

Living the Language

A nurse's guide to English usage
in British life and work



Introduction

Introductory letter from Health Education England

The Global Engagement Directorate at NHS Health Education England (HEE) are delighted to have worked in partnership with OET on the production of this toolkit. Through our Global Learners Programme (GLP) we have been attracting and appointing Nurses to work in the NHS for over three years from India, the Middle East and the Philippines. From speaking to the Nurses who have joined the NHS through the GLP we are acutely aware that gaining the English language qualification required to register with the Nursing & Midwifery Council (NMC) is not an easy task, and requires hours of dedicated learning and practice to achieve.

It would be wrong however to assume that once a Nurse has passed their English Language qualification they are ready and able to perfectly understand and converse in English language.

As Shinu, a recently arrived Nurse said: “Even though I studied hard with an OET preparation provider and passed OET, I still have to keep learning English. I am still building my vocabulary, and getting used to accents. A lot of patients have strong accents that make me ask them to repeat what they said. Other times they will use words I haven’t heard before and I will need to ask another nurse to tell me what they said.” That is where this toolkit comes in to its own – it helps the overseas Nurses to understand a little more about the context in which they are now practicing, the professional culture, relationship between different groups of people and the local dialect and phrases they may encounter. By using this toolkit, we hope the Nurses will be able to settle in to their new surroundings much quicker and feel more included. I’m grateful to OET and my colleagues at HEE for working collaboratively on this exciting new venture which I’m sure will be very welcomed by the overseas Nurses who come to work in the NHS and their employing Hospital Trusts. We very much welcome your comments and feedback on the toolkit.



The Global Learners Programme Team

Notes for readers

The term ‘patient’ is used to refer to any person receiving care in a UK healthcare setting be that a care home resident, hospital inpatient, outpatient, individual seeking therapy or any other healthcare service user.

While much of the content refers to a hospital context, the material is also relevant to workers in other UK healthcare settings. Health Education England and OET would like to thank colleagues at Melbourne University’s Language Testing Research Centre for their research paper which provided the basis for much of the material in Living the Language.

Knoch, U., Pitman, A., Ritz, E., Kong, X. & Elder, C. (2019). The employment outcomes and work experiences of internationally qualified nurses in Australia: exploring the relevance of the OET nursing module.

Share your feedback

This is the first ever edition of the Living the Language guide and we’d love to know what you think of it. Your feedback will help us ensure the content provides the best possible support for future nurses coming to the UK. Which sections did you find the most helpful? Is there anything missing that you think we should include? Let us know!

[Tell us what you think](#)

Contents

04 **Workplace Communication**

05 Workplace responsibilities

06 Working with doctors

07 Understanding medical terms and abbreviations

08 Fear of the phone

11 Documentation

12 **Patient Communication**

13 Person-centred care

14 Establishing rapport

15 #Hellomynameis

16 Active listening

17 Plain English and paraphrasing

18 The language of bad news

20 The power of song

21 **Social Communication**

22 Slang and idioms

22 Local accents and dialects

23 Manners and etiquette

24 Topics and conversational behaviours

25 Humour

26 Indirect speech and understatement



1.

Workplace Communication

In this section we highlight the different ways of working that you may encounter in English-speaking healthcare systems. We address the concept of a 'collegial' style of working and the challenge this may pose to overseas nurses unfamiliar with this feature of hospital life. We provide advice on some practical

aspects of communication that overseas nurses are often challenged by: communicating by phone, written documentation and record-keeping and we offer guidance on understanding the special language of your setting – the abbreviations and medical terms you'll need to know.



Workplace Responsibilities



Chuntao says..

“You need to be thinking by yourself about the medication - does she need more stronger pain killer? Does she need another medication? ... in China we usually just follow the doctors.”



Angelica says..

“They ask us about how the patient is feeling and do you think we need to change the medication and these are both questions they can ask from us, but in our country it was entirely different - the doctors were more powerful than the nurse.”

Is your experience like Chuntao and Angelica? If so, you'll notice that in the UK nurses, doctors and other practitioners function as one team, adopting what is known as a multi-disciplinary, patient-centred approach.

What differences might you notice about your new working environment?



Being part of a multi-disciplinary clinical and social care team – surgeons, doctors, physiotherapists, nutritionists, pharmacists and occupational therapists among others



Being expected to express professional opinions – show medical knowledge and critical-thinking skills



A higher level of teamwork between doctors and nurses



Being expected to make decisions independently of doctors' instructions

How to manage those differences?



Ask team members about expectations



Attend multi-disciplinary meetings to understand who's involved and their different roles and responsibilities



Research the roles within your setting so you understand where you fit in



Observe colleagues as they interact and identify and copy appropriate behaviours



Develop the confidence to advocate for your patient with doctors and the wider team

Working with doctors

Building the confidence to advocate for your patients with doctors.

