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NURSES PRESENTING IN ENGLISH: NEEDS AND REQUIREMENTS IN THE SPANISH UNIVERSITY

Abstract

Disseminating nursing research in English is always a difficult task when English is not a primary language. In the case of Spanish nurses, the literature suggests that while nurses are starting to get used to the idea of delivering presentations in English, they still find it a more difficult process than writing for publication. The aim of this research was to better understand how nurses view presenting in English from two perspectives: both as presenters and as listeners. In addition, we also wanted to find out how nurses approach the task of giving presentations in English and what assistance they need with these presentations, in both the preparation and the performance stages. The study follows a micro-ethnographic approach based on a questionnaire and selected follow-up interviews. Participants were working as nurses and/or in higher education as nursing lecturers, and all of them had participated in international academic conferences as speakers or attendees. The results provide a view of the dissemination of nursing research in Spain and give a more accurate picture of how the presentation of nursing research in international forums is still in its infancy. Our findings will also be useful for teaching purposes.

63

Key words

English for Nursing, academic presentations, nursing, presentation skills, Spain.

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1. INTRODUCTION

Research in nursing is a relatively new field that is still developing and consolidating its position in the academic world. One of the main concerns of nursing research is how to promote the dissemination of its results, which is not a straightforward task. This is further complicated by the fact that to reach the largest possible audience the use of English is required, and this can be a great challenge for some Spanish nurses. This study aimed to gain a deeper understanding of the real needs and expectations of Spanish nurses wanting to participate in international conferences. To that end, we distributed a questionnaire throughout Spain and conducted a number of follow-up interviews with nurses and/or nursing lecturers, all of whom had participated in international academic conferences as speakers or delegates. The questionnaire and interviews sought to uncover nurses' experience of delivering presentations, especially in English, as well as to identify any difficulties they may have encountered while doing so. Additionally, we also drew on participants' experiences to identify the different features of nursing presentations and identify best practice so that the teaching/learning of oral presentation skills can be better integrated into training courses.

This paper is structured as follows: this short introduction is followed by an overview of nursing research, together with the main features of academic presentations. The methodology used in this study is described in section 3. The fourth section presents the results obtained from the questionnaire (provided in the Appendix) and the follow-up interviews. The paper ends with some conclusions and recommendations based on our results, as well as several pedagogical implications.

2. LITERATURE REVIEW

2.1. Research in the field of nursing

Nursing as a field of applied research can be dated to Florence Nightingale, a British nurse, who published *Notes on Nursing* (1898) (as cited in Chandler-Burns & Alcorta-Garza, 1989). She is seen as the first researcher in the field and defended the idea that doctors and nurses required different knowledge. However, nurses have had a hard time trying to occupy the niche they have deserved for so many years. In some countries, such as the United States or the United Kingdom, academic research in nursing began in the 1950s. In other places, like Spain, it began in 1977, when nursing first became a university degree (Morales-Asencio, Hueso Montoro, de Pedro-Gómez, & Bennasar-Veny, 2017). Thus, nursing research,

in academic terms, has been developing for around 70 years worldwide and more than 40 years in Spain (Piqué Angordans, Camaño Puig, & Piqué Noguera, 2011; Zabalegui Yárnoz & Maciá Soler, 2010).

Some authors support the idea that nursing is a discourse community or community of practice (Bosher, 2013; Macian & Salvador, 2017; Piqué Angordans et al., 2011) since its members share a mutual goal as well as several other aspects such as an appropriate ratio of experts with respect to novices, mechanisms of intercommunication, a series of genres (not necessarily specific to the field) and lexis. Following Macian and Salvador (2017), while language has an influence on everything, it is not everything. Some of the main tools for the development of a profession are the different linguistic or multimodal discourse practices it adopts, and nursing is a good example of this.

In parallel to the development of nursing as a scientific field and a discourse community, the language of nursing, mainly for practitioners, has also been discussed. For example, in a series of articles published in the journal *Nursing Standard* in 1999, it was already apparent that there was a movement demanding a better position for the field and its language. We agree with Crawford and Brown (1999: 37), who state that there is a need for more research into how language functions in the fields of healthcare, especially nursing, as well as “more linguistic research on nursing communication”.

Thus, while nursing research appears to be improving the way it disseminates its results, both nationally in Spain and internationally, it seems that a lot can still be done to give it greater visibility (Aguilar González, 2017; Fraile Calle & Turrión Domínguez, 2009; García Fernández, 2012). Nevertheless, disseminating research appears to be a complex matter. As Timmins (2015: 35) writes:

Research in nursing is not, nor should it be, solely for researchers or academics only. The purpose of nursing research is to answer questions or solve problems in the discipline. The research should reach practitioners and be considered for use in practice.

One of Timmins’s conclusions is that in order to make research findings known, effective communication is required. She encourages dissemination to reach all grades of nurses so that research has an impact on everyday practice. As she also remarks “nurses might not have the skills required” to carry out certain research-related aspects and so those skills should be part “of training and/or professional development” (Timmins, 2015: 38).

Nowadays, disseminating research cannot be separated from the use of the English language as it is the global lingua franca in many professional domains, including science and academia (Camacho-Bejarano, Barquero-González, Mariscal-Crespo, & Merino-Navarro, 2013; Mauranen, 2010). As mentioned above, nursing as a unique field of research has been evolving for just a few decades, but the development of English for Nursing and the acknowledgement of its value are even

more recent. In the field of English for Specific Purposes (ESP), English for Nursing is relatively new (Bosher, 2013), largely because it had been subsumed into the more generic ‘medical language’ or ‘medical discourse’. However, of late, other “specific languages” have come to the fore (English for nurses, for example, but also for pharmacists and other healthcare professionals).

Nonetheless, it should be understood that nurses who want to conduct research, whether they come from the professional field or the academic world, need to share their results both in their mother tongue and in English. Several studies make this point (Aguilar González, 2017; Larenas SanMartin, 2016; Piqué-Angordans et al., 2011). While we do not see it as a unique or compulsory practice, it is highly recommended in order to be part of the worldwide scientific community with a common discourse and a common objective.

2.2. Academic conference presentations

Happell (2009: 45) states that conference presentations “are increasingly recognised as a mechanism for the dissemination of nursing knowledge [...] and there is a growing expectation that nurses, both academics and clinicians, will engage in this form of professional activity”. When non-native speakers are involved, the success of the presentation can be impacted by several factors such as the level of proficiency in the language, the speaker’s self-confidence, or their communication skills. Pérez-Llantada, Plo, and Ferguson (2011) conducted a study on how non-Anglophone academics dealt with the dissemination of research in English and found out that they felt at a disadvantage with respect to native English speakers when presenting at conferences as the latter can add humour to their talks or give adroit replies. Respondents also had the impression that their presentations are assessed unfairly because in many cases they are not judged on their content but more on their linguistic style. The paper concludes that this “serious matter [...], because it is relatively under-researched compared to research writing, clearly merits further investigation” (Pérez-Llantada et al., 2011: 28).

Thus, there seems to be a need to improve researchers’ presentation skills in general, and not only in the field of nursing (Foulkes, 2015; Piqué Angordans et al., 2011). Oral communication seems to be a neglected skill in the Spanish higher education system but this issue could be resolved by giving oral presentations (among other spoken skills in academic settings) a greater weight in instructional programmes (Pérez-Llantada et al., 2011; Piqué Angordans et al., 2011). As De Grez, Valcke, and Roozen (2009) stated, those oral presentation skills are first acquired by observation of other models, and then by repeated performance. We need to know how nursing presentations work (or should work) and then apply our findings to the training of (future) researchers.

