Assessing M.o.H.P. teaching staff's EFL oral production

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Abstract

*T**he medical and nursing international settings use English as the shared medium of course delivery at present time. M.o.H.P. teaching staff are not supposed to have no problems in their EFL oral production when doing their jobs. Nevertheless, it was observed that pertaining oral production was not up to overall acceptable levels. Thus, the study used a mixed method approach in order to attain the aim of investigating this observation and relating aspects, if any. A four-scale Likert-type questionnaire and a semi-structured interview as tools were used to collect data from seven practiced teaching staff (ages 37-59) delivering courses at the M.o.H.P. Technical Health Institute, Egypt. Findings revealed that the participants' vast majority (n. 6) had good oral production levels, except in the area of word number production. The findings also revealed they (n.6) lacked knowledge and use of the prosodic features of pronunciation, such as word stress, intonation, rhythm, timing, and pause. Recommendations comprised presenting general language courses in order to increase word production and do speaking activities and attending conversation classes regulated by the M.o.H.P. Besides, recommendations incorporated attending phenology classes and practising the language more with native speakers.*
Key words: EFL oral production, M.o.H.P. teaching staff, prosodic features

Introduction

English is thought to be the international language used for medical science and teaching. The reason for this is that much of the recent medical information found in the

majority of books, articles, theses, documents and newspapers is perceptibly written in the English language (Angel, 2020). Besides, it is thought that having English skills is a compulsory condition for a medical career (Aburous and Kamlaa, 2022; Herzberg et al, 2022; Pavel, 2014).

English is the lingua franca of communication and communication-related skills in the medical science field (Milosavljević, 2015: 237), and it has medical as well as general terms (Tolkinovna, 2022). Angel et al (2020) see that English proficiency is necessary for medical students and doctors, allowing them to study English for medical purposes in order to develop in various settings. It definitely helps in communication at conferences which lead to globalizing and homogenizing science and scientific language (Milosavljević, 2015: 237). "It is characterized by specific linguistic features and requires special study…" (Ibid: 237).

Largely, English language proficiency which is necessary to communication can help with developing professional language. Learning a specialized language implies the shared use of mysterious and often unclear words and terminology, according to Bryson (2016). The study clarifies that health professionals and professors have to be aware of and keen on both how well they communicate and how their colleagues do.

Obviously, there are a number of commitments which medical staff need to make in order to communicate well in

English: 1.) avoiding acronyms and abbreviations 2.) paying attention to words and letters which are not pronounced by certain groups of people, 3.) avoiding using phrases in conversation scattered recurrently, 4.) abandoning bizarre words (Ibid.). However, it can be proclaimed that clear messages, the use of non-verbal communication, and a suitable fluency rate can lead to better understanding on the part of the listener.

It is proclaimed by Milosavljević (2015), Khan (2018), and Hull (2022) that the focus of medical English teaching should chiefly be on stable linguistic competence in English created by means of a content-context-based curriculum. The study states that such a curriculum instigates students for active use of English at the time of graduation.

The study even states that English is an international means for mutual communication, as clarified earlier, not only in medical situations and sciences but also in all sciences in this modern globalized world and asserts that "it is well established that Medical English teaching should primarily focus on stable linguistic competence in English …thus preparing students for lively use of English upon graduation", p. 238. The study (Ibid: 238) reveals that Medical English teaching forms up constant challenges for the teaching staff as they should have new ways to adapt to the new challenges.

It must be stated that studies relating to the staff's level of proficiency (i.e. oral production as the focus of this

study) are quite rare. However, there are rather related studies: one addressing faculty teaching skills (Berfor et al, 2018) and another focused on the teaching of medical terms (Khan, 2018). To the best knowledge of the researcher, it seems that studies straightforwardly related to medical teaching staff's oral production can particularly be declared not to exist.

Belfor et at (2018: 73) investigated teaching staff's skills (part of which is English oral production) at the Federal University of Amapá from the perspectives of students. It was concluded there was a need for improving the essential aspects of medical teaching skills and the importance of constant evaluation for this process.

Khan (2018) found that the teaching staff and professionals in the urology/nephrology Department needed a training program and pedagogy in terms of medical terms needed at their department. It is noteworthy that oral production of the staff is not frankly mentioned in this respect.

