Motivations in the Code-switching of Nursing Notes in EFL Taiwan

Susan Shiou-mai Su
Chang Gung College of Technology, Taiwan

Huei-mei Chu
En Chu Kong Hospital, Taiwan

Abstract

Nursing pre-professionals are required to practice writing nursing notes in Chinese before they start to practice nursing in hospitals. However, as soon as these nursing pre-professionals enter the real work context in Taiwan, they start to write in both English and Chinese. Although EFL learners are taught to write in Chinese at school, the result is not effective because social pressures such as time constraints and the need to accommodate are a compelling force that motivates nursing professionals to switch codes. This has led to a confusing situation and may have even encouraged code-switching in the notes written by the nurses in training or in the work context. What seem to be needed are clearer guidelines which lead to improved communication among medical professionals. Understanding why EFL learners might make certain choices in language use can lead to more tolerant and appreciative attitudes toward the learners' full range of communicative resources. However, for language teachers, code-switching may have detrimental consequences which they have an obligation to bring to the attention of appropriate audiences.

Introduction

Nursing pre-professionals are required to practice writing nursing notes in Chinese before they start to practice nursing at hospitals. To make sure they write in a standard code (Chinese), all their writing is monitored or corrected by nursing teachers before they can be copied onto the progress notes, which nursing teachers and nursing textbooks claim to have legal status. However, as soon as these nursing pre-professionals enter the real work contexts in Taiwan, they start to write in both English and Chinese. Not only do they switch codes between English and Chinese at sentence level, but they also mix codes in a single sentence:

Pt 胃 pain, C/O sleeping 差
(Patient has stomachache, complained poor sleeping quality.)

In Taiwan, where English is a foreign language (EFL), doctors keep medical records and write diagnoses in English, while nurses write in a code-switched/mixed style. Although it is a common belief that language competence is the factor which most possibly contributes to the English for doctors/Chinese for nurses dichotomy, we are not sure whether it should be the way it is. What we can be sure of is that doctors' diagnoses and nursing notes are legal documentation through which medical staff of different shifts communicate with one another, treat and take care of patients. At school and at work, practicing nursing students and staff nurses are required to describe and write down every condition they observe following each given intervention for the patients. For both their subject (nursing) and language (English) teachers, code switching is not appropriate. In Taiwan, subject teachers contend that nurses or nursing students should write nurses' notes in their first language, Chinese; language teachers argue that nursing professionals need to learn to write in English because of reasons such as the trend of globalization, or the Greek and Roman origin of medical terminology which constitutes the basic lexicon of the nursing register. However, code switching has become the norm in the EFL writing of nursing notes (Su, 2002, 2003).

Nurses are taught to write in Chinese during nursing practicums except for medical terminology which is taught in English. A very stable language phenomenon in nursing note writing is the Chinese-structured, code-switched, and code-mixed writing style, which nurses pass on from one shift to the other. Nurses are trained to not only to read doctors' diagnoses and follow orders, but also to carry out their own assessment and care plan accordingly. They describe what they do from at least four perspectives (SOAP). S: Subjective statement from patients; O: Objective data reports; A: assessment of patients' condition and P: planning for patients care according to the assessment.

Doctors, who are nurses' partners at work, tolerate the phenomenon of code-switching well since they are not the closest part of the community regarding the function of the language. Nurses' notes are for nurses to communicate with those of the earlier and later shifts. The nurses rely on the notes to carry out the care, intervention and earlier orders from doctors. Some of these notes look like the speech act of "orders," because the verbs are often written in their bare forms (e.g. give for gave, keep for kept, check for checked). In the United States, nursing notes are written in the past tense or passive voice to mean doctors' orders were carried out, have been carried out or was done. In the Chinese English nursing notes, most of the time bare forms of verbs are used to indicate past events.

Unlike nurses, who are not as proficient in English, doctors are trained to read, practice and teach in English.[1] Doctors never seem to worry about what language to write in as nurses always do. Although out of an ideological concern, there have been some well-known disputes over the language (English) used by doctors in the Taiwan medical field as a whole for the past few years, nurses' note writing usually does not bother doctors, perhaps because doctors do not read them the way nurses read and follow doctors' diagnoses and orders (unless things come up and need to be traced). In contrast to the doctors' situation, the language problem is continuously disputed, albeit almost always among the nursing community itself. In school, nurses are trained to write in Chinese except for medical terminology. When they come to work at hospitals, they read doctors' diagnoses and orders in English. They follow doctors' orders, and copy part of the "content" of the orders (which is usually in short abbreviated forms and is usually in English) and create their code-switched nursing notes accordingly. They then read and write code-switched nursing notes as they communicate with their teammates from the earlier or later shifts. Other than doctors' diagnoses, the English words can also come from sources such as medical textbooks, especially medical terminology.