Nurses and doctors communicate regularly and for varied reasons such as agreeing patient care plans, discussing concerns and confirming details of medical procedures.

Nurses who report good relations between themselves and doctors report higher levels of job satisfaction, lower emotional exhaustion, better perceived quality of care and lower patient mortality (Bruyneel, Lesaffre, Meuleman, & Sermeus, 2019).

Within the person-centred care model, your priority is to advocate for your patient. You will need the confidence to discuss with doctors the care your patients need and any other patient-related concerns you may have. For this reason, learning to manage relationships and communicate effectively with doctors is very important.

What challenges could you face working with doctors?



Doctors are always occupied



Their time is in high demand



Opportunities to discuss care and patient care are brief



Doctors' attitude/professional posture towards nurses



Prisha says..

"It actually can be difficult even now because some surgeons they can seem to be quite rude... and everyone knows they are rude and you know, "Oh God, if I say something he is going to be so rude to me." ... "Oh God, if I say it I will be in trouble but I need to say it."

How to overcome problems



Be mindful of your responsibilities towards your patients – your sense of duty



Be prepared with any relevant patient information ahead of a conversation



Seize opportunities to clarify patient care plans when you can



Communicate clearly and concisely – use the SBAR model (Act Academy, 2018) which can really help



Angelica says..

"So whenever I see a group of doctors coming in... I have to get plans after the morning rounds and it is difficult to just keep on chasing... so I make sure that I go with them [on rounds] and chat with them about what the plan is."



Abdo says..

"I learnt over time that before you go and speak to a doctor you need to gather important evidence that you may perceive that the doctor may ask you... instead of running back and forth from the doctor to the patient... so I would say like gathering more information before going to the doctor is a good skill."

References

Bruyneel, L., Lesaffre, E., Meuleman, B., & Sermeus, W. (2019). Power Distance and Physician–Nurse Collegial Relations Across 14 European Countries: National Culture is Not Merely a Nuisance Factor in International Comparative Research. *Journal of Nursing Scholarship*, 708-716.

Act Academy. (2018, January 17). SBAR communication tool - situation, background, assessment, recommendation.

Understanding medical terms and abbreviations

With greater responsibility comes the need to understand a wider range of medical terms and abbreviations. Most nurses are faced with this communication issue as soon as they find themselves working in the NHS and other English-speaking settings. There are a number of sources to help you find meanings for words, acronyms and phrases you don't understand. Ask your employer for locally created crib sheets or lists of commonly used local words and phrases.

NHS Lists

[Abbreviations commonly found in medical records](#)

[Acronym Buster](#)

Trust-created Lists

Your Trust may produce their own like this one from Southern Health NHS Foundation Trust

[List of Abbreviations produced by Clinical Staff for use within Health Records](#)

Phone/Tablet Apps

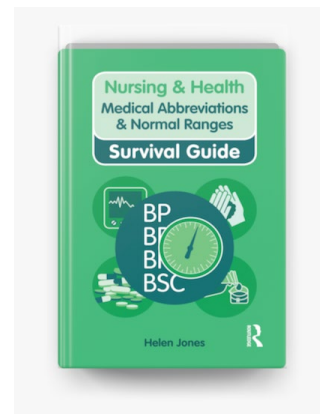
[Nursing Dictionary by Farlex](#)

[Oxford Dictionary of Nursing](#)

Reference Books

[Nursing & Health Survival Guide: Medical Abbreviations & Normal Ranges \(Nursing and Health Survival Guides\) 1st Edition, Kindle Edition by Helen Jones](#)

[Medical Abbreviations & Acronyms \(Quickstudy: Academic\) Pamphlet](#)



Other ways you can help yourself



Asking colleagues to define terms



Using Google to clarify terms



Taking a course



Engaging in self-study



Fear of the Phone

Why communicating by phone is difficult

What you can do to make it easier

Any communication difficulties you already have are often made worse when it comes to using the phone. Telephone communication is generally harder as there are no non-verbal clues to aid understanding and factors such as local accents can really get in the way. Speaking to doctors on the phone is a task that many new overseas nurses find especially difficult.

Why is it difficult?



Having to think and speak quickly



Guilt - fear over what you have interrupted



No body language to read



Accents are tricky



Fear of sounding stupid



Bolin says...

"Whenever I am doing a phone call I do compose myself very well and I speak audibly and whenever I speak they understand me very well. It is only when I forget to compose myself when I speak they won't understand me."



Abdo says..

"The most daunting part is the ambulance call... because I had to be like quite fast with my reasoning."



Chuntao says...