However, Belfor (2018) and Khan (2018), besides the aforementioned general establishing studies, might give a direction towards the likelihood of existence of imperfect skills (again, part of which is English delivery of knowledge and smoothness of this delivery) of teaching staff even in the eyes of their students, suggesting a need for narrow scope investigation.

Staley et al (2020: 2) state that teaching English for specific purposes (ESP), e.g. Medical English, is seen as

'impactful due to high student motivation and immediate real-world application. Medical professionals devote their careers to improving the health and lives of others. With English language skills, medical specialists, including teaching staff, can further their own professional development by joining international conferences, discussing field journals, and sharing discoveries reached with peers.

Although studies pertaining to medical teaching staff' English (or oral production in particular) are rare, as previously stated, there was a study investigating the errors of medical students, not staff, Maharani (2020). Other studies handled the mutual effect of the teaching staff and students (e.g. Maharani (2020) and Donisch-Jezo (2014). Only one recent study (Eligindi and Hoque, 2022: 202) dealt with new teacher English for Medical Purposes in Saudi Arabia and found that they had problems in oral production of medical terms as well as in the meaning of the medical terminology. They also face challenges such as English for medical procedures, and communication with medical staff as well as patients. The following record will take more insights into the above-mentioned studies to reveal how they relate to the present study and give it a rationale.

Maharani (2020) investigates oral production errors of Medical students. The findings show that the types of oral production errors made by medical students were represented in interference errors, intra-lingual errors, and developmental errors.

It is worth mentioning that those three types of errors are student, not staff errors, and are pointed out in Richards (1974). The study asserts that interference errors are those made due to the mother tongue. The intra-lingual ones the study depicts, are due to generalization of a rule for a certain word to all similar words without considering irregularities, and the developmental ones happen in the way of growing improvement.

Besides, from a different perspective particularly relating to pronunciation, Zheng et al (2022: 477) found that the learning of positive oral production of second language relates to 'domain-general auditory processing rather than music aptitude'.

To take an insight in the mutual effect that medical teaching staff have on their students. Maharani (Ibid) revealed that while speaking, teaching staff and students had their clear mutual effect to each other. The study explains that the staff have the responsibility to assess and address the errors of students by addressing them permanently, particularly at the time of drilling and practicing. Of this, it is understood that when the teaching staff oral production is proper, it will be so on the part of their students, too. This might give the present study a momentum.

It is well known that even before being able to teach with proper oral productionin English, the medical teaching staff must have a good proficiency level of English. Donisch-Jezo (2014: 71) clarifies that university medical

teaching staff must prepare students with effective communication (part of which are the proficiency elements of oral production) to do their target work. The study adds that teaching specialist vocabulary in the teaching of language at a university level is important. The purpose behind ESP classes lies in preparing university students in order to communicate effectively during their target work and clinical practice where English is the main medium for science.

Rather recently, Eligindi and Hoque (2022: 209) finds that new teachers of English had difficulty dealing with medical terminology, i. e. meaning and pronunciation. However, the participants in the study declared that good preparation could overcome those problem. It is to be argued that the participants in that study were not originally medical teaching staff (as is the focus participants of the present study) as they were teachers of general English.

It has to be emphasized that EFL (English as a Foeingn Language) oral productionis a component with specificities vital to learners of the English language. Studies handling this notion are numerous (e.g. Vančová (2019; Askin and Mohd Ibrahim, 2020; Albaaly, 2017b; Albaaly, 2017a; Alshamsi, 2020).

Vančová (2019) sees oral productionis an indisputable factor for communication when there is one between native and non-natives of English. It is the most important sub-skill of speaking (Asikin and Mohd Ibrahim,2020) and has segmental and prosodic features (Albaaly, 2017b).

It appears that the problems with most non-native EFL students lie in the prosodic elements of pronunciation, such as stress (Albaaly, 2017a), and intonation, rather than the segmental ones (Albaaly, 2017b). Nevertheless, Albaaly's studies are related to EFL teacher students, not medical teaching staff delivering their courses in EFL (English as a Foreign Language), and not to nursing students. Needleless to state, the relationship between the teaching staff and students is mutual, as analyzed earlier.

