

**Japanese medical student attitudes towards English accents and
the implications these attitudes have on teaching medical English conversation**

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1. Introduction

The current situation in Japan is such that the number of people with limited Japanese proficiency is continually increasing. In Asia in particular, the numbers of people using English is growing exponentially (Bolton, 2008), as well, the numbers of travellers visiting Japan. As a result, the numbers of patients presenting at Japanese hospitals with limited Japanese proficiency is also increasing. It follows logically that the demand for health care professionals who are able to communicate orally with these patients is at an all time high. This begs two questions 1) Are medical schools in Japan adequately preparing students to face this new reality? and 2) Is continuing to teach English as a foreign language (EFL) to medical students in Japan the most effective way or is there something better? Now that the global population of those for whom English is a mother tongue has dropped below that for whom it is not, more and more linguists are embracing the concept of English as an International Language (EIL). Studying EIL is to study English as a means of breaking down language barriers that exist. It means to decentralize English from the previous 'owners' (UK, USA etc.) of English in recognition of the fact that English is no longer the property of linguistic elites who dictate its usage. Leading sociolinguists are in disagreement as to what to call the movement. EIL sometimes goes by other names such as *English as a Lingua Franca* (ELF) and *World Englishes* (WEs). EIL, ELF and WEs as well as the other terms that exist have been described by some authors as clearly distinct but for the purposes of this study, the terms will be limited to the view that they are basically synonymous and that the discussion of the distinctions are beyond the scope of this examination. While other authors have defined the terms in different ways, I have chosen to use EIL exclusively to mean English for use among all people, validating regional variations and not giving elite status to any particular English variety over another. As prominent linguist Enric Llurda (2004) states, "EIL is becoming established as the appropriate term to refer to most of the current uses of English worldwide, especially in those

situations involving non-native speakers interacting in English both with native speakers and other non-native speakers.”

With that in mind the central questions this paper seeks to address are:

- 1) What are the attitudes of first year medical students in a Japanese medical school towards the varieties of English that exist in the world? More specifically, do these students consider mother tongue varieties of English to be disproportionately superior to other varieties of English?
- 2) What implications do those attitudes have on the teaching of English within the context of a medical English conversation class in a Japanese medical school?

These questions will be answered by examining Japanese medical school student attitudes towards accents heard from both instructors themselves and the audio materials used in their medical English conversation courses. Although some important studies have looked at Japanese university student attitudes towards different accents before (McKenzie, 2008; Chiba, 1995), this is the first study to look at Japanese medical school students’ attitudes towards the varieties of English used in medical English conversation courses. The implications these attitudes have on the teaching of these courses will also be discussed in terms of the need for students to understand the purpose of studying medical English conversation and what instructors can do in a practical sense.

An important study by Robert M. McKenzie in 2008, studied the attitudes of 558 Japanese university students toward varieties of English. It is the most comprehensive of its kind. In it, he states that understanding student attitudes is important for reasons such as the following two: 1) attitudes are a major influence on behaviour, 2) learner attitudes toward the target language and its speakers play a central role in determining levels of success for the acquisition of the language. Therefore, it follows that revealing what the students’ attitudes are and understanding the

implications to teaching, can inform instructors about what may be behind their behaviour and what can be done to raise their level of success in achieving applicable communicative competence.

2. Specific terminology and a review of the relevant research

2.1 Appropriateness of the word 'native'

The issue of nomenclature is a contentious one as there has been a constant firestorm of debate surrounding certain terms. The terms 'native English speakers' and 'non-native English speaker', for example, are particularly problematic, especially in Japan. From a Japanese university student's perspective, if an instructor's first language (L1) is English, it is assumed that the instructor is most highly competent and functional in English. Conversely, if a person's L1 is not English, it is assumed that the instructor is most highly competent and functional in a language other than English. This is clearly not always the case. Throughout the world, there are, for example, well respected English professors at very distinguished universities who are, as one Nottingham professor from Hungary calls, 'Non-Native Speakers'. For him, this means that although English is his second language, after having had a long professional career and personal family life in English, he functions more easily in English, which happens to be his second language (L2). It would seem inappropriate to label him 'non-native' considering the fact that he believes that he performs better in L2 in the most important ways. The stigma associated with the 'native' and 'non-native' labels in Japan is pervasive as conversation schools are persistently showcasing their 'native English teachers', as if they are somehow better qualified or more competent (Matsuda, 2003). This constant advertising blitz on Japanese society combined with the omnipresent American culture/media, could be responsible for the general attitude that exists, as demonstrated by this study, that 'native English' is somehow 'better English'. Linguists around the world agree that it is impossible to judge conclusively whether a teacher is more or less competent based on 'nativeness'. Because the term 'native' and all its variants are so ambivalent, they are terms that will rarely be used in this paper. Preferred

alternative terms to refer to varieties of English will be described below in section 2.3. This stigma associated with the term 'native English speaker' is of particular relevance in this study of Japanese student attitudes towards various English accents because students ascribe to the stigma which affects their attitudes which in turn, as noted by Mackenzie in the introduction above, affects their behaviour and levels of success.

