results (journal articles, reports, etc.) to disseminate information and discuss new contribution to the disciplinary knowledge (Stašková, 2005), as well as *specific genres* of organizational communication used in the clinical setting.

Genres used in the clinical setting differ in terms of the theme as well as in terms of their purpose. Some genres are used to document patient's health status, progress, actual caring process or an unexpected occurrence involving physical or psychical injury or even death in a health care facility (e.g. Admission Chart, Incident Report, FlowSheet, Fluid Intake and Output Sheet). Nurses also record matters that are important from the patients' point of view, their hopes, needs and wishes regarding the care given (e.g. Nurse's Notes). Some genres occur in the form of lists (Clothing List, Nursing Diagnoses, Nursing Procedures) or rules of professional conduct (Code of Nurses, Ethic Code, Code of Midwives, Patient Rights) or are used to organize nursing work (Assignment Sheet, Safety Guidelines). All these genres are *task-oriented*. They serve as itineraries to organize care givers' work practices, as an institutionalized template for social interaction that influences the ongoing communicative action of members through their use of it within and across their community (Orlikowski & Yates, 1998).

Nursing staff also use *patient-oriented* genres which are produced to inform patients and their relatives (frequently asked questions, leaflets, brochures, posters).

Some genres have multiple purposes. For example, the Nursing Care Plan is used to document subjective and objective data about the patient in the part called Assessment and progress of health status in the one called Evaluation. But it also informs in the part referred to as Diagnosing and is used for directing orders to the writer herself and other members of the discourse community in the part called Planning.

Another characteristic feature of written nursing genus is that they are not used separately. Nurses, as well as doctors, record the same data in different documents, combine and recombine them. Observable aspects of genres relate to the medium, structural features and linguistic features. Genres can be handwritten (Nurse's Notes), typewritten, or computer generated.

### **3. Genres in teaching and learning English for Professional Communication**

Each discipline, including medicine and nursing, has its own conventions of language use and style. In the process of creating teaching materials, one of the most important tasks is the selection of suitable texts. They should meet learners' needs and represent texts used in practice. Genres are a good resource, as they contain content-based vocabulary as well as grammatical structures typical for individual genres. Using genres allows the teacher to a) collect real samples of appropriate texts, b) design activities to foster understanding of genres, (c) focus attention on key vocabulary and grammatical structures associated with the genre, and d) demonstrate to the student how these interact with the who, what, where, when, how, and why of the text in terms of situation and context allowing the relationship between the culture and language to be directly addressed (Bradford-Watts, 2003).

### **4. Analysis of the selected written genre in the perspective of teaching and learning English for Nurses**

I consider a *Nursing Care Plan* (hereinafter as the *Plan*) as a key written genre. It is a text worked out by a particular nurse being in charge of a particular patient. The

*Plan* is the source of information about the patient, nurses' tasks related to his treatment and evaluation of his progress. I use the *Plans* included in the nursing books (Kosier, 1995; Lewis and Timby, 1992).

Composition of the text includes standardized parts consisting of headlines which introduce the themes and sub-texts. They are as follows: *Diagnosis*, *Goals*, *Orders*, *Implementation* and *Evaluation*. Their sequence logically follows individual nurses' tasks.

Individual genres can be characterized by means of one of four discourse rhetorical modes. The *Plan* is a hybrid genre containing more than one mode.

*Plans* serve primarily interpersonal communication. Therefore the communicative register of the nursing DC is used in full extent: standardized "technical" lexis, typical phrases and grammatical structures.

#### **4.1. Analysis of the Assessment**

The sub-text *Subjective Data* deals with the patient's health status. It is written mostly in the form of a first person narrative – account of connected events preceding the patient's admission to hospital. Lexis is colloquial English. It includes expressive and evaluative words and comparisons (States: "I feel like a semi-truck is parked on my chest." "I hate myself for agreeing to this operation."). Ellipsis – leaving out the subject of the sentence is common.

The sub-text *Objective Data* is written in the expositive mode. Its lexis can be characterized as "technical" English - standardized nursing language (e.g. "shortness of breath", "ineffective breastfeeding"), medical terms including Latin terms (e.g. "cerebral vascular accident", "femur"), accepted abbreviations (e.g. "CBC instead of "Complete blood count", "T" - "temperature"). Medical terms are preferred to colloquial ones (e.g. "perspires" instead of "sweats", "respiration" instead of "breathing"). Numbers showing different values are frequent, too. The communicative purpose of both parts is to supply other members of the nursing team caring for the patient with all information related to his condition on admission. *Subjective* and *Objective Data* are written on the basis of other genres, namely, the oral hybrid genre of the *Patient's Admission to Hospital* containing the sub-genre *Taking Patient's Health History* and the data taken from the written genre of the *Physical Assessment*.

#### **4.2. Analysis of the Diagnosis**

*Diagnosis* is an embedded genre as the list of diagnoses can be considered a separate text model. In the English speaking countries the North American Nursing Association's List of Accepted Nursing Diagnoses is used. The lexis of this genre consists of nouns denoting general diagnoses and a limited repertoire of obligatorily used evaluative words – adjectives and past participles, such as "impaired, altered, ineffective, chronic", etc. (e.g. "Skin Integrity, Impaired"). A complete nursing diagnosis is written as a combination of the components of the so called "PES" formula (problem – etiology – signs and symptoms). The first two parts of the formula have to be connected by the expressions: "related to", "based on" or "secondary to". The third part is attached by "as manifested by" or "as evidenced by" which are considered to be synonyms (e.g. "Fluid Volume Deficit related to inadequate oral intake" or Impaired Skin Integrity on the buttocks as manifested by/as evidenced by 1 cm x 2 cm red area."). The purpose of this sub-

genre is a clinical judgement about the patient and eventually his family, and his possible health problems.

