

# THE IMPORTANCE OF LANGUAGE FOR NURSING: DOES IT CONVEY COMMONALITY OF MEANING AND IS IT IMPORTANT TO DO SO

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## ABSTRACT

### **Objective:**

Language is the medium by which communication is both conveyed and received. To understand and communicate meaning it is necessary to examine the theoretical basis of word conceptualisation. The determinants of understanding language however are somewhat elusive and idiosyncratic by nature. This paper will examine briefly the development of language and how language is used in the health care setting, while recognising that nursing is an internationally recognised profession.

### **Setting:**

In nursing, language is used to facilitate quality care and inform and educate recipients of that care. In today's somewhat litigious society, it is essential that what is transmitted is commonly interpreted by nurses and patients alike. Questions are posed relating to an elitist language for nurses and its placement for communicating with other health care professionals.

### **Primary argument:**

Through exploring language with a small group of nurses, this paper alludes to consumer expectations; how nurses use a common language; and where and

when they move toward a more elitist communication. The paper examines consumer expectations of health care communication and how it facilitates consumer choice and the quality care agenda.

### **Conclusion:**

Communication for the nursing profession poses a challenge as there are differing requirements for specific situations. Nurses acknowledge that language facilitates commonality of understanding and hence meaning. An elitist language when communicating with other health professionals does exist within specialist units, though where commonality of language ends and an elite language begins is difficult to determine. Language does elicit power and authority when educating and communicating with patients while proving difficult in the context of international global nursing requirements.

## INTRODUCTION

Language provides our human lifestyle with a rich tapestry of ways to communicate meaning and understanding within our present day society. Max Muller (Lederer 1991) the philologist states that '... language is the Rubicon [boundary or limitation] that divides man from beast'. Heidegger (1971, pp.191-192) expands this discourse further by stating '...that we

*are prisoners of our language, [and that] ... language speaks ... speech is regarded as an activity of man*. The philosopher Ludwig Wittgenstein (Stumpf and Firser 2003; Lederer 1991) in his early works proffers '*... the limits of my language... are the limits of my mind. All I know is what I have words for*'. Yet words by themselves do not communicate meaning. Language as a communication tool dates back to Egyptian hieroglyphics and Greek mythology for it is through their legacy of language that their unique lifestyle and culture is expressed to the peoples of the world today (Johnson and Webber 2001). It is the knowledge conveyed by language that has the potential in the nursing profession for directing, teaching, coordinating and planning care for patients (Tomey and Alligood 1998).

This paper will examine the ways in which language develops as communication and conveys meaning and understanding within a framework of practical application, commonality of understanding, and professional nursing accountability.

### **A brief historical overview of the development of contemporary English language**

Language is something unique to a country, environment and culture into which we are born, choose to live, work, or become part of; it forms the social structure and identity of a nation. The beginnings of the English language came through the Roman conquests in the first century BC when Julius Caesar invaded Britain; and later by the influences of Roman Catholicism and missionaries who were learned scholars in 'Latin' (Lederer 1991). The practice of adopting conquering invaders' language is not confined to any one nation; internationally this has occurred throughout the centuries.

The dramatic changes that occurred to the English language in 1066 when the Norman invaders conquered England and slew King Harold produced both a cultural and linguistic change. The language spoken from the nobility to the farm peasants under the kingship of King Harold was old English which was a Saxon language. With the demise of King Harold and the beginning reign of King William (a Norman) the court language changed to French and with it came a separation of status and language between the nobility and the peasant. This separation is clearly enunciated by Lederer (1991) in the terms the peasants used (old English), like '*... sheep, ox, swine, calf, deer and chicken*', while the terms used by the court were '*... mutton, beef, pork, bacon, veal, venison and pullet*' (Lederer 1991) and this linguistic division is still evident today in the commonality of the English language.

