

## A Sociolinguistic Study of English Language Barriers and Communication

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### Abstract

*In the field of medicine, successful student-teacher communication that happens by receiving and exchanging information depends, to a large extent, on mutual intelligibility among participants. However, failure to reach a satisfactory degree of understanding can result in confusion, misunderstanding and bitter disappointment for both parties involved in the medical class setting. One of the goals of the current study is to analyze how the English language is used by Iraqi students in the field of medical and healthcare settings where different language barriers are expected to hinder communication and learning situations. These linguistic barriers encountered by both students and instructors often result in acute communication gaps among students of science in general and students of medical departments in particular. This paper sheds light on identifying the gaps created by the lack of successful communication between instructors and their relevant students. It also tries to find ways and solutions to overcome these problems. The current inquiry studies and analyzes how language barriers pose a serious problem related to students' cognition in language communications from socio-cognitive and linguistic points of view within students of Nursing at Al-Maarif University College. There are some linguistic and cognitive variations among students that hinder English language proficiency and communication between students and their instructors. The study adopts different tools for conducting this paper such as collecting actual writing samples by students, observations from oral interviews and a questionnaire based mainly on medical jargon. In addition, other factors that affect student-teacher communication in terms of social, cultural, male-female differences, age and educational differences will be considered. The above-mentioned problems lead to the hypothesis that they all have some negative impacts on the communication between students and instructors that create confusion and misunderstanding of lectures delivered to students mainly in English. As a result of the lack of informative communication, teachers resort to the strategy of code-switching to Arabic to achieve a full understanding of spoken or written medical discourse.*

## 1. INTRODUCTION

The issue of understanding medical jargon remains crucial during interpersonal communication between instructors and students to achieve a successful learning situation. Transmitting and exchanging information needs experience, a degree of language competence and mastery of English language use. However, reaching an optimum degree of satisfaction requires successful interaction among instructors and teachers simultaneously. So, reliance on Arabic in communication may cause a breakdown in the communication process. Only incompetent students encounter communication problems by relying heavily on Arabic in encoding and decoding information processes of communication. This will allow instructors to

locate the main areas of difficulty facing students and assist them a lot in finding sound solutions to eliminate the problem. If the problem of communication still persists among students, then the message transmission will be negatively affected and decision-making as well as cognition will be harmed.

Generally, an appropriate selection of medical words between instructors and students increases the degree of intelligibility that consequently increases accessing useful information comprehensible in an instructor-student setting. On the other hand, selecting highly technical words by instructors for students with poor English language proficiency will affect the quality of teaching and understanding of medical lectures. As a result, code-switching to Arabic is likely going to occur, especially by students whose English proficiency is low. Code-switching has been used by instructors as an effective teaching strategy to communicate with students. It is observed that this strategy has been more frequently used by instructors than students since successful communication between students and teachers is a crucial issue inside the classroom.

The communication problems facing students of nursing are going to be identified and analyzed in the current study where students and teachers use a special register that is made up of a mixture of English and Arabic to lessen the negative impact of the communication environment.

### **1.1. Problem of the Study**

The current research problem mainly involves the degree of efficient communication among students on one hand and instructors on the other in terms of ruling out any confusion, misunderstanding or a lack of cognition that may result during exchanging medical spoken or written performance. Poor communication between instructors and students is related to their previous background in English during secondary schools where English was taught by incompetent non-native English language teachers. Many factors of Linguistic barriers such as male/female distinctions, age educational and social backgrounds and the lack of competent teachers and students may cause negative consequences to the quality of student-instructor communication used in medical and healthcare settings.

### **1.2. Purpose of the study**

One of the main purposes of this study is to identify and locate problematic areas encountered by students in a medical context. Also, it tries to find solutions that will help students overcome any Linguistic communication problems that they may come across in their written or spoken performance. Sociolinguistic and Linguistic barriers that hinder understanding of student-teacher communication are also identified and analyzed. Another aim of this study is to account for the factors leading to language barriers. Samples of actual student-instructor communication will be examined and analyzed to see if there are any variations among students in terms of competence and the way language patterns are organized by students of medical departments. In order to carry out this aim, two questionnaires will be conducted and circulated to students and instructors in an actual classroom setting. Sociolinguistic properties of students and their relative instructors together with expected linguistic barriers in medical settings will be examined.

### **1.3. Model of Analysis**

This paper is going to adopt an eclectic model for the analysis of data. The focus will be mainly devoted to studies of Linguistic barriers in relation to communication and the problems that lead to personal interaction between students and instructors. The current study has employed the model in which the data are collected and analyzed by adopting a qualitative method at the beginning, then analyzed quantitatively to calculate the frequency of occurrences. To achieve this purpose, 30 Iraqi informants from the Department of Nursing have been selected to answer the questionnaire. The ages of informants range between 20-30 years old. The data used for the analysis have been collected by using a questionnaire and interviews with students and their instructors. Before conducting the recording of the required interviews, instructors and students have been informed that the recorded materials will be mainly used for the purpose of research and that their names will remain highly confidential.