As a byproduct of misuse of oral production and lack of oral fluency, it is known that language barriers, part of which is oral production, can cause dissatisfaction among healthcare specialists and patients as well (Alshamsi, 2020).

As for oral fluency, Perman (2020: 45) having screened various definitions in earlier years, builds up and adopts a definition that 'oral fluency is a spontaneous natural ability to speak smoothly, quickly, efficiently, accurately and expansively with the slightest chances which might cause a distraction from the speaker's message…' This view has basic grounds in earlier studies (e.g. Molenda, 2013)

Oral fluency is seen as 'one of the major learning goals' participating in the educational process (Suzuki and kormos, 2022: 1-2). To understand the nature and determinants of oral fluency EFL practitioners need, Permana (2020: 45-46) remarks and explains four types of oral fluency: "peech rate, pause rate, disfluent

syllable, and mean length of runs," p. 45. The study explains that speech rate is the number of words produced in the time period of a minute and the pause rate the number of pauses made per so.

Permana (Ibid: 45-46) points out that disfluent syllable calculation is done by subtracting the 'pruned syllable number' from the total syllable number in an utterance. The study further explains that pruned syllables comprise "illers, repetitions, and errors." The study reveals that "the resultant is the number of disfluent syllables which is then divided by 230, the highest normal number of syllables per minute, and multiplied by the total time in seconds," p.46.

The mean length of runs (Ibid, 45-46) happens between pauses and measures the average number of syllables produced in runs of speech between pauses and other disfluencies in a speech sample of two-minute time. The study clarifies that this is done so as to give an idea for calculating how much speech is said without interruption. The mean length of runs, according to the study, is then calculated by subtracting the total syllable number by the times of pauses above 0.3 seconds as well as other disfluencies then divided by the normal number of syllables per minute for total two-minute time for the speech sample.

However, it was observed that a considerable number of the Ministry of Health and population (M.o.H.P.)

medical teaching staff at the Technical Health Institute, Ismailia, Egypt, had quite improper oral production, particularly relating to pronunciation of vocabulary, whether general or medical, and low rate of oral fluency, which might to some extent set back their ability of Medical English teaching skill.

Aim of the study

The aim of this study was to find out whether this arbitrary observation had been solid or temporary and, if positive, to what extent it was so and what dimensions imbedded in the problem were.

In order to achieve the aims above, two questions attempting to attain this aim were set down:

1. To what extent do M.o.H.P. teaching staff have a high level of English language pronunciation?
2. What is the status quo of the M.o.H.P. teaching staff oral fluency?

Method

The research adopted a mixed method approach. That is, as in the present case, it used a tool in connection with quatitative data gathering and another related to the qualitative type for the investigation purposes. The participants (ps.) taking part were seven medical and nursing teaching staff at the M.o.H.P. Technical Health Institute in Ismailia. Their ages were between 35 and 63.

The following Table (1) shows the basic information about the ps.

Table (1)

Ps.	Sex	Age	No. of conferences attended	country
Participant A	Male	63	14	Egypt
Participant B	Female	54	7	Egypt
Participant C	Male	35	1	Egypt
Participant D	Male	54	4	Egypt
Participant E	Male	51	4	Egypt
Participant F	Male	47	7	Egypt
Participant G	female	41	7	Egypt

As demonstrated in the Table (1), the ps. are mostly males (n. 5) and two females. Their ages range between 35 and 63, which reflect good experience level. The international conferences they attended were four or more for the vast majority of them (n. 6). They all belonged to M.o.H.P. and taught at nursing-related entities at its institutions.

Tools

Two tools were developed: a four-scale Likert-type questionnaire (see Appendix 1) and a semi-structured interview (see Appendix 2). The aim of the questionnaire

was to unveil if oral production was jeopardized or not and investigates the two language components from various dimensions.

The aim of the interview was to detect if the M.o.H.P. medical teaching staff had appropriate pronunciation and speaking fluency as elements of oral production and investigated existing aspects of their status-quo in the area. Also, the interview doubled as a confirmatory tool which emphasized the questionnaire findings.