Table 1 presents an illustration of the status quo of doctors and nurses in relation to language:

Table 1: The Status Quo of Doctors and Nurses and the Language

	Doctors	**Nurses**
Proficiency	Proficient	Poor
Training and textbooks	English	Chinese & English
Ideological concern	(Back to Chinese)	No code-switching
Power relationship	Followed	Follower

Review of the literature

English language learning and teaching is growing in importance in Taiwan as a result of globalization. In 2002 the Taiwanese government proposed to change the status of English from that of 'foreign language' to 'second language'. English has become a major concern nationwide and in response to demand there has been a shift away from the study of English as

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[1] Doctors are normally considered to be more powerful and socially and economically prestigious in the medical community as well as in Taiwanese society as a whole. The ideological concern for the language of doctors' diagnoses (back to Chinese) was temporary and was almost solely promoted by the Veterans General Hospital funded by the ROC government, who were advocates of patients' rights to read doctors' diagnoses.

an academic subject towards the study of English for Specific Purposes. The greater emphasis on teaching language for specific purposes to meet the needs of learners is having an impact on learner motivation. Whereas in the past, learners had few opportunities to interact with speakers of English and therefore they lacked the motivation to learn (Fang, 1987), there is evidence that students, particularly those studying in technical colleges, are beginning to realize the importance of English competence for success in their studies and their future career. Courses are being designed to better satisfy students' expectations and to help them master the language they will need to use in their professions (Fang, 1987; Chia, 1998). Learners are thus being encouraged to learn the language to perform in the real world, rather than to master the language for its own sake (Richards, 2001).

One current major sociolinguistic phenomenon in Taiwan is that of code-switching/code mixing (Fasold 1984) in the writing of EFL nursing notes. Code switching can be defined as the use of two or more languages in the same conversation or utterance (Gardner-Chloros, 1997). This is a common occurrence in many parts of the world in situations of native, bi- or multilingualism, immigration, and regional minorities. The idea that code switching was a type of rule-governed juxtaposition of two distinct systems gave rise to a copious literature on the 'grammar' of code switching (e.g. Gardner-Chloros, 1997; Muysken, 1995; Myers-Scotton, 1992, 1993). Myers-Scotton (1992) contends that there is always a matrix language, which determines the fundamental form of a code-switched utterance, while the other language, known as the embedded language, contributes specific elements. More subtle than this is code-mixing, where pieces of one language are used while a speaker is basically using another language. The language "pieces" taken from another language are often words, but they can also be phrases or larger units. Brown (2000) argues that it is a coping, survival strategy the speaker uses to survive a speaking task. A variety of mixing patterns can be found, which depend on the participants' respective competence in the different varieties and on sociolinguistic factors (Muysken, 1995).

In recent years researchers and teachers have come more and more to view language learning as a process of the creative construction of a system in which learners are consciously testing hypotheses about the target language. Larsen-Freeman (1991) suggests that inter-languages are at least partly rule-governed, i.e. systematic, even in those areas where they are variable, meaning that they are potentially amenable to systematic change, e.g. through instruction. She goes on to say that "the factors that have been found to be related to inter-language variation, such as the kind of task learners are engaged in or the amount of attention to form involved, are also likely candidates for manipulation in language teaching, e.g. through the sequencing

of pedagogic task types." (ibid:83). However, a lack of sensitivity to L2 structure may result in a troubling symptom-permanent pidginization or fossilization as Ely (1995:93) puts it.

As millions of people use more than one language in their daily lives, it is no surprise to find that code-switching is a far from homogeneous phenomenon and that the actual behavior involved varies depending on the sociolinguistic circumstances as well as the language combination concerned. A kind of motivation to emerge for switching can be termed "accommodation" to the linguistic environment. Such a motivation fits in well with approaches which consider switching to be a "compromise" way of speaking, a means of reconciling opposites (Scotton, 1976). In a similar vein, Gardner-Chloros (1997:365) hypothesizes that French enjoys more social prestige than Alsatian, and switching may be used by speakers who wish to converge towards a prestige norm but are unable to sustain discourse all the time in that variety. However she concluded that "accommodation" would appear to be as relevant a motive as prestige because 'the group which switches more than any others appears to do so in order to fit in with its surroundings, since it is made up of people who are more at ease in the prestige norm, French, than in Alsatian. This in turn, underlines that code-switching can have several different motives/raisons d'être within a single sociolinguistic context. (ibid:374).