## **2. LITERATURE REVIEW**

The study of English language barriers within the healthcare setting has received significant attention in the field of Sociolinguistics recently. This literature review accounts for the findings on the topic, highlighting the main themes of research, and methodologies, for various social contexts as well as medical education and its uses by non-native speakers. Li and Hua (2017) argue that teachers' awareness of linguistic variation can improve student participation and improvement of learning outcomes. Due to language barriers, non-native students can face significant challenges. Language barriers in healthcare settings can lead to many cognitive problems that affect student-teacher communication. Jacobs et al. (2018) believe that providing competent medical interpreters can function successfully to bridge communication gaps and overcome all problems of misunderstanding.

Sociolinguistic barriers are always explained and analyzed in terms of the factors that hinder communication between participants who encounter problems leading to successful communication. These problems are related to various social, economic, linguistic and ethnic factors. Many studies about English language barriers that affect language use and communication in a certain context as well as their manifestations and causes have been conducted to reduce the effects of sociolinguistic barriers. Among these famous studies is the one introduced by (Hymes, 1972) that relates sociolinguistic barriers to the lack of speakers to sociolinguistic competence in multicultural societies. Tannen (1990) introduced a study about male-female distinctions who can use different styles in conversation. He believes that such differences are important in improving communication between people of different genders. Holmes (2000) believes that speakers who use non-standard varieties of English have limited opportunities to get jobs or to be employed in private or government sectors. (Wheeler and Swords (2006) have conducted a study about strategies for overcoming linguistic and sociolinguistic barriers by making programs that help teachers increase their knowledge about the diversity of linguistic competence to help and support students to communicate in English accurately. Spackman (2008) has conducted a study about the relationship that holds between culture and English language barriers. He believes that culture shapes individual people in different ways. The relationship between culture and language learning is so crucial as they work together to enhance the learning process and shape the cultural values of society.

## **2.1. The Concept of Language Barriers**

One of the most important goals of using language is to establish a mutual connection between speakers and students to be able to communicate and understand quickly and easily. Language can be a big barrier for students whose English in class setting is not their first language. They are expected to maintain a limited vocabulary that makes it difficult for them to communicate and participate actively in class discussions with their instructors in the classroom. Poor communication is one of the reasons for language barriers. Productive and informative communication can provide a good flow of information and will result in minimizing the negative consequences that lead to the potential failure of the message. In medical fields, successful interpersonal communication can facilitate understanding and thus lead to the accomplishment of the tasks assigned to students in a relatively short time. When there is ambiguity in the delivery of information, a lot of harm may occur in student-instructor communication. (Ratna,2019).

In a health setting, exchanging information between instructors and students about health issues requires understanding the medical jargon to create active communication about the various health issues. Using intelligible language will consolidate strong ties between them and thus they will maintain strong interpersonal communication to achieve any necessary tasks handled by students.

Yule (2017:210) states that many adult learners of English encounter some language barriers in terms of acquisition mainly due to the requirements of language communication. They may encounter problems in spoken communication more frequently than the written requirements. Some components of language such as grammar, vocabulary and mastery of the sound system are easier to learn than other components such as accent and fluency.

English language barrier is a problem that prevents an individual from accessing, understanding, or using information used in the English language. Linguists often classify English language barriers into various types. The first are related to physical conditions, such as speech and hearing defects that may hinder the learner's ability to comprehend or use the language effectively. The second is attributed to some other constraints, which can be classified as stereotyped behaviours or expectations of others that hinder people from learning or accurately using English in a certain context. However, there are some other constraints, such as the lack of sufficient knowledge of English to master the language accurately. English language barriers can be represented by particular areas, such as the proper selection of word choice and the relevant sentence structure, or they can show assumptions about a speaker's communicative competence that reflect some features of the speaker's national identity. English language barrier involves significant negative impacts on the learner who tries to access information about the language, gets its cultural aspects, and absorbs the sense of using it in a foreign environment. These effects are expected to occur when the learner encounters negative aspects of English language barriers.

## **2.2. Cultural Barriers**

Culture shapes individuals in a particular society by various features such as attitudes, values, manners, religion, language and manners. These features normally make one society different from other social communities. Therefore, cultural barriers affect the learning experience of students in various degrees in terms of their attitudes toward the learning situation in the classroom. Students of different cultures may encounter a language barrier related mainly to differences in culture and efficiency of language learning which can be a very challenging issue to the learning process. Spackman (2008:3-4) defines culture as follows:

*“Culture as a process undermines the idea that culture can be learned through superficial aspects like food, costume holidays. It is experienced through language because language is inseparable from culture. Learning a new language while living in the culture involves coming to terms with the new ocean you are swimming in. This is acculturation which can have two meanings. The general meaning is just the process or act of adjusting to a new culture.”*

The linguistic aspects of learning a foreign language are as crucial as the aspects of culture. Aspects of the culture of the second language are learned together in the presence of the aspects of the mother tongue. Therefore, there is an urgent need to realize how to avoid confusion that may occur without observing the conflicting aspects of the two languages. Cultures share a lot of universal common features as a result of common traditions and beliefs. Language as a means of written and spoken discourse reflects aspects of culture in all forms.

