
| RESEARCH ARTICLE

An Analysis of the Communicative Competence Level of Students: A Case of Nursing Students in a State University in Northern Philippines

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| ABSTRACT

For several years, the linguistic ability of student-nurses has been assessed using standardized tests. To assess their overall communicative competence level (linguistic, discourse, sociolinguistic, and strategic competencies), the researcher made use of a self-made, reliable, and valid communicative assessment packet. As a result, the assessment of the level of communicative competence of the student nurses revealed that they are advanced in terms of linguistic, discourse, sociolinguistic, and strategic competencies. The outcomes of the study proved further that student nurses have a broad knowledge of their field, possess a high level of communicative competencies, and effectively practice professional, technical and soft skills involved in the world of quality nursing care. However, additional language lessons and activities which are aligned to clinical and hospital settings may still be added to the BSN curriculum for the student nurses to reach the competent level.

| KEYWORDS

Language and testing, communication competence, mixed-methods design, nursing students.

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1. Introduction

Over the years, research in the fields of linguistics and language education focused on the individual's capacity and ability to interact effectively and appropriately with the social world (Hymes, 2001; Wilson & Sabee, 2003; Butler, 2005; Ngaboyera, 2006; Alptekin, 2012; Remache, 2016; Tuan, 2017). Hymes (1972) labelled these so-called skills and capabilities as competence. From the macro-skills, which include listening, speaking, writing, reading, and viewing, to the so-called competency-based assessments, these areas have been the primary discussion and major concern of authorities in the field of linguistics and language education (Powers, 2010; Barrot, 2016; Nguyen, 2016). Thus, until this time, linguists and even educators focused not only on the skills of the learners to communicate but also on their ability to share their thoughts with their interlocutors.

For several years, the lack of these skills and competencies has raised concerns in the academic arena. Underdevelopment of the communicative competence of the students may lead to misunderstanding, low self-esteem, and behavioral problems. Cruz (2013) even stressed that communication breakdown may also be a problem if the speaker and the listener do not understand each other, which may result in puzzlement, surprise, astonishment, frustration, embarrassment or anger. In extreme cases, it may produce discrimination, communication breakdown, interactive conflict, cultural friction, unfair and unjustified attribution of personality traits, negative labelling and stereotypes.

Emphasizing the skills of learners in expressing their tacit and explicit knowledge to their listeners, Hymes (1972) introduced communicative competence as the learners' capacity to interact effectively and appropriately with the social world through communication. Hymes further argued that a communicatively competent individual knows when to speak, when not to speak, what to talk about with whom, when, where, and in what manner. With this, Canale and Swain (1980) developed a theory based on Hymes' work. Their framework highlighted the individual's capacity and capability to be communicatively competent. They

stressed that to be communicatively competent. A person must possess the following competencies: grammatical, sociolinguistic, and strategic. After three years, Canale (1983) proposed a new model with a four-component framework by adding discourse competence to grammatical, sociolinguistic, and strategic competence.

The model's four domains were elaborated on and explained by a number of linguists. From the time of Canale and Swain (1980), grammatical or linguistic competence is a mastery of the non-verbal and verbal-linguistic codes. Bachman (1990), in his communicative language ability (CLA), expounded further that language competence is the learners' knowledge in (1) organizational competence which involves grammatical and textual competencies; (2) pragmatic competence which involves illocutionary and sociolinguistic competencies. Koran (2015) further mentioned that communicative competence encompasses knowing the language as a code of verbal and non-verbal interaction and its syntactic, phonetic, and phonological rules and its lexis, as well as having the knowledge of what is proper and not in any given context. In a newer version of the communicative competence framework, Littlewood (2011) claimed that one's knowledge of phonology, semantics, lexis, and syntax is called linguistic competence.

With these contentions related to the present study, communicative competence, therefore, is the student nurses' knowledge and ability to explain and elaborate on medical conditions, applying therapeutic communication in oral and written form while respecting their interlocutor's culture and social perspectives and highly considering the context of the situation (Panagopoulou & Benos, 2004; Papadantonaki, 2006; Papagiannis, 2010; Kourkouta & Papathanasiou, 2014).

