# THE POTENTIALS AND CHALLENGES OF INDONESIAN NURSES TO USE ENGLISH IN THE HOSPITAL: A CASE STUDY IN A NEWLY INTERNATIONALLY ACCREDITED HOSPITAL IN INDONESIA

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**Abstract** : It not uncommonly known that Indonesia is among countries with English is a foreign language or in other words English is not the language of instruction. As the effect of globalization, the importance of English in Indonesia comes to the growing seen from the increased needs of English such as the language competency is one of core requirements to get certain jobs or academic degrees. The current goal of Indonesia government is to follow the lead of neighbor countries in the 21st century trend in tourism and health which is interchangeably called "medical tourism" or "health tourism". It proves to pull millions of dollars annually to its destination countries. At some point, English language competency can be assumed to play significant roles in medical tourists' choices of destinations. This study discusses Indonesia's potential to become an additional medical tourism destination, as indicated by recent government policy declarations. The author investigated this issue by studying a public hospital in Indonesia that was recently internationally certified approximately two years ago. The study focuses on potentials and challenges of Indonesian hospital nurses in fulfilling the demands of English language competency. Research methods included use of questionnaires, along with semi-structured and informal interviews. In the potential aspect, the nurses reported that they valued English as useful in their jobs even though they admitted that most of them were still less proficient. The willingness to learn and the attempt to improve English in the workplace had been seen as a potential. Moreover, nurses suggested ways that the institution and government can do to help them with the English improvement. The overall finding is that Indonesia appears to be trying hard to improve its readiness for medical tourism. The findings could also reflect the situations in countries where English is a foreign language in struggling to fulfill the demands of nurses' competency in the 21st century.

**Keywords**: Nurses, medical tourism, language policy, international hospitals, Indonesia

**INTRODUCTION**

As a current global trend, medical tourism relates to the growth of health care, tourism, and the economy but not limited to other fields to get involved. Medical tourism originated when high-income patients from less developed countries went to developed countries for medical care to seek more advanced medical technologies, medicines, and skilled health professionals that were not available in their home country. Today, the movement is in the reverse direction. The top destinations for medical tourism are no longer only developed countries, but also developing countries can be equal in ranks, such as Malaysia, Singapore, Thailand, and India by their highly qualified of medical instruments and health professionals. Taking as an example, Bumrungrad hospital which is the first hospital in Asia gained a prestigious international accreditation stated in its advertisement on YouTube that they have best qualities in medical instruments and most of their doctors and nurses can speak English. According to an economist, Bookman & Bookman (2007), being a medical tourism destination is highly profitable in today's economy such as to the economic growth. It was worth approximately US$ 60 billion in 2006 worldwide, and in 2008 (Evans, 2008), was expected to grow to US$ 100 billion in 2012. Every year, the income was predicted to increase by 20% (Heung et al., 2011; Herrick, 2007).  A study by Singh (2008) found that the Asian countries can earn up to US$ 4.4 billion accounts from medical tourism factor. The benefits are potentially growing as the quality is also improving.

Some researchers have investigated several reasons that lead the Asian countries to be on top. Foremost, the medical costs in the Asian countries are cheaper, as much as 60%-80% less than those in the United States and the European Union. (Connell, 2013). With the same or nearly quality and treatment, patients have tendency to select the cheaper ones. Another thing that is usually taken into account by international patients are attractive tourist attractions such as pleasant weather, beaches, and fresh air (Connell, 2006). Those can be easily found in Southeast Asian countries. Many researchers have been therefore interested in the rise of medical tourism as a future challenge and potential for countries around the world (Henderson, 2004; Connell, 2006; Bookman & Bookman, 2007; Herrick, 2007; Heung et al, 2011; Evans, 2008; Lunt et al, 2013; Mun & Musa, 2013; Tang, 2015; Noree et al, 2016).