"Sometimes it is difficult because I can't read the face... or I can't read the lips so it is sometimes hard, like ah, as well the nurse from overseas as well with different accents."



1. WORKPLACE COMMUNICATION

Top tips to take the fear away

Use the SBAR model (Act Academy, 2018) to frame your conversation

Be prepared with what you need to say and be clear about the outcome you want

Stick to the facts

Speak clearly and concisely – get to the point quickly

Role-play common situations
e.g. on the phone with ambulance paramedics

Have pre-prepared lines like “Let me check with the doctor and get right back to you.”

Summarise the conversation to check for comprehension

Don't be afraid to ask questions for clarification

For incoming calls, if necessary let them go to voicemail, check information, then get right back to the person

Compile your own list of key contacts and phone numbers to refer people onto

Listen attentively

SBAR COMMUNICATION TOOL

S SITUATION

I am (name), (X) nurse on ward (X)
I am calling about (patient X)
I am calling because I am concerned that...
(e.g. BP is low/high, pulse is XX, temperature is XX,
Early Warning Score is XX)

B BACKGROUND

Patient (X) was admitted on (XX date) with... (e.g. MI/chest infection)
They have had (X operation/procedure/investigation)
Patient (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XX)
Patient (X)'s normal condition is... (e.g. alert/drowsy/confused, pain free)

A ASSESSMENT

I think the problem is (XXX)
And I have... (e.g. given O2 /analgesia, stopped the infusion)
OR I am not sure what the problem is but patient (X) is deteriorating **OR** I don't know what's wrong but I am really worried

R RECOMMENDATION

I need you to...
Come to see the patient in the next (XX mins)
AND Is there anything I need to do in the mean time?
(e.g. stop the fluid/repeat the obs)

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

OVERCOMING PHONE ANXIETY



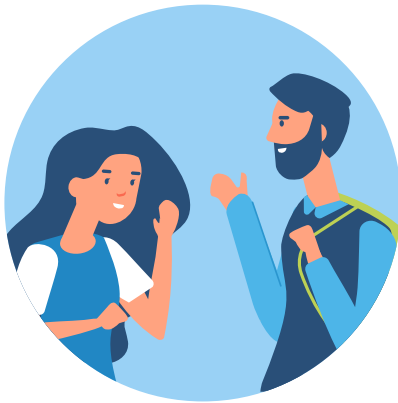
Smile



Visualize



Preparation



Face to face
Communication



Reward
yourself

References

Act Academy. (2018, January 17). SBAR communication tool - situation, background, assessment, recommendation.

Cuncic, A. (2020, June 28). How to know if you have a phone phobia. Retrieved from <https://www.verywellmind.com/afraid-making-phone-calls-tips-3024317>

Documentation

Good record keeping is vital for effective communication and integral to promoting continuity of care and safety for patients.

In the worst-case scenario written documentation also provides evidence should there ever be a complaint from a patient about their treatment.

Examples of written documentation might include:



Handover notes



Care plans



Admissions paperwork



Medication and observations charts



Referral letters/emails



Discharge summaries/emails

Overseas nurses sometimes struggle with written forms of communication. This may be due to differences between the new workplace format and that with which the nurse was previously used to.



Ichika says..

"At the beginning... I didn't really know how to write it down it because of course I know like in Japanese what we should write down but of course in UK they have a different way to write it to start the sentence."

What are the challenges?

Writing quickly

Being clear – can it be read by another nurse or medical specialist

Knowing what to write and what not to write

Knowing how much to write

Getting the tone right

How to overcome them

Familiarise yourself with templates used in your setting

Read good examples from other nurses to understand what is expected

Adopt the writing style of colleagues

Memorise and employ standardised sentences and phrases

Practice using best practice templates e.g. OET Referral Letter

Find a favourite pen brand that is clear, dark, legible and comfortable

Refer to superiors or your mentor



Know your responsibilities for record keeping by checking

> [RCN Record Keeping The Facts](#)

> [NMC: The Code](#)

Your local policy

Patient Communication

Nurses tell us that tasks related to communicating with patients and their families often present the greatest challenge when starting work in a new English-speaking setting. Difficulties can arise from the ‘person-centred care’ model, an approach to nursing practice which may be new to incoming nurses and different to the accepted model of care in their home country.

In this section we:

Explain the person-centred approach

Discuss the communication challenges it presents

Offer tips and strategies to overcome these challenges



Person-centred care

What is person-centred care?

How is it different to the model of care in other countries where you trained/worked?

What communication challenges may this pose for you as an overseas nurse?

Person-centred care is the predominant model of care within the NHS. Some of its features may be familiar to you, others will be strange and even clash with your previous ways of working. Person-centred care is at the heart of the NMC Code of Conduct.



Bolin says...

