

УДК 811.111.

DOI 10.11603/me.2414-5998.2020.2.11169

G. Beck

ORCID <https://orcid.org/0000-0002-5682-0652>

Independent Scholar and Lecturer, Augsburg, Germany

“INDICATION – QUALIFICATION – FRUSTRATION?”: TEACHING “GERMAN FOR HEALTHCARE PROFESSIONS”

Гюнтер Бек

Незалежний науковець, Аугсбург, Німеччина

«ПРИЗНАЧЕННЯ – ПРОФЕСІЙНА ПІДГОТОВКА – РОЗЧАРУВАННЯ?»: ВИКЛАДАННЯ КУРСУ «НІМЕЦЬКА МОВА ДЛЯ МЕДИЧНИХ СПЕЦІАЛЬНОСТЕЙ»

Abstract. To meet the high demand for qualified staff within the German healthcare system, nurses are recruited from abroad. For taking up a nursing job, they must, among other things, pass a language test to demonstrate German language skills at the B2-level of the Common European Frame of Reference for Languages (CEFR). The preparation for the test takes place in vocational language training courses, usually entitled “German for healthcare professions”, taught by teachers of German as a Foreign/Second Language (GFL/GSL). Teaching these courses, however, means to be confronted with considerable difficulties due to the lack of an adequate background in nursing and medicine. Based on my own experiences, this article addresses some of these challenges for teachers, yet also attempts to outline ensuing consequences for the training of future teachers in these Languages for Specific Purposes (LSP) courses for the medical professions. I argue that already during the course of study an intensified and demand-orientated language teacher training is pivotal with a more closely interlinked interdisciplinary cooperation with medicine departments and professional nursing.

Key words: Languages for specific purposes; German for vocational purposes; teacher training; interdisciplinary training.

Анотація. У статті висвітлено проблеми викладання німецької мови для медико-орієнтованих спеціальностей. Зважаючи на високий попит на кваліфікований персонал у німецькій системі охорони здоров'я, українські медсестри охоче приймають пропозиції на роботу за кордоном. Передумовою для отримання цієї роботи є мовний тест, який демонструє знання німецької мови на рівні B2 згідно із загальною європейською мовною системою (CEFR). Підготовка до тесту здійснюється на курсах професійної мовної підготовки, зазвичай під назвою «Німецька для фахових медичних професій» як іноземної/другої мови (GFL/GSL). Однак процес викладання зазнає значних труднощів через відсутність належного досвіду в галузі медсестринства та медицини. На основі власного досвіду автор аналізує виклики для викладачів, водночас намагається окреслити результати підготовки майбутніх фахівців до викладання цього курсу. У статті означено, що в процесі навчання посилена та орієнтована підготовка викладачів мови має головне значення і потребує тісного зв'язку у формі міждисциплінарної співпраці з кафедрами медицини та професійної сестринської справи.

Ключові слова: мова для конкретних професій; німецька мова як фахова; навчання вчителів; міждисциплінарна підготовка.

Introduction. It is not just the current “corona crisis” that makes it quite obvious for all to see: Proficient nursing staff is urgently needed everywhere in the healthcare system, that is in hospitals, rehabilitation clinics, or in inpatient and outpatient geriatric care facilities. This, however, is a demand that is not easy to be met. In addition to providing incentives to create a more rewarding work environment [cf. 15, p. 9f for a list of various state labor market policy measures], Germany, like other OECD-countries, has recently decided to recruit professional staff from abroad.

For their successful and effective integration into the German healthcare system, work life, and society, these international nursing professionals need not only possess adequate vocational qualifications, but a sufficient command of the German language is equally mandatory. The latter can be obtained in professional Languages for Specific Purposes (LSP) courses.

Consequently, these LSP courses open up a new promising market for teachers of German as a foreign/second language (GFL/GSL), yet this specific field of a technical and professional language proves also to be full of considerable challenges. Here, the usage

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of the terms “technical” and “professional language” follows rather loosely the explanatory remarks by R. Buhlmann and A. Fearnas [cf. 5, p. 21ff]. As far as I am concerned, a specialization in the field of medical German/German for nurses was obvious since I have, although some time ago, a training as well as working experience as a paramedic.

I will briefly address some of the basic problems of the lack of work force in the healthcare system as well as the requirements for their language training before I go on to the qualification of GFL/GSL teachers for these special courses entitled “German for health professionals”. Based on my own experience, I will emphasize some problems and challenges that arise for everyday teaching practice both on the teachers’ as well as on the course participants’ part.