Conference presentations have been widely studied, sometimes in comparison to other spoken academic genres (e.g. lectures) or genres in the field of written academic discourse (cf. Räisänen, 1999; Rowley-Jolivet, 2002; Ruiz-Garrido, 2015; Ruiz-Garrido & Fortanet-Gómez, 2008). They are considered to be an oral event that can be placed somewhere in the middle of a continuum between a more objective, impersonal style with formal elements, and a more personal and informal style, demonstrating insights and beliefs (e.g. Sanz-Álava, 2007; Wulff, Swales, & Keller, 2009). Their purpose is to both inform and persuade (Rowley-Jolivet & Carter-Thomas, 2005). However, the effect on the members of the audience may differ because of their physical closeness and the immediacy of the action. Hence, it seems necessary to fashion the talk in such a way as to allow presenters “to (inter)act interpersonally with their audience” (Hood & Forey, 2005: 292) in order to build up a relationship of solidarity or rapport. Finally, the scientific conference presentation is a multimodal genre, in which visual communication plays an enhanced role. Using semiotic modes in academic presentations is necessary to help make it easier for the audience to follow the oral and visual information. The importance of visual semiotics lies in the fact that some information is most effectively transmitted only via the visual channel and not verbalised by the speaker (Crawford-Camiciottoli & Fortanet-Gómez, 2015; Hood & Forey, 2005; Rowley-Jolivet, 2004; Ruiz-Garrido, 2019; Ventola, Shalom, & Thomson, 2002).

In the literature on academic presentations for nursing or medical purposes in English (Blome, Sondermann, & Augustin, 2017; Foulkes, 2015; Giba & Ribes, 2011; Happell, 2009; Piqué Angordans et al., 2011; Ribes & Feliu Rey, 2010), some more specific guidelines are provided. The findings from these studies have led us to explore whether Spanish researchers are following similar rules, and if instructors involved in the teaching of presentation skills are aware of nurses’ needs.

3. METHODOLOGY

The present study combines qualitative and quantitative methodological approaches. It follows a descriptive cross-sectional design, targeted at nurses throughout Spain. After applying inclusion criteria, 77 teaching nurses and professional nurses working in Spain were selected to take part in the study. The study was carried out through a questionnaire developed by four experts (two nursing researchers and two English language researchers) and distributed in Spanish. The questionnaire consisted of five main sections dealing with personal data, previous experience with presentations (in English), views on nursing research presentations, experience of attending presentations in English, and features of the respondent’s own presentations in English (see the Appendix). The questionnaire was found to be reliable and internally consistent with a Cronbach alpha coefficient of $\alpha = 0.79$. This result is within the scope of the acceptable

coefficient values. Data collection was carried out through the Qualtrics platform and was distributed by email to Spanish nurses residing in Spain.

All variables were analysed using a Kolmogorov-Smirnov test to perform the normality test. The results of the normality test of the variables studied using the Kolmogorov-Smirnov test of more than 50 groups was 0.000, so our variables did not behave normally. A descriptive analysis of the sample was performed using measures of central tendency and dispersion, for quantitative data, and measures of frequency distribution, for qualitative data. Spearman's chi-square test was used as appropriate to observe the relationship between the variables. Data were processed in version 26.0 of SPSS.

A few months later, we conducted 12 interviews with some of the respondents of the questionnaire who were available for this second part of the study. The semi-structured interviews were complementary to the questionnaire and aimed at confirming and/or clarifying the results from the survey.

4. RESULTS AND DISCUSSION

4.1. Participants and personal data

A total of 77 nurses answered the questionnaire, of whom 33.8% were male and 66.2% were female. Regarding their jobs, 27.5% were teachers/lecturers, 61.5% were professional nurses, and 11% were professional nurses but in management positions. 63.6% of the respondents were from the Valencian Community and the remaining 36.4% were from the rest of Spain. Most of them (61.1%) were between 35 and 54 years old, followed by the range under 34 (25.9%) and those over 55 (13%). Nearly all of them had experience as professional nurses. In contrast to just 2.6% of them who had no such experience, 46.8% had worked in professional tasks for over 20 years, 24.7% between 10 and 19 years, 9.1% between 4 and 9 years, and 16.8% had less than 3 years' experience. Regarding their teaching experience, the results were slightly different, as 32.47% of participants did not have any. Among the participants who did have teaching experience, 31.2% had been teaching for between 4 and 9 years, followed by 16.9% with less than 3 years, 11.7% between 10 and 19, and 7.8% with more experience. Finally, concerning their competence in the English language, most of the participants who answered this question self-reported an intermediate level (35.1% between B1 and B2), although nearly a third of them self-reported a lower level (27.1% selected levels A1 and A2), and only 6.5% considered themselves to be in an advanced range of levels C1-C2.

Hence, in general, our sample is sufficiently representative of the situation in Spain. Most of the researchers were female and middle-aged, with either

professional or teaching experience, or both. As for their level of English, it seemed to be on average in the low-intermediate range.

4.2. Previous experience in public speaking (in English)

In the second section, the participants were asked about their previous experience of public speaking. The first question (Figure 1) referred to their language of preference for presenting, which revealed that most of them (80.2%) preferred Spanish to English while a few (12.1%) felt comfortable using other languages (Catalan, mainly, or even Portuguese). Most interviewees agreed that delivering presentations in the nursing field involved international contexts and English. They were aware of English as the language of science and its international impact, as well as the need to spread their research globally (as some of them mentioned). One interviewee, though, acknowledged the situation but also complained about the fact that it was disappointing to have to use English when Spanish is such a powerful and widely-spoken language.

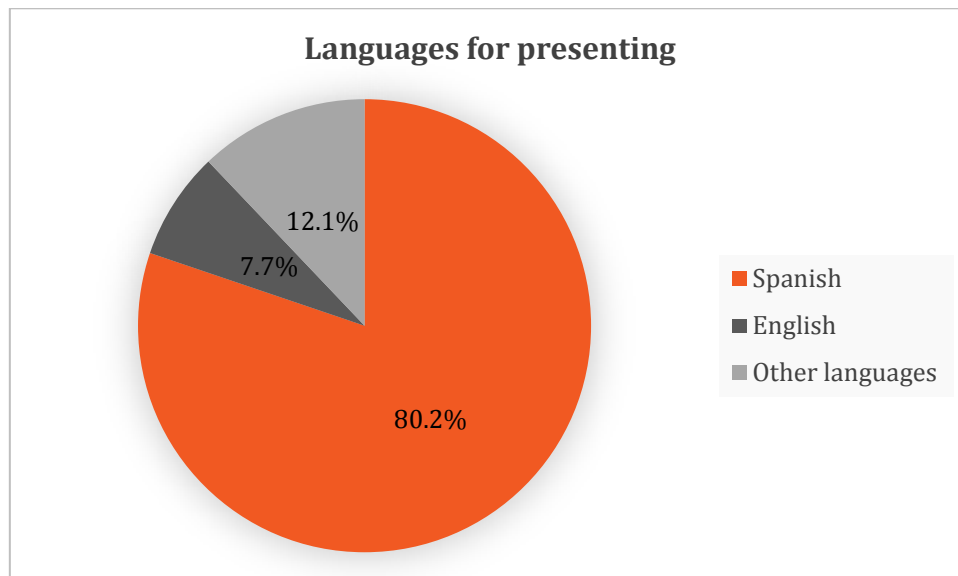


Figure 1. Presentation language preference

Our respondents' experience delivering research presentations in general is considerable. Disregarding the 26% who had not delivered any academic presentations (although they had attended some), three out of four nurses had conducted research and presented it in public. 22% of participants had been delivering presentations for between 1 and 3 years while 14.3% had been presenting for over 20 years. These results suggest that most nursing practitioners are relative newcomers to research.