For over half a century much research has been conducted which demonstrates that an individual's speech patterns are in part dependent on the person to whom he is talking, the topic of the discourse and the setting in which it takes place. Giles and Powesland (1997) suggest that the process of speech accommodation operates on this principle and as such may be a reflection of an individual's desire for social approval. Accommodation through speech can be regarded as an attempt on the part of a speaker to modify or disguise his persona in order to make it more acceptable to the person addressed. One effect of the convergence of speech patterns is that it allows the sender to be perceived as more similar to the receiver than would have been the case had he not accommodated his style of speaking in this manner. In addition, speech accommodation may be a device by the speaker to make themselves better understood.

Also dealing with accommodation, Heider (1958) suggests that we understand a person's behavior, and hence evaluate the person himself, in terms of the motives and intentions that we attribute as the cause of his actions. He proposes that a perceiver considers three factors when attributing motives to an act, namely, the other's *ability, effort* and the *external pressures* impelling them to perform in the manner in which they did. However, a

qualification needs to be considered in that if accommodation is attributed to external pressures rather than voluntary effort, it is likely to be less effective.

When Communicative Language Teaching (CLT) became a major trend in the late 1980s, language teaching and learning theories began to emphasize the needs of students and the language used in a realistic work situation. A number of teaching and learning principles (such as Content-Based Teaching, Competence-Based Language Teaching and Task-Based Language Teaching) also advocate that learning is facilitated when needs are met and when learning activities are meaningful. ESP is a sub-field of LSP (Language for Specific Purposes), which grew out of the same theoretical background as Content-Based Teaching. Language for Specific Purposes is a movement that seeks to serve the language needs of learners who need language in order to carry out specific roles (e.g. students, engineers, technicians, nurses) who thus need to acquire content and real-world skills through the medium of a second language rather than master the language for its own sake (Richard, 2001). However, we need to keep in mind that as an international language, English is increasingly used in nonnative contexts. Among these contexts are groups of nonnative users communicating with one another (in our case for example, a Taiwanese doctor communicating with his Indonesian patient; or, a Taiwanese nurse reading Taiwanese doctors' orders in English). Thus, the traditional prototype paradigm of second language teaching, which assumed that a nonnative learner learned English in order to communicate with a native speaker of English, no longer represents the primary context of the use of English in the world today (Smith and Sridhar, 1992). A teacher of English, therefore, must be aware of this change and tailor the curriculum accordingly. Sridhar (1996:65) emphasizes in particular teachers' 'sensitivity' to the variations in lexical, pragmatic, and other norms resulting from the fact that users of the English language interact with an enormous range of verbal repertoires and cultural contexts around the world.

What distinguishes ESP from General English is not the existence of a need as such, but rather an awareness of the need (Hutchinson and Waters 1987; Dudley-Evans et al. 1998). Hutchinson and Waters (ibid:56) further presents a term, "target needs" to cover three types of needs: necessities, lacks and wants. "Necessities" refers to the type of need determined by the demands of the target situation; that is, what the learner has to know in order to function effectively in the target situation. Catering to the needs of particular learners, what needs to be known is how much the learner knows already, so that it can be decided which of the necessities the learner lacks. The gap between target proficiency and the existing proficiency of the learners can be referred to as the learners' lacks (1987:56). A further distinction between subjective (as perceived by learners) and objective (as perceived by

course designers) needs is described in terms of necessities, lacks and wants (Hutchinson and Waters 1987:58; Dudley-Evans et al. 1998:125). Care needs to be taken that there is no necessary relationship between necessities as perceived by ESP teachers and what the learners want or feel they need. In the current study, we are concerned with both the learners' views of their own needs, and the necessities and lacks perceived by their fellow medical professionals.