The Norman French population through geographical location (isolation from the motherland France) and local environment, adopted some of the Saxon language, which by virtue of the European Renaissance of the fourteenth to the seventeenth century, re-educated 'men and women' to the classical ambience of science, medicine, art, literature and geography. According to

Lederer (1991), this distinctive three-tiered vocabulary of Anglo-Saxon, French and classical synonyms offered three choices within the English language all conveying similar meanings.

The emancipating power of language is not a universal idiom, as environment and culture influence the usage of words and their meaning to formulate understanding. In the North of England (Yorkshire) for example the term 'garret' is used to portray an attic while the word 'ginnel' is a laneway or passageway between two high walls (Anon 1984). However few, if anyone, outside the North of England would know these terms or their meanings.

Other countries have similar exemplars from which to draw comparisons. Therefore in enunciating words consideration of the idiosyncrasies of culture, geographical location and the local environment must be considered. Yet despite these idiosyncrasies, English is the first or official language of forty-five countries covering one-fifth of the earth's land surface. Additionally, argues Lederer (1991) countries such as India, Pakistan, Malaysia, Switzerland, Holland, Denmark and Sweden are able to converse in English. How the English language has become so important to the present global communication system is perhaps not as important as the meanings and understandings promulgated by the words themselves which allows insight into ethnicity and its cultural practices in a multi-cultural global society.

### **Illuminating language for understanding and communication in health care**

Nurses today are enveloped in metamorphosing their professional identity as clinicians, researchers and educators through enunciating their unique position within the health care system. Nurses employed in the clinical areas of hospitals embrace a variety of mediums in the quest for improving communication systems for team members. Larger metropolitan hospitals are purported to use electronic data collection at the patient's 'bed side' through 'palm top' technology recording specific individual patient information. Other organisations in a less sophisticated environment adopt recording devices that combine with computerised or written progress notation informing and updating the nursing team. This embodiment within a ward, unit, or hospital provides nurses with a known communication language. Communication is defined by the Macquarie dictionary as: '*... the imparting or interchange of thoughts, opinions, or information by speech, writing or signs*' (Delbridge and Bernard 1993 p.185).

Communication is an essential component of professional nursing having relevance to currency of care for each individual patient. Language and hence communication becomes problematic when transferring/referring patients to another hospital, unit, or aged care facility, as the language contained in the documentation must be a language which is commonly understood by all nurses. Communication therefore is not only required to

be succinct, relevant, and current, but must be a language which conveys meaning and understanding to all nurses irrespective of where they are working; this is evidenced by nursing being accepted as a global occupation.

As previously mentioned verbal communication has the potential to be fraught with cultural and linguistic dilemmas relating to enunciation and environmental settings. Any idiosyncrasy with words has the potential to detract from the original meaning and understanding received by nurses. Words therefore are integral to illuminating meaning and understanding by conveying the message. The Macquarie Concise Dictionary defines words as: '*... a sound or a combination of sounds, or its written or printed representation used in any language as the sign of a concept, [or] ... an element which can stand alone as an utterance*' (Delbridge and Bernard 1993 p.1172).

Words alone can be meaningless; it is through the characterisation of words that meaning and understanding is conveyed. Technology has advanced the speed of communication through altered telecommunication mediums however language (of whatever sort) remains the catalyst for conveying and receiving information. Language imparts knowledge for professional nurses to share thus guiding practice through a commonality of understanding and meaning.

### Are nurses using a common language?

Best practice guidelines (Melnik and Fineout-Overholt 2005), journal articles, conferences and seminars exude the rhetoric of professional language associated with the delivery of nursing care. This rhetoric assumes that those consuming the knowledge, understand the language being used. O'Connor (2005) furnishes evidence (through using discourse analysis) that a language belonging to a particular group which identifies and defines membership, promotes power and authority through communication and as such excludes others from certain forms of knowledge. Tonkiss (cited in Seal 1999 p.246) states, '*... knowledge construction is not simply concerned with raw facts or scientific truths, but involve[s] the skilful use of language and artful strategies of argument*'.