The aim – to stimulate a discussion on how these existing shortcomings could possibly be remedied.

Theoretical framework. Indication: In Germany, there exists a clear shortage of skilled personnel in the field of nursing as well as geriatric care; numbers will increase over the next years due to an ageing society with growing care needs, but also due to a general job growth in the health sector, so that “by 2025 around 150,000 additional nursing staff are needed” as stated by the Federal Employment Agency [6; my translation].

To counter these forecast bottlenecks a recruitment strategy has been developed; now, there is veritable international competition for skilled personnel on the globalized labor market with various private and state intermediaries. Nursing staff is recruited, inter alia, from Kosovo, Serbia, Bosnia-Herzegovina, the Philippines, Vietnam, or Mexico. Despite training and continuing qualification measures both in German and in their profession, and despite easier access to working permits, the number of nurses from third countries interested in an employment in Germany’s healthcare sector is still not sufficient to meet the needs and to alleviate the stated nursing crisis.

This is partially due to the inherent shortcomings within the German healthcare system and therefore its lacking attractiveness, since by international comparison it pays lower wages and the nursing profession has a lower social prestige [cf. 12]. In addition, there are different – although not always only culturally related – understandings of what constitutes the profession itself, i.e. in some countries nursing is an academic discipline while in Germany it is not (at least not yet).

Consequently, in their home countries the nurses take on management and treatment tasks that in Germany are reserved for doctors, while the basic care activities such as washing patients are dealt with by special service staff. Last but not least, the German language does not have the reputation to be easily learned and it cannot be ruled out completely that the requirement of passing a language test is a further obstacle.

In order to work as a foreign nurse in Germany, an official approval is mandatory. The responsible authorities of the individual federal states check whether the vocational qualification obtained at home corresponds to its German equivalent or whether an adaptation period is necessary. Furthermore, proof of German language skills at level B2 of CEFR needs to be given; however, apart from a key issues paper, there exists “still no nationwide valid procedure for testing and evaluating professional language skills in the health profession” [9, S. 12, my translation].

It is obvious that working in healthcare depends to an exceedingly high degree on a successful and competent use of language. Language contributes, of course, largely to the professional and social integration. However, insufficient language skills and communication problems can cause life-threatening complications, if, for example, instructions are only deficiently understood or even completely misconceived. Exemplary linguistic-didactic studies by D. Borowoski on the doctor-patient-interaction reveal the communication difficulties due to insufficient language skills [cf. 2; 3; 4]; to my knowledge, there are no comparable studies for nursing yet, but by analogy it can be assumed that similarly impairments and hazard potentials following miscommunication between nurse-doctor or nurse-patient exist.

Also, the daily work centers around language and communication when dealing with patients or their relatives: measures and methods have to be explained; biography work has to be done; trust has to be built up; care and consolation has to be offered, etc. Permanent switching between technical, professional and everyday language is the norm. The linguistic challenges for nurses are considerable since they are confronted with people in sometimes extreme situations due to their illness – speech, voice, or hearing impairments are the side effects of many a disease, e.g. dysarthria or aphasia as a result of an apoplexy. After all, nurses are also confronted with people from all walks of life, which poses many difficulties like understanding dif-

ferent language varieties and different codes when encountering speakers of dialect or also other immigrants with an insufficient command of German.

Therefore, it is highly questionable whether the upper intermediate target level B2 will suffice for all these challenging tasks. In a debate in a medical journal R. Wegmann, for example, scrutinized the language skills of international nurses [cf. 11]; a position paper by the German professional association for the nursing profession (DBfK) calls for language competence “to be defined at a federal level at least at the B2 level of the Common European Framework of Reference” as well as proof of “knowledge of the medical and nursing technical language” [10, p. 6; my emphasis and translation]. Even with the successful completion of the B2 level language difficulties persist as an expert opinion from the “Institut der deutschen Wirtschaft” points out: “According to employers, the deficits observed can only be accepted because the foreign specialists have above-average commitment and show high empathy towards those to be cared for” [1, p. 27, my translation].

Language alone, however, is not the only hurdle to be cleared on the way to a successful integration since cultural knowledge and intercultural competence are also necessary prerequisites, e.g. when different understandings of nursing collide [cf. 13]. Therefore, it is essential to impart socio-pragmatic knowledge as well as intercultural competence in the courses, too.

