

Language and Medicine Interaction in Iraqi Kurdistan Region

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Abstract: This study touches upon language and medicine interaction in Iraqi Kurdistan where the medium of communication in the medical setting is found to be very complicated since most of the senior staff prefer using English while the majority of junior staff particularly nurses and medical assistants are not qualified enough to use English especially when they communicate with doctors or when they get involved in medical issues related to the treatment of patients and this might probably affect negatively on their performance. That is, English is widely used by the doctors especially during their study in the College of Medicine and this will definitely affect their performance after their graduation particularly when they find themselves enforced to use Kurdish for speaking and treating their patients who use different Kurdish varieties for speaking. Likewise, the medical junior staff in general and nurses in particular are found to face some challenges in terms of using English. This study is of great significance since it aims at showing the impact of communication between the medical staff and the patients on one hand and among each other on the other hand. This research adopts quantitative approach to arrive at sufficient results through collecting data related to the contribution of participants to the medical setting. This paper is confined to the linguistic communicative problems of the medical staff mainly including nurses from College of Nursing-Medical University of Erbil and Koya during their dealing with patients and other related medical issues. In brief, this study concludes that having no explicit language policy in the health sector of Iraqi Kurdistan Region affects the performance of the linguistic communication of the medical staff in one way or another. Meanwhile, the findings of the research will hopefully be beneficial for pedagogical implication in enhancing the status of Kurdish language and improving teaching of English language skills.

Keywords: Language, Language Policy, Medicine, Nurses, And Performance

1. Introduction

In Iraqi Kurdistan Region, medicine is one of the most sensitive issues which is given a great attention in the sense that only those students are accepted in College of medicine that are able to be the top students while nearly no attention is paid to the way such medical staff have to follow and adopt when they interact with their patients or their senior staff. Most of those students that are accepted in College of Medicine and are expected to become doctors after their graduation come from schools where the medium of instruction is English or even if they don't come from such schools, they find themselves enforced to use English for communication during their university life because of the prestige of English language and

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because Kurdish is taught for no more than several weeks and this shows the critical situation of the native language in Iraqi Kurdistan in general and in the medical setting in particular.

When such students who compose a great portion of the current generation graduate, they will definitely deal with Kurdish aboriginal people who don't know other languages except for Kurdish and there will be a sort of misunderstanding between a doctor who sees and diagnoses a patient who can't understand the instructions given to him from the side of the doctor whose Kurdish linguistic competence is not as required to achieve his mission. As far as the hospitals especially the private ones is concerned, nurses have to communicate with doctors, patients, and patients' relatives, other nurses and other hospital staff like the technicians and pharmacists. They are required to give and follow instructions, converse and write well in English. Even though medical staff in private hospitals have to use English extensively, a major group of the staff especially the nurses are found to have problems in communicating and speaking in English. Hence, there is a crucial need for a study to identify problems faced by nurses engaged in medical issues to be equipped with the necessary English language skills. It is also necessary to investigate the English language challenges and language needs of these nurses. To be to the point, it is crucial to point out that Kurdish is necessary to be taught to the senior staff of the medical institution and at the same time English is necessary to be mastered by the senior staff in the medical institution to fill the gap between these two types of staff. This study hypothesizes that making a language policy to manage language for communication in general and for medical treatments in particular will sort out many of the problems the doctors and nurses encounter during their work. It is also hypothesized that the improvement of the linguistic performance of medical staff depends on their competence to master the aforementioned languages.

Accordingly, this study tries to answer questions that have something to do with the obstacles that hinder nursing students from mastering English in addition to the sort of the language skills that the nurses need to overcome the linguistic problems they might probably encounter in their job. Meanwhile, the strategies the nurses are advised to follow to learn English are also highlighted.

Accordingly, this research aims at showing the necessity of making language policy in the health centres besides depicting the strength and weakness points of nursing students towards learning English. Likewise, it aims at finding the tips that lead to improving the language skills that nurses need so that they can use English in their job.

2. Literature Review

Although research on the forms and functions of language in medical practice and training has expanded rapidly during the past two decades, there is nothing to be mentioned in this respect in Iraqi Kurdistan except for English Kurdish dictionaries for medical terms besides few medical booklets translated from English into Kurdish. Although the area is known as 'language and medicine', it includes other health professionals and non-clinical settings as well.