In the news posted by the Jakarta Post on September 27, 2017, Indonesia is getting more seriously motivated to become a medical tourism destination. The Ministry of Health and Ministry of Tourism of the Republic of Indonesia officially signed an agreement at the Tourism National Coordination Meeting III, to collaborate in pursuing goals through several strategies and investing more in health care facilities and the quality of health professionals. Even though Indonesia is more widely known for its poor medical services, it

is not impossible for Indonesia to follow the success stories of other leading medical tourism countries. Indeed, compared to neighboring countries which have been on the top of preferable destination lists in Southeast Asia, the natural and cultural resources of Indonesia can be counted on to attract medical tourists for healing and relaxing. However, those qualities alone are not strong enough to overcome the gap. Other common qualities such as a high level of medical technology, qualified health professionals with English competency, and rare medical treatments are still being developed, and there is no guarantee on when they will be available. Nevertheless, the possibilities are still open. The efforts and desires that started to be implemented give hope for the future.

The former health minister of Indonesia, Nafisah Mboi, underscored the potential of Indonesia to be a medical tourism destination, especially with the impressiveness of Indonesian culture and qualified health professionals (Kompas, 2012). So far, Bali is seen as the most attractive tourist destination which may also affect health care in Bali. Bali is outstanding with its spas and traditional medicines and treatments. However, most places in Indonesia have beautiful beaches and other cultural and natural attractions which may interest foreigners. The minister said the medical products they provide not only heal pain and diseases, but also improve management, medical services, and others. This has already been somewhat successful in reducing the massive outflow of Indonesian patients to Singaporean hospitals, and increasing the preference for using local Indonesian hospitals (Estioco, 2016). There have been 26 Indonesian hospitals consisting of 8 public and 18 private hospitals (JCI, 2017) successfully earned JCI accreditation. The Joint Commission International (JCI) is an accreditation organization from the United States which mainly measures the   overall quality of hospitals and promotes continuous assessment to more than 300 hospitals in 90 countries. It is also the only one accreditation affiliated with the World Health Organization (WHO) in promoting patients' safety.

## BACKGROUND

As stated by Connell (2006), English has a leading role in promoting medical tourism which relates to the importance of building a good brand. For example, Thailand started to be recognized by American tourists since an English advertisement video played on the "*60 Minutes*" American TV program featuring the medical care offered in an international hospital in Bangkok. It later became one of biggest contributors of patients in Thailand hospitals for plastic surgery (Nuree, 2016). In addition, Anon (2010) found that patients also found information not only from advertisements, but also from the stories of friends. After hearing from friends, people searched for more information on the Internet. The English websites widen the range of opportunities for readers without geographical boundaries. They hope to build the credibility, trustworthiness, and assurance of hospitals

in being able to serve both foreign and local patients. Thailand, realizing the low-level use of English in their country, specifically emphasizes the capability of their doctors and nurses to speak English. International hospitals in Thailand also provide interpreters to help patients and health professionals with language barriers. An international hospital in Phuket provides interpreters in 15 languages, and Bumrungrad Hospital in Bangkok has 70 interpreters to speak more than 20 languages (Connell, 2006). Hiring interpreters has been seen as an effective strategy for language problems in most international hospitals around the globe. However, some studies discovered that frequently interpreters had inadequate language and interpreting skills, and little knowledge of medical terminology, which were sometimes resulting in harm (Srivastava, 2007; Moreno et al, 2007). Furthermore, other limitations such as confidentiality and the comfort of patients in sharing their information not only to their physicians and interpersonal relationship between patients and their physicians are hard to overcome (Nailon, 2006). Considering those limitations, the ability of health professionals to communicate in a foreign language, especially English, remains highly necessary in healthcare practices.

The lack of health professionals able to communicate in English may expose patients to risks, since many cases have been reported. In 2010, Kompas newspaper reported that 27 foreign patients died in the hospital in Bali, Indonesia. Poor communication was suspected as a major contributing problem in these cases. Similarly, in the year 2013, a nurse of Indian origin in Australia mistakenly gave patients detergent instead of medicine as the English proficiency did not allow him to read the label or follow oral instructions. Similarly, even in places such as the United States, where English is the primary language used by members of hospital staffs, the potential for communication errors is reportedly very high. For example, in May 03, 2016, Allen & Pierce (2016) through National Public Radio published an article resulting from research conducted by Johns Hopkins University on the cause of death in American hospitals.  It found that in one out of three cases, medical error is the cause, resulting in approximately 250,000 patients dying every year. Poor communication between health professionals and patients is one of several factors that may lead to medical error.