The questionnaire was formed up with six questions with a four-point Likert scale rubric of Never, Sometimes, Often, and Always to detect nearly all possibilities. The questions dealt with their ability to fluently express thoughts, ability to ascertain proper pronunciation before use, level of pronunciation, staff's pronunciation prosodic aspects (The focus was on prosodic aspects not the segmental ones as informed by observation, they had a good level of the latter, not the former.)

In the interview, six questions were to be answered by M.o.H.P. teaching staff (See Appendix 2).

Relating validity was assured by submitting the interview questions to three referees and their comments were addressed through. The questions covered the areas of oral production.

Findings, discussion, and recommendations

The early-mentioned two questions of the study (see Aim of the study) were answered and relating findings

analyzed. In order to answer the first study question, all questionnaire answers needed to be addressed. The following Table (2) addresses the ps.' answers.

Table (2)

Number of ps. giving a certain answer and related percentage to the total no. of ps.

Questions	No. of ps. stating Never	No. of ps. stating Sometimes	No. of ps. stating Often	No. of ps. stating Always
1				7(pct. 1,00)
2	1(pct. 0,20)	6(pct.0,80)		
3			2 (pct. 2)	5(pct. 1,00)
4		6(pct. 0,80)		1(pct.0,20)
5		6(m.0 ,80)	1(pct.0 ,10)	
6			7(pct. 1,00)	
7		1(pct. 0,20)	6(pct. 0,80)	
8	1(pct.0 ,20)	6(pct. 0,80)		

Pct.= percentage

The table above shows number of ps. giving a certain answer (and percentage relating to the total ps). It was observed that, as to questionnaire question 1, all the ps. thought they always expressed their thoughts in English well. However, in answer to questionnaire question 2, the majority (n. 6) stated they sometimes found it hard to search for suitable vocabulary when speaking to an English-speaking person. This indicates quite a contradiction with the answer to the first question, and it can raise questions relating to their vocabulary and practice needs. In another position, in answer to question 7, they (n. 6) even declared they just often, not always, articulated their thoughts spontaneously, smoothly, effectively, and completely, which even deepen the evidence that there was a problem with oral fluency. This is further ascertained by the participant answers to question 8, as they (n. 6) sometimes, not always, "search my mind for certain ways to express certain structures and this takes time and creates a number of stammers and pauses when I speak". (This was mentioned during the interview.) This even further confirms the problem in the area of oral fluency. (It also gives an early answer to study question 2.)

The ps. (n. 5) depicted that they were keen to relate correct pronunciation to medical terms' (answer to questionnaire question 5), which reflected their desire and efforts to use correct pronunciation of medical terms. However, the majority (n.6) stated quite a dissatisfaction about their oral fluency, which may be related to

insufficient practice enhancing the area of oral fluency. They (n.6), as in their answers to question 8, sometimes, not always, use pronunciation aspects, such as stress, intonation, rhythm, linking, timing and pause. Based on this, it can be deduced that have quite a lack of knowledge and practice in these areas.

The findings from the interview reflected different problems. Although the ps. (n. 7) attended many conferences (i.e. for the majority (n. 6) ten or more, as mentioned earlier), the major issue clarified was their false assumption of what was meant by word, phrase, and sentence- stress; intonation, rising, falling, falling-rinsing, rising-falling, and level; rhythm; linking; timing; and pause. They essentially (n. 6) thought these elements were just, in the representing words of one participant, "an endorsement of my spoken words and phrases by changing my tone, when to stop and how to split words." These study findings are consistent with those of (Albaaly, 2017a), as the study found that EFL teachers had problems with the prosodic elements of pronunciation, such as stress (Albaaly, 2017a), and others in intonation (Albaaly, 2017b).

The present study findings are also different from those embedded in Maharani (2020) which investigated pronunciation errors of Medical students. The findings of the study revealed that the types of pronunciation errors committed by medical students were interference errors, intra-lingual errors, and developmental errors. The present

study findings, on the contrary, reached dissimilar findings relating to problems in word production and prosodic features of pronunciation.