"In China... well we should say family kind of centred care not really patient... because in China if patient got cancer, the patient will be last one to know."



Chuntao says...

"In China they like one nurse doing medication, one nurse doing IV and one nurse look after observations... So it is all task individualised like nursing responsibility but here it is more like one nurse is looking after everything. So observation, medication, personal hygiene, everything."

Person-centred care means that:



Care focuses on the individual's particular healthcare needs



The person is an equal partner and active participant in the planning of care



Their opinions are important and respected



They are involved in every step of their treatment



Workplace procedures are patient focused, rather than task focused

It requires that:



We think about the effect of what we're doing on the person as a whole



We act on what people want when we plan and deliver their care



We always have the person's safety, comfort and well-being uppermost in our mind



We communicate well across multidisciplinary teams to meet the person's needs



We advocate for the patient – uphold their rights to the highest degree

Communication challenges presented by person-centred care

Working across teams

Need to build rapport

Confidence to advocate for the person

Providing information in a format that is acceptable to them and helps them make decisions

Explaining complex information in plain English

Paraphrasing for patients and families what a doctor has said

Establishing rapport

What is rapport?

O'Toole defines rapport as the development of a therapeutic relationship based on mutual understanding (respect, empathy and trust) (O'Toole, 2016). Establishing rapport is a central concept in the model of person-centred care.

Tips on building rapport for overseas nurses

Memorise and rehearse a clear introductory routine involving a concise opening statement (see #Hellomynameis section on page 15)

Prepare generic topics for casual conversation e.g. the weather, how did you sleep?

Notice what's going on e.g. a patient had a new visitor during your last shift

Use body language to show empathy e.g. maintaining eye contact, open posture

Be outwardly confident to reassure patients of the care they are receiving

Convey detail about even the most basic of procedures being performed such as blood pressure monitoring or hand-care

Remember details during handover that you can bring into conversation e.g. went for CT scan yesterday evening



Angelica says..

"Hello my name is Angelica and I came to (let us say) check your wound," or something so just introduce yourself and then, um ask, "Hi, how are you?" "Did you sleep well yesterday," or something just to start with a casual conversation."

Why is it important to establish rapport?



To gain a patient's trust



To make them more receptive to the care you will be giving



As preparation for gaining consent for care or medical intervention



To reassure a patient and make them feel acknowledged and valued

Some obstacles to gaining rapport

Not knowing what to say

Being task focused rather than patient focused

Time constraints through pressure of work

Forgetting what you already know about the patient

References

O'Toole, G. (2016). Communication: Core Interpersonal Skills for Healthcare Professionals. In G. O'Toole, Communication: Core Interpersonal Skills for Healthcare Professionals. Elsevier.



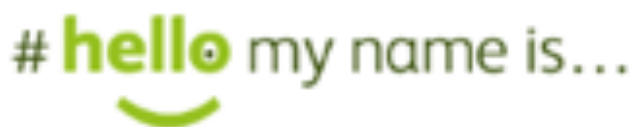
Prisha says...

"When we are going to have any procedures... for say wound dressing... we go to patient's room and ask them that ah, this is what I am going to do and I need this one to be done and it will not take much time and I explain them what the procedure is going to be like and how much time it will take. Is it painful or not painful? And communicating with them while doing the procedure so that it can make them comfortable."

"You greet the patient and you have to first introduce yourself... then you have to really tell what will going to happen and it depends on what is the condition of the patient what is happening during that day."

#hellomynameis

The #hellomynameis initiative was launched in 2013 by Dr Kate Granger MBE, who was a doctor, but also a terminally ill cancer patient. While she was in the hospital as a patient, she noticed that so many of the doctors and nurses and other healthcare professionals who looked after her didn't introduce themselves. She wanted to remind healthcare workers about the importance of introductions, not just as a courtesy but as a way to establish a human connection between one who is suffering and another who wants to help.