While the four domains of communicative competence have been defined and elaborated by different experts, research on these areas has also been conducted for years now. Felix-Aguelo (2017) focused on language competencies through learning collaboratively among the students themselves and revealed that this strategy greatly helps the learners to enhance their four macro skills and abilities. Just recently, using a quantitative approach, Kluczniok and Mudiappa (2018) related the four domains of communicative competence to socio-economic and home-related factors and revealed that these factors greatly affect the communicative competence of language learners. Likewise, there were studies on the teachers' and learners' communicative competence (Fuentes, 2015; Tuan, 2017). Studies in terms of linguistic competencies of students in both writing and speaking were explored (Galeandro et al., 2010; Boudjelal, 2014; Efremova et al., 2015). These researches revealed that the students are very much aware of this competency and that they are at the average level in terms of linguistic ability. Moreover, Majeed and Yassein (2013) and Tuan (2017) also focused on this competence and stressed that once a learner is linguistically competent, he or she is adept in grammar, sentence formation, parts of speech, meanings, spelling, and pronunciation. Diaz-Rico and Weed (2010) emphasized that accuracy and fluency in language production, especially in the second language, and targeting proficiency in the target language is termed grammatical or linguistic competence. On the other hand, Stude (2013) concentrated on the metalinguistic and discourse competence of pre-schoolers and mentioned that peer-talk has to be considered as one of the ways to improve the discourse competency of young learners.

Generally, this paper delved into assessing the communicative competence level of student-nurses. Specifically, it answered the question:

1. What is the communicative competence level of the student nurses along:
 - a. Linguistic Competence;
 - b. Discourse Competence;
 - c. Sociolinguistic Competence; and
 - d. Strategic Competence

2. Literature Review

Communicative competence is the aspect of one's competence that enables him or her to convey and interpret messages and negotiate meaning interpersonally within a specific context. This means that communicative competence encompasses not only knowledge of lexicon, syntax, morphology, semantics and phonology but also knowledge of social and functional rules of language. It is relative, not absolute, and it depends on the cooperation of the people involved. Since it is social, it is not intrapersonal but rather an interpersonal construct that is realized through the explicit performance of individuals in negotiating meaning. Moreover, the four domains of communicative competence emphasize that learners' knowledge of grammar, speech, vocabulary, and language do not categorize them as communicatively competent individuals. According to the different definitions given, linguistic competence, which means the awareness, knowledge, understanding of a person on lexicon, mechanics, and syntax, and his or her application of this knowledge to actual situations in various contexts, gives a broader description to this so-called linguistic competency. This is the feature of communicative competence that covers knowledge of lexical items and rules of morphology, syntax, semantics and phonology. It is the competence that people associate with mastering the linguistic code of a language, one's knowledge of the language system itself. Discourse competence, on the other hand, concerns a person's

organization of ideas, whether in speech or in writing. It primarily deals with one's understanding of how ideas and words are interconnected through cohesion and the use of transitional devices. It is the ability that people have to connect sentences in stretches of discourse and to form a meaningful whole out of a series of utterances. While grammatical competence focuses on sentence-level grammar, discourse competence is concerned with intersentential relationships, the ability to see the bigger picture out of specific details. As for sociolinguistic competence, it has been defined by experts as awareness of society's rules of language emphasizing formality, politeness, and directness, underscoring that if a learner is sociolinguistically competent, he or she is aware of and sensitive to non-verbal behaviors and cultural references such as idioms, expressions, and background knowledge. This type of competence necessitates a wide understanding of the social context in which language is used: the role of the participants, the information they share, and the function of the interaction (Savignon, 1983). The last domain of communicative competence, which is known as the use of communication strategies in times of communication breakdowns, is termed strategic competence. This is the competence underlying one's ability to make repairs, cope with imperfect knowledge and sustain communication through paraphrasing, circumlocution, repetition, hesitation, avoidance and guessing as well as shifts in registers and styles (Savignon, 1983). Hence, it is not sufficient to say that learning and knowing the target language is enough; it is very necessary to know how to apply this knowledge and language appropriately in various situations and different social contexts.

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The studies conducted by Compennolle and Williams (2011) and Nadasdi et al. (2009) focused on sociolinguistic competence. They discussed the effect of functionalanalytic teaching on French students' sociolinguistic competence and revealed that the students were learning best when they were closely mentored and facilitated by the teachers and when they were engaged in cooperative interactions. Likewise, the effect of teaching strategic competence on learners' speaking performance was the concern of Alibakhshi and Padiz (2011). It was mentioned in their paper that throughout the years, the teachability of communication strategies had been the primary concern of language educators. Kuen et al. (2017) focused on the development of Malaysian ESL learners through communication strategies training and found out that the students often used literal translation. Another research was conducted by Rabab'ah (2015), which focused on helping the learners solve their communication problems and revealed that most students used communication strategies to address their difficulties in communication.

