

# **The Creation of the Bilingual Second Language Training Corpora (BL2TC)**

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Recent research has shown that the reality of bilingual or multilingual use in hospitals and clinics can be stressful for nurses (Isaacs, Laurier, Turner, & Segalowitz, 2011). This reality often requires nurses to seek out training in a second language (L2); however, current L2 materials rarely focus on the language that is actually used by native speakers in health communication situations (Beaulieu, 2011). Interestingly, despite certain progress in the creation of various types of open-access spoken corpora (e.g., Adolphs, 2013; Newman, 2008), none, to our knowledge, specialize in the interactions between nurses and patients. Obviously, one reason why such spoken corpora are not readily available is that nurse-patient interactions often address highly intimate and private topics, making research access particularly challenging in this context.

Nevertheless, in order to gain a better understanding of the spoken language used by nurses when communicating in their native language, it is essential to carry out research that systematically investigates the nature of verbal exchanges between nurses and patients when engaged in speech tasks that occur commonly within healthcare settings. Such investigation would not only be invaluable for applied linguistic research and healthcare training purposes in general, but also, if carried out in a bilingual context such as Quebec, would provide a means to examine how nurse-patient interactions differ both linguistically and discursively across English and French. The main objective of this study was to create a bilingual L2 training corpora (BL2TC) based specifically on the actual language produced by anglophone and francophone nurses in Quebec when engaged in speech tasks that tend to be emotionally-charged and more stressful for nurses.

As a result of privacy and patient-access issues, a common practice in healthcare research is to elicit spoken exchanges via prompts or role plays. Therefore, in the present study, we chose to elicit language for the BL2TC based on role plays that were carefully designed to target specific speech tasks and also create nurse-patient interactions that were rich both linguistically and discursively. Following is the methodology detailing how the BL2TC were created as well as a brief discussion of their potential use and limitations.

## **The BL2TC**

The BL2TC were created in three phases.

### Phase I

The first phase consisted of selecting speech tasks that would be targeted in the role plays. For this purpose, based on the research of Isaacs et al. (2011), we chose three tasks that were previously rated by nurses in Quebec for their high level of difficulty and emotionally-charged factors related to caregiving.

### Phase II

The second phase consisted of collaborating with nurses and professors of the Department of Nursing of the Université du Québec à Chicoutimi (UQAC) to create authentic

role plays for the three selected speech tasks. The speech tasks<sup>1</sup> and accompanying role plays are described as follows:

- Speech task # 8: Support a patient who received bad news
  - o Role play: *A 56-year old man learns he will no longer walk following a stroke*
- Speech task #19: Reformulate a patient's feelings in reaction to a diagnosis
  - o Role play: *Parents are worried for their gravely sick child whom they believe is ill-diagnosed*
- Speech task #10 : Ensure a patient's understanding of a situation
  - o Role play: *An elderly woman refuses to take her blood pressure medication*

### Phase III

The third phase consisted of recruiting professional and semi-professional actors to portray the role of patients (4 anglophone; 4 francophone); all actors were recommended either by the artistic director of a local theater group or theater faculty at a Quebec university. For the nurse participants, a total of 30 registered nurses (15 anglophone; 15 francophone) from various clinical settings consented to participate in the project. All actors and nurse participants were native speakers of English or French.

### **Participant Profiles**

All nurse participants were currently practicing or had recently retired. The majority of the anglophone nurses (all female) grew up in the Eastern Townships, an English-speaking region of Quebec (Age: M= 57 yrs.; range: 37 to 68 yrs.), and the number of years of nursing experience ranged from 8 to 47 years (M = 35 yrs.). As for the francophone nurses (14 females; 1 male), a large majority had spent most of their lives in the predominately French-speaking region of Saguenay Lac-Saint-Jean (Age: M = 34; range; 22 to 57). The number of years of nursing experience ranged from 6 months to 36 years (M = 6 yrs).