#### **4.3. Analysis of the Goal and Orders**

In these sub-texts, narrative rhetoric mode is used. Again, standard rules related to vocabulary and grammar structures have to be followed. When writing the *Goal*, the word “patient”, “client” or “resident” can be left out. The predicate should be in the simple future tense (“Will report feeling rested.”) or expressed by means of –ing verb form (“Inhaling normal volume on air on spirometer.”) Patient’s future progress has to be expressed by means of action verbs, such as “eat”, “drink”, “turn”, “sit”, “walk”, “demonstrate”, “tell”, etc. Verbs, such as “know”, “believe”, or “think” are not acceptable. The verb has to be followed by an object and/or adverbial modifier denoting what, where and when the patient will do including communicative activity – “express”, or “tell”. The adverbial modifier of time is a must (e.g. “in a week”, “within 3 days”). Expressions, such as “often”, “frequently”, “a lot of”, “enough”, etc., are not acceptable as they are considered to be vague and too general. An example of the correct *Goal* is: “Body temperature will return to 98,6 ±1 °F in 24 hours”.

Verbs used in the *Orders* are in the imperative form as they express activities nurses have to perform (e.g. “Assess the gums.” “Instruct to avoid drinking liquids with meals when nausea occurs.”). The use of the modal verbs “may”, “must”, “should”, “can” or “could” is not appropriate. The sentence subject (“I”, “Nurse”) is omitted. The imperative verb is again followed by an object or/and adverbial modifiers (e.g. “Instruct to avoid drinking liquids with meals when nausea occurs.”). The last part of the subtext *Orders* contains the nurse’s name and the date when the *Plan* was written. The purpose of these two sub-texts is to formulate what the author of the genre wants to achieve in cooperation with other nurses, and to set clear instructions to themselves including communicative activities.

#### **4.4. Analysis of the Implementation and Evaluation**

The purpose of these parts is to describe the sequence of the tasks that nurses in charge of the patient have already performed and to record of data about the patient’s health condition during his stay in hospital in the form of exposition. All words that do not have any information value are omitted, i.e. the words “patient”, “client” or “resident”, indefinite and definite articles, and auxiliary verbs (“Tylenol given at 0300.” “Uses his crutches well.” “Goal met.”).

#### **5. Didactic use of the genre in English lessons**

As I consider the genre of the *Nursing Care Plan* the most important of all written genres used by the nursing DC, I have included it in my teaching material (Valdmanova, 2008). My suggestions regarding this genre are as follows:

- Correct timing is necessary. Student nurses should have basic knowledge of what to ask and how to ask their patients to get necessary information and how to document it in their mother language. This should be a prerequisite enabling a teacher to omit discourse analysis, which is crucial in teaching oral genres. The teacher can focus on the function of language in the concrete written genre. I have included the *Plan* genre into units of my textbook studied in the last semester of English in Nursing course. My

students have already managed subjects of Nursing, Clinical Training, Nursing Process and Communication.

- The genre can be used to practise receptive skills whereby a heuristic method of experience-based techniques for problem solving and learning has proved to be most relevant. I divide the activity into three parts. The first one focuses on the practice of the receptive skills – identification of the characteristic features of the nursing DC register and learning new vocabulary. The tasks include, e.g. “In the following text, look for and underline all abbreviations (medical terms, etc.). Identify their meaning (translate them into Slovak).” “Look for the expressions connecting individual parts of the PES format in the *Diagnosis* and translate them.” “Underline all verbs in the *Goals* and *Orders* and identify the tenses and voice.” A lot of similar tasks are possible.

An English teacher can make a profit of the positive transfer of knowledge from mother language and clinical practice into learning English for professional communication.

Focus on the language stereotypes – lexis and grammar structures used, but also the ones that are not accepted is of great importance. The explanation of the grammar rules that are broken in this written genre as the grammatical correctness is also required when students write other genres, such as bachelor theses and seminar papers, etc.

- The second phase consists of problem solving tasks leading to obtaining productive skills. The goal of the tasks is to teach students how to write individual parts of the *Plan*. I provide them with the text containing sample health problems, aetiologies, signs and symptoms. They are supposed to create a complete *Diagnosis* and *Orders*. Also a grammatically correct text related to the evaluation of the patient’s health status is at their disposal, and they have to re-write it in the way nurses do, i.e. they have to produce a “grammatically incorrect” text.
- If the students manage the partially genre-oriented tasks, they can be given a complete problem solving task – to write a *Nursing Care Plan* on the basis of the *Subjective and Objective Data*.

My experience shows that while designing the *Plan* students are able to apply positive transfer of knowledge from the theoretical nursing subjects and clinical practice in hospitals.

## 6. Conclusion

If language users want to communicate in a second language effectively, they need to know to communicate appropriately within a DC, in addition to the knowledge of the forms of language (sounds, words, and sentence structure). They have to use linguistic units in different speech events appropriately. Students studying English for professional purposes in a non-English setting depend on textbooks, and hence on written genres to a large degree. They are primary and often the only source of pragmatic information. It means that genres demonstrate how members of the particular DC use the language to achieve their goals in different communicative situations, what culturally and socially suitable language forms they use and how they manage language breakdowns, etc. If second

language learners understand how the language works in particular genres, they will be able to produce the genres.

As English teachers are rarely experts in the nursing profession, one of the most important challenges to them is to choose suitable genres from the genre repertoire, analyze them, prepare tasks and include them in their teaching materials.

I believe that knowledge of genres can help students to make sense of diverse types of communication actions that are typical of the discourse community to which they will belong.

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