Social barriers often dictate that a limited range of sentence structures is useful for gaining a level of communicative proficiency that is aimed at the basic needs of students, in contrast to fluency. Since it requires confidence in the language users to practice rules of grammar and express themselves fluently. Thus, social barriers, such as fear of embarrassment, have an overt effect on mastery of language. A direct effect of social barriers is the development of language competence and self-perception that one's own ability to learn and use a foreign language is different from others. Having an efficient command of language is affected largely by cultural barriers but is clearly noticed in the ability to express an opinion or an idea in English by ignoring the various degrees of formality, whereas the same is not true for other languages. Social barriers often show that a limited range of sentence structures is useful for gaining a simple level of communicative proficiency that meets the requirements of limited needs, as opposed to the natural fluency of students. Competence requires confidence by speakers to practice grammatical rules and express themselves with flexibility and confidence. Therefore, social barriers, such as fear of embarrassment and hesitation, have a clear effect on language learning. A direct impact of social barriers is the development of the language ability to develop self-perception that shows one's personal ability to learn and use a second language is different from that of others.

### **2.3. Interpersonal Communication**

Interpersonal communication refers to the interaction of two or more speakers which involves a direct connection between them. Such interaction differs from group communication where focus is made on one particular topic. The modern advancement in media has made drastic changes that have led to successful communications among participants. Language is regarded as the most important source of interpersonal communication. It is mostly used by instructors and students to transmit and share information in the classroom. |Accordingly, language is used as the main medium of communication during the lecture. Therefore, if failure of encoding and decoding the message arises, due to linguistic and cognitive problems, then the communication process will be negatively affected and meaning will be drastically harmed.

### **2.4. Code- Switching**

Code-switching is a term used by participants as a strategy of communication where two languages or more are used in language interaction. In certain situations, people encounter communication problems that make them unable to understand one another. So, they usually resort to another language to achieve mutual understanding in certain situations. Kasperczyk



(2012) has defined it as "the alternation between two codes (languages and/or dialects), between people who share those particular codes. A number of social and linguistic factors determine the choice of a certain language. It is quite typical in multicultural and immigrant populations."

In multi-lingual situations, code-switching is used to achieve better communication. Lowi (2005:1393) views the variations concept of code-switching in terms of movement between languages according to different social, educational and cultural contexts. However, the fluency of speakers is governed by many factors like motivation and attitude, social bilingual setting, age, gender differences, learning strategies, and language aptitude. They are all used to account for code-switching by students and instructors which leads to considerable problems in comprehension, production of language patterns and accent differences. Gumperz (1982: 144) outlines some particular goals and examples of code-switching as follows:

*“ to appeal to the literate, to appeal to the illiterate, to convey precise meaning, to ease communication, i.e., utilizing the shortest and the easiest route, to negotiate with greater authority to capture attention, i.e. stylistic, emphatic, emotional to emphasize a point, to communicate more effectively, to identify with a particular group, to close the status gap, to establish goodwill and support”.*(*ibid*).

Since the level of English language proficiency has been declining for the majority of students in recent times, code-switching to Arabic by instructors has been extensively used in the classroom. This strategy helps students to communicate and understand quickly and thus a lot of time is saved instead of wasting it looking for simple words to rule out confusion or misunderstanding that may occur among students. The jargon used in health settings can be more complicated according to their weak performance in English.

Isurin (2005:1127) believes that some factors refer to the way the issue of code-switching is analyzed and studied. When the contact language and the target language are used in the interaction between a group of people, especially when they have similar structures or when they belong to the same language family, a lot of problems may occur. One of these factors is that it will be difficult to treat the two languages as two distinct ones as they both can be found in the same context without leading to big violations of the messages transmitted or exchanged by speakers of both languages. Acute problems, however, may arise when languages have different language structures.

### **2.5.Instructor’s Code Switching**

Code-switching is a strategy adopted by instructors to use various functions in the classroom to make understanding easy for students. The input of instructors takes the form of explaining grammatical and meaning issues to students. Therefore, it increases the degree of perception by students and thus establishes satisfaction and confidence in the learning situation between students and instructors. (Chi, 2000, Mattioli,2004). Code-switching from English to Arabic should not be overused by instructors. However, it can be used in limited situations to help the students understand the instructor’s input and ensure medical language learning successfully.

### **A Sociolinguistic Study of English Language Barriers and Communication**

It has been observed in recent times that students of medical departments, like their peers in other academic departments in different fields of knowledge, encounter serious problems as a result of the poor level of the mastery of English language. Therefore, instructors resort to code-switching as a strategy to put an end to the problem of communication and understanding in the classroom. This strategy should not be regarded as an indication of weakness and poor communication. Rather, it has been viewed by (Tang,2002, Dash,2002, Schweers, 1999 and Widdowson,2003) to be a strategy that makes understanding easier and more effective for students.

#### **2.6.Students' Code-switching**

Some incompetent Iraqi Students in medical departments tend to use the strategy of code-switching in the classroom when they are unable to express themselves accurately in English. Therefore, they resort to combining phrases and terms from English and Arabic in speaking or writing to maintain comprehension among participants. Weinreich (1986:87) defines bilingualism as “the practice of alternately using two languages”. This phenomenon occurs in different positions of students' discourse. It may occur at the beginning, in the middle or at the end of spoken or written discourse. Weinreich, (1986).