During the early 1980s, Labov (1982) raised important issues of professional responsibility that remain worthy of consideration by linguists and language teachers today. Labov offers four principles to guide professional involvement: *the principle of error correction; the principle of debt incurred; the principle of linguistic democracy;* and *the principle of linguistic autonomy*. Wiley (1996) added a fifth principle *the principle of representation in the field*. Every field is said to be dominated by members of one group, who study and prescribe remedies for the "problems" of another, and needs to ensure representation from the target group in order to guarantee that its voice and insights are not excluded and that assumptions and perspectives of the dominant group are not imposed on it (Wiley, 1996:134-135). Such a principle helps to avoid either the appearance or the actuality of imposing, even if unintentionally, the biases of the dominant group in the field upon others. This research not only tries to avoid the above biases (because we see those from the EFL context of Taiwan as a whole as the dominant group, and the medical community as the imposed others); we also attempt to address the needs, which are representative of the target profession.

To support this principle is not to advocate a so-called quota system; rather, it is to acknowledge that it is always a good idea to include members of a target population when members of one group are attempting to educate or solve the problems of another (Wiley, 1996). The purpose for undertaking this research can be explained with reference to two of Labov's principles:[2]

> *The principle of error correction*: Any language teacher who becomes aware of a widespread language in education policy or practice which has detrimental consequences for his or her students has an obligation to bring this policy or practice to the attention of appropriate audiences (e.g., colleagues, administrators, and parents).

> *The principle of debt incurred*: Since students are teacher's clients, teachers have a responsibility to learn as much as possible about them regarding their linguistic, cultural, and class backgrounds in order to provide appropriate instruction.

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[2] These principles, based on those of Labov (1982), are modified by Wiley (1996:135).

Therefore, with the purpose of learning more about our clients (the EFL learners, that is, the medical community); to raise the consciousness of policy makers, EFL/ESP teachers and researchers in such regard, and to provide information for the related EFL/ESP pedagogy, we seek to address the following research questions:

1. What motivations/reasons are behind the switching between Chinese and English in EFL nursing professionals' note-writing in a real work context?

2. What are nursing professionals' target needs, that is, in order to fulfill their job requirement regarding the nursing note-writing tasks, what is it that they need as implicated by the motivations/reasons behind the code switching phenomenon?

Method

Participants

The participants were 113 full time nurses from five different hospitals, three medical centers and two district hospitals, selected on the basis of convenience as they co-work with medical professionals and share the same affiliation as the researchers (a nursing department at a college of technology in Taiwan). These nurses were invited to answer a questionnaire during breaks in their work. They were ensured of the confidentiality of their answers as they consented to contribute anonymously to the research.

Questionnaire

The main instrument is a questionnaire on code-switching motivations and reasons, developed through a pilot questionnaire with open questions, interviews of nursing pre-professionals/professionals/ nursing subject teachers, piloted on 8 qualified nurses and 50 nursing students. The questionnaire covered all possible motivations and reasons we could find and was written in Chinese to ensure it could be understood by nurses (see Appendix for an English translation). Questions 1 to 3 elicited basic information about the participants including educational level, present job titles and years of work experience. Question 4 is concerned with major language tasks at work. Questions 5 and 6 constitute the main section on motivation, which is the focus of this research. Question 5 deals with why nurses switch languages at work; question 6 concerns the sources of language problems, which may contribute to the code-switching phenomenon. Due to limitations of space, this research will only focus on the results from questions 5 to 6, for the

purpose of understanding the motivations/reasons behind the language choice (i.e. the code-switching phenomenon) in the EFL medical context.

Procedure

The researchers distributed 200 copies of the questionnaire amongst 9 colleagues according to the number of nurses each had recruited to participate in the study. Questionnaires were given to the nurses individually and collected individually immediately on completion. After 3 months, a total of 113 completed copies of the questionnaire had been returned. All the questionnaires were numbered and the answers keyed into Excel software for computation. During the three months of data collection, opinions were frequently exchanged among the researchers, their colleagues at the hospitals and even the participants.

Results

In answering research question one: What motivations/reasons are behind the switching between Chinese and English in EFL nursing professionals' note-writing in a real work context? The responses can be categorized into five types of motivations: Institutional pressure, Time constraint, Accommodation, Competency-related motivation, and Language ideology (see Table 2).