3. Methodology

3.1 Resign Design

This study employed a descriptive quantitative research design.

3.2 Respondents

The 165 2nd year Bachelor of Science in Nursing students in Isabela State University in the Philippines served as the respondents of the study. The second-year BS Nursing students were chosen because their knowledge and skills in nursing care were already developed and honed since they had already finished a number of major and professional nursing courses. It was expected that they already have a full understanding of the basics as well as the intricacies of their course.

3.3 Data Gathering Instrument

The researcher-developed communicative assessment packet for student-nurses which underwent validity and reliability testing, served as the main instrument in this study. The assessment packet consists of forty-item questions per competency. Overall, there were one hundred sixty (160) items in the developed communicative competence tools.

3.4 Data Gathering Procedure

To ensure that ethical considerations were strictly followed, letters of the request were given to authorities for the conduct of the study. The researcher asked permission from the Dean of the College of Nursing if she could administer the assessment tool online via Google form to the student-nurses. Upon approval, the contact numbers and email addresses, as well as Facebook accounts of the student nurses, were requested. Before giving them the link, consent forms were sent to their email addresses. Additionally, the purpose of the study and the test's instructions were explained to the respondents in letter form before the start of the assessment. Through Google form add-ons, the form restricted the students to answer the assessment for 3 hours only. This was done to assure that the student nurses would not check the answers to the questions on the World Wide Web. The shuffle question order of the Google form was also activated to reduce instances of copying among the students under study. When all the student nurses finished answering the assessment tools online via Google form, the data were given to the statistician for encoding and computation.

3.5 Treatment of Data

The level of communicative competence of the student nurses was described using a 4 point-Likert scale. The levels presented below determined and described the respondents' level of communicative competence along with linguistic, discourse, strategic, and sociolinguistic competencies.

Level of Communicative Competence Scale

Scores	Levels	Descriptive Equivalent	Description
31-40	4	Competent	The student-nurse can naturally apply the rules of grammar and structure of linguistic units and has the ability to self-correct. He/she can spontaneously and automatically produce and comprehend coherent, cohesive, and unrehearsed texts or spoken dialogues. He/she intuitively shows and offers respect to individuals with different beliefs, cultures, gender, age, social status, and religion. He/she adeptly uses and applies varied communication strategies in his/her written or oral discourses.
21-30	3	Advanced	The student-nurse can apply the rules of grammar and structure of linguistic units and has still few errors but has the ability to self-correct. He/she can produce and comprehend coherent, cohesive, and unrehearsed texts or spoken dialogues. He/she shows and offers respect to individuals with different beliefs, cultures, gender, age, social status, and religion. He/she can use and apply varied communication strategies in his/her written or oral discourses.
11-20	2	Intermediate	The student-nurse knows the rules of grammar and structure of linguistic units, commits mistakes in the application of these rules but has not yet developed the ability to self-correct. He/she can produce spoken dialogues. He/she is sensitive to others' beliefs, culture, gender, age, social status, and religion. He/she is aware of using varied communication strategies in his/her written or oral discourses.

0-10	1	Novice	The student-nurse has very limited knowledge of the rules of grammar and structure of linguistic units, commits mistakes, and has no ability to self-correct. He/she cannot produce and comprehend coherent and cohesive texts and spoken dialogues. He/she is not sensitive to others' beliefs, culture, gender, age, social status, and religion. He/she is not aware of using varied communication strategies in his/her written or oral discourses.
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4. Results

Student-Nurses' Level of Communicative Competence

	Mean Score	Level of Competence
Linguistic Competence	28.72	Advanced
Discourse Competence	27.27	Advanced
Sociolinguistic Competence	28.77	Advanced
Strategic Competence	26.38	Advanced
Overall	27.79	Advanced

It can be gleaned from the table that the overall communicative competence of the 2nd year Bachelor of Science in Nursing students is "advanced". This mirrors that the student-nurses have comprehensive knowledge and skills in linguistic, discourse, sociolinguistic, and strategic competencies. This result also reflects how their teachers and clinical instructors are developing and honing the abilities and capabilities of these student-nurses before they will face the real world of work or even before having their Related Learning Experiences (RLE) outside or inside the university. Furthermore, the overall results of the assessment of their communicative competence exhibited the goals of the BSN program based on CMO 15.