#### **2.7. Language as a means of Communication**

Language is considered as a highly developed means of verbal and nonverbal human communication used by people in a social setting. Individual speakers use language in terms of competence in various ways both in formal and informal contexts. Crystal (1992:212) views language in terms of formal rules by which people can communicate using sounds or written symbols systematically in a particular society as a means of expression. However, according to Formkin et.al. (2003:12), human beings can apply the knowledge they have to produce a lot of sentences of language for communication. They also can distinguish between the knowledge that they call “linguistic competence” and the way people can use it to produce and comprehend language which they call “linguistic performance”. People can produce a limited number of sentences of various lengths whether they have heard or not heard before to convey and exchange messages according to various contexts. They state:

*“ For the most part, linguistic knowledge is not conscious knowledge. The Linguistic system- the sounds, structures, meanings, words and rules for putting them all together- is learned subconsciously with no awareness that rules are being learned just as we may not be conscious of the principles that allow us to stand or walk ...our ability to speak and understand and to make judgements about the grammaticality of sentences. This knowledge presents a complex cognitive system”.* (ibid).

#### **2.8. Communicative Competence**

Communicative competence has been defined by Yule (2017:216) as the ability to communicate and use language accurately and easily. He introduces three components of language competence: the first one is termed grammatical competence which does not allow language learners to use and communicate in language efficiently and flexibly by relying

heavily on grammatical rules. However, it allows language learners to use words and grammatical rules properly. The second type is called sociolinguistic competence which helps individual speakers to use language according to social context. The third type has been called strategic competence by which learners can use various strategies for the delivery of messages that lead to successful communication among participants.

The concept of communicative competence as introduced by Hymes 1972 has made a drastic challenge to the concept of competence presented by Chomsky (1965:3). He views this notion as follows:

*“Linguistic theory is concerned with an ideal speaker-listener, in a completely homogeneous speech communication, who knows (the speech community’s) language perfectly and is unaffected by Such grammatically irrelevant conditions as memory limitations, Distractions, shifts of attention and interest, and errors (random or Characteristic) in applying his knowledge of this language and actual Performance”.*

However, Hymes believes that Chomsky’s view of the distinction between competence and performance is inadequate because looking at the components of language in isolation without considering the social factors in use is totally incomplete. Hymes thinks that rules of grammar should be incorporated within the notion of competence so that students can use language efficiently.

## **2.9. Sociolinguistic and Pragmatic Competence**

Sociolinguistic competence refers to the ability of learners to communicate appropriately in the classroom setting. Students are expected to select accurate words and expressions by using them in the relevant sociolinguistic situation in particular social contexts. Sociolinguistic features overlap with pragmatic features used by students in observing the various meanings and messages exchanged by them in the classroom. Therefore, both sociolinguistic and pragmatic features of competence are complementary to each other. Students usually encounter a problems in actual communication, especially in terms of sociolinguistic competence. Kramsh (2014) believes that instructors can guide students to reach an optimal level of proficiency and cover the language materials allocated to meet the needs of proficient students. It is quite clear that students should know that the mastery of the English language is not simply how to know the rules of grammar and the selection of appropriate words. Rather, they should know how to internalize the relevant sociolinguistic rules according to the classroom setting. Both instructors and students should be aware of the fact that sociolinguistic competence is part of the linguistic competence necessary for the language used in the classroom. Canale and Swain (1980) look at the concept of communicative competence as a synthesis of knowledge about knowing rules of grammar and how language operates in a social setting to perform several communicative functions that coincide with the principles of written and spoken discourse. Language is identified in terms of Linguistic competence through the mastery of grammatical, phonological, syntactic and semantic rules.



However, pragmatic competence is identified in terms of speech acts represented by the social norms, traditions, conventions and other socio-cultural aspects used in certain social contexts. Some other factors determine sociolinguistic competence of discourse such as the social status, age of participants, male/ female distinctions, power, register and style. Another type of competence is related to the bond held between various cohesive devices and meaning to achieve a well-written and unified spoken discourse in a variety of genres like assignments, graduation papers, answer sheets or other academic papers.

Holmes and Brown (1987) believe that the teaching of grammatical rules and the mastery of how to pronounce individual words as well as their meanings according to social contexts make it easier for learners to communicate freely with one another. Also, one should observe the cultural values of society should be integrated with the sociolinguistic aspects to arrive at actual communication. This process looks very complicated for instructors from a pedagogical point of view as they try to make it easier for students' cognition in a classroom setting. Instructors should be equipped with the knowledge and experience of how to deal with the students by improving their capabilities in sociolinguistic competence. Some instructors lack the experience and abilities to provide students with enough instructions of competence due to the fact that none of them has the opportunity to work with native speakers and to acquire enough training in English culture to develop aspects of linguistic competence for students.

As English has become very popular in recent times being the language of instruction for students of medicine, there has been a vital importance to develop student-instructor communication in medical departments. Due to easy access to education in all forms of media, English has been favoured by both students and instructors as a prestigious and intellectual means of instruction. Fasold (1984:158) stresses the social importance of language by comparing high and low varieties of speakers in terms of solidarity and power. It has been found out that English is favoured by language users for social, educational and economic reasons.

However, Arabic has been extensively used in classroom settings where students and teachers are expected to switch from English to Arabic to achieve understanding. English is used in almost all scientific departments. It has been observed that both doctors and students rely heavily on code-switching in the classroom where understanding is much more important than communication in English where speakers select an appropriate variety in the classroom context. Fishman (1972:15) states that “ ‘proper’ usage, indicates that only one of the theoretically co-available languages or varieties will be chosen by particular classes or interlocutors on particular kinds of occasions to discuss particular kinds of topics”. It has been observed that communication among instructors is quite successful in English since they are competent in using medical language appropriately. Communication problems arise among students whose competence in English varies for a lot of factors outlined earlier. This situation results in communication problems between students and their relative teachers.