When the same question was asked with reference to English, participants had less experience. As shown in Figure 2, 71.4% had no experience presenting in English, although 18.2% had limited experience (1 to 3 years), and the sum of the other three options (4–9, 10–19 and over 20 years) made up the remaining 10.4%.

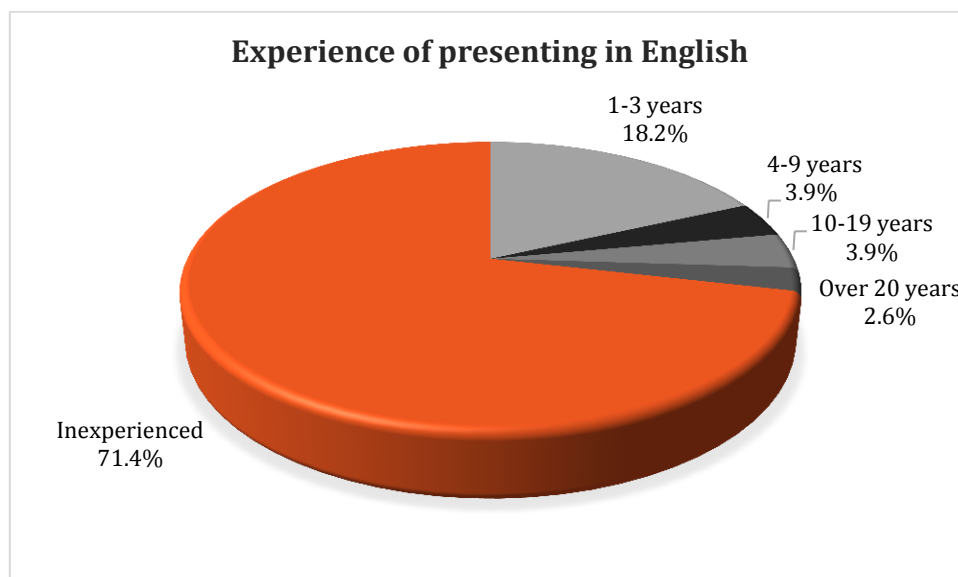


Figure 2. Years of experience of presenting in English

The question regarding the number of presentations delivered in English confirmed the previous response: 68.8% had never delivered a presentation in English, whereas 26% had given between 1 and 5 presentations, and 5.2% had delivered more than 6 (see Figure 3). This seems to be consistent with the idea that while disseminating research internationally is a must and nurses are aware of it, it is still not practised very much.

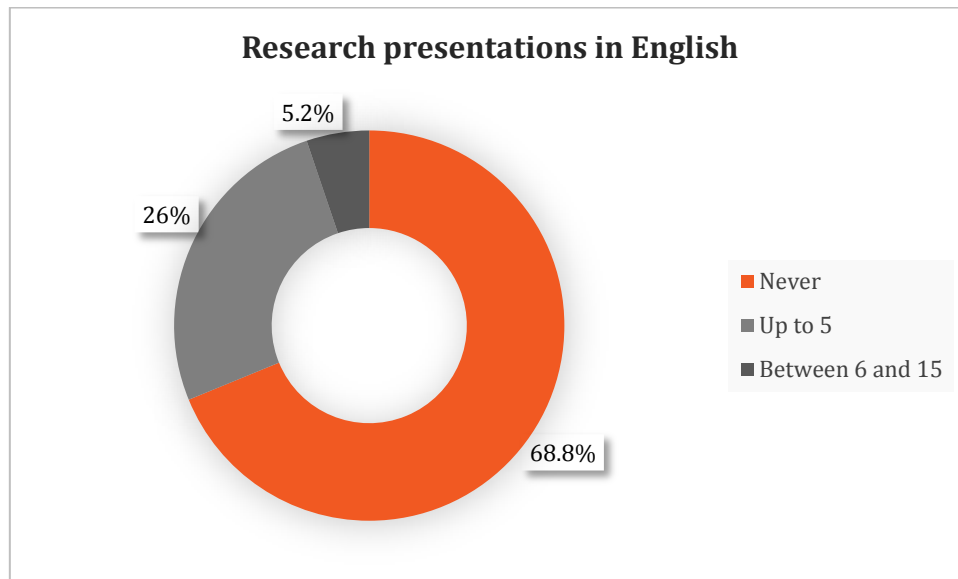


Figure 3. Number of research presentations delivered in English

Finally, the following question confirms these results, as 92.2% of the respondents prepare fewer than 10% (including none) of all their research presentations in English. Only 5.2% answered that they deliver between 11% and 20% of their presentations in English, and a few exceptional cases (2.6%) gave over 21% of them in the language.

4.3. Views on nursing research presentation

Section 3 of the questionnaire was about the respondents' views on nursing research presentations in general. Figure 4 shows that, for the participants, nursing presentations most commonly last 10 (54.5%) or 15 minutes (18.2%). When asked what they consider the most suitable length for nursing presentations, their answers differed slightly. In this case, 36.4% thought that 15 minutes was the most appropriate amount of time, and 33.8% preferred 10 minutes. In the interviews, there were a few complaints about the timing, as some considered 10 minutes to be slightly short, although it also depends on the research presented.