Moreover, English competency has been a long-standing problem for Indonesian nurses. This has negatively impacted Indonesia's attractiveness as a medical tourism center and has also negatively impacted Indonesian nurses' ability to migrate to other countries for nursing jobs. As career workers in a profession that has increasing world demand, all nurses, including Indonesian nurses, have the potential to move into international careers. But unfortunately, language obstacles, especially weaknesses in the English language, have been holding them back. This point was highlighted recently by Yuti Suhartati, the head of human resources development for the Health Ministry of the Republic of Indonesia when being interviewed at the Indonesian Nursing Conference and Exhibition 2016. In that

interview, Yuti Suhartati said that Indonesian nurses are likeable because they are caring, humane and have good behavior. But the problem is their relatively weak English language competency (Nainggolan, 2016). In other words, Indonesian nurses are considered able to compete with the nurses from other countries in terms of personality and nursing competency, but their lack of English ability may prevent them from expanding their careers to a global scale. English is the language of globalization, where its outspread is caused by the movement of people, the Internet, and international publications in this modern era.

Nurses in other studies admitted that, in fact, Xiao et al. (2014, p. 646) observed in Australia that English proficiency tests such as IELTS or TOEFL cannot guarantee the actual ability of nurses to communicate well in clinical settings. In 2016, the BBC reported that the UK proposed to re-examine the language proficiency of their nurses after the death of a patient in 2008 caused by a German doctor who was not proficient in English (Adams, 2016). Therefore, some countries such as Canada have looked for alternative ways to screen qualified nurses. As mentioned by Epp and Lewis (2006), the Canadian English Language Benchmark Assessment for Nurses (CELBAN), which was established in 2000-2004, is a unique assessment used to measure English competency of both native nurses and international nurses working in Canada.  The measurement consists of four English skills (speaking, reading, listening, and writing) and is based on the comprehensive analysis of language needs by nurses in work settings. Needs analysis is the core step in applying CELBAN conducted the Centre for Canadian Language Benchmark (CLBB) in the form of a survey on Target Language Use (TLU) for six months to nurses and hospitals across Canada. In the final step of the test the nurses are given feedback of their weaknesses and strengths so that they know the areas in which they need to improve. Speaking assessment is conducted by talking or interviewing in person.

**Communication skills for nurses**

Communication skills for health professionals are broadly accepted as essential. Moreover, globalization demands such as the health tourism trend emphasize the need for nurses to be able to use the English language to serve foreign patients of various nationalities. Nurses, who hold the key factor of patients' physical and emotional healing process, are encouraged to not only be able to speak English, but also to show the ability to communicate effectively, which may reduce the risks of medical errors. There have been numerous studies on effective communication in English by nurses. Saffer & Julia (2013) has discovered the English competency that are highly necessary for nurses fulfilling the needs and demands of English communication skills includes competency of the four

English skills and communicative competence. Vertino (2014) described effective communication skills as, "what *we say, how we say it, and what we mean*" – matters that can be potentially life changing. The importance of effective communication by nurses can be seen in helping nurses coping with difficult patients and making better decisions (Donnely & Neville, 2008), and giving reassurance to caregivers that patients are under good care (Wright, 2012).

Considering the necessities of both accuracy and fluency in English competency, Hymes (1972) conceptualized communicative competence as the ability to perform language in real situations. The components of communicative competence that are commonly suggested by previous studies on language competencies in nursing consist of those which are involved in this study, namely linguistic competence, pragmatic competence,  interpersonal competence, strategic competence, and physiological factors that may affect  language performance. Linguistic competence in nursing practice involves the ability to produce clear and correct language, including grammar and vocabulary. Pragmatic competence is the ability to use the language forms based on particular contexts and purposes, and to understand the implicit and explicit meanings of the utterances. The competency in finding strategies to cope with language barriers and problems is included in strategic competence, and the ability to produce communication, which aims to build or strengthen relationships.