Also, the present study findings are different from Eligindi and Hoque (2022) in that the present findings are directly related to ps. of M.o.H.P. teaching staff, not to new teachers of English for medical purposes whose field is not medicine. The findings of the present study revealed insufficient vocabulary and low oral fluency, whereas Eligindi and Hoque found there was unclarity of meaning and pronunciation of medical terms on the part of the ps., the new teachers. Moreover, the ps. of the present study are much experienced professors, not new EFL teachers.

Conclusions

It appears that although the M.o.H.P. medical staff had apparently satisfactory pronunciation, particularly in scientific term pronunciation, they had genuine drawbacks regarding oral fluency. They often searched for words and did not at least usually practice stress, intonation, rhythm, linking, timing and pause and even had improper knowledge about them. This may be attributed to their nature of studies which overlook English as an academic study.

The findings revealed that the M.o.H.P medical staff did not practise English in a way which helped boost oral fluency. They had clear defects in word number production as well as in prosodic elements of pronunciation and flow. Once again, the nature of the above-mentioned studies does

not enhance fluency development and optimization, which may make the present study seem as offering new findings for the medical as well as the linguistic domains.

A number of recommendations can then be made. The M.o.H.P. teaching staff need to be exposed to speaking activities enriching their vocabulary in English for general purposes. This can be done through courses of general English. It is much suggested that the university should offer these type of courses as will be reflected in the production of the teaching staff's graduates, which is later required when they attend international conference training boosting their knowledge and skills of medicine in turn reflected in clinical patient practice. The staff also need to study the prosodic elements of speech production, such as word stress, intonation, rhythm, timing, pause, and have much practice on them. This can be done through attending a phenology class and also practice the language more with native speakers. These are the major directions this study could inform of.

In terms of sample size, although the participants in the present study is quite small in number, still the findings can be generalized as M.o.H.P. teaching staff share quite the same abilities and skills within the M.o.H.P. all over the country.

To conclude, directions for further research might include elements affecting the staff's vocabulary production and the types of prosodic pronunciation mistakes they commit. An insight into time when they are

less/more fluent is also needed as fluency is important to communication in medical settings. Treatments to manipulate the previous oral production problems are then suggested for future research.

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Appendix 1

Oral production Questionnaire

This is a questionnaire investigating English language oral production among M.o.H.P. teaching staff at Technical Health Institute. You are kindly requested to respond to each statement choosing the exact case which applies to you. Your comments are highly appreciated.

Name of Teaching Staff Member:

Age:

Specialty:

Experience in the teaching profession:

No. of International Conferences attended:

Item to answer	Never	Sometimes	Often	Always
1. I can describe myself in terms of being able to express my thoughts in English well. 1-4.				
2. I find it hard to search for suitable vocabulary when speaking to an English-speaking person. 2-3.				
3.When about to use medical terms, I become sure of relating correct pronunciation. 3-6.				
4. My oral fluency is appropriate as there are no higher levels I could reach.				
5. While speaking, I use such pronunciation aspects as stress, intonation, rhythm, linking, timing and pause. 5-4				
6. I prepare well when about to speak in English in lectures.				
7. I express my thoughts spontaneously, smoothly, effectively, and completely				
8. I search my mind for certain ways to express certain structures and this takes time and creates a number of stammers and pauses when I speak.				

Appendix 2

Interview

Please, do answer the following questions:
1. Do you think conferences help in improving your oral production level and vocabulary retention rate? Do they increase medical term numbers, etc.? 2. How satisfied with your English production rate are you? 3. Why do you think university teaching staff should have a good level of English language pronunciation and fluency? 4. To what extent you think you sound like a native speaker? 5. How many conferences in English have you attended so far? 6. How do you think English language pronunciation, whether of medical terms or of general English, can be improved? 7. What is your definition of/idea about word, phrase, and sentence stress; intonation, rising, falling, falling-rinsing, rising-falling, and level; rhythm; linking; timing; and pause? 8. Please, mention any uncertainty areas in pronunciation.
9. Which speaking dictionary or reference do you revise pronunciation in? Or what do you do to revise your pronunciation? 10. What do you suggest in order to improve M.o.H.P. teaching staff's oral production?
You   are   free   to   note   down   any   Additional remarks…………………………………………………………………
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