This brief journey into discourse highlights factors associating language with knowledge as being exclusive. This exclusivity provides for the emergence of experts within certain nursing areas which, if universally correct, could equate to elitist groups within a nursing structure. Therefore to address the aspect of elitism within a language culture certain questions require answering.

The questions posed are: how do we know that the language used is common with meaning and subsequent understanding for all nurses? Does the environment in which the nurse is employed illuminate his/her understanding through patient contact or peer colleagues or indeed by transfer or discharge documentation? Consider the nurse returning to the workforce following a career interruption; how does the current language differ

from the language learned prior to that interruption? How does the language used by specialist nurses engaged in specialist units differ from nurses' common language? Is specific nursing language of specialist units a type of professional elitism?

Is the power of words contained in research studies portraying methodological techniques a unique language? Though it transfers ideas, represents groups, and informs nurses of 'best practice' (through this very medium called language), could this be termed as Gerrish and Lacey (2006) suggest, another elitist stance?

Recognising that nurses are individuals with varying levels of education, experience and expertise, poses the question of difference between use of elitist language or everyday speech thus impacting on the understanding and meaning conveyed.

One of the factors impinging on the understanding of terminology is the environment in which the nurse is employed. Nurses employed in an intensive care unit (ICU) or coronary care unit (CCU) use language synonymous to those areas and while these two specialist units are similar, each language may have varying degrees of difference. For nurses engaged in the general areas of a hospital, the language used when conversing with nurses from specialist units will be tangential at times.

Meaning and understanding however share some commonalities as we are all nurses and interpret each other's language from within that framework. Consider the researcher, journal editor, or book author; how does the language in these diverse writings convey meaning and understanding? To answer some of these posited questions, an investigation or dialectic into how nurses acquire professional language would be useful.

### Language conveying meaning and understanding for professional accountability

Language is integral to professional accountability for nurses. It is through communication that meaning and understanding for professional practice is determined. The Australian Nursing and Midwifery Council provides guidelines for professional conduct (2007) and ethical practice (2007) however it is through the acquisition and demonstration of knowledge and hence competence, that nurses have been recognised and registered as a profession in their own right. Professionalism is realised through research, journals articles, books and further education. It is these resources that progress the nursing profession illuminating understanding for clinical practice, educating those within it toward professional accountability.

Language for accountability however requires understanding and meaning, whether this is at a basic level, an intermediate level or an exclusive (elite) level. Language contained within the nursing profession at the basic level could be subsumed into the common language (if there is a commonality of language) of nurses. Language at an intermediate level may be enshrined in clinical pathways (Kinsman 2004), to improve

communication between clinicians, while an exclusive level of language (as mentioned previously) extrapolates into a specialist exclusive language known only to those working within a specialist unit. The importance of language cannot be underestimated as it is through communication (and hence meaning and understanding) that care services are delivered to the general population.

### **How do we learn professional language?**

Individuals who enter nursing have acquired an educational standard acceptable to the entry requirements for an undergraduate nursing degree. Language used through lectures conducted by professional nurse educators within universities aims to enhance learning of content and language itself. Reinforcement of the meaning and understanding of the concepts (teaching/learning) is through practical application under individual or group supervision within a controlled environment (university practice laboratories), assisted by video learning. Novice nurses learn and reflect in and on nursing practice and hence terminology (language) through clinical placement within the health system. The nurse is enveloped in the realisation of a socially constructed culture and beliefs in a profession from inception through to graduation (Stein-Parbury 2005).

Nurses are educated in understanding codes of ethical practice and codes of professional conduct that guide professional nurses (Australian Nursing and Midwifery Council 2007). Nurses returning to the profession after a career interruption or nurses from other countries wishing to practice in Australia may be at variance with the current language producing limitations to content understanding and meaning. Anecdotal evidence suggests that the longer a nurse is removed from the workforce the more difficult the communication is and while the Australian Nursing and Midwifery Council (ANMC) provides programs with special requirements for nurses educated in other countries, the commonality of nursing language may still be inadequate.