**RESEARCH QUESTION**

A. How does the nurses become potential to use English in the hospital by considering their attitudes on the importance of English in their jobs and their current English ability?

B. What seems to be challenging for nurses to use English in the hospital, and what have they been doing to cope with those challenges?

 **METHODS**

This study covered a sample of 109 nurses working in the inpatient ward in a newly internationally accredited public hospital in Indonesia. Nine (9) of the nurses were interviewed by semi-structured interviews. The sample was selected based on convenience sampling considering the availability and willingness of nurses to participate in the study. The questionnaires were adapted from previous related studies conducted by Waidarp (2011), Karuthan (2015), and Al-Mahrooqi & Denman (2016), including selecting the items to put on the questionnaire, after which they were validated by experts both in nursing and

English teaching. The items were selected by considering their relevancy to nursing practices and evaluation from a pilot study. Most of questions in the questionnaire were closed-ended consisting of 4 sections and three questions of open-ended questions. The questionnaire mostly asked about perceptions of the nurses. The data were analyzed by statistical descriptive analysis showing mean and standard deviation. The data showed the nurses' attitude towards the importance of English communication skills, and their ability in using English to do nursing jobs. The survey was conducted before the interviews. The data from the survey questionnaires were analyzed by SPSS version 24, then interpreted as follows:

| Interpretation | If the mean value |
|---|---|
| **Vital/ Strongly Agree** | 4.20 – 5.00 |
| **Essential/Agree** | 3.40 – 4.19 |
| **Very Important/ Neutral** | 2.60 – 3.39 |
| **Important/ Disagree** | 1.80 – 2.59 |
| **Not Important/ Strongly Disagree** | 1.00 – 1.79 |

The interview data were recorded, transcribed, and then analyzed by thematic coding in content analysis. All the processes of data collection were conducted in Bahasa Indonesia, the native language of the researcher and participants. English is only used to report the findings. This research was done with the ethical clearances both from the Walailak University Medical Research Centre, and from the hospital where the nurses work in order to protect the participants as human subjects. All the data regarding participants were confidential. .

## RESULTS AND DISCUSSION

*POTENTIAL*

**The nurses' attitudes of the importance of English for their career**

The nurses valued English communication skills positively, as shown by the dominant responses in the chart on agree (51%), and totally agree (40%), and less in disagree respond (1 %). The results of the survey in the current study are shown below.

**Figure 1.** The general perception on the importance of English
communication skills in nursing career
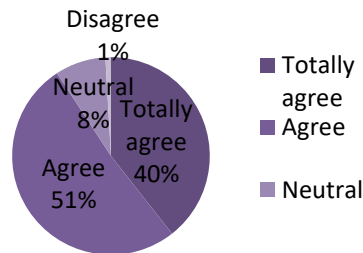


Further, the findings from the interviews indicated the same results. The informant nurses explained in more detail that they were aware of the importance of English in their career, and the four English skills were valued equally. However, there were certain skills that were more important than others, such as for inpatient nurses, they mainly needed speaking and listening skills as these are more frequently used in their jobs interacting with patients and caregivers.

"*It is important for nurses to master all English skills. Some nurses deal with machines whose instructions are written in English. Some others use speaking and listening mostly because they often interact with patients and caregivers. It depends on which ward the nurses are placed in. For me, speaking and listening will be more frequently used to do the tasks because I work in the inpatient ward where we meet patients and their family more than use machines.*"

It is line with the findings from previous researches in Thailand (Waidarp, 2011), Malaysia (Karuthan, 2015), and Indonesia (Saragih, 2014) which majorly found that the English skills mostly needed by the students are listening and speaking.

The nurses also showed positive attitude on the importance of communicative competence. Every item valued either essential or vital. The tables below showed the mean values of every item ranging from the higher to the lower. The higher mean values that the item showed, the higher level of its importance. Al Mahrooqi & Denman (2016) also discovered that the elements were important to be applied in the workplace based on the Omani graduates' perspectives.