CMO 15 states that the BSN program aims to develop a professional nurse who can provide safe, humane, quality and holistic care to individuals. The results of the study reflect that Isabela State University strictly follows the mandate of the CMO. Furthermore, although the results yielded the same level for all four areas, it also showed that the student-nurses got the highest mean score in sociolinguistic competence but the lowest mean score in strategic competence. While the difference in results is not that significant, it implies that the student-nurses have high respect for the varied personality traits, culture, religion, gender, and age of their soon-to-be patients but still need to be honed in terms of using varied communication strategies to effectively assist their patients in whatever they need.

The overall results also proved that the BSN curriculum, as well as the new revisions in the basic education, honed and trained the learners to become communicatively competent individuals. Their competencies along linguistic, discourse, sociolinguistic, and strategic, which resulted in "advanced", greatly imply that their professors and clinical instructors taught them to become adept in medical jargons and verbal and non-verbal cues, to be able to get meaning of the whole discourse rather than chunks of individual ideas, to be sensitive to one's culture, religion, age, and sex, and to be experts in the use of communication strategies. This being advanced in the field of these competencies could also mean that they are ready to face the real world of quality nursing care and that their supervisors can expect them to be well-versed in dealing with people and in applying therapeutic communication in every nurse-doctor, nurse-nurse, and nurse-patient interaction.

Applying the overall results of the study to clinical and hospital settings, after finishing the BSN program, these student-nurses are anticipated to be experts in the use of language to explain the overall health status of their patients and have a broad knowledge of explaining to patients' family members about their treatment procedures or protocols and assert that it surely improves their quality of life. It is also expected that they have more advanced knowledge and skills in communicating clearly and effectively with elderly or younger patients, understand clients who are sensitive and who cannot abruptly understand treatment procedures and protocols and apply appropriate stress, intonation, verbal and non-verbal cues appropriately.

Previous data on the student nurses' battery examination (2016-2018) revealed that these students under study are high scorers or passers. Their battery examination consists of situational items in which they were required to apply critical thinking, and since it is written in English, it also measures their level of competency in the language. The results of the present study, therefore, prove that they have advanced skills and capabilities not only in the use of the English language but also in terms of linguistic, discourse, sociolinguistic, and strategic competencies. Similarly, the results of the study verified the claim of the university that it is producing board topnotchers and being the best performing school in the previous years in the Licensure Examination for Nurses.

The level of the student-nurses' communicative competence along linguistic, discourse, sociolinguistic, and strategic competencies reflects that they understand complex texts related to their field. They can also spontaneously and effectively use the language for social, academic, and professional situations and can create well-structured and detailed texts on complex topics. Moreover, the results of the study have been long claimed by Boshen (2008), who pointed out that students from Asian cultures have the capability to properly express their own ideas and justify their own opinions without disrespecting their listeners. The skills in problem-solving are inherent to them.

The overall result of the assessment can be linked to how the K-12 curriculum and the new General Education courses honed these student-nurses to write and speak correctly and effectively in different social contexts. Based on the K-12 curriculum, senior high school students have one English course, Oral Communication in Context, which highlights Communicative Competence Strategies in Various Speech Situations. With this subject in their senior high, they became prepared to face the challenge of the new General Education course, Purposive Communication, which also deals with communication in different social contexts. The result, therefore, of their level of assessment can be concluded as a by-product of the K-12 curriculum and the new General Education course. These two (2) revisions in the educational curriculum in the Philippines generally prepared the students to be holistic individuals, not just good in writing and speaking but also in dealing with and respecting other individuals with different beliefs, cultures, religions, ages, and sex.

The overall assessment of the level of communicative competence of student-nurses also reveals that these students are now ready for the 'new normal' type of assessment. The assessment tools developed were uploaded online via Google form, and even though there were possibilities and probabilities that the students may look into the answers to the questions on the World Wide Web because each item was developed to tickle the minds and activate the critical thinking skills of the student-nurses, the researcher was assured that their answers were entirely based on their level of thinking capacity and intellectual ability of the various aspects of communicative competence. Hence, highly considering the tenets of higher order thinking skills should always be considered in test or assessment construction.