Table 2: Distribution of Types of Motivation Across Languages at Work (n = 133)

Language used at work	Chinese	Code-switching	English
Frequency (%)	48 (42.5%)	64 (56.6%)	1 (1%)
Institutional pressure			
Less misunderstanding among staff.	38 (33.6%)	13 (11.5%)	
To stay away from lawsuit	36 (31.9%)		
I was taught to write in Chinese	14 (12.4%)		
So patients can't read and make trouble		4 (3.5%)	
Institutional pressure: Time constraint			
Code-switching helps save time		63 (55.8%)	
Accommodation			
It's easier to follow suit	32 (28.3%)	57 (50.4%)	
Medical terms are in English		62 (54.9%)	1 (1%)
Competence related motivation (Lack of Competence)			
My English is poor	27 (23.9%)	9 (8%)	

I can write in Chinese when I don't know the English words and vice versa	29 (25.7%)	
(A sense of competence)		
It's professional to write in English	49 (43.4%)	1 (1%)
Language ideology		
I should write in Chinese because I am Chinese	12 (10.6%)	

As Table 2 shows, 56.6 % of the subjects switch codes at work. About 42.5 % of them use Chinese and only one subject says English is the language she uses at work.

The type-percentile results show that *lack of competence* (my English is poor, 23.9%) and *Institutional pressure* (less misunderstanding among staff, 33.6%; to stay away from lawsuit, 31.9%) motivate Chinese. *Accommodation* (it's easier to follow suit, 50.4%; medical terms are in English 54.9%) and *time constraint* (55.8%) motivate code switching. *Competency related motivation* (It's professional to write in English, 18.6%) motivates writing more English as nurses switch codes; and *lack of competence* contributes to writing in Chinese (23.9 %; my English is poor) and code switching (25.7%; I can switch to Chinese when I do not know the English words and vice versa). But *institutional pressure*, "I was taught to write in Chinese" motivates only 12.4% to write in Chinese. A fifth type of motivation, *language ideology* explains for some subjects (10.6%) their reasons for writing in Chinese.

Table 3 reveals that what concerns the nursing professionals most (94% of them) is "having no time to write nurses' notes." A high percentage (81%) of the subjects have difficulty understanding their own fellow co-workers. About the same number (80%) experience difficulty remembering English terminology. Three quarters of them (75%) said they were not able to write in a standard code.

Table 3: Difficulties in Writing Nurses' Notes (n = 113)	F	%
I don't have time to write nurses' notes carefully	106	94
I do not understand the writing by the earlier shift	92	81
I don't remember the English terminology	90	80
I cannot write in a standard code	85	75
I may get into lawsuit because I switch codes	43	38
My English is not good enough	38	34
My staff do not understand my writing	31	27

Discussion

What sociolinguistic factors are behind the code-switched writing such as, *Pt 胃 pain, C/O sleeping 差*? It seems from the above results that time constraints (code switching helps save time, 55.8%) as well as the motive to accommodate both the macro (It's easier to follow suit, 50.4%) and micro level of context (medical terms are in English, 54.9%) contribute to code switching.

In this study, social pressure (or institutional pressure) is the compelling force which motivates nursing pre-professionals to switch codes instead of writing in a standard code. As Gardner-Chloros (1997) has argued, code-switching can have several different motivations /underlying reasons. For EFL nursing professionals, the main motivations behind their code switching are: code-switching helps save time; it's easier to follow suit by code switching; and, medical terms are in English.

As we mentioned earlier, Heider (1958) has proposed that a perceiver considers three factors when attributing motives to an act, namely, the other's *ability*, *effort* and the *external pressures* impelling him to perform in the manner in which he did. However, if accommodation is attributed to external pressures rather than voluntary effort, then it is likely to be less effective. From Table 2, we can confirm Heider's argument in that although learners are pressured (they were taught) to write in Chinese, the result is not effective because writing in Chinese is not a voluntary effort. Also a low percentage (12.9%) of motivation behind writing in Chinese because of "being taught to write in Chinese" reveals the lack of relevance between teaching and learning and practicing (or theory and practice). Almost all nursing pre-professionals are trained to write in Chinese at school, but they start to code-switch once they get to work (this was confirmed again and again as we exchanged opinions with our colleagues and the participants who worked at the hospitals).

Code-switching is a familiar type of inter-language, namely Chinese-structured English, which is EFL context specific. Judging from the types of motivation for code switching, our study seems to confirm Gardner-Chloros' prestige hypothesis in that English enjoys more social prestige than Chinese (43.4%, it's more professional to write in English), and switching may be used by speakers who wish to converge towards the prestige norm but are unable to sustain discourse all the time in that language.