As can be seen in table, all items in linguistic competence reached mean values above 3.40 which can be interpreted as essential. Alan et al. (2009) suggested the necessity of linguistic competence, as mispronunciation and incorrect use of grammar may cause social misunderstanding and miscommunication. Similar to other elements, pragmatic competence contained the items with mean values with mostly essential interpretations. The item "Can distinguish polite and impolite language" was valued more important than

the others (M = 4.27, SD = 0.702). Strategic competence that is related to the ability to adapt with barriers and problems in communication was valued essential in each item.

**Table 1** Communicative competence

| Linguistic Competence | Mean | Std. Deviation | Interpretation |
|---|---|---|---|
| **Interpret information correctly** | 4.10 | 0.793 | Essential |
| **Understand all medical terminologies in English** | 4.08 | 0.734 | Essential |
| **Speak English with clear and understandable pronunciation** | 4.07 | 0.716 | Essential |
| **Understand all medical acronyms** | 4.07 | 0.716 | Essential |
| **Speak English fluently** | 4.04 | 0.744 | Essential |
| **Think of appropriate vocabulary when speaking in any situation** | 4.03 | 0.763 | Essential |
| **Use English grammar correctly and appropriately** | 3.90 | 0.781 | Essential |
| **Understand the idiom** | 3.73 | 0.835 | Essential |
| **Understand all variant of accents (e.g British English, American English** | 3.43 | 0.956 | Essential |
| Average | **3.94** | **0.782** | **Essential** |
| Pragmatic Competence | | | |
| **Can distinguish polite and impolite language** | 4.27 | 0.702 | Vital |
| **Understand polite and impolite language** | 4.17 | 0.739 | Essential |
| **Use facial expression and body** | 4.11 | 0.737 | Essential |
| **Aware on cultural issue in communication** | 4.01 | 0.811 | Essential |
| **Distinguishing between formal and informal language and using what is appropriate in a given situations** | 3.86 | 0.763 | Essential |
| **Ask and discuss the sensitive issues effectively** | 3.79 | 0.840 | Essential |
| Average | **4.04** | **0.765** | **Essential** |
| Strategic Competence | | | |
| **Apply active listening (e.g nodding head, keeping eye contact, or smiling)** | 4.17 | 0.776 | Essential |
| **Asking questions for clarification** | 4.01 | 0.764 | Essential |
| **Use the body language (facial expression and gesture) to express the meaning effectively** | 3.97 | 0.751 | Essential |
| **Finding other ways to communicate intention ideas or emotions when lacking words** | 3.82 | 0.807 | Essential |
| **Introducing oneself to others and self** | 4.32 | 0.706 | Vital |

| | | | |
|---|---|---|---|
| **and introducing people to one another** | | | |
| **Greeting and saying good bye** | 4.27 | 0.715 | Vital |
| **Giving moral words of encouragement** | 4.22 | 0.762 | Vital |
| **Expressing empathy and sympathy** | 4.17 | 0.799 | Essential |
| **Giving reassurance** | 4.09 | 0.811 | Essential |
| **Involving in small talk to build relationship** | 4.00 | 0.805 | Essential |

| | | | |
|---|---|---|---|
| Interpersonal Competence | | | |
| **Introducing one self to others and self and introducing people to one another** 4.32 | | 0.706 | Vital |
| **Greeting and saying good bye** | 4.27 | 0.715 | Vital |
| **Giving moral words of encouragement** | 4.22 | 0.762 | Vital |
| **Expressing empathy and sympathy** | 4.17 | 0.799 | Essential |
| **Giving reassurance** | 4.09 | 0.811 | Essential |
| **Involving in small talk to build relationship** | 4.00 | 0.805 | Essential |
| Average | **4.18** | **0.766** | **Essential** |
| Psychological Factors | | | |
| **Feeling confident when speaking English** | 3.85 | 0.826 | Essential |
| **Never feel anxious when speaking English** | 3.61 | 0.893 | Essential |
| **Feeling so easy to interact with patients and caregivers by using English** | 3.59 | 0.874 | Essential |
| Average | **3.68** | **0.864** | **Essential** |
| Total Average | **4.18** | **0.766** | **Essential** |