### **Role Plays**

Prior to the role plays, nurses were provided a detailed written description of the patient and the reason for the intervention. They were also informed about the topic of the speech task (e.g., *support a patient who received bad news*) and given approximately 10 minutes to prepare for the role play. For all role plays, nurses were encouraged to maintain interaction for approximately 8-12 minutes, but were instructed to end the intervention when, based on previous clinical experience, they felt it was appropriate. Patients (actors) were instructed to respond consistently, both in terms of language and body language, to all nurses as per their assigned character description. After each role play, the nurses participated in a brief recall interview in which they were prompted to reflect on their intervention with the patient by answering the following three questions: 1) *If there is something you would have done differently, what would it have been?* 2) *What vocabulary was essential to use based on the situation and the reactions of the patient?* and 3) *Rate your level of anxiety during that role play on a scale of one to ten, ten being the highest.*

The role plays were filmed and recorded on DVD-R in a nursing classroom at Champlain College Lennoxville (anglophone nurses) and in a nursing lab at UQAC (francophone nurses). The dialogues from all role plays were then transcribed orthographically. In all, the role plays generated an English corpus of nearly 100,000 words, which can be broken down further into the

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<sup>1</sup> The description of the speech tasks were somewhat modified from the original study based on feedback and recommendations from nurses and professors in the Department of Nursing at UQAC.

following sub-corpora: a nurse transcript (NT) consisting of approximately 72,000 words (47,300 words from the role play; 24,700 words from the recall interview); and an actor transcript (AT) consisting of around 26,300 words. Comparatively, the French corpus has approximately 121,400 words: the NT consists of roughly 73,900 words (49,600 words from the role play; 24,300 words from the recall interview) and the AT has nearly 47,500 words.

### **Use of the BL2TC**

In a real-life healthcare setting, it would be next to impossible to analyse and compare the interactions of 15 different nurses with the same four patients about the same health issues. For our corpora, however, that is exactly what we were able to do. In addition, these reoccurring nurse-patient interactions were produced not only in one language, but in two languages, English and French; therefore, the corpora consist of dialogue based on 15 nurse-patient interactions with the same patients from three specific scenarios in English and a comparable set of 15 nurse-patient interactions in French. By these accounts alone, the BL2TC is one of the first specialized bilingual comparable<sup>2</sup> corpora of its kind, providing dialogues from native speakers of English and French in three emotionally-charged speech tasks.

Ultimately, the BL2TC is intended for L2 and interpersonal skills training of health professionals, yet it can have many more functions. The pedagogical uses of the BL2TC range from providing empirical evidence for syllabus and material development to having students, for example, directly access the corpora allowing them to observe, discuss, and induce how language is used and interpersonal skills are performed in a particular situation. From a research perspective, recent analyses of the BL2TC (French & Lapointe, 2013) have revealed interesting cross-linguistic differences with respect to the expression of empathy and sympathy by anglophone and francophone nurses, and similar analyses of other speech functions and forms are currently underway. Lastly, a bilingual website providing access to the corpora and analyses of the corpora is currently being constructed and is intended primarily as a practical reference and pedagogical tool for nurse trainers, second-language teachers and practicing nurses alike.

### **Limitations of the BL2TC**

The overall size of the BL2TC may be viewed as somewhat small; however, in corpus linguistics bigger is not necessarily better: “[...] the optimum size of a corpus is determined by the research question the corpus is intended to address as well as practical considerations” (McEnery, Xiao, & Tono, 2006, p. 73). Our objective was to create corpora of English and French native-language use from specific health communication situations, which would ultimately be used for pedagogical purposes, and do so with the reality that developing spoken corpora is laborious and costly. Nevertheless, depending on how one uses the BL2TC, the size, balance, and representativeness of the corpora can be somewhat limited and should be taken into consideration during analysis.

In addition, during data collection, several nurses commented during the recall interviews that, although the actors were realistic and “good”, performing the role plays did not feel authentic because of the presence of cameras, the locality in which the role plays took place, the

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<sup>2</sup> “A comparable corpus can be defined as a corpus containing components that are collected using the same sampling techniques and similar balance and representativeness (see McEnery, 2003, p. 450), e.g., the *same proportions* of the texts of the *same genres* in the *same domains* in a range of *different languages* in the same sampling period” (McEnery, Xiao, & Tono, 2006, p. 48).

lack of pre-established relationships with patients, and the lack of technical information normally available in medical files. In this regard, we agree that the very nature of role play tasks implies, to some extent, a lack of authenticity; however, in our view, when research access is limited due to patient-privacy issues, carefully-crafted role plays can provide a reliable research tool for eliciting linguistically and discursively rich speech samples in healthcare situations.

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