### **3. Fieldwork: random vs. Non-Random Sampling**

The fieldwork for the current study has been conducted during the first- semester of 2024 at the Department of Nursing. To achieve this test, two types of questionnaires have been

used: interviews with doctors and two questionnaires with students and doctors. Two types of information have been used in each questionnaire, to get information about language competence in general and information about language used in medical settings in particular.

### **3.1. Students' questionnaire**

To locate problems of linguistics barriers among students of the Department of Nursing, a questionnaire has been administered and circulated to 60 students. Some of the students involved in the questionnaire have been allowed to ask for further information about some questions to rule out any issues of misunderstanding that could lead to false irrelevant data about the questionnaire.

### **3.2. Instructors' questionnaire**

The questionnaire administered to doctors who work as academics in the Nursing Department has been circulated to 15 instructors, to get and analyze information about any possible, linguistic barriers that lead to any possible communication problems that may occur with students in the classroom. All academics involved in the questionnaire were cooperative and ready to answer the questions resulting in a successful collection of data.

### **3.3. Male- Female Distinctions**

Linguistics gender, educational background, frequency of language competence, age, as well as gender distinctions, have been mainly considered as sources of information that affect successful communication. These factors have been used as indicators by informants in the current study. The study shows that 60 informants make up the total population of the study when equal numbers of students, 30 male students, and 30 female students represent the total number participating in the questionnaire of the fieldwork. It has been observed that the number of female students is bigger than the number of male students in making relevant responses to the questionnaire, whereas male students due to some comprehension problems provide less accurate information relevant to the questionnaire conducted in the study.

The different attitudes to overcoming male pride and female passivity towards effective language learning have been clearly traced in the study. Overall, the patterns in the development of both receptive and productive facilities in language make males and females different in terms of language acquisition. This idea leads naturally to the inquiry that these differences contribute to the effectiveness of male-female involvement in learning English. (Eliot et al., 2021).

Communication styles are one of the most important sources of language barriers. Misunderstanding may occur as a result of communication problems most often between students who use different versions of communication. These differences are commonly related to gender because various styles are stereotypically treated as gender specific to women or men or some styles of communication are attributed with the factor of power. As men usually treat English communication as a skill, women, on the other hand, consider it as an effective process of communication. Differences in communication give women less role to influence their self-expression in speech communities. Moreover, there is a gender gap in the varieties of language and a particular prestige of "masculine" standard language inhibits women's effective

competence in a foreign language may lead to a lower degree of success in making effective communication. Therefore, women's strategies for successful communication are more influenced by environmental context and interlocutor's perception than men's. It has been observed that women are less efficient than men in ruling out English language barriers because of deficiencies in self-satisfaction of their abilities to succeed in communication. Moreover, (Tannen,1990) thinks that men and women conceive rapport-talk and report-talk differently and these distinctions obstruct cross-gender communication. She shows that in many cultures, male-female and female-female conversations revolve around solving a problem and each speaker's time is regarded as precious. Therefore, male participants frequently seek to control the conversation to demonstrate their knowledge and impart advice, and will readily interrupt someone to make a point. In contrast, female conversations usually serve the purpose of establishing and negotiating closeness and support and managing relationships, and interruptions are perceived as a serious violation of social rules. As long as language barriers arise, English communication may get even more influenced by gender-specific behaviours. It has been observed that disruptiveness of questions had a significant impact on effective inter-gender and cross-gender communication and the level of disruptiveness varied greatly between males and females. Specifically, within male-male settings, questions were found to be most disruptive, but male-female questions still significantly detracted from the interaction. On the other hand, questions posed by males or females in female-female conversations did not significantly affect communication. (Tannen,1990).

The issue of male-female distinctions is very crucial in medical education. Male and female medical students encounter a lot of English language barriers in various degrees. Both male and female students respond differently to these barriers. Seeland et al. (2016) believe that non-native female students show a higher degree of anxiety than male students which highly influence their educational and linguistic performance in the classroom. Humphreys et al. (2013) argue that language barriers can affect healthcare competence, particularly among non-native English-speaking students. This barrier can hinder their ability to understand patient interviews and understand medical jargon and terminology. McKimm et al. (2017) believe that language barriers and gender biases can influence future female students' careers. Most female students are likely to select specialities that need less communication skills. This trend can provide fewer opportunities for them to get jobs relevant to their specialities. English language barriers in healthcare settings and male-female differences lead to crucial challenges for students. Therefore; such barriers need a serious strategy through interventions by the parties concerned to provide all necessary measures essential to create an effective educational environment. All medical students, regardless of their age, sex and social status, can get equal rights in their medical education and future careers.