As a matter of fact, talking about language management in a field like medicine paves the way for coming across the process of language interaction with whatever has a relation with medical issues. That is, it leads to indicating language policy and its domains. For Spolsky (2004, p. 14) the domain of language policy

“may be any defined or definable social or political or religious group or community, ranging from a family through a sports team or neighbourhood or village or workplace or organization or city or nation state or regional alliance”. In other words, it includes all aspects of life. Nevertheless, language policy is totally new in Iraqi Kurdistan, but its initiation goes back to the beginning of the second half of the twentieth century. Language policy can be defined in dozens of ways (Ricento, 2006, p. 273). Most of the books interested in language policy include the common question (what is language policy?) but they provide sufficient information to discuss the types, goals, and examples of language policy rather than common concrete definitions. Consequently, to arrive at an appropriate synthesis of language policy, the following definitions are of help:

Positioning “language policy” within critical theory, one may find the definition of Tollefson giving priority to a critical conceptualization of policy:

Kaplan and Baldauf (1997, pp. x-xi) come up with a beneficial starting point for unravelling the complication of language policy. They claim that a language policy is part of the larger process of language planning consider language policy a body of ideas, laws, regulations, rules and practices intended to achieve the planned language change in the society, group or system” whereas Schiffman points out that:

Language policy is primarily a social construct. It may consist of various elements of an explicit nature-juridical, judicial, administrative, constitutional and/or legal language may be extant in some jurisdictions, but whether or not a polity has such explicit text, policy as a cultural construct rests primarily on other conceptual elements - belief systems, attitudes, myths - the whole complex that we are referring to as linguistic culture, which is the sum totality of ideas, values, beliefs, attitudes, prejudices, religious strictures, and all the other cultural ‘baggage’ that speakers bring to their dealings with language from their background. (Schiffman, 1996, p. 276)

Depending on sociocultural approach Schiffman (ibid) and McCarty, Collins, and Hopson (2011, p. 339) offer a unique definition, and find language policy not simply as “top-down” or “bottom-up” but multi-dimensional. Despite their recognition the official government texts as potential language policies, the way language policy is produced in human interaction and negotiation is what they pay more attention to. They don’t only portray policies as means by which language use is regulated. Instead, they highlight a significant critical viewpoint through revealing policies as mechanisms that generate power equalities.

For Tollefson (1991, p. 16) language planning-policy means the institutionalization of language as a basis for distinctions among social groups (classes). Language policy is one mechanism for locating language within social structure so that language determines who has access to political power and economic resources. Language policy is one mechanism by which dominant groups establish hegemony in language use.

Bernard Spolsky and Johnson are two salient figures who have devoted much of their time and efforts to language policy. Spolsky depends on the components of language policy in his definition while Johnson goes directly into the definition. That is, Spolsky (2004, pp. 5, 11) states that: “A useful first step is to distinguish between the three components of the language policy of a speech community (1) its language practices - the habitual pattern of selecting among the varieties that make up its linguistic repertoire; (2)

its language beliefs or ideology - the beliefs about language and language use; and (3) any specific efforts to modify or influence that practice by any kind of language intervention, planning, or management.” Spolsky puts it simply as he indicates: “language ideology is a language policy with the manager left out, what people think should be done whereas language practices are what people actually do”.

Johnson (2013, p. 9) indicates that a language policy is ‘a policy mechanism that impacts the structure, function, use, or acquisition of language’. Accordingly, language policy or management refers to the formulation and proclamation of an explicit plan or policy, usually but not necessarily written in a formal document, about language use.

Consequently, language policy can be defined as continuous efforts taking the form of mechanisms and practices adopted by individuals, their government and institutions which manipulate and impose language behaviours in a large number of communities or nation-states as it connects between decisions about languages and their users in education and society.

Notably, the importance of English cannot be ignored worldwide these days since English is one of the most spoken second languages in the world. People from different parts of the world having different language as their mother languages can communicate easily with knowledge of English. Nowadays English has become the language of education, medical, business and tourism etc. Nevertheless, this doesn’t mean giving too much to English to dominate all the fields of life in a community where the mother tongue is Kurdish and most of the speakers are not familiar with English. This definitely will hinder the process of communication between the medical agent and the patient. Spolsky (2004, p.1) initiates his book with an example depicting such a scene when he points out that:

“A fifty-six-year-old Turkish woman was refused a heart transplant by clinics in Hanover on the grounds that her lack of German (common among Gastarbeiter) made the recovery process dangerous. The clinic defended the decision: the patient might not understand the doctors’ orders, might take the wrong medicine and might not be able to get help if there were complications. The state minister for health said (Sunday Telegraph, August 27, 2000) that in future in similar cases they must find a more practical solution. Doctors and hospitals make language policy when they decide how to deal with language diversity.”