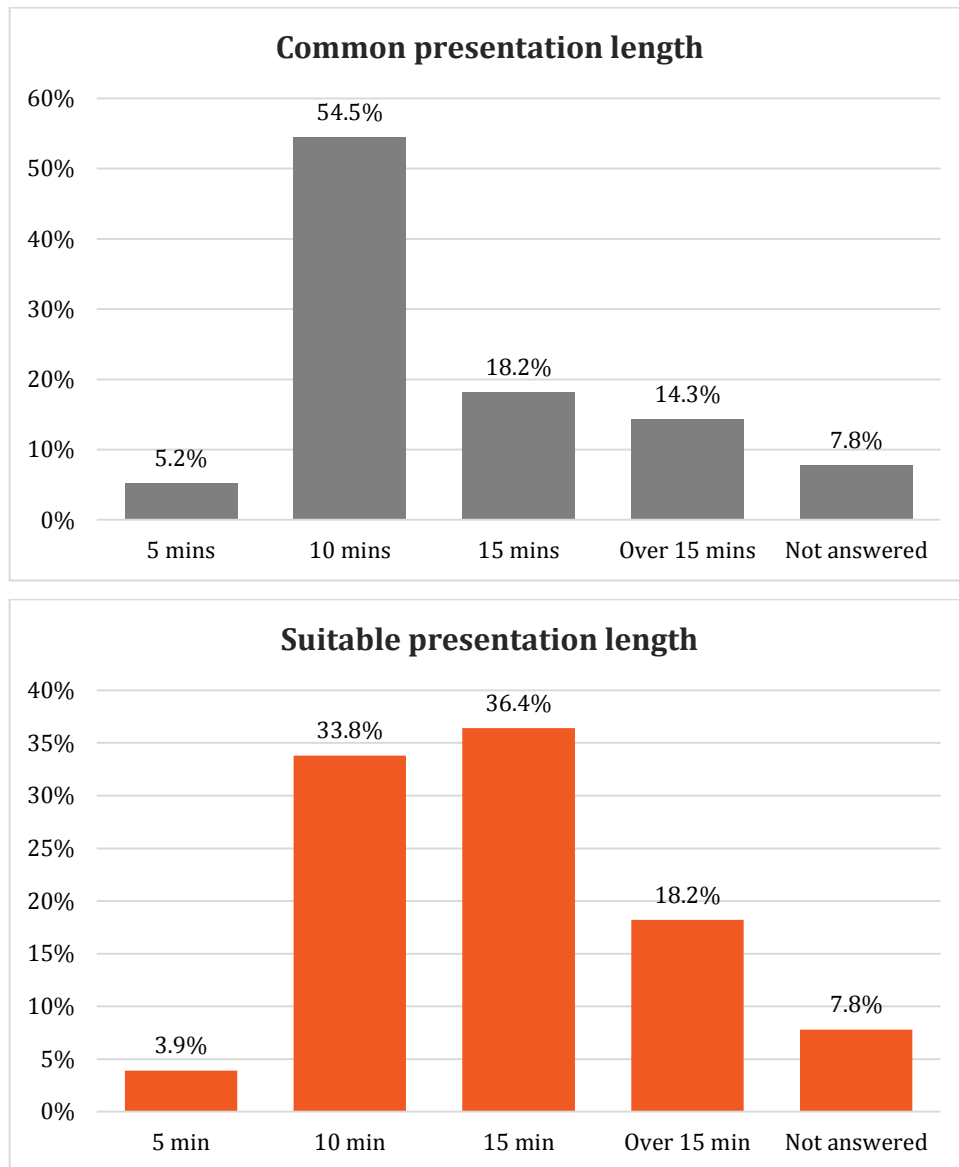


Figure 4. The most common vs. the most suitable presentation length

When asked about the most relevant features of successful public speaking, 58.4% considered the speaker’s communication skills to be the most important, followed by 23.4% who favoured the balance between speaker’s skills and visual aids. We added a question about how the respondents would distribute these two aspects (or even a third one) in a presentation. 41.17% of them believed that the speaker’s skills should represent a higher percentage than the visual aids. The replies varied from 80%–20% (speaker–visual aids respectively) to 60%–40%. 35.3% relied on an equal balance between the two aspects (50%–50%). Other answers added a third element to the distribution, such as knowledge of the

content or non-verbal communication, or even proposed the speaker as the only relevant element. In the interviews, most participants reinforced their opinions given in the questionnaire, confirming that it is the speaker's rhetoric in combination with suitable visual aids that they recall best from presentations in English they have attended. One of the interviewees mentioned that these features can be applied to any language, while a couple of them stated that they liked a clear standard accent when the presentation is in English.

Participants were also asked whether they liked the common structure of the presentations, which follows that of the research article (Introduction-Method-Results-Conclusions). 88.1% replied positively, as it seems an easy way to proceed, although a few participants suggested changes that could be implemented, such as starting with the results, or that something innovative would be welcome. This answer is also confirmed in the interviews, as this structure seems to be practical and easy to follow. Participants point out that the structure, also used in written articles, is the same both in Spanish and English.

In question 19, respondents were asked about the slides used in presentations. As can be seen in Figure 5, most of them (46.8%) prefer a balanced combination of textual and visual content, whereas 44.2% prefer greater visual content. As mentioned above, these aspects should be combined with good communication skills on the part of the speaker for the audience to get the most from the presentation.

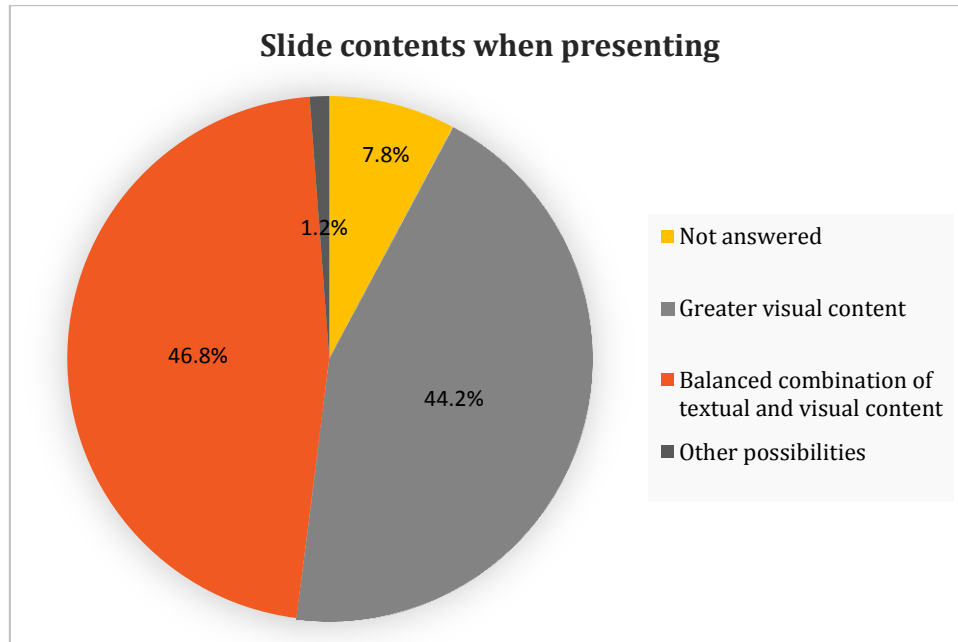


Figure 5. Preferences regarding slide contents

As seen in Figure 6 below, respondents state that a presentation should convey knowledge (29.8%) and capture the audience's attention (15.6%). A third of

respondents (32.8%) also marked these two options together or in combination with other possibilities, such as informing or persuading. Overall, more than 78% consider transmitting knowledge and reaching the audience to be the most common purposes of oral presentations. The interviews also endorse this opinion, prioritising the transmission of content/knowledge, exchanges of experiences or collaborative research around the world, and highlight the fact that in this way more people can benefit from research. One of the interviewees summarised the objective of academic presentations in English as ‘communicating despite the language difficulties’.