Taking all this into consideration, it seems sensible to offer continuing LSP classes even after the completion of the B2 level to further promote the integration of the nursing staff in work and society. However, this would of course require financial and human resources that are difficult to implement in an environment that is geared towards rationalization and work intensification.

Qualification: Since 2016, the Federal Office for Migration and Refugees (BAMF) has been offering vocational German language courses with certified course providers for job seeking as well as employed immigrants. For nursing staff in the recognition procedure, courses for the health profession are offered that lead to a technical language test [cf. 8]. These B2 level exams with which healthcare staff can demonstrate their German language skills include, for example, “telc Deutsch B1/B2 Pflege” offered by the telc GmbH (a subsidiary of the German Adult Education Association) or the “Goethe-Test PRO Pflege” offered by the Goethe-Institute.

According to the BAMF’s “Ordinance on German Language Support for Professional Purposes” (DeuFöV), general requirements for teaching these courses include a completed degree program or an additional qualification in GFL/GSL, language level C1 (CEFR), “requisite suitability”, and the BAMF approval for teaching integration courses. In its “Concept for Non-Academic Healthcare Professions” (“Konzept für nichtakademische Gesundheitsberufe”) the BAMF stipulates that teachers must “command an in-depth knowledge of the nursing practices and the linguistic-communicative requirements of the respective nursing-therapeutic professions” [9, p. 46, my translation]; these specifications can be obtained in job shadowing, in further training courses, or also by team-teaching.

The courses themselves are co-taught on an interdisciplinary basis with a qualified, professional specialist from the nursing field; so, while the GFL/GSL teacher is responsible for the language part, the nursing specialist is responsible for the vocational content. From 2022 onwards, the GFL/GSL teachers must additionally possess a qualification for teaching vocational language skills [cf. 7, p. 7].

Next to the Network “Integration through Qualification (IQ)” and its specialist department on work-related GSL (“Fachstelle Berufsbezogenes Deutsch”), it is mainly telc that offers fee-based further training options for GFL/GSL teachers seeking qualification in the field of medical German as part of their special module “German for Healthcare Professions”. These seminars center on the use of scenario technique, pronunciation, or selecting suitable course materials, and are intended to supplement the two-day certificate course “German for Medical Professions”. Additionally, telc also offers the possibility to acquire the corresponding examiner license for their language test “telc Deutsch B1/B2 Pflege”. These training courses, in which I also participated, are usually two-day weekend seminars; their aim is it for GFL/GSL teachers to learn how to “organize (their) teaching in a target group-oriented and activity-based manner without being a trained nurse” [12, p. 2].

Frustration?: The following focusses on impressions and experiences from my (of course, subjective) perspective as a teacher, which ultimately does not fundamentally differ from the findings of Buhlmann and Fearn concerning the situation of the teacher in technical language courses: “Due to the

responsibility that the teachers feel for the learning success of their students, uncertainty often arises” [5, p. 16, my translation]. Eventually, the fundamental problem consists of the insufficient knowledge of the professional and subject-related contents of the nursing profession on the side of the GFL/GSL teachers, which creates the aforementioned uncertainty – or frustration, respectively. Yet, not only the teacher is frustrated, but also among the participants a certain sullenness can be detected. I am not concerned here with possibly helpful ad-hoc tips for resolving acute frustrations in class, but I want to address this issue more fundamentally, and therefore, I would like to put some considerations as a basis for further discussion.

It goes without saying that the GFL/GSL teachers are experts in things linguistic and didactic, their expertise extends to whether the grammatical norm of German is complied with. The health care pro is responsible for assessing the correctness of the subject content. It would be presumptuous to downright dangerous if the teacher of German would want to correct the substance of what is said by the course participants, unless, of course, they are by accident medical professionals themselves, which is rather unlikely to be the case. However, imparting a technical and vocational language cannot be completely decoupled from some professional knowledge of the subject itself. How can, for example, the topic of “infusions” and “infusion therapy” be seriously and, above all, credibly be dealt with when “Ringer’s solution” is thought to have something to do with an alarm clock? In the end, linguistic correctness is of no help if errors in subject matter occur or even fossilize. Technical and job-specific knowledge, even beyond the pure technical terminology, is definitely necessary.