With respect to education, the overall results of the study could sum up how corrective feedback was employed by the teachers in their classes. The results confirmed that as early as the 2nd year, they already possess an advanced level of communicative competence. The students may not be able to attain this level if their teachers just allow them to speak and act freely without correcting their mistakes. It can be seen in the comments of these same students on the faculty evaluation of their teachers that even though their teachers were keen on correcting their grammar, pronunciation, gestures, and the like, they appreciated it because it greatly helped when they were about to have their RLEs in hospitals where the patients, as well as hospital staff, are grammar nazis.

Relating further the results of the study to classroom settings, teachers' way of teaching, including the materials used and the assessment measures imposed, have something to do with being advanced student nurses in all areas of communicative competence. Teaching strategies being employed are important in student-centered classes. Since the results of the assessment showed a high level of competency, it can be gleaned that the way the teachers impart the necessary skills to the students shows how effective it is in addressing the learning needs of the student nurses. The various strategies and methodologies they employ in their classes have been a great help for the students to easily grasp the language and medical concepts which they absolutely and accurately applied in the given assessment. Likewise, the instructional materials used in their classes made them exposed to various situations where they could decipher clinical and hospital scenarios and can apply critical decisions to such situations. With these, they became aware of and ready for such kinds of situations, just like what was presented in the developed communicative competence assessment tools.

Communicative Language Teaching (CLT) as an approach used by their teachers in teaching several courses, whether in their English or other major courses, greatly helped in the attainment of this *advanced* level. In the incorporation of CLT in their classes, the teachers are more focused on all of the components of communicative competence and not restricted to grammatical or linguistic competence. The language is not used just to express thoughts, but it is rather used and designed to engage learners in meaningful discussions and authentic purposes. Likewise, the students ultimately have to use the language productively and receptively in unrehearsed contexts. This approach has been actively used by the teachers of the student nurses under study, as reflected in the syllabus and as evident in their course materials given to the students.

With respect to the assessment or evaluation given to these student nurses under study, teachers made it a point that every aspect of communicative competence has been included to check if the student nurses already possess the necessary skills needed to provide quality and effective therapeutic techniques and eminent care before they will be deployed to hospitals and clinics. These can be gleaned from the teacher-made tests as well as the battery exam prepared by authorities solely developed for the purpose of gauging students' technical and communicative skills.

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Similarly, news aired on television and radio stating that Filipino nurses and caregivers are more preferred than those from western ones or other Asian countries can be linked to the results of this study. Filipino nurses are known to be very accommodating, caring, hospitable, and selfless. They are also known to be treating aged patients as their mothers or fathers and children as their own offspring. These instances show that the Filipino nurses are really manifesting the "advanced" level of communicative competence and that even they are still in their undergraduate years, they are already anticipated and expected to be providing quality and excellent care to patients by using varied therapeutic communication strategies appropriate and accepted in the context and the situation.

Finally, the outcome of the assessment proved further that the student-nurses know when to speak, when not to, what to talk about with whom, when, where, and in what manner.

5. Conclusion

The results of the study emphasized that the student-nurses' level of communicative competence is "advanced"; hence, lexical building, paragraph writing, pragmatic enhancement tasks, and reduction and achievement strategies will further train and hone them to be "competent" in the four aspects of communicative competence may be included in their lessons and classroom activities.

The results of this study pedagogically imply that as the focus of classroom instruction has shifted from language forms to functional language within communicative contexts, the student-nurses gained enough knowledge for them to be ready for the workplace. The student-nurses possess a high or advanced level of communicative competence, thereby implying that they have in-depth knowledge of linguistic codes and their social rules.

Moreover, among the competencies involved, the student-nurses' level of strategic competence was seen to be the lowest among the four competencies in terms of the mean score. Role-playing, open dialogue, guessing games, and simulation activities may be given to the student-nurses to cultivate more on their skills in using varied communication strategies and to achieve a holistic approach to giving quality and excellent care to their patients.

Future researchers may delve into other communicative competence theories in order to monitor the progress of these students. Likewise, since this research focused only on nursing students' communicative competence level, future researchers may look into assessing the communicative competence level of other students enrolled in different programs of the university.

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