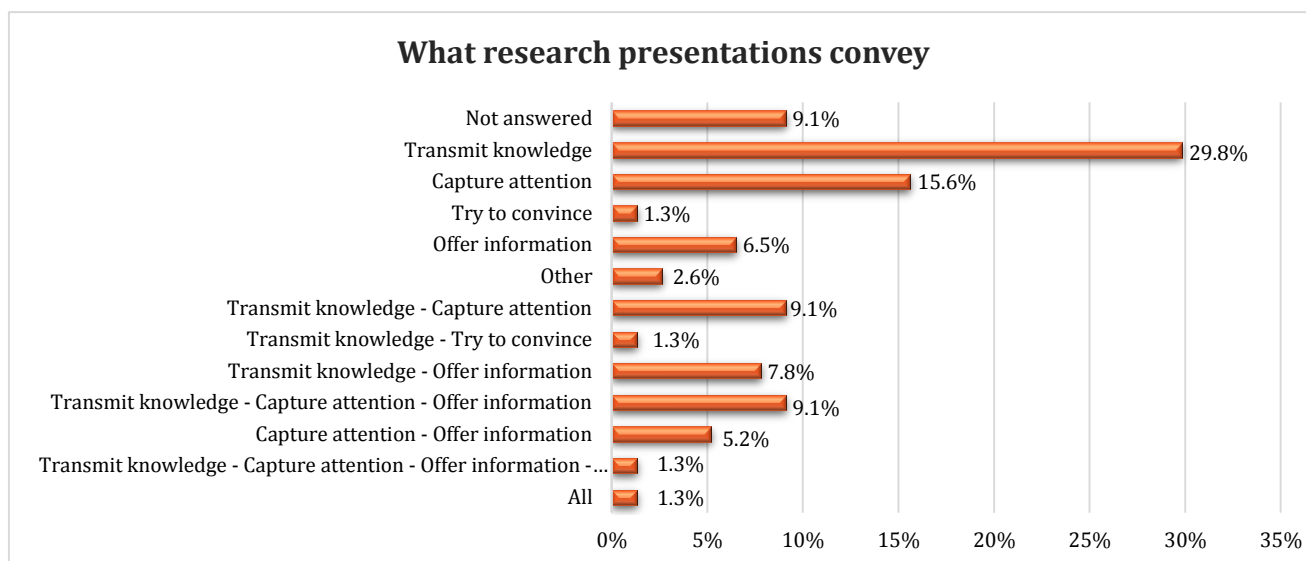


Figure 6. Personal opinions about what a presentation should convey

Finally, this section asked participants about the position and behaviour of the speaker in the presentations they attend. Thus 74.1% prefer the speaker to stand up and move close to the audience. In this regard, a few interviewees stated that a good speaker should show that they have a command of the content but should also transmit it to the audience pro-actively, grabbing the attention of the audience and creating a good rapport.

4.4. Experience of attending presentations in English

Section four of the questionnaire delves deeper into the respondents’ own experience of attending academic presentations in English. The first question is about their comprehension skills, and their answers show that they have difficulty following a paper presentation. 41.6% find it difficult to understand a lot of the content, while just over 24% of the participants state that they can understand

more than 50% of any of the research presentations. The main reason put forward to account for such a problem is the attendees' level of English (28.6%), though 53.2% of respondents did not answer this question. Again, their level of English may become a problem when it comes to following presentations and, consequently, delivering them.

Participants were also asked to rate certain items according to their relevance. Along with previous results and comments from the interviewees, Figure 7 shows that the speaker's communication skills are the most relevant feature for participants, followed by the relevance of the content. The use of slides and the length of the presentation are rated as less important. Among the other relevant items, participants identify the interest in the topic or the venue.

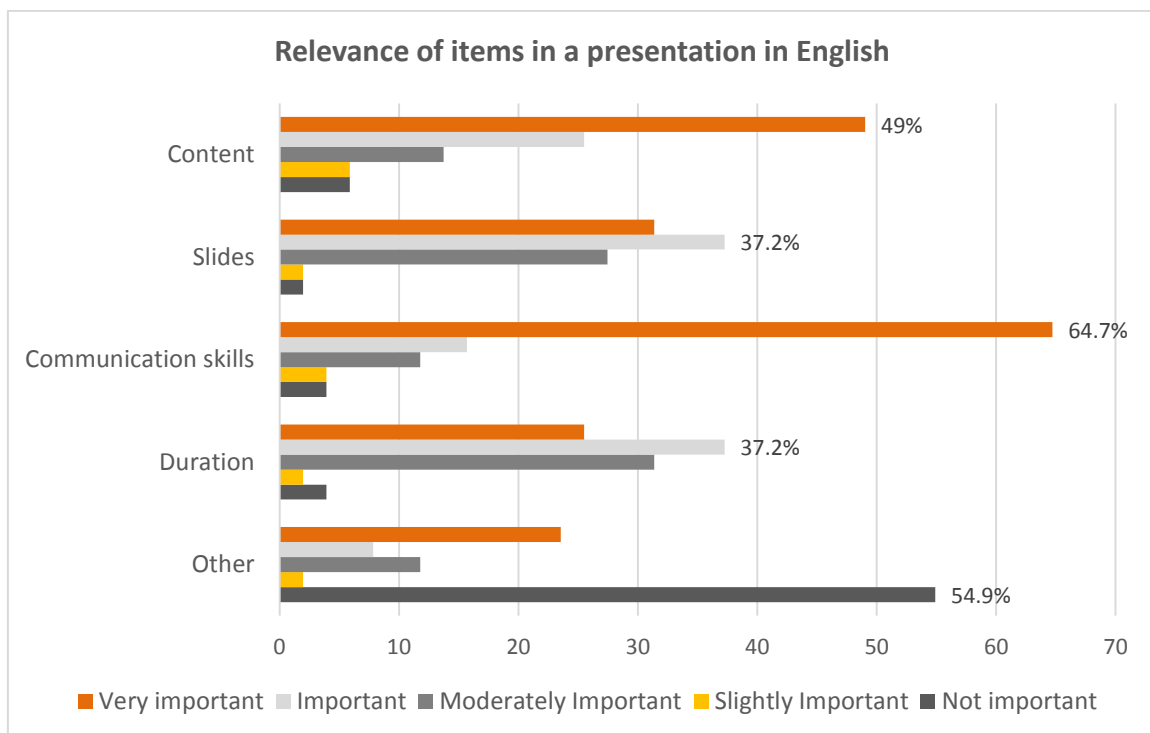


Figure 7. Relevance of items in a presentation in English

Participants were also asked about their preferences for the different presentation styles utilised by speakers. Similar to some previous results, as Figure 8 shows, they prefer the speaker to display a rhetorical or conversational style and definitely dislike speakers reading (although a couple of interviewees mentioned that reading could be the only way to get through a presentation when they lack the necessary language skills or expertise). Among the additional comments collected on this point, participants pointed out the need for interaction between speaker and audience, as well as the speaker directly addressing the audience as much as possible, thereby enhancing the active speaker role.