Is the aforementioned, yet not really defined, “command of an in-depth knowledge” from the BAMF’s concept paper really sufficient? Here I miss a clearer definition of what should be regarded as “in-depth knowledge”. And are two days of an advanced training course enough to deepen the understanding of the nursing profession, let alone critically reflect? Not all participants in these seminars bring with them a background in medicine or nursing. Most of them are faced with the challenge of acquiring a rather complex subject matter themselves in short time to be at least a little bit familiar with the main topics and issues. However, in order to be able to deal with the textbooks adequately, yet also critically, it is pivotal to intensively

tackle with the core contents of nursing, especially with regard to developing and creating course material of one’s own – a worksheet that is linguistically successful, but otherwise incorrect as regards content does not contribute to the desired overall performance. Especially in technical and vocational language courses the use of authentic material (specialist texts, case studies etc.) is essential compared to using popular science texts with their simplifications in language and content matter [cf. 5, p. 121f]; once again, the teacher is faced with the challenge of having to sort and choose material that is appropriate for the particular level of specialization of the learner, which is impossible without some basic specialist knowledge.

In the LSP course itself, teachers are confronted with often very experienced professionals, who also sometimes ask correspondingly complicated technical questions or contribute to discussions with their vocational knowledge. Reference to one’s own knowledge gaps or constant reiterations of one’s sole competence in things linguistic, will be in the long run hard on credibility and trust; the competence of the teacher is then fundamentally getting questioned. Borowski points out that exactly this situation regularly appears in German courses for doctors [cf. 2, p. 39] – and from my own experience I can definitely confirm this for nursing courses.

Even if the courses are regularly taught by a qualified nurse, most of the time the language teacher is left alone with the class and has to see how to handle it. It would surely be possible to separate the course’s language part from the vocational one, but this does not seem overly helpful to me as this would severely restrict the topics in class. The language expert remains still the medical layperson and could at most only simulate the communication between caregiver and patient/relative; this would hardly do justice to the real-life situation at the workplace – and once more frustration is guaranteed.

How could this indicated level of frustration and uncertainty be lowered? The demand for technical and vocational German language courses has increased worldwide in recent years [cf. 5, p. 15] towards a targeted “learning on demand” versus an undirected “learning for supply”. If it comes to the area of medicine/nursing it can be reasonably assumed that this demand will continue to grow. Two-day workshops, opaque official guidelines, or a “learning-by-doing” based on the trial-and-error-method are in my view of

little help in order to be able to offer qualified courses that are tailored to actual needs.

As already stated in the aforementioned BAMF concept, more in-depth knowledge could be achieved in various ways. One conceivable option would consist in a homogenous and constant team teaching with a healthcare specialist, who in turn would have to have some knowledge of language teaching. This, however, requires an extremely high degree of coordination and joint preparation, not to speak of causing considerable costs.

Another viable way could be longer qualification measures held by nursing experts in conjunction with compulsory internships in healthcare facilities. This should be supplemented by continuous further trainings since the field of medicine and nursing is in rapid progress and change. Alas, here too, time and cost arguments might indicate otherwise.

However, all of these measures only apply subsequently. Overall, the changing language teaching situation with its focus on technical and vocational language courses would require some adaptations at a much earlier level. Apart from a few notable exceptions, the university education of GFL/GSL teachers lacks an institutional realignment towards a stronger emphasis on content- and job-oriented German. This would also imply a solid market-orientation, because the future teachers have to be prepared and trained for an increasingly diversified job market with its priority in the field of technical and vocational German.

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Instead of broadening their portfolio, the possible potential is not being exploited to the full. German departments often live with other departments, in this case medicine and nursing science, under one roof, but they do not yet take enough advantage of the opportunities for interdisciplinary cooperation and exchange. In a purposive vocational language training for the vast field of medicine and nursing, various ways of cooperation would certainly be conceivable; this could include, but is not limited to, mandatory internships in hospitals or care facilities to gain practical insight. Of course, this still does not bring the GFL/GSL teachers beyond the status of a medical layperson, yet it could contribute to a heightened level of authenticity as well as a reduction of uncertainties. Specializing in this particular field would also offer competitive advantages on a job market that is not always easy. At the same time new didactical concepts and methodological approaches in teaching technical and vocational languages could be developed.

Conclusions and Prospects for Research. The successful recruitment and an equally successful integration of urgently needed qualified healthcare staff from abroad in Germany is the linchpin of the language training they receive. This success, however, can only be guaranteed with language teachers that are well-trained and equipped with specialist subject-matter knowledge. Here, both professionalism and flexibility are required in education and further qualification to create a win-win-situation for all parties involved, which will be our further research.

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Received 01.05.20
Recommended 05.05.20

E-mail address for correspondence: guenter.beck@sprachen-augsburg.de