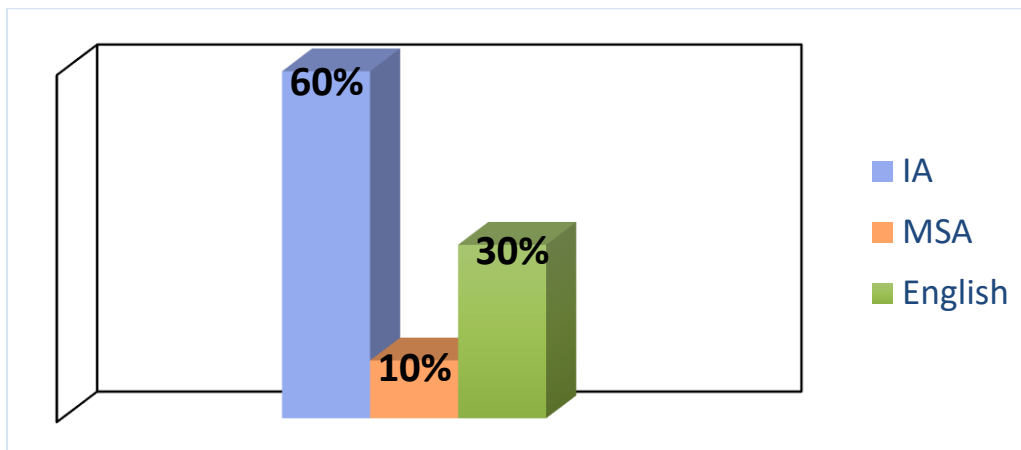
### **3.4.The age factor**

The age factor is very crucial in language learning. The younger the informant is the easier for them to acquire the language and to communicate with it fluently and easily. According to Yule (2017: 210) the prominent achievement of language competence happens for some adults in individuals, especially in the written form of language in a similar way to native speakers. Some skills of language can be easily required such as vocabulary, accent, and

grammatical structures. Almost all informants of the current study are above 18 years of age which makes it easier for them to perceive other language forms such as intonation and accent.

### 3.5. Frequency of language use

Three categories about the frequency of language use have been introduced in the classroom during their daily classroom interaction. These categories are demonstrated in Figure 1 below:

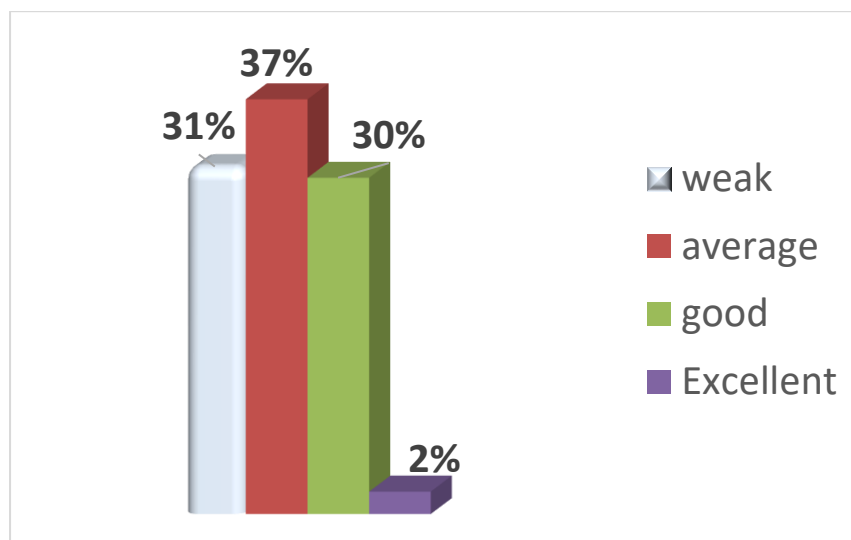


( Figure 1): Frequency of language use among Students

Figure 1 above shows that IA (henceforth Iraqi Arabic) has been extensively used in the classroom as a means of expression as it reaches the highest score of the degree of frequency with 60% of information used in classroom communication. The second category is mainly used by instructors while giving their lectures to students. Figure 1 above reveals that only 10% of information is used in MSA (henceforth Modern Standard Arabic) as a means of expression for communication where understanding does not take place. It has been noted that students do not normally ask questions to their teachers.; most of them are either shy or embarrassed to express themselves in English. They are so passive in communication. The teachers normally ask yes-no questions that require very short answers such as (yes) or (no).

### 3.6. Students' Understanding of English

The question about the degree of language ability to communicate in English provides enough information about the linguistic barrier between doctors and their students. This question shows that the linguistic gap among participants reflects the degree of English language competence which varies from one student to another in the classroom. Students show various levels of understanding of the questions and give answers that prove to be subjective according to the degree of English proficiency. Accordingly, very few informants ( 2%) have reached an excellent level of English language mastery. The figure below (2) shows various levels of English language competence among students.



**(Figure 2): Students' level of English understanding**

(Figure 2) above shows that most of the informants have an average degree of English competence which results in a serious linguistic barrier due to the previous poor education at the primary and secondary schools. The last two categories show good and excellent levels of communication in English representatively. Those who give subjective answers do not realize the serious problems of their poor communication resulting from linguistic barriers.