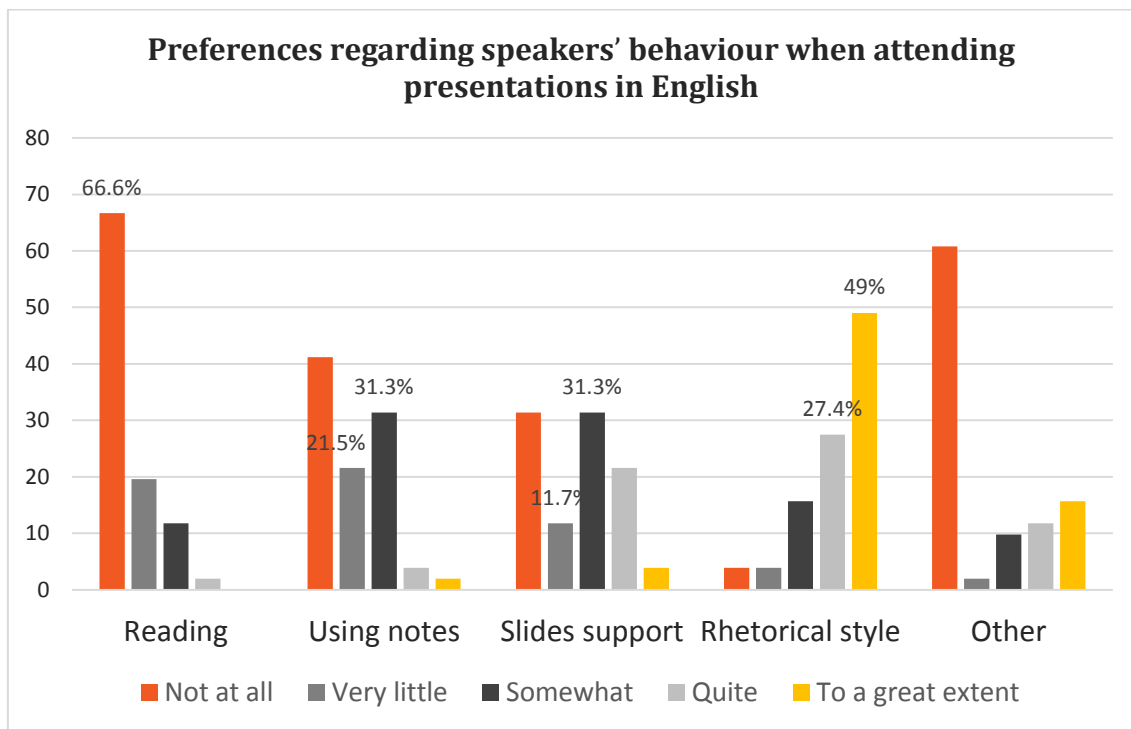


Figure 8. Preferences regarding speakers' presentation styles in English¹

4.5. Experience of giving presentations in English

The final section refers to the respondents' own experience of presenting in English. Regarding how confident nurses feel when presenting in English (Figure 9), we can see that 50.7% have little or no confidence, and only 18.2% have a high or quite a high degree of confidence in such situations. This level of confidence is certainly a key issue, as a lower degree of confidence may make researchers more reluctant to deliver or even attend presentations in English.

¹ Only the relevant percentages are shown in Figure 8.

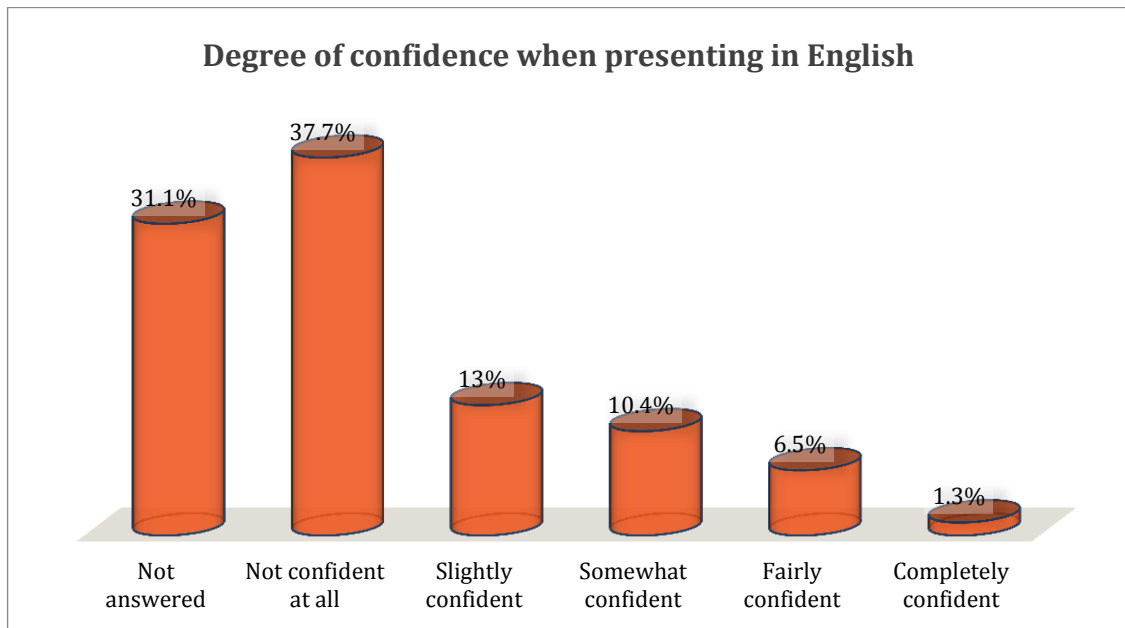


Figure 9. Respondents' degree of confidence when presenting in English

Following the common structure of academic presentations, we also asked the participants about the sections of the presentation they find the easiest to prepare and deliver. The sections they are more comfortable with when preparing are the “introduction” and the “objectives” (42.9% and 35.1%, respectively), and the same occurs when delivering the presentation (28.6% and 26%, respectively).

In contrast, the sections that seem to be the most complex ones to prepare are the “results” and the “discussion” (both 14.3%), while the “discussion” is the most difficult part to deliver (13%). The results from the interviews, in this respect, were slightly different. The interviewees mentioned “introduction” among the easiest sections to prepare, but they added “methodology”, “conclusions”, and “discussion” rather than “objectives” as the easiest in the preparation stage. For the delivery of the presentation, there are some discrepancies among the selected interviewees, as some think that explaining “results” or even the methodological section can be complex in a language other than their own.

One point of particular note is the results obtained for the “questions-and-answers” section. Contrary to our expectations that the participants would rate this section as the most or one of the most difficult to deal with, as suggested in the literature, this was not the case. During the interviews, however, it became apparent that this section is not considered part of the presentation itself. When asked specifically about it, interviewees all agreed that this is the part of the presentation process that they dreaded the most, but also that it depends on the speaker’s self-confidence.

Respondents also said that they tend to use different resources to prepare their presentations in English. The most common one is translating their speech

and/or slides (32.5%) followed by using different tools to help them (23.4%), such as Google and dictionaries, while 16.93% mentioned asking colleagues to collaborate. We followed up and clarified this point in the interviews. Many researchers consider that their level of English is not sufficiently high for them to be able to write their notes or their speech in English. Therefore, they write in Spanish and then translate it into English (and a few even send it to a professional for revision and proofreading).

The last two questions are related to respondents' perceptions as attendees at conferences, and the answers were quite similar. The first refers to how participants prepare their slides for presentations in English (Figure 10). The most important aspect for nursing researchers is greater visual content (26%) and the balance between textual and visual contents (24.7%). In reference to the style they use when presenting in English (Figure 11), the most frequent ones involve using supportive slides (24.53%) and using a more rhetorical style (37.74%).