Among five elements asked of the respondents, interpersonal competence was seen as the most important (M = 4.18, S.D= 0.766), followed by pragmatic competence (M = 4.04, S.D = 0.765) with slightly lower mean values. Linguistic competence was valued lower than strategic competence. Interpersonal competence is one of standards for registered nurses in pre-registered education (NMC, 2010); therefore it was seen as highly important for the nurses among other competences. Another possibility is the perspective might be based on what the nurses have found and experienced in the field. The item that had the highest mean value was from that of interpersonal competence, "Introducing oneself to others and introducing people to one another." The nurses seemed to feel that this was a basic skill which every nurse should know. Self-introduction is usually the most common activity that people do in using English for any situation. It can be a vital step that can lead speakers to build good relationships and create good impressions. At the same time, psychological

factors were perceived as less important than the others. Even though one of the main challenges that nurses claimed in the interviews was not being confident in speaking English, they did not seem concerned over this item. In addition, linguistic competence was also considered less important, different from what the researcher had predicted. This was because the nurses do not feel pressured to use English at work. Collectively, these results indicated that what matters the most for nurses was good relationships with patients by considering how language should be delivered to be effective rather than focusing on the correct sentence patterns.

### The current situation of the nurses' English proficiency

Only three nurses reported current proficiency test scores of IELTS 7.0, and TOEFL PBT 450 &528 of each. One out of 109 respondents had eventually experience working abroad for a year. However, the percentage of nurses who reported their less and high proficiency was slightly difference. In the survey, the scales were ranked from "poor" to "excellent". A little more than a half (55.85 %) of participants ranked their English in excellent rates, while nearly a half (44.15%) nurses reported their poor rates of English ability. The results may indicate either the less confidence of nurses to report their capability nor do the problems in all of the four skills exist. The detail can be found in Table 2.

**Table 2** The ability of the four English skills

| Skills | Poor rates (% of total participant) | Excellent rates (% of total participant) |
|---|---|---|
| **Listening** | 42.25 | 57.75 |
| **Speaking** | 41.25 | 58.75 |
| **Writing** | 48.1 | 51.9 |
| **Reading** | 45 | 55 |
| **Average** | **44.15** | **55.85** |

### *CHALLENGES*

The interviews revealed voices of the nurses who literally have a willingness to improve.  They have been expecting to have adequate chance and learning facilities in their

workplace. The informal observation conducted by the researcher as an additional data strengthened the interview results. There were found many factors cause low performance, such as inadequate training in nursing schools, less chance to practice due to rare visits of English-speaking patients, heavy workloads, and lack of encouragement from the institution or government in the form of policy.

(1) "*In this hospital, we come from different backgrounds, different levels of education, so it depends on each person. If the school trains them well in English, they can speak and use English. If not, they cannot. So, it depends.*"

(2) "*Maybe it is because we did not get enough English when we were in nursing college. We tended to learn English in general, not really English that would be practical to be used in the workplace. At least we know the basics. And the number of hours in English lessons was also less.*"

As the findings also said, the nurses felt they had inadequate English training in nursing college. Not having a part as the main subjects in nursing curriculum, the number of hours of classroom learning in nursing colleges is only a few-less than 3 hours per week. The frequency of English learning is considered minimum since English is not used by students outside the classroom. Lehtonen and Karjalainen (2008) highlighted the gap between workplace practices and learning in school, that is, what nurses have learned in the English classroom in nursing college did not match the English they use in the real context or the workplace.

Secondly, nurses have a minimal chance to meet foreign patients in hospitals. The nurses confessed they only have meet a few, and the situations did not require them to speak English as the foreign patients could not speak English either and some of them brought interpreters along. It becomes one of reasons the nurses reported their low ability both in the four English skills and using English to do nursing jobs. As reported earlier, there were only three nurses who reported current proficiency test scores of IELTS and TOEFL which are stronger evidence to reflect their actual ability. It should also be noted that English is a foreign language in Indonesia. English is not commonly used throughout the country. English-speaking people in Indonesia are rare. The environment has never been supportive as people widely embrace the local languages and Bahasa Indonesia, apart from those who have been abroad, highly motivated, students and teachers in English majors or international schools, and particular workers in international private companies. Speaking English in public for locals will not bring any sympathy, instead negativity.