Accordingly, there is a crucial necessity for making efforts to sort out such a dilemma and this could be done through taking certain steps one of which is having an explicit language policy paying attention to the communication process between the medical staff and the people in the hospitals and medical institutions. Katalina Toth wrote an article in Harvard International Review few months ago precisely in 19. Jan. 2022. She talked about the linguistic rights of some minority languages which are indigenous languages in the northern part of Canada where she believes that federal efforts to preserve indigenous languages are especially important in preventing the subordination of such languages to colonial ones. These practices create legal mechanisms that prevent the gradual erosion of indigenous cultures. For example, the legal requirement that hospitals have a translator on-call can protect indigenous patients from receiving poor care due to miscommunications in a hospital geared towards treatment only in English or French. The extent to which new mechanisms will be enforced, and whether funding will be efficiently allocated, remains to be seen. As far as Iraqi Kurdistan Region is concerned, the efforts of the Kurdish authority to give priority to the Kurdish native language in the medical environment are shameful and

there is nothing to be mentioned in this respect. Hereby, when a fresh student calls for having Kurdish language being taught for six years in college of medicine, the Kurdish government is to recognize that there is a great mistake in dealing with Kurdish language. That is, few years ago one of the students from Zhiyar Preparatory School for Boys was accepted in College of Medicine. He noticed that there is a topic called Kurdology which is taught for several weeks in the first academic year whereas many students are coming from private schools where the medium of instruction is English and there are students from other ethnic groups who knows nothing about Kurdish language. Realizing that there will be a generation of medical senior staff who won't be able to communicate with their Kurdish patients in Kurdish after their graduation in hospitals and their clinical centers, he called for teaching Kurdology throughout the course of studying Medicine in Kurdistan Medical Universities. For instance, the following dialogue which is taken from a page in social media under the name of basarhata khoshakani pshdar u btwen (The Funny Events of Pshdar and Btwen) in 23rd of June 2022 proves that the fresh graduated doctors face difficulties while they communicate with the old generation who speak their typical varieties:

پورایشی ئه‌مونده‌ی عاقیده به (شیخ فەرخ و سهید سمایل و مەرقەدئ سەندۆلا و چاکە سوری) هەبوو ئه‌مونده عاقیده به دکتور و شتی نەبوو. نەخۆش بوو بردبویانه کن دکتوری گوتبووی پوره گیان کوئ یه‌شی:
-پورایش دهلئ جا بابی پورئ کوئم ناشئ، وه‌لاهئ جئم له‌جئیان نیه، هەموو ئازایه‌نده‌نئم دئشئ،
دکتور هئچ شتیکی لئ تئناگات دهلئ ده‌قیق پئم بلئ کونئ ئازاری هه‌یه؟
🤔 - پور دهلئت والله بام ده‌قالیه ره‌له!
هەر له‌ژێلا تا توقی سه‌ری بام تئوه‌ستاوه.
گوتبووی پورئ وه‌لاهئ نەخۆشی ئاوام نه‌بئستوو وه‌سه‌فی بکه با تئوه‌ستاوان چیه؟
پورایش دهلئ وه‌لاه ره‌له دهلئ ده‌که‌ست سواری قه‌لانئوشکی بوون هەر ئه‌مونده‌یه برشت هه‌لئاپه‌ت،

Puraishe (Aunt Aish) believed in (Sheikh Farkh, Said Smail, Sndola shrine and Chaka Soor); she didn't believe in doctors and medical treatments. As she was sick, she was taken to the health center where the fresh doctor asked her: dear aunt, what is wrong with you? What is your pain?

Puraish says, "Oh father of Aunt Aishe, is there a place I am not complaining of (what of me is not painful)? I don't have anywhere to go as I have pain in my entire body."

The doctor doesn't understand anything, he told her to inform him precisely where and what is she complaining of.

Aunt says, "a wind is in my body" ! 🤔 A wind from the bottom till the top of my body

The doctor told her that he didn't hear about such a disease and asked her to describe her illness a little bit.

Oh, dear son I swear by God it looks like being under the load of ten persons which makes breathing difficult (lifting someone above one's shoulder).

As a matter of fact, this gives an implication which constitutes one of the components of language policy. That is, Spolsky (2004) finds it appropriate to name the field as a whole 'language policy', and sees it as made up of three inter-related but independent components. The second component, formed in large

measure by the first and confirming it's in influence, is made up of the values assigned by members of a speech community to each variety and variant and their beliefs about the importance of these values. At times, the beliefs may be organized into ideologies.

Notably, speaking to patients is one of the important headings that represents one of the most influential aspects of one of the sensitive domains of language policy where the physicians are required to improve their communicative skills so as to more effectively perform their clinical tasks: history taking, diagnosis, and treatment. (Roter and Hall, 1992)

Accordingly, when it comes to speaking to patients, two primary emphases are to be stressed: 1) how physicians establish relations with patients through their modes of asking for and giving information and 2) how different styles of communication may enhance or diminish patients at satisfaction and compliance. Analyses of talk in medical interviews, based typically on observations, audio-, or video-recordings, provide indices of the patient-physician relationship, and good relationship is viewed as the basis for effective clinical care in general and in psychotherapy in particular. As two proponents of this line of inquiry observe, "Talk is the main ingredient in medical care and it is the fundamental instrument by which the doctor-patient relationship is crafted and by which therapeutic goals are achieved". A similar perspective, expressed in a recent review (Ong, et al. 1995), is that the medical interview has three aims: to create a positive interpersonal relationship between physician and patient, that is, a working alliance; to offer opportunities for both physician and patient to give and seek information; and to provide the basis for the physician to make medical decisions.