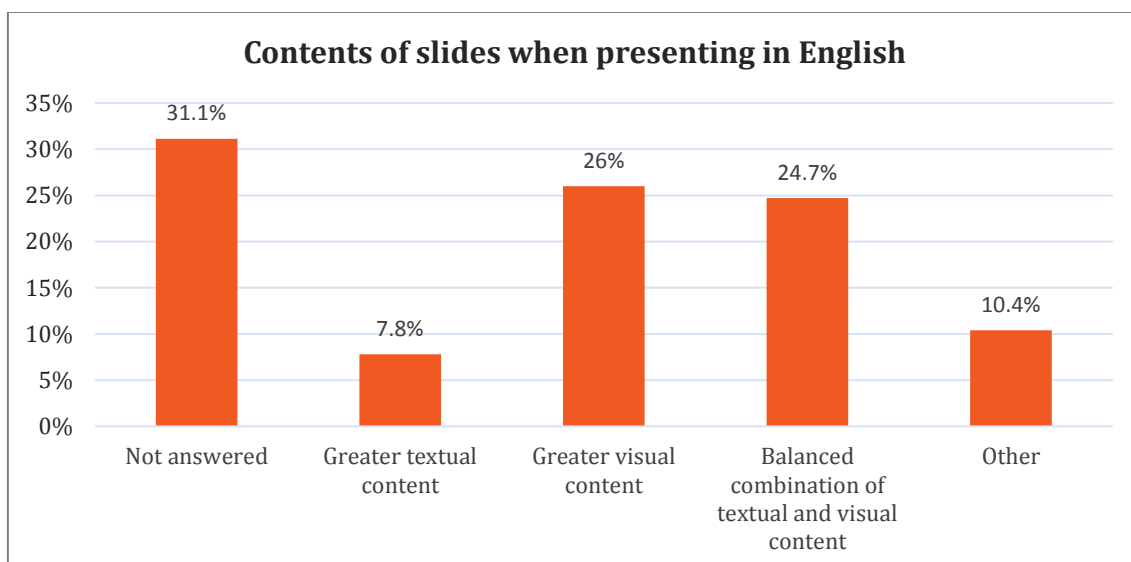


Figure 10. Contents of slides

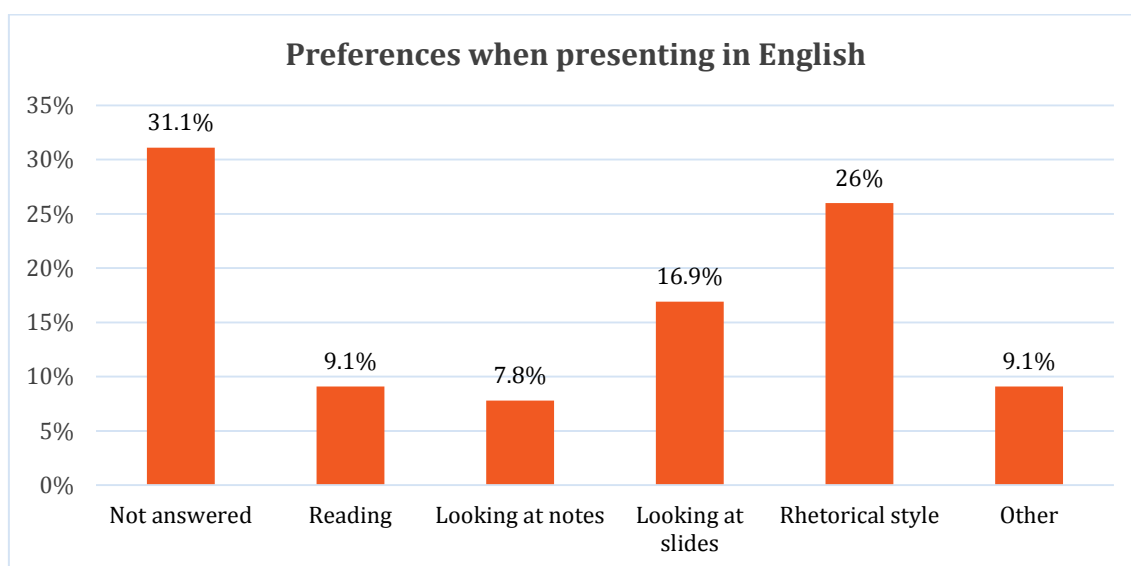


Figure 11. Presenters' styles

4.6. Correlations of variables

Once the descriptive statistics of our study were obtained, we analysed the results, adding some correlations between variables, and the results of the interviews. We chose eight dependent variables to test their correlation with the rest of the data. In the case of gender, we found no significant differences across responses and thus concluded that gender had no influence on the results. As far as years of experience as a nurse is concerned, there is a correlation with years of experience presenting which is statistically significant ($p = 0.030$). There is also correlation between teaching experience and numbers of presentations given ($p < 0.001$).

This teaching experience is also linked in a statistically significant manner with other data related to the preparation of presentations in English. It seems that involvement in the academic environment makes nurses more likely to use translation as the main tool to prepare their presentations in English ($p < 0.39$). Furthermore, experience also correlates with the extent to which nurses feel comfortable preparing and performing certain presentation sections ($p < 0.05$). In fact, in the preparation phase, correlation exists with "introduction", "methodology", "results", "discussion", and "conclusion", but not for "objective" and "questions-and-answers". When delivering the presentation, the correlation occurs in all the items with the exception of "objective". However, as we have explained above, attitudes towards certain sections in the preparation or delivery phases vary and may turn out to be a very personal matter.

Regarding the variable "years of experience presenting", there is a significant relationship with the degree of comfort nurses feel when preparing and delivering

the presentations in all its parts ($p < 0.05$). Being an experienced presenter gives nurses an advantage in being better able to understand the others' presentations in English ($p = 0.029$), so that language seems less of an obstacle. They also rate certain sections of presentations in English as more relevant, such as content ($p = 0.036$), slides ($p = 0.032$), speaker's communication skills ($p = 0.039$), and duration ($p = 0.0422$). Regarding preferences for presentation styles, a significant relationship exists for the use of slides as a support ($p = 0.010$).

If we take "years of experience presenting in English" as the dependent variable, it is reasonable to expect the results to be similar to those reported above for the experience of presenting in general. However, there are some differences. It seems obvious that there is a significant relationship with the understanding of presentations in English ($p = 0.000$). Similarly, this variable correlates to the assessment of certain relevant items in English presentations, such as the content ($p = 0.030$) and the speaker's communication skills ($p = 0.004$), but does not correlate with the use of slides. This may mean that the change of the language of presentation could have an influence on how speakers look at the relevant features of presentations. In contrast, as in the previous question, slides seem to have great relevance when attending presentations in English, as shown by the correlation between the items ($p = 0.049$).

Another variable was the number of presentations in English given by the respondents. In this case, certain items show statistical significance ($p < 0.05$). The level of English that participants have together with their degree of confidence confirm a logical assumption: if speakers have a medium-high level of English, they will feel more comfortable using it for presentations and thus more presentations will be delivered in English. This variable also correlates with the participants' feelings of comfort and discomfort in the different sections of the presentation in English in both stages: preparation and delivery. In this sense, greater control over the situation makes speakers show more comfort with the initial sections of the presentation and less comfortable with the final ones.

One of the most interesting variables is the participants' level of English. This variable has several statistically significant correlations and relates to the number of presentations in general ($p = 0.000$). As we have said, more experienced speakers may have a better level of English. This is clearly connected with their choice of English or Spanish as their main language for presenting ($p = 0.000$) and the degree of confidence they have when presenting in English ($p = 0.000$), as well as with their good understanding of presentations delivered in English ($p = 0.030$). Similarly, such experience allows them to agree on the common duration of the presentation ($p = 0.023$). As regards the relevant items to be considered when presenting in English, the level of English also correlates with the high importance of content, slides, speaker skills and duration of the presentations ($p = 0.000$). Once again, speakers who are able to present in English feel more comfortable doing so and are more accurate in their assessment of what a good presentation in English should include. This positive view of presenting in English is also

confirmed by other correlated items, such as the participants' feelings of comfort in the preparation and performance phases in all the sections of the presentations ($p < 0.05$), despite the fact that some sections are easier than others. Participants with a high level of English also have clear ideas about how they like speakers to present ($p = 0.000$), opting for a more rhetorical style, as we mentioned above.

The final variable explored was the degree of confidence when it comes to presenting. We have already mentioned the correlation with some other variables, for example, the degree of confidence with the number of presentations in English ($p = 0.000$), which is closely related to the correlation between the degree of confidence and the percentage of presentations in English ($p = 0.000$). We also referred to the relationship with comfort, preparation and performance of all the different sections of the presentations ($p = 0.05$). Other correlations are the most common length of presentations ($p = 0.023$), how participants like speakers to present ($p = 0.000$), and how they assess the most relevant features of presentations (content, slides, communication skills, and duration) ($p = 0.000$). All these relationships confirm previous ideas about self-confidence and better selection of good presentation skills.