Moreover, the minimum TOEFL score or any other proficiency test requirement for nurses to graduate is considered low. Most nursing schools require 450 TOEFL paper-based test, but some have lower requirements. This level is not sufficient to compete on the international level especially in English speaking countries. Also a TOEFL test score does

not guarantee that a nurse is able to speak English on the job. Almost all English-speaking countries require IELTS for international nurses, but IELTS has also been criticized; therefore, some countries, such as Canada, manage their own language tests for nurses. The English competency that the nurses have reported in the form of school grades and proficiency tests is not sufficient evidence to say that Indonesian nurses are ready for the global challenge of English. Moreover, the lack of competency of Indonesian nurses in English has become a major problem reported frequently (Wartabromo, 2017). The Indonesian government realizes this limitation and some efforts therefore have been done to improve the English competency of local and foreign nurses. For example, the National Agency for Placement and Protection of Indonesian Migrant Workers (BP2TKI) has been collaborating with educational organizations in English-speaking countries to train Indonesian nurses in English.

The study also found that experienced nurses tend to have less interest and ability in using English compared to less experienced nurses. At the workplace, there is no correlation between English competency and the length of work experience. Moreover, experienced nurses generally doubt their English competency as there were no sufficient facilities to learn English while they were studying. For example, Nurse 7 mentioned, "*In my era, around the year 1990, I first learned English in secondary school. But now children can start learning English from a very young age. Now, media is spreading so widely. In my era, we even had difficulty accessing television, as there was no electricity in the villages. But now the young ones can learn English everywhere, through YouTube or sites on the Internet.*" Due to the existence of technology nowadays, the study shows the difference in learning styles between young and the experienced nurses. Besides expecting English training facilities, young nurses tend to be more flexible in learning English and are more likely to be self-instructed learners. The nurses learn through music and movies. By contrast, the experienced nurses did not mention any efforts they had made to learn English. The reason they gave is they are too busy with responsibilities in the workplace and at home with their families.

Interestingly enough, there is one room in the inpatient ward where the nurses are actively and continuously learning English in the workplace. They said it is because of the influence from their higher English proficiency coworker who obtained IELTS score of 7.0 and just received a master's degree scholarship in an English speaking country. The co-worker contributes by motivating, inspiring and initiating   English learning activities. So far, from the interviews, they said they regularly practice speaking English in the room and use English in a group chat on social media. The role of peers or colleagues is a key factor that contributes to the workplace learning found by Norcini (2016) among four other factors such as doing, the environment, practice, and coworkers.

**CONCLUSION**

The Indonesian nurses have potentials to take a part in succeeding medical tourism goal for the country, especially the hospital which has been successfully gained an international accreditation such as Joint Commission International (JCI). Indeed, International accreditation is a powerful branding for medical tourism. Therefore, by being accredited, the hospitals are more likely to reassure foreign tourists of the quality and safety of their medical practices and the hospital. More importantly, nurses felt pressure to improve the quality due to the accreditation, including in term of English competency. The nurses showed positive attitudes on the importance of English in their jobs as they were willing to improve, and sufficient number of the nurses reported that they are quite competent in using English in jobs.

However, there have been some challenges stated by nurses both in using and in learning English in the hospital. Three major challenges were stated, that is, few foreigner visits, insufficient English training in nursing schools, and insufficient support from the institution. Even so, the nurses seemed to have been trying to prepare for the demand international accredited institutions through self-directed learning and learning English in the workplace. Therefore, the supports from the institution and government in the form of learning facilities and policy are still needed which the nurses believed more powerful to make improvement for their English competency. It was also suggested that nursing schools provide adequate English training to prospective nurses.

process. The author remains greatly aware that this relatively early field report is surely full of faults and gaps. Yet she hopes that it is a reasonably worthy response to all the help she has received.

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