Reflecting this general orientation, studies tend to address how well physicians achieve their clinical tasks, defined within the medical perspective, and findings often lead to recommendations for modifying physicians' practices through better communicative skills (Ptacek and Eberhardt, 1996). There is little interest, and few studies, concerned with how junior staff like nurses can enhance their communicative skills in their interaction with physicians, on one hand, and with patients on the other hand. Hence, the focus of the rest of the study rests on the linguistic performance of the junior staff especially nurses and their linguistic competence. In a word, the core of this study is to highlight the role of nursing staff in mediating between medical staff and people and this could be done through having a good knowledge in understanding both sides, i.e., the physicians and the sick people. Predicting that the nurses don't use English for speaking, this study tries to examine their linguistic competence. The importance of this is best illustrated in the methodology approach adopted in this study in which it is discovered that asking a set of questions to the study participants generated expressed answers in terms of English language proficiency, etc., whether the participant was a beginner nurse or a professional one.

3. Methodology

A research survey with nurses from two different universities in Erbil province where nearly 90 nursing students attending two Colleges of Nursing. To get sufficient number of participants, the survey was designed to be completed by the participant nurses who provided information about their English linguistic competence. To be to the point, this study explains the research design and methodological procedures of a survey study which comprises the source of empirical data for this article.

3.1 Data Collection

Data collection of this study is composed of 5 multiple-choice questions and 13 items that were measured on a 7-point Likert scale. The aim was to conduct the survey with 90 students who studied in two Colleges of Nursing in Erbil Medical University and Koya University. The questionnaire which was used as a tool of data collection was of two parts the first part of which deals with the participants' autobiography whereas the second part consists of several items related to the the problems of nurses in speaking English, and to the ways of sorting out such a deficiency. The full list of the items of the survey is included in the appendix of this article.

3.2 Data Analysis

The survey was available in English and Kurdish and was distributed in online formats to offer some equity among students with various English competence and access to technology. Multiple channels of distribution were used including the researcher's network of personal and professional contacts. Participants were also asked to distribute the survey through their networks when possible (snowball effect). Participants' responses came from Erbil and Koya. The participants were given enough time to fill in the survey secretly and 90 individuals responded. Because not all surveys were fully completed, 90 survey results were included in the analysis. On the one hand, first part of the questionnaire was done via 90 nursing students who reacted to several items related to barriers to the professional development of Kurdish health junior staff in governmental and non-governmental health centres in the city Centre of Erbil and Koya City. That is, this study wants to know the strength and weakness points of nursing students towards English proficiency, which language skills do the nurses need for their job and which activity is preferred and useful for nurses to learn English. On the other hand, this study tries to find out what speaking problems do the nurses have and what strategies do the nurses require to know to learn English. Meanwhile, what do nurses want to know related to patients was another item of the questionnaire.

4. Results and Discussion

This study outlines the most outstanding points of strength and weakness of the linguistic competence of the nursing students who are probably not able to use English in their interaction with the senior staff. The results of the survey were provided from two sources the first of which was from the nursing students while the second source was from the professional nurses. The Participants of this research belonged to 2 colleges from two different cities in Iraqi Kurdistan. That is, 50 of them were students from Erbil Medical University - College of Nursing while 40 of them were students from Koya University – College of Nursing. 72 of them were females whereas 18 of them were male nursing students. Further, the three first stage nursing students who participated were females. Moreover, 16 of the nine third stage nursing students participated were females while 13 of them were males. The ages of such nursing students were between 19-24 years old. Due to the necessity of having students from other stages, nearly 50 other nursing students from other stages were asked to participate, and that is why the number of 4th and 3rd stages nursing students that were more experienced in the topic is much more. Further, 30 professional nurses (10 males and 20 females) participated in the study as well. 24 of them were bachelor holders, 4 of them were doctorate holders and 2 of them were diploma holders having different work experiences, i.e. having 6 months of work experience, 1 year till 12 years of nursing experiences.