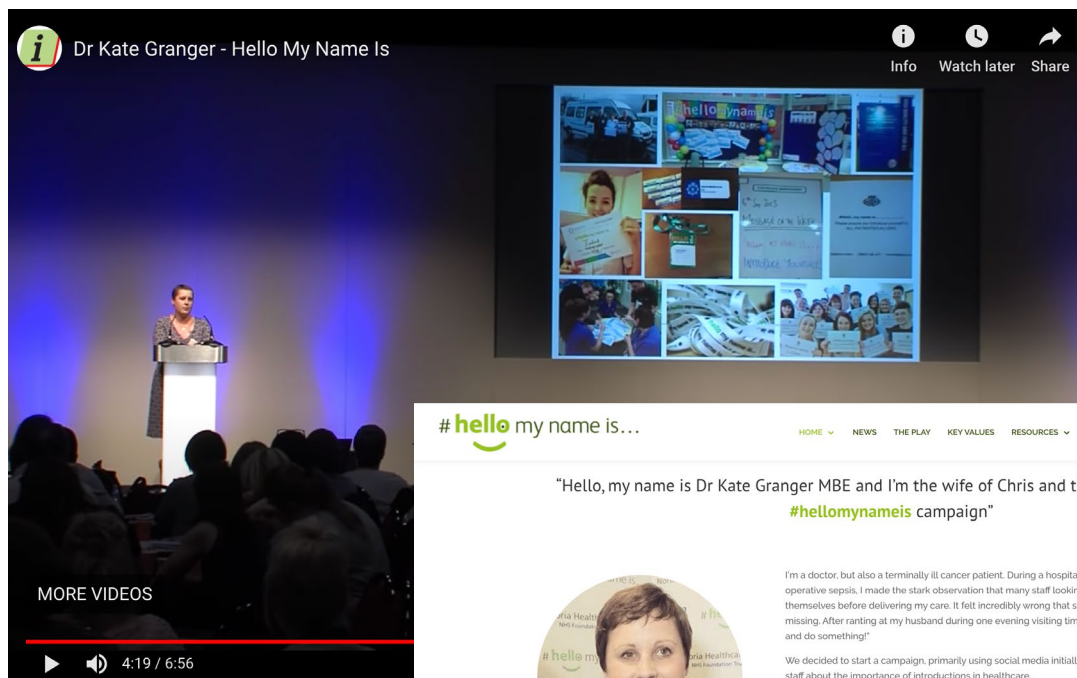
Why use #hellomynameis

Repeatable phrase that is easy to remember

Use to quickly establish rapport and build trust

A confident introduction brings patient comfort and reassurance (I am in safe hands)

Good for use with all types of patients



<https://www.hellomynameis.org.uk/>

The screenshot shows the website for #hellomynameis. At the top is the logo and a navigation menu with links for HOME, NEWS, THE PLAY, KEY VALUES, RESOURCES, DONATE, EVENTS, MAP, GALLERY, and CONTACT. The main content area features a quote from Dr. Kate Granger: "Hello, my name is Dr Kate Granger MBE and I'm the wife of Chris and the co-founder of the #hellomynameis campaign". Below the quote is a circular portrait of Dr. Granger and a text box containing her story: "I'm a doctor, but also a terminally ill cancer patient. During a hospital stay in August 2013 with post-operative sepsis, I made the stark observation that many staff looking after me did not introduce themselves before delivering my care. It felt incredibly wrong that such a basic step in communication was missing. After ranting at my husband during one evening visiting time he encouraged me to 'stop whinging and do something!'". A second text box explains the campaign's goal: "We decided to start a campaign, primarily using social media initially, to encourage and remind healthcare staff about the importance of introductions in healthcare." A final text box states her belief: "I firmly believe it is not just about common courtesy, but it runs much deeper. Introductions are about making a human connection between one human being who is suffering and vulnerable, and another human being who wishes to help. They begin therapeutic relationships and can instantly build trust in difficult circumstances." At the bottom, a quote reads: "In my mind #hellomynameis is the first rung on the ladder to providing truly person-centred, compassionate care. This was the first ever tweet we sent using the hashtag..."

Active listening

What is active listening?

Why is it important?

Tips on active listening for overseas nurses

Active listening is an important part of person-centred care. It is closely related to empathy.

Nurses often feel they want to offer a solution or reassurance to patients especially when a patient is visibly in distress. In many cases, especially with end-of-life patients, this isn't possible or appropriate.

Active listening offers strategies that allow you to help someone without the need for you to try to solve their problems. It also offers the language you need to manage those kinds of conversations.



Phrases to help you become a good active listener

Exploring cues: "You said you are "not with it". Can you tell me more about that?"

Screening: "Is there something else on your mind?"

Clarifying: "You said you are "not with it". From what you say, it sounds like it is hard to concentrate?"

Reflecting back: Patient "I thought I would bounce back after the surgery, but that hasn't happened."Nurse: "Bounce back?" (pick up the cue and pause for the patient to say more)

Skills of active listening (Bramhall, 2014)

Ask open questions e.g. "how are you?"

Ask open directive questions: for example: "How are you since I last saw you?"

Look and listen for cues

Reflect back to show you have heard what was said and to expand the conversation

Body language – maintain open posture, good eye contact, use gestures

References

Bramhall, E. (2014). Effective communication skills in nursing practice. *Nursing Standard*, 53-59.

Plain English and paraphrasing

An important part of person-centred communication is learning how to talk about medical issues using words that a patient without a medical background can understand.

Why is it necessary?