### **Learning language through discourse from a specialist unit**

The ambience of learning for nurses is through language. Language provides communication and through communication meaning and understanding is conveyed. The content of communication is agreed as being through the spoken or written word; visual or telecommunication systems; interaction with peer colleagues and patients; and/or through documentation from various sources.

Recently the author gave a presentation to a group of nurses relating to terms that were used interchangeably within their area of expertise and asked questions including what the terminology meant to them as specialist nurses. Their enthusiasm spilled over to a discussion following the presentation on the issues of nurses having a common language.

The questions posed earlier in this paper were considered by these specialists. The inter-change that occurred illuminated the meaning and understandings of whether nurses had a common language and whether language had exclusivity. These nurses proffered that the profession has a basic commonality of language which provides a general understanding and meaning for the delivery of basic nursing care. This concept was clarified by nurses who returned to the profession after having a career interruption who stated that the language had changed therefore their currency of the common nursing language was inadequate at re-entry. These inadequacies were associated with the length of the career interruption: the longer the interruption the greater the non currency. The group of nurses agreed that understanding and meaning differed for each individual, but how to determine this variable was beyond their comprehension.

Environment contributes to the exclusivity of language within a specialist area; however it also provides for peer and collegial support in assisting nurses with understanding the language. The nurses above considered their language and hence knowledge was exclusive and thus provided expertise in their speciality of nursing; this could be extrapolated to a form of elitism. In their responses they suggested that their speciality was no different to other specialist areas of nursing in finding that a commonality of language was at a basic level providing understanding and meaning. However for interaction at a higher level which was inclusive of discharge and transfer documentation the commonality was transformed to an exclusive language understood only by those in that specialist area.

The acceptance of a common language for nurses while being enunciated was not demonstrated. There was an assumption that language and hence meaning and understanding were individual rhetoric. The commonality of language was accepted by the group, however the boundaries on a continuum of where commonality finished and specialist language commenced was not defined.

### **Expectations from consumers**

The general population has the expectation, confidence and assurance that nurses working as registered professional nurses have obtained the minimum standard for registration (Australian Nursing and Midwifery Council 2007). Registration ensures that issues relating to moral rights theory of ethical concepts are upheld (Johnstone 2004). Professional codes of conduct guide the profession on the expectations held of a registered nurse and their accountability for clinical practice. Realising these ethical and professional considerations means that nurses understand the various nuances of care. Informed consent is integral to the delivery of quality nursing care, therefore nurses are expected to communicate in a language that is understood by patients, have the knowledge to answer patient questions and concerns, as well as articulate with other health professionals' on the individual wishes relating to patient care.



Having a common language reinforces expectations that those caring for the patient know what they are doing. An intermediate language (clinical pathway) manages and guides the continuum of care for patients, providing a positive health outcome orientated toward early safe discharge. If complications arise within the current hospitalisation requiring transfer to a specialist unit then the communication will be of a language (elite) that will identify and rectify those health problems that are of a specialist nature.

## CONCLUSION

The determinants of nursing language have been enunciated within a European context while acknowledging that nursing is an international profession. Communication through language forms an integral part of conveying meaning and understanding for nurses. The relationship between nurses' language belonging to a particular group does promote power and authority while providing expertise in the specialist areas. Discourse with a group of nurses addressed and identified issues associated with an elitism language while affirming that nursing does have a common language. The demarcation of where common nursing language finishes and exclusive language begins is illusive and thus difficult to determine. While this paper has acknowledged the relevance for nurses of having a common language and using clinical pathways to guide and improve clinical practice through communication; meaning and understanding is still unique to the individual. The question of language used by specialist nurses within specialist units (elite language) has not been identified as essential or necessary for today's professional nurse. This issue remains unresolved.

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