Table 1: The strength and weakness of nursing students in terms of English proficiency

Skills	Very weak (%)	Weak (%)	Fair (%)	Good (%)	Very good (%)
Grammar	0%	48%	32%	20%	0%
Vocabulary	0%	44%	28%	18%	10%
Pronunciation	10%	30%	45%	10%	5%
Speaking	10%	50%	27%	10%	0%
Listening	2%	48%	24%	26%	0%
Reading	0%	36%	44%	20%	0%
Writing	6%	60%	12%	8%	14%

The ability of the nursing students in terms of the language skills besides their capacity in mastering English grammar, vocabularies and their pronunciation is shown up in table 1. That is, as far as the practicing the English grammar is concerned, the highest percentage of the students indicated that 48 percent of the students were weak. Likewise, 44%. Of the students were found to be weak in knowing enough English vocabularies. It seems that only 10% of the students were quite satisfied with the way they utter the words in English. The rate of both skills of 'speaking and listening' from the side of the students was not encouraging as it was between 48% and 50% which implies that it is 'weak'. Meanwhile, the rate of the ability of the students to read was 44% and this shows that it is neither good nor bad. The writing performance of the students was too weak because 60% of the students were weak in writing and this was the highest percentage recorded in Table 1.

Table 2: The language skills that nurses need most in their job

Skills	Often	Sometimes	Rarely	Never
Speaking	72%	20%	8%	0%
Listening	48%	46%	6%	0%
Reading	38%	50%	8%	4%
Writing	64%	30%	6%	0%

Table 2 shows the percentage of the nursing students interested in using the four known language skills during their practicum inside the hospitals and health centres. The items showed that most of them were very interested in speaking and writing skills and this shows the necessity and significance of learning English for the nursing students to use it for specific purposes. Preferring speaking skill by 72% of the students shows the vitality of language interaction in the medical settings.

Table 3: The preferences of the nurses regarding useful activities for learning English

Activities	Often	Sometimes	Rarely	Never
Pair work	42%	50%	8%	0%
Whole class	6%	54%	26%	4%
Group work	38%	50%	8%	4%
Out of class work	26%	36%	26%	12%
Individual	34%	32%	26%	8%

Table 3. shows that the activities preferred to be performed by nursing students in the process of learning English for specific purposes could be pair work, group work and individual work. The result rates pointed out that the majority of the nursing students do not like the whole class activities in learning English for specific purposes.

Accordingly, the results of the above shown tables indicate that the nursing students are complaining of problems related to the speaking skill and they encounter challenges while they try to use English for speaking. On the one hand, the following table pinpoints the frequency of the speaking problems they make when it comes to pronunciation, vocabulary, and grammar. On the other hand, it highlights the rate of the confidence the nursing students have in using English for speaking.

Table 4: The nurses speaking problems

Speaking problems	Often %	Sometimes %	Rarely %	Never %
Pronunciation	57%	30%	13%	0%
Vocabulary	46%	43%	11%	0%
Grammar	56%	24%	10%	10%
Lack of Confidence	42%	29%	26%	3%

Notably, table 4 displays that the nurses speaking problems were as follows:

1. Pronunciation

The first row of table 4 is dedicated to the problems and difficulties the nurses were facing during their effort to use English for speaking via uttering English words and expressions that are the tools of English language. The nurses were found to encounter a serious problem in terms of the pronunciation of the English words and vocabularies and that is why the rate of often making the pronunciation problems was the highest as it 57%. Because they lacked confidence, they were found to be worried about pronunciation and they often pronounced words incorrectly, for example, the nurses might possibly mispronounce a word like “label”.

2. Grammar

The third row of table 4 represents another important problematic area which was grammar in which the rate of (often) category was high too. That is, it was 56% and it was due to the errors they made in mainly dealing with English tenses, active and passive voices. The grammatical mistakes they might possibly make could be in the subject verb agreement, for instance, the nurses may say “today you have a high fever”. Being unable to make a sentence free from grammatical mistakes led the nurses to a sort of lacking confidence in using English for speaking.

3. Vocabulary

The second row of table 4 points out that dealing with vocabularies is another serious problem of the nurses when they intend to use English for speaking. Hereby, they ticked the choice 'often' the rate of which was 46%. That is, they often pronounce English vocabularies incorrectly. Therefore, they were found upset and they preferred to avoid giving their ideas in English or make an interview in English.

4. Lack of Confidence

The last row of table 4 outlines a psychological aspect which has a direct relation to language and medicine interaction. Confidence plays a vital role in paving the way for the individuals to show how much they are capable of achieving a task they intended to. On the contrary, lacking confidence has a negative impact and hinders the process of performing a mission. Hereby, the nurses were found in a critical situation in terms of using English for communication and speaking because they didn't trust themselves and they lost confidence. The rate of those students who stated that they often lack confidence when they are about to use English for interacting with their colleagues or their senior staff in the medical settings was 42%. It is noteworthy that losing confidence is the outcome of the aforementioned errors and difficulties related to pronunciation, grammar and vocabulary.

Table 5: Some strategies to learn English for nurses

By	Often	Sometimes	Rarely	Never
Course	65%	34%	1%	0%
Watching movies	54%	35%	11%	0%
Memorizing vocabularies	40%	10%	50%	0%

Table 5 shows the most significant strategies that the nurses are in need of and the table stated the preferences of the nurses with respect of the strategies they chose to enhance the process of learning English. %65 of the nurses said that they often learn English language through attending courses for learning English because they think that many professional teachers and academic persons teach in such learning centres, and this would be how they can make use of the experiences the lecturers have acquired for many years to use English.