For having effective conversations with a doctor, patient and family. In this role nurses are often called on to summarise, paraphrase or translate into plain English sometimes complex medical scenarios

For gaining consent. Patients and their families must be able to understand the care or treatment they are consenting to

For checking your own understanding of what a doctor or patient has just told you

Tips for overseas nurses on plain English and paraphrasing

Organise and reflect on information before paraphrasing

Build up a bank of plain English words to complement your existing medical vocabulary e.g. bruise for haematoma, needle for cannula, 'to lie on one's back' for 'to lie supine'.

Follow your paraphrasing with a short phrase like 'Is this correct?' to make sure you have understood correctly

Practice using phrases such as

'Did you understand what the doctor said?'
'Let me explain a different way'
'What this means is ...'



Prisha says...

"Here we have to engage the patient in their care, like they need to be explained everything. In India it was different like that, if we want we can give some information to them but not everything."



Abdo says..

"We have to give lots of morphine so in this case we have to use very specific medical terms and then we try to explain to family members because we have to really get consent from them that they agree with what we are going to do... some people are really against using morphine... They believe that it might make the person's life go quicker but actually it is not true so you have to really explain."



The language of bad news

Nurses often report that communicating bad news to patients and patient families is the most difficult communication task they face in their work.

While the breaking of bad news more often falls to medics or senior practitioners, there are many daily scenarios faced by nurses that require confidence and competence in the handling of bad news.

Day to day examples of handling bad news

Preparing patients/relatives to receive bad news

Supporting patients/families following bad news

Creating opportunities for patients/families to talk about bad news

Helping patients/relatives come to terms with the implications of bad news over time

Being present when a doctor breaks bad news

Sudden death situations

Tips to develop your skills

Seek opportunities to see good skills modelled by another nurse

Find a mentor to guide you in best practice

Remember the role of body language when delivering bad news

Memorise or rehearse key phrases – particularly useful in an emergency situation

Frameworks for delivering bad news

Using a template or framework for the delivery of bad news can help make sure you handle it in the right way.

> SPIKES:

Setting up, **P**erception, **I**nvitation, **K**nowledge, **E**motions with Empathy, and **S**trategy or **S**ummary

> ABCDE:

Advance preparation, **B**uild a therapeutic environment/relationship, **C**ommunicate well, **D**eal with patient and family reactions, **E**ncourage and validate emotions



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Expectations around delivering bad news in the UK healthcare sector are specified in the following key documents:


- > [RCN Principles](#)
- > [NMC Code of Conduct](#)

Useful phrases and words for communicating bad news

Having some well-tested, standard phrases that you can practice saying will help you feel more confident in these situations. The following is adapted from the book 'How to Break Bad News' (Buckman, 1992).

- 1. Preparing someone that bad news is coming.**
This 'warning' gives the individual a few seconds longer to psychologically prepare. This preparation is sometimes called 'a shot across the bows', or 'to fire a warning shot'.
"The results are not as good as we expected...."
"Yes, it could be serious"
"We are concerned by the test results"
"I'm afraid I have bad news"
"I'm very sorry I have some bad news to tell you..."
"The news is not good..."
- 2. Giving information honestly but sensitively in plain English.** Use language that is appropriate to your patient's ability to understand, with minimal medical and technical jargon.
"She has had a heart attack." Rather than 'myocardial infarct'
"He has died," rather than "he has gone/ passed away."
"You have cancer," rather than "You have a tumour."
- 3. Acknowledging emotions**
"Hearing the result of the bone scan is clearly a major shock to you."
"Obviously this piece of news is very upsetting for you."
"I can see this is very distressing."
"That's not the news you wanted to hear, I know."

- 4. Respond empathetically:** Empathic responses help to validate the recipient's feelings and show that you have given some consideration to their feelings
"I wish the news were better."
- 5. Handing difficult questions may include,** "Am I going to get better?" "Am I going to die?" "How long do I have?" A sample answer may be:
"That's a difficult question, there are no simple answers."
"We can hope to control your illness, but can't hope to cure it."
Do not be afraid to say, "I don't know."
"You may have a number of months," or "You may have months rather than years."



Angelica says..

"I have to do that first in my head and have a script ready for them in my head before I picked up the phone and called but it was quite confronting with the first, the first ever death that I have had."

References

Buckman R. (1992) How to Break Bad News, a guide for health care professionals. University of Toronto Press, Toronto.

Buckman R. (2007) SPIKES Makes Bad News Easier, Conversations in Care.

The power of song

The therapeutic value of singing is well-documented. Singing with a patient is a good way to establish rapport, make an instant connection, lift the mood and offer a distraction. Communicating through song can also help overcome language limitations, whether your own or those of the patient.

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From a cultural perspective, it's worth memorising a few popular songs that most people will know.