### **3.7. Instructors' communication in the classroom**

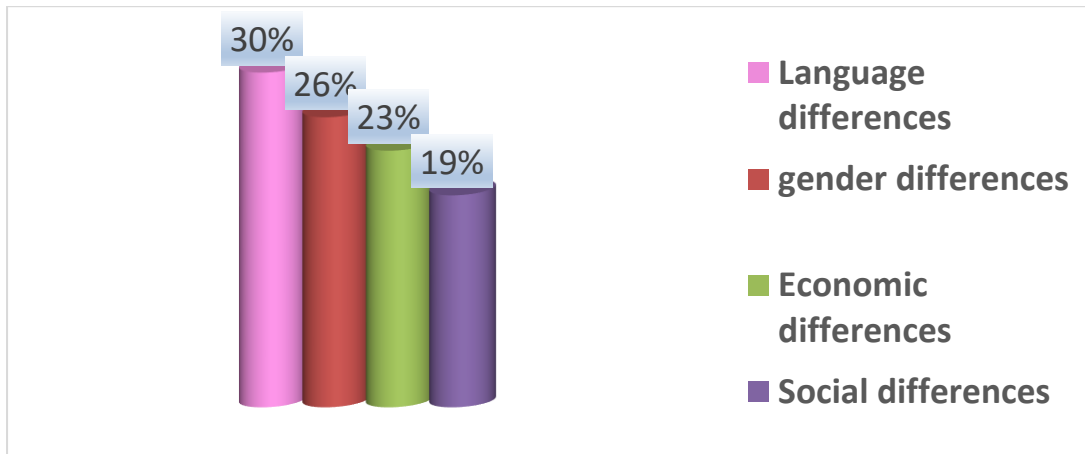
Generally, instructors use English as a means of communication in their meetings, seminars and daily conversation. The degree of competence varies from one individual instructor to another. It has been observed that teachers who have graduated from Western universities are more fluent and competent than those who have graduated from Iraqi and Arab universities. The language used by teachers in the classroom is a mixture of English and Arabic to reach an optimum degree of understanding of medical issues. The instructors' ability to teach sociolinguistic competence and cultural aspects of language is so crucial, to students. Instructors who lack such an ability may either avoid teaching these aspects of language competence or give very limited instructions to students who struggle to understand the cultural and pragmatic implications of language. Instructors can develop abilities of cultural and sociolinguistic competence if they are exposed to the way these issues are handled by native speakers. These factors create serious challenges for students who look forward to developing an acceptable degree of language competence.

### **3.8. Barriers to classroom communications**

The barriers that hinder communication in the classroom, in addition to language barriers, are mainly related to social, economic and gender reasons. The most important barrier as observed in (table 3 below), is the language barrier which represents (30%) of language competence that differs from one student to another. Male - Female differences, (26%) are the second barrier that hinders communication. Economic distinction, on the other hand, comes third in importance on the scale representing (23%) the same scale as many evening students work in the private and government sectors so that they can manage to afford to pay for their tuition and learning expenses. Social difference is the fourth reason that hinders communication representing (19%) as many female students are too shy to communicate in English freely in



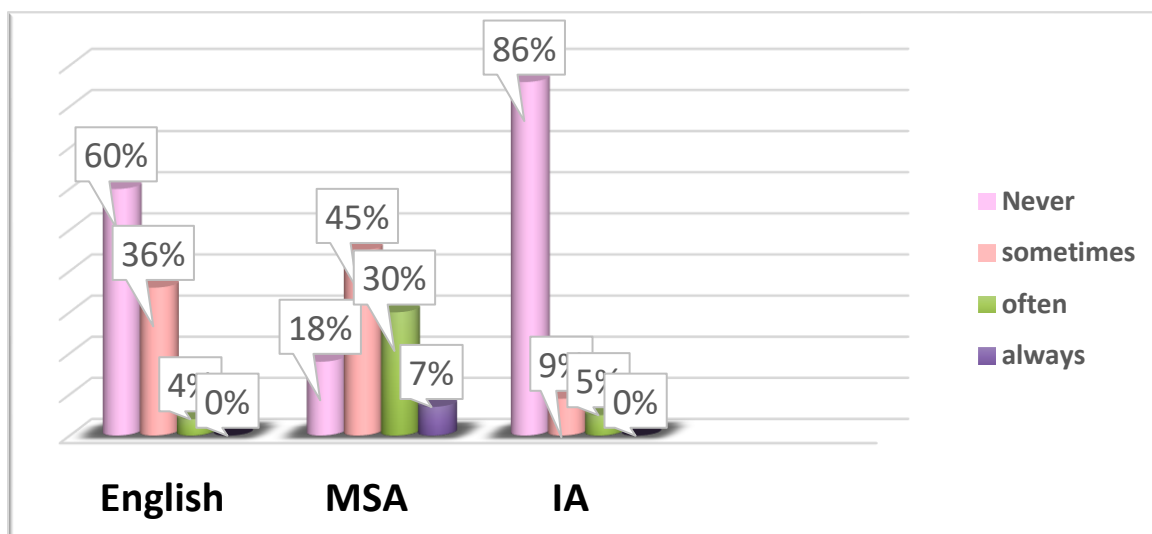
the classroom, especially when they talk about certain organs of the human body. In the written exams and assignments, females show more mastery of English than male students. Many male students, especially those enrolled in evening classes, show a lower degree of English mastery as they are enrolled in private and government sectors, where their classroom attendance is not regular, like their peers in morning classes. Differences related to social factors which influence communication are viewed in terms of age, educational level, background, and place of residence in urban and rural places.



(Figure 3): Barriers to classroom communication.