Table 6: What do nurses want to know in terms of patients?

Topics	Often	Sometimes	Rarely	Never
Family	68%	29%	3%	0%
Lifestyle	60%	40%	0%	0%
Food	57%	30%	13%	0%
Clothing	13%	34%	43%	10%
Geography	80%	14%	6%	0%
Job	47%	13%	37%	3%
Culture	3%	37%	57%	3%
Hobbies	70%	10%	17%	3%

Table 6 points out that the most frequent topics shared by the nurses with the patients were those associated with geography (80%), hobbies (70%) and family (68%) while the topics that were less shared by the nurses were the topics of clothing, food and other life issues not included in the questionnaire. The language which was used for talking about such issues was Kurdish and this shows that the English linguistic performance of the nurses doesn't allow them to talk about the aforementioned topics without hesitation.

The findings from this study suggests that the English linguistic competence of the Kurdish nurses doesn't enable them to show a good English linguistic performance which proves that there is not a sort of balance between senior staff and junior staff in the medical settings in terms of language and medicine interaction in Iraqi Kurdistan. Definitely the points that were raised in the questionnaire revolved around the hypotheses expected to come true throughout this study. That is, table 1 displayed the results of the items that revolved around the English proficiency of the nursing students in both Nursing Colleges in Erbil and Koya. Compared to the English proficiency of the physicians, nursing students are not qualified enough to use English for speaking, writing, reading but it seems that nearly 26% of the nursing students have the confidence to pronounce the English vocabularies properly and this is not a good point. According to the data of table 2, the most used language skill for the nursing students who don't know English is speaking and this indicates that nursing students on the contrary of the senior medical staff prefer Kurdish for speaking. Because most of the nursing students aren't happy with the accessible activities that are used as teaching techniques inside the class, their English-speaking ability is poor and weak. Accordingly, table 4 diagnoses the problems and the difficulties that the nursing students encounter when they intend to use English for speaking. Thus, the rates of the problems are the highest when it comes to pronunciation and grammar, and this indicates that it is not strange to find 42% of the nursing students lacking confidence which directly affect their English linguistic competence and performance. As a result, this study is an effort to find out a solution to fill the gap which is found between both senior and junior medical staff. That is, table 5 lists the most influential strategies that are depended on in the process of learning a language including English. 65% of the students prefer attending the language courses as one of the available activities and means for learning English. Table 6 mentions 8 different topics that the nursing students choose to talk about with the patients, and they can't do it without the language interaction. Based on the data collected through the above-mentioned tables, the language interaction in the medical setting from the side of the nursing students is done through using Kurdish for speaking while doctors, physicians

and psychiatrics who studied and graduated from College of Medicines where the medium of studies is English in Iraqi Kurdistan prefer English for speaking. This means that priority is indirectly given to Kurdish at the expense of English by the junior staff while the senior staff give priority to English at the expense of Kurdish. Accordingly, making a good and well-organized language policy could fill out the gap which occurs due to having two different generations one of which prefers using English for speaking while the other one prefers Kurdish.

5. Conclusions

This study points out that the role of language in the medical settings is to be highly appreciated and the interaction between language and medicine is inevitably affecting the relationship between the medical staff and the patients. Having two sorts of staff in the medical setting preferring two different languages in their dealing with the patients led to a gap this study tries to fill out. The majority of the senior staff use English for speaking whereas the highest rate of the junior staff represented by the nursing students avoids using English as they don't know how to talk about the topics that they share with the patients in the medical centres. As a result, the senior staff, i.e., doctors, physicians and psychiatrics encounter a challenge in their medical treatments and may not arrive at the appropriate diagnosis easily. Thus, they have to depend on the nurses, or they have to be good Kurdish speakers as well. This study shows that making a language policy to manage language for communication in general and for medical treatments in particular will sort out many of the problems the doctors and nurses encounter during their work. Meanwhile, the improvement of the linguistic performance of medical staff depends on their competence to master the Kurdish, English and sometimes other minority languages. To be to the point, the empirical part of this study which has been done in Colleges of Nursing in both Salahaddin and Koya Universities is dedicated to cover the English linguistic competence and performance of the junior staff and the purpose beyond such an empirical survey was to arrive at the identification of the points some related to the findings that have something to do with the problems of nurses in speaking English, and what do they need to learn English. Hereby, this study worked on finding the strength and weakness of nursing students toward English proficiency, exploring the language skills that nurses need in their job, finding how often do the nurses use English so as to be fluent and displaying the nurses' preferences regarding useful activities for learning English for different and similar ideas which have been given by authors /researchers on issues so that the best ones could be identified. Adopting the method of questionnaire to the nursing students at Salahaddin and Koya Universities and professional nurses in Kurdistan hospitals, this study arrived at results which depict the experiences and opinions of such students toward these approaches. Consequently, the professional nurses were found to have problems often in pronunciation, vocabulary, grammar and they lacked confidence in speaking. Further, nurses preferred to join courses for learning English to get involved in whatever plays a role in the learning process. Finally, it is to be stated that English is not for one purpose; it is for many aspects of life, and this is what makes everyone find learning English important. That is, if they can speak English, they will not have any problems whenever they deal with issues related to English. Hereby, this research urges nurses that encounter problems in speaking English to participate in English courses to learn English. In a word, the interaction of language in the medical field is a process which shows that making a language policy by the doctors and nurses in the medical settings is something beyond discussion. The events indicate that the doctors are required to study Kurdish language in the College of Medicine throughout their study while the nurses are required to be part of the process of