Suggested popular songs

Older patients/care home residents

- > [Oh What a Beautiful Morning](#)
- > [There's No Business like Show Business](#)
- > [If I Were A Rich Man](#)
- > [You'll Never Walk Alone](#)
- > [Put On a Happy Face](#)
- > [Do-Re-Mi](#)
- > [Consider Yourself](#)
- > [Chitty Bang Bang](#)
- > [Lambeth Walk](#)
- > [We'll Meet Again](#)
- > [Somewhere Over The Rainbow](#)
- > [Summertime](#)
- > [Singing In The Rain](#)
- > [The Sun Has Got His Hat On](#)
- > [You Are My Sunshine](#)

Children's

- > [The Wheels on the Bus](#)
- > [Wind the Bobbin Up](#)
- > [Row, Row, Row The Boat](#)
- > [Twinkle Twinkle Little Star](#)

National songs

- > England/UK [God Save the Queen](#)
- > [Scotland – Flower of Scotland](#)
- > [Wales – Land of My Fathers](#)
- > [Northern Ireland – Danny Boy \(Londonderry Air\)](#)
- > [EIRE/Ireland – Ireland's Call](#)

And for you

- > <https://www.nursebuff.com/songs-for-nurses/>



Daughter of patient with dementia

"My mother lost her speech in her late eighties as part of an overall decline due to dementia. She could babble and form sounds but not words with any decipherable meaning. But put a familiar song on the CD player and her speech came flowing back. In the end, we communicated entirely through song. If we wanted to connect with Mum and spend a happy time together, we'd put on a CD and off we'd go, conducting the band with gusto!"



Abdo says..

"I established rapport with my residents by asking them, how are they? what is their history? Because sometimes they do tend to like to talk about their history. And sometimes I just sing songs, like old songs to them and they will like sing back to you..."

Social Communication

As a newly-hired nurse you will be mixing in with people from many different areas of British society in both your professional and personal life. Some overseas nurses say that they find it harder to communicate on a social rather than a professional level. This is because they may be less familiar with general or cultural topics than workplace ones.

In addition, the way people speak English and the words they use vary hugely across the regions of the UK and across social groups.

Humour plays a key role and accent can also be a major issue.

In this section we examine:

Local dialect and how it might be different from the English you are used to

Local words and phrases you need to know

Accepted standards of politeness

The role of humour and understatement



Slang and idioms

“It’s raining cats and dogs out. I think I’m going to need my broly.”

English idioms, proverbs, and expressions are a key feature of everyday English. Because idioms don’t always make sense literally, it’s a good idea to familiarize yourself with the meaning of the most popular ones and how they are used. Including idioms in your speech will make your English sound more natural.

Why not practice with this:

> [list of everyday English phrases.](#)

How well do you know your English idioms?

> [Try this free 2-minute online test](#)

Local accents and dialects

You will probably be most familiar with the English accent known as ‘Received Pronunciation’ or ‘Queen’s English’. This is the accent described as typically British. However the UK is made up of more than 50 different accents and dialects! (2020, Wikipedia contributors).

Accents (the way words are pronounced) and dialects (the local use of specific non-standard words) vary depending on where in the country a person is from, as well as socially.

> [Here’s a guide to just a few of these British dialects](#)

Best practice

When taking patient histories, patients will speak in their own dialect and use slang and colloquialisms. It is important to make sure you have fully understood meaning as this could affect care plans.

Ask your employer for a list of local dialect terms that you will hear in your setting

If you can’t understand a word, ask the speaker to repeat themselves or speak more slowly

It’s OK to ask for clarification, for example “What did you mean when you said you had ‘been in the wars?’”

Re-phrase parts that you haven’t understood in your own words, for example “So you mean that you’ve got injuries to many different parts of your body?”

Listen closely and try to remember and repeat commonly used terms and phrases

Use Google to clarify meanings of slang terms if you don’t feel comfortable asking

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Manners and etiquette

Please and Thank You

New arrivals in the UK, even from other English-speaking countries, are often surprised and amused by the number of times people say 'please' and 'thank you' in everyday conversation. It's not unusual to hear people repeat 'please' and 'thank you' many times in the course of a very simple transaction as in this example:

In a restaurant, you will have to say thank you when you get the menu, thank you when you place the order, thank you when get your dishes, thank you when the waiter takes away the plates and even thank you when you pay! You'll have to say excuse me if you want to pass someone and I'm sorry if you accidentally touch someone. British people even say sorry if you stand on their toes! (Harzing, 2018)

> [How to say THANK YOU: British English Etiquette](#)

Sorry

According to a survey by the BBC of more than 1,000 Brits, the average person says 'sorry' around eight times per day – and one in eight people apologise up to 20 times a day! (Geddes, 2016)

Some nationalities almost never apologise but in English-speaking societies, you will be expected to apologise for something, even if it is not your fault! For example, in Britain, it is quite common for people to say something like "I'm sorry about the rain."