5. CONCLUSION

This study shines a light on the oral dissemination of Spanish nursing research in English. The literature indicates that this progression in nursing research in Spain towards a more international outlook is still developing. Our study confirms this. Many researchers, both professional and academic, are publishing their studies in Spanish or in English, but very few feel comfortable about giving their presentation in English. A key aspect is their level of English. Their confidence in speaking English, their capacity to understand, or their assessment of the most relevant aspects to consider when preparing an academic oral presentation are likely to improve as their competence in English increases. This improvement might also help speakers to rely less on translation when preparing an oral presentation and more on their language skills in English. Hence, obvious though it may seem, one main recommendation of this study is the need to improve the level of English of Spanish nurses along with their presentation skills in English. As one of the interviewees stated, this may be an opportunity to improve both skills simultaneously.

As for the characteristics of oral presentations in general and in English in particular, we conclude that certain aspects need to be considered when teaching presentation skills to nurses:

- Common presentation length: 10 minutes.
- Speaker's communication skills (including clarity of the message, active behaviour, closeness to the audience, and non-verbal communication) together

- with the use of visual aids as a support tool. Slides should combine text and visuals in a balanced way, although including more visuals may also be positive.
- Common structure to be followed (Introduction-Method-Results-Discussion) seems to be the most suitable for many nursing presentations. Some sections may be easier to prepare and perform than others.

This study has some limitations. As it is a quantitative and qualitative study, the sample size for both questionnaires and interviews may not be as large as it might be desirable. Some people did not answer part of the questionnaire because they have no experience in presenting in English, even if they consider it essential in their field. We should therefore be cautious about generalising our findings, and although we have no reason to believe the results should be different with a larger sample, clearly this possibility cannot be excluded. Another limitation may be the length of the questionnaire as some participants complained that it was too long. While we believed that the scope of the study required this number of questions, a shorter questionnaire may be more appropriate in future studies.

Although more research is needed on the topic, our study may help nurses at any level of education and training to become aware of the language needs. It can also be useful to those working to improve the communication skills of nursing researchers and the obtained results may help English for Medical Purposes instructors teach nurses how to deliver presentations at international conferences. Presentation skills, therefore, need to be given the importance they deserve within instructional settings and this is something that should be encouraged and investigated further.

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Appendix

Questionnaire (originally written in Spanish)

INTRODUCTORY DESCRIPTION

The following questionnaire is part of a study that nurses and linguists at the Universitat Jaume I of Castellón (UJI) are conducting in order to know the deficiencies and needs of nurses when presenting their research in public, with special attention to presentations in English (in its two aspects, as speakers and as attendees). The purpose is to be able to offer better guidelines and instructions to future professionals in the field of nursing who wish to improve their spoken communication skills when the results of their research are presented in public.

INFORMED CONSENT

I hereby give my consent for the UJI research team to process my confidential personal data in accordance with the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and Guarantee of Digital Rights.

Section 1: PERSONAL DATA

1. Gender

- Male
- Female
- Other (please specify) _____

2. Professional category

- Teacher
- Professional Nurse
- Other (please specify) _____

3. Workplace

4. City

5. Province

6. Age

- Less than 24 years old
- 25–34
- 35–44
- 45–54
- Over 55 years old

7. Years of experience as a professional nurse

- Less than 3 years
- 4–9
- 10–19
- More than 20
- Inexperienced

8. Years of teaching experience

- Less than 3 years
- 4–9
- 10–19

- Over 20
- No teaching experience

9. What level do you have or do you think you currently have in English?

- A1
- A2
- B1
- B2
- C1
- C2

Section 2: PREVIOUS EXPERIENCE IN PUBLIC SPEAKING (IN ENGLISH)

10. How do you find it easier to present in public?

- In Spanish
- In English
- In another language (please specify) _____

11. Years of experience presenting research in public (e.g. in conferences)

- 1-3 years
- 4-9
- 10-19
- Over 20
- Inexperienced

12. Years of experience presenting research in public in English (e.g. in conferences)

- 1-3 years
- 4-9
- 10-19
- Over 20
- Inexperienced

13. Number of research presentations delivered in English

- None
- Less than 5
- 6-15
- 16-30
- Over 30

14. Percentage of presentations given in English in relation to the total number of presentations delivered

- Less than 10%
- 11-20%
- 21-30%
- 31-50%
- Over 50%

Section 3: VIEWS ON NURSING RESEARCH PRESENTATIONS

15. What is usually the most common duration of nursing research presentations?

- 5 minutes
- 10 minutes
- 15 minutes
- More than 15 minutes

16. What duration do you consider to be the most suitable in research presentations in the field of nursing?

- 5 minutes
- 10 minutes
- 15 minutes
- More than 15 minutes

17. What do you think is the most important feature in a public presentation?

- Speaker's communication skills
- Visual aids

- Both options in a balanced way
- Other (please specify) _____

Please specify the percentage distribution of each aspect _____

18. Do you like presentations to follow the regular structure? (Introduction-Method-Results-Conclusions)

- Yes (1)
- No (2)
- Other possibilities (3) _____

19. How do you prefer the slides used in presentations?

- Slides with greater textual content
- Slides with greater visual content
- Slides that show a balanced combination of both
- Other (please specify) _____

20. What do you think a research presentation has to convey?

- Transmit knowledge
- Capture attention
- Try to convince
- Offer information
- Other (please specify) _____

21. How do you prefer research presentations to be delivered?

- Sitting (behind a table)
- Behind a lectern
- Standing, static and without objects in front of the speaker
- Standing up and approaching the audience
- Standing, moving
- Other (please specify) _____

Section 4: EXPERIENCE OF ATTENDING PRESENTATIONS IN ENGLISH

87

22. What degree of understanding do you have in the English presentations you attend?

- 0-5%
- 6%-24%
- 25%-49%
- 50%-74%
- 75%-100%

23. If you do not understand something in those presentations in English, what could be the reasons?

- Shortcomings in my level of oral comprehension
- Speaker's lack of clarity
- Speaker's accent
- Topic (not very similar to mine)
- Vocabulary used by speaker
- Other (please specify) _____

24. How do you rate the following items in an English presentation?

Likert scale: Little (1) – A lot (5)

Items:

- Content
- Aesthetics / Appearance of the presentation slides
- Speaker's communication skills
- Duration
- Other (please specify) _____

25. How do you like the speakers to behave in the English presentations you attend?

Likert scale: Little (1) – A lot (5)

Items:

- Reading
- Looking at notes
- Looking at slides
- Speaking more freely and rhetorically

- Other (please specify) _____

Section 5: EXPERIENCE OF GIVING PRESENTATIONS IN ENGLISH

26. What degree of confidence do you currently have when presenting in English?
(Likert scale) Not confident at all (1) – Very much / Completely confident (5)

27. Regarding the usual sections in presentations, please indicate the one(s) that best suits each question

	Introduction	Objective	Methodology	Results	Discussion	Conclusion	Questions /Answers
What part(s) of the presentation in English do you feel most comfortable preparing ?							
What part (s) of the presentation in English do you feel most comfortable delivering ?							

28. How do you prepare the presentation in English?

- Using help tools (specify)
- Collaborating with other workmates
- Memorising
- Translating
- Other (please specify) _____

29. What do you prefer your slides in English to be like?

- Slides with greater textual content
- Slides with greater visual content
- Slides that show a balanced combination of both
- Other (please specify) _____

30. How do you like to present in English?

- Reading
- Looking at notes
- Looking at slides
- Rhetorical
- Other (please specify) _____

If you wish to participate in a follow-up interview, please indicate your email address so that we can contact you.

Thank you for your collaboration.