making language policy in the sense that they have to enter courses to improve their English language to be in a better touch with doctors to enhance the communication process between doctors and patients.

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بوخته

ئەم توپزىنەمويە باس لە كارلىك كردنى زمان و بواری پزىشكى دەكا لە كوردستانى عىراق بە جۆرئىك كە ئالۆزى ناوئەكەنى پەيوەندى لە بواری پزىشكىدا لەبەرچاودەگرئى چونكە زۆربەى كادىرە بالاکان بەكارهينانى ئىنگلىزىيان پىناشتەرە لە كاتىكدا زۆربەى ستافى تازەپىگەبىشتوو بە تايبەتى پەرستاران و باریدەدرە پزىشكى يەكان لەناستەدا نىن زمانى ئىنگلىزى بەكاربىن بەتايبەتى كاتىك پەيوەندى بە پزىشكەكانەو دەكەن يان كاتىك مامەلە لەگەل كىشەپەكى پزىشكى پەيوەست بە چارەسەرى نەخۆشەكان دەكەن و لەوانەپە كارىگەرى نەرىنى ھەبىت لەسەر ئاستيان. زمانى ئىنگلىزى بە شىوہەپەكى بەر بلاو لەلايم پزىشكەكانەو بەكار دەھىنرئىت بەتايبەتى لەكاتى خويندەنياندا لە كۆلئزى پزىشكى و ئەمەش بىگومان كارىگەرى دەبىت لەسەر ئاستى دواى دەرچوونيان بەتايبەتى كاتىك ناچار دەبن پەنا بەرن بۆ قسەكردن بە زمانى كوردى و بۆ چارەسەركردنى نەخۆشەكانيان كە رووبەرۆوى جۆرەھا شىوہە زارى كوردى دەبنەو دادەمىنن ئەگەر كوردى نەزانن. بە ھەمان شىوہە، كارمەندى تازە پزىشكى بە گشتى و پەرستاران بە تايبەتى رووبەرۆوى ھەندىك بەرەنگارى دەبنەو لە رووى بەكارهينانى ئىنگلىزىپەيوە. ئەم ئىكۆلنەمويە زۆر گرینگە بەتايبەت كە كارىگەرى پەيوەندى نىوان كارمەندانى پزىشكى و نەخۆشەكان لە لاپەك و لە نىوان يەكتر لە لاپەكى ترموہ نىشان دەدا. ئەم توپزىنەمويە شىوازى چەندىتى دەگرئىتە بەر بۆ گەيشتن بە ئەنجامىكى پىويست لە رىگەپى كۆكردنەوہى داتاكانى پەيوەست بە بەشدارى بەشداربووان لە ناوئەدە پزىشكىيەكان. ئەم توپزىنەمويە پەيوەستە بەو زمانانەپە كە لەبواری پزىشكىدا بەكار دىن و جەخت لەسەر كىشە زمانەوانىيەكانى دەستەپى پزىشكى دەكاتەو كە بەشىوہەپەكى سەرەكى باس لە پەرستارەكانى كۆلئزى پەرستارى و پزىشكى زانكۆى ھولئىر و كۆپە دەكاتەو لەكاتى مامەلەكردنيان لەگەل نەخۆشەكان وئەو بابەتانەپە پەيوەستن بە بواری پزىشكى.

بەكورتى ئەم توپزىنەمويە بەو دەرەنجامە دەگا كە ھىچ سىياسەتتىكى زمانى راشكاوانە لە كەرتى تەندروستى ھەرىمى كوردستانى عىراقدا نىبە و ئەمەش كارىگەرى نەرىنى ھەپە لەسەر ئاستى پەيوەندى زمانەوانى كادىرە پزىشكىيەكان بە جۆرەك لە جۆرەكان. لە ھەمان كاتدا، ئومىد دەخوارئى دەرەنجامەكانى توپزىنەمويەكە سوودبەخش بن بۆ بواری فىركارى و بەرزكردنەوہى رەوشى زمانى كوردى و باشتركردنى فىركردنى كارامەپى زمانى ئىنگلىزى.