General rules

You can never say thank you too many times

Always say please if you ask for something

Say sorry when you bump into someone, even if it's their fault

Remember! Most British people will consider you rude, or even aggressive, if you don't regularly use these terms when interacting with them

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Topics and conversational behaviours

What to talk about

When meeting people casually whether it's at the school gate, in the supermarket queue or passing a neighbour in the street, it's worth having a few topics ready with opening lines that will help you to confidently start a conversation and 'break the ice'.

Good topics

Choose these topics to avoid awkward silences, seem friendlier, easily get to know someone new, and build foundations for deeper friendship.

THE WEATHER	"This weather is crazy! It was freezing yesterday but today I'm in a T-shirt. I hope it stays warm, don't you?"
SPORTING EVENTS	"Did you catch the football at the weekend?"
HOLIDAYS	"This time last year I was in Tenerife for my holidays. I'll miss that this year. What plans have you got for the summer?"
WORK	"My job is so busy at the moment, the days are really full. Is it the same for you?"
FOOD / COOKING / RESTAURANTS	"We got a takeaway from Pizza Express yesterday. Have you been using any good takeout places?"
ARTS AND ENTERTAINMENT	"Did you watch anything good on TV last night?"
THE DAY/ THE WEEKEND	"The day is almost over! Do you have any interesting plans for the evening?"
OBSERVATIONS	"I love your shoes today, they really pull your outfit together."

Topics to avoid

Avoid these topics as you don't want to cause an argument or make people uncomfortable or want to leave the conversation:

Politics

Religion

Personal Finances

Age and Appearance

Personal Gossip

Offensive jokes






Anything so specific that very few people can relate

Topics that are sexual in nature

Humour

A vital element in all aspects of British life is the British sense of humour. The British poke fun at almost everything themselves, each other, politicians, class, society and you. It is often self-deprecating (putting oneself down), teasing, sarcastic and can be full of puns and innuendo (remarks that suggests something sexual or unpleasant but do not refer to it directly).

Uses of humour

	To build rapport and informality
	To downplay achievement, appear modest
	To relax a room
	To introduce risky ideas
	To present criticism in an acceptable way

Have you heard of any of these popular comedians? Take a look at some of their videos to understand more about the British sense of humour.

[Peter Kay](#)

[Michael McIntyre](#)

[Sarah Millican](#)

[Ricky Gervais](#)

[Jimmy Carr](#)



VeryBritishProblems

Follow VeryBritishProblems on Twitter (@SoVeryBritish) for more hilarious insights into the strange behaviours and peculiar worries of the British.

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Indirect speech and understatement

“Perhaps you might like to come round for dinner sometime, maybe, only if you’re free of course, no compulsion”

Would this statement leave you wondering if you’d been invited for dinner or not? Possibly! A phrase like this is typical of indirect speech and understatement – a style of communication which characterizes the British. By

speaking in this way, all parties are protected from possible confrontation and standards of politeness are upheld. This can be frustrating if you come from a country where people are transparent about what they think and feel. You’ll find yourself having to ‘read between the lines’ to understand what they really mean which can feel like a big waste of time.

Common examples of understatement and indirect speech (Harzing, 2018)

WHAT THE BRITISH SAY	WHAT THE BRITISH MEAN	WHAT FOREIGNERS UNDERSTAND
I hear what you say	I disagree and do not want to discuss further	He accepts my point
With the greatest respect	You are an idiot	He is listening to me
That’s not bad	That’s good	That’s poor
That’s a very brave proposal	You are insane	He thinks I have courage
Quite good	A bit disappointing	Quite good
I would suggest	Do it or be prepared to justify yourself	Think about the idea, but do what you like
Oh, incidentally/by the way	The primary purpose of our discussion is	That is not very important
I was a bit disappointed that	I am annoyed that	It doesn’t really matter
Very Interesting	That is clearly nonsense	They are impressed
I’ll bear it in mind	I’ve forgotten it already	They will probably do it
I am sure it’s my fault	It’s your fault	Why do they think it was their fault?
You must come for dinner	It’s not an invitation, I am just being polite	I will get an invitation soon
I almost agree	I don’t agree at all	He is not far from agreement
I only have a few minor comments	Please rewrite completely	He has found a few typos
Could we consider some other options	I don’t like your idea	They have not yet decided

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Living the Language

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Postal address

The OET Centre
PO Box 16136
Collins St West VIC 8007
Australia

Telephone

AUS +61 3 8658 3963
UK +44 1202 037333
USA +1 855 585 0125

Website

www.occupationalenglishtest.org