### 3.9. Analysis of Instructor Questionnaire

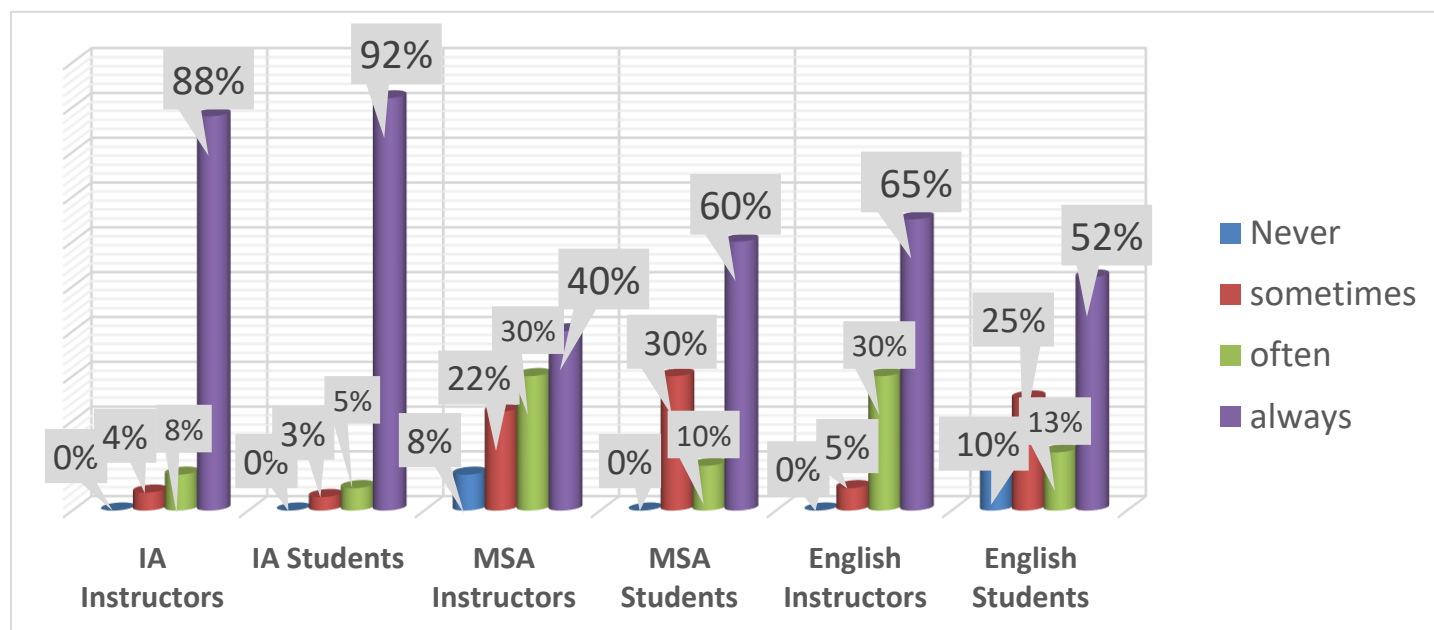
Frequency of English and Arabic language use IA is the most frequently used variety in the classroom by both instructors and students, with a percentage of 80% however, English comes second in class communication representing 60% in the same category. The next category represents 36% of respondents. This means that most of the instructions use English in student-teacher conversations. However, a mixture of English and IA is frequently used in class discussions in addition to MSA representing 4% of respondents. However, MSA is only used by a minority of instructors as the majority of participants use IA as an alternative way of communication instead.



(Figure 4): Frequency of Language use

### 3.10. Instructors' Communication in the Classroom

Generally, instructors use English as a means of expression in the classroom. Most doctors have confirmed in the questionnaires that English is mainly used for communication with students. However, some instructors use the code-switching technique as a strategy to communicate with their relevant students where they find it more practical to achieve comprehension. It has been observed that there is considerable similarity between the frequency of using IA and MSA between teachers and students. The most noticeable difference is clearly shown in the frequency of using English between instructors and students due to the Higher educational level of teachers.



(Figure 5): Frequency of Language Use: Instructors Vs. Students

## 4. CONCLUSION

It has been observed that communication in the classroom between teachers and their relative students in the Department of Nursing has been extensively affected by the lack of English language mastery of students. Variations in English language competence are the main reason for sociolinguistic barriers that encounter students in the classroom. To reach an optimal level of understanding, instructors resort to the strategy of code-switching either MSA or IA to reach an acceptable level of mutual understanding of the medical jargon in the classroom setting. Instructors admit that this strategy has been mainly adopted as an alternative to lessen the negative effect of English language barriers. Code-switching works successfully to bridge the linguistic gap between instructors and students. Most of the students have confirmed that the strategy of code-switching has been extensively used by instructors to explain difficult issues to students.

Sociolinguistic, cultural and pragmatic implications have been widely used in the classroom setting to achieve understanding supported by considering the social and linguistic constraints that go together when using code-switching. These strategies have proved effective in eliminating the negative aspects of teacher-student language barriers in health communication. In addition to linguistic barriers, teacher-student communication is also affected by cultural

barriers, which require a mastery of communicative competencies to overcome problems of mutual understanding that may arise among people speaking two or more different languages. It has been suggested that English language instructors and learners of the Department of Nursing should be encouraged to be familiar with and aware of the sociolinguistic norms of language by working hard to be exposed to an authentic atmosphere of how language is used by native speakers.

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