وشە سەرەكى يەكان: زمان، سىياسەتى زمان، پزىشكى، پەرستار، ئاست

الملخص

تتناول هذه الدراسة التفاعل بين اللغة والطب في كردستان العراق في حين أن وسيلة التواصل في المجال الطبي معقدة للغاية لأن معظم الأطباء يفضلون استخدام اللغة الإنجليزية بينما أن غالبية الممرضات والمساعدين الطبيين وخاصة الغير المؤهلين بما فيه الكفاية يتجنبون استخدام اللغة الإنجليزية خاصة عندما يتواصلون مع الأطباء أو عندما يشاركون في القضايا الطبية المتعلقة بمعالجة المرضى وهذا قد يؤثر على الأرجح سلبياً على أدائهم اللغوي. وهذا يعني أن اللغة الإنجليزية تستخدم على نطاق واسع من قبل الأطباء خاصة خلال دراستهم في كلية الطب، وهذا سيؤثر بالتأكيد على أدائهم بعد تخرجهم خاصة عندما يجدون أنفسهم مجبرين على استخدام اللغة الكردية للتحدث ومعالجة مرضاهم الذين يستخدمون لهجات كردية مختلفة للتحدث. وكذلك الحال بالنسبة للكوادر الطبية المبتدئة بشكل عام والممرضات بشكل خاص حيث أنهم أيضاً يواجهون بعض التحديات فيما يتعلق باستخدام اللغة الإنجليزية. هذه الدراسة ذات أهمية كبيرة لأنها توضح تأثير التواصل بين الطاقم الطبي والمرضى من ناحية وفيما بين بعضهم البعض من ناحية أخرى. يعتمد هذا البحث على منهج كمي للوصول إلى نتائج كافية من خلال جمع البيانات المتعلقة بمساهمة المشاركين في الوسط الطبي. يقتصر هذا البحث على اللغات المستخدمة في المجال الطبي ويركز على مشاكل التواصل اللغوي للكوادر الطبيين بما في ذلك الممرضات من كلية التمريض -جامعة أربيل وكويسنجق خلال تعاملهم مع المرضى والقضايا الطبية الأخرى ذات الصلة. وباختصار، فقد توصلت هذه الدراسة إلى أنه لا توجد سياسة لغوية صريحة في القطاع الصحي لإقليم كردستان العراق، وأن لذلك تأثيراً سلبياً على أداء الاتصال اللغوي للكوادر الطبيين بطريقة أو بأخرى. الكلمات الرئيسية: اللغة والسياسة اللغوية والطب والممرضات والأداء.

Appendix

University:

College:

Stage:

Age:

Gender: Male Female

Marital status: Single Married

Qualification: Diploma Bachelor's degree Master's degree Ph.D.

Years of nursing experience: _____

The following questionnaire is part of a study entitled 'Language and Medicine Interaction in Iraqi Kurdistan Region'. The researcher developed this questionnaire in order to investigate the linguistic competence and performance in terms of using English in Iraqi Kurdistan public health centres during the in-service period. The first part of the questionnaire deals with the participants' autobiography whereas the second part of the questionnaire consists of several items related to the the problems of nurses in speaking English, and to the ways of sorting out such a deficiency. So, you are kindly asked to put (✓) in the box which is considered most appropriate to you and be objective and accurate when putting the sign (✓) in the box that is appropriate. Note that the purpose of this study is only for scientific research, your responses will not, in any way, affect your personal or professional situation.

Note: Strongly disagree= SD, Disagree =D, Neutral=N, Agree=A, Strongly Agree=SA

Using the scale given, please indicate how much you agree with the statements in the table below. Scales: 5 means strongly agree, 4 means agree, 3 means neutral, 2 means disagree, and 1 means strongly disagree		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Items	Nursing students' information	5	4	3	2	1
1	Nursing students are very weak in terms of English proficiency.					
2	Nursing students are weak in terms of English proficiency.					
3	Nursing students are neither weak nor good in terms of English proficiency.					
4	Nursing students are very good in terms of English proficiency.					
5	Nursing students are very good in terms of English proficiency.					
6	Speaking is the most language skill that the nurses need most in their job.					
7	Listening is the most language skill that the nurses need most in their job.					
8	Reading is the most language skill that the nurses need most in their job.					
9	Writing is the most language skill that the nurses need most in their job.					
10	Nurses prefer certain in class activities for learning English such as pair work.					
11	Nurses encounter speaking problems					
12	Nurses are in need of certain strategies to learn English.					
13	Nurses prefer using Kurdish in sharing patients certain issues related to their lifestyle.					