No matter which language nurses prefer writing in, as Table 3 reveals, "Having no time to write nurses' notes (94%)" is one of the most frequently

mentioned problems, which explains the *time constraint* motivation, that is, "code switching helps save time." This motivation probably also explains why doctors prefer writing in English to Chinese. If such is the case, those policy makers who are concerned about the medical language issue may see, in part at least, reasons for the preference. It is clear that the problem of time constraints may have to be resolved first (in addition to the manpower problem, the uneven doctor/patient ratio in the medical field) if the mother language, Chinese, is favored and promoted by related administrators or language policy makers.

This study also demonstrates some of the consequences of code-switching. Given that judgments may be made on which code is employed for communication (Wardhaugh, 1998), a prevalence of code-switching in the trainees' writing may suggest a lack of English language proficiency which, in turn, may create a negative impression of the nurses. For language teachers, these are the detrimental consequences which they have an obligation to bring to the attention of appropriate audiences (Wiley, 1996; Labov, 1982). Apart from concern relating to fossilization, code-switching in the medical context may impede communication, particularly with those who do not understand the Chinese matrix language.

What is it that nurses need as implicated by the motivations/reasons behind the code switching phenomenon? To the researchers, the results and the related discussion point to such 'needs' as the ability to write professionally; a writing strategy that saves time; being trained in the language to use in the real work context; an EFL/ESP pedagogy that sees nursing professionals' needs accommodate to both the macro- (such as doctors' language) and micro-linguistic contexts (such as medical terminology). Whether code-switched writing is acceptable is an issue of language policy as much as that of EFL/ESP pedagogy. Policy makers and EFL/ESP teachers may need to be aware of the needs as revealed by the motivations behind the language choice among practicing nurses, and then provide the nursing pre-professionals with the necessary training to write in that language.

Conclusion

It seems that external pressure does not motivate EFL learners to use one language rather than the other as ESL learners do; instead, it motivates most EFL nursing professionals to code-switch. On the one hand, understanding why EFL learners might make certain choices in language use can lead to more tolerant and appreciative attitudes toward the learners' full range of communicative resources. However for language teachers code-switching may have detrimental consequences which they are obliged to bring to the

attention of appropriate audiences. At the same time, we are one step further informed of the interim pedagogy as we recognize and support students' needs and desires to operate effectively within certain target speech communities and situations.

To date the decision of what to teach and what not to teach has been left to nursing educators and English language teachers. This has lead to a confusing situation and may have even encouraged code-switching in the notes written by the nurses in training and the professionals in work contexts. What seems to be needed is more research which assists policy-makers to develop clearer guidelines leading ultimately to improved communication among medical professionals.

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Appendix

The English translation of the questionnaire:

1. Education background
    □ Vocational High □ Nursing College □ University and above

2. Years of work (including nursing practice) experience
    □ 1 year □ 2 years □ 3 years and above

3. Present affiliation □ clinic □ district hospital □ medical center

4. When do you need to use English when you work or practice at hospital?
    □ A. reading doctors' orders
    □ B. doing oral report
    □ C. talking to patients or patients' family
    □ D. writing nursing notes
    □ E. in discussion with other staff
Others _____

5. When you work or practice at hospital, you always write nurses' notes in
    □ English
        Because □Less misunderstanding among staff.
                 □To stay away from lawsuit.
                 □So patients can't read and make trouble.
                 □Medical terms are in English.
                 □Doctors read and write in English.
                 □English is an international language.
                 □It's convenient for international medicare exchange.
                 □It's professional to write in English.
                 □Writing nurses' notes in English helps improve my English.
                 Others _____

    □ Chinese
        Because □Less misunderstanding among staff.
                 □To stay away from lawsuit.
                 □My English is poor
                 □I am a Chinese so I should write in Chinese
                 □I was taught to write in Chinese
                 □It's easier to follow suit

Others _____

☐ Both English and Chinese

Because ☐Less misunderstanding among staff.

☐To stay away from lawsuit.

☐So patients can't read and make trouble.

☐Code-switching helps save time.

☐It's easier to follow suit.

☐Medical terms are in English.

☐I can write in Chinese when I don't know the English word and vice versa

Others _____

6. What bothers you most when you write nurses' notes?

☐ I may get into trouble with lawsuit because I switch codes as I write

☐ I don't remember the English terminology

☐ I don't have time to write nurses' notes carefully

☐ My English is not good enough

☐ I cannot write in a standard code

☐ My staff do not understand my writing

☐ I do not understand the writing by the earlier shift