2.2 How this paper refers to and classifies the varieties of English in the world

For the purposes of gauging Japanese medical students' attitudes towards accents used in the medical English conversation classroom, certain generalizations were made. Understandably, a source of potential confusion is what exactly is meant by 'the accent of a person from UK', for example, because there are, of course, many different UK accents. For the purposes of studying our students' attitudes, student personal opinions regarding the meanings were left to their own experiences and what they thought the terms meant for them. Because of limited access to classroom time to conduct the research, methods were designed to be informative yet efficient. This research is limited in that students are left to interpret the meanings of the survey choices without having them explicitly defined. Validity of this study is perhaps overly dependent on each particular student's background and experience, which will heavily influence what they understand a particular English accent to be. While this study is not without its imperfections, it still provides a valuable peek into the minds of first year medical students to help instructors understand the implications of their students' attitudes on the teaching of their courses.

2.3 Revisiting concentric circles with a twist

In 1985, Braj B. Kachru made great strides in breaking the study of linguistics away from the 'native' vs. 'non-native' dichotomy by introducing the concept of three 'concentric circles'. In this model, the varieties of English are separated into the 'inner outer and expanding circle societies'. The inner circle, which includes countries such as the USA and the UK, is where English is the language that is

traditionally believed to be the dominant language. The second, the outer circle, includes societies in which English is an important language used daily in intranational communication but is not clearly the sole dominant language. Such countries include India, Singapore and the United Arab Emirates. While this model is widely accepted and useful it is not without its critics. Among many other things, the concept has been criticized for implying that inner circle countries are “the source of models of correctness, the best teachers and English-speaking goods and services consumed by those in the periphery” (Graddol, 1997). As an alternative more appropriate term than ‘native’ and in an effort to be more inclusive and balanced, instead of *inner* and *outer* circle societies, I would like to propose the use of *originating* and *extended* circle societies. I have chosen to use these terms because they are, in my opinion, not only more inclusive but also less heavily charged with stereotypical assumptions about perceived superiority. Regardless of the terms used, many exceptions and problems can be found, nevertheless, I have decided to identify unique terms for this study. Understandably, this is a highly contentious and debatable issue but for the purposes of this study, *originating circle societies* (ie. Kachru’s inner circle societies) will refer to those from predominantly English speaking countries such as Australia, Canada, New Zealand and the United Kingdom. *Extended circle societies* (ie. Kachru’s outer circle societies) will refer to societies that are often multilingual and where English is an important language used in intranational communications such as Singapore, India and South Africa. Following Kachru’s definition, *expanding circle societies* will refer to those from countries, such as Japan, Korea and France where English is used to some capacity but is not a major language. While the paper mainly seeks to identify student attitudes and to discuss implications to teaching, it also seeks to contribute to advancing the research in the field. Thus, is the reasoning behind the use of alternative terminology (*originating*, *expanded*), rather than use terms (*inner*, *outer*), which have come under harsh criticism for their shortcomings (Rajadurai, 2005). There are always inherent problems with making broad categorizations of the global varieties of English however, some concessions had to

be made for the sake of practicality. Because too many Japanese students lack the experience and exposure to be able to accurately distinguish the sometimes subtle differences among the various accents of the world [McKenzie, 2008], a broad generalisation was deemed to be most appropriate.

3. Methods

A questionnaire (Appendix 1) was designed to identify students' attitudes regarding varieties of English in terms of the following four areas:

- 1) perceived comprehensibility of various accents (Which varieties of English are easiest for you to understand?)
- 2) inclusion of listening activities from a variety of different countries or not (Is it better to include listening activities with English accents from a variety of different countries in Medical schools?)
- 3) accents that should be included in the pedagogy (Medical English classes should include listening activities with people with accents from which countries?)
- 4) nationality of the instructor (An instructor of which nationality would be most suitable?)

The respondents consisted of 87 first year medical students. They were called into the college's computer room to fill out the questionnaire electronically in June, 2008. The questionnaire was answered during a 10-minute session with the help of the professor in charge of the English department. The first year students gathered in the computer room at the same time and they answered the questionnaire. The professor translated it into Japanese and loaded into the questionnaire software prior to the day of the questionnaire.

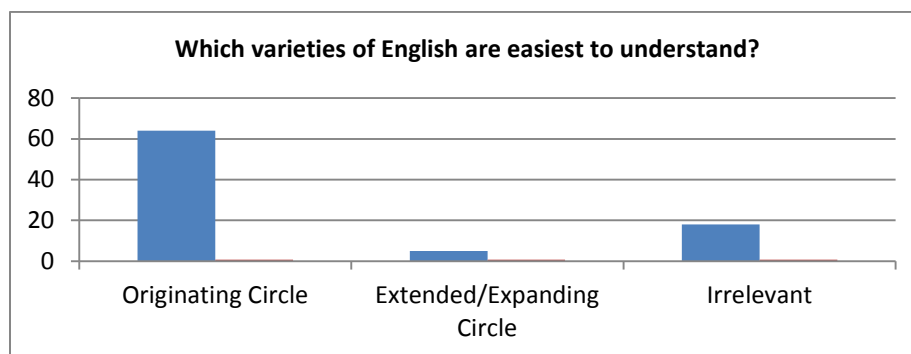
In the questionnaire, the reasons for separating the USA and the UK are historical in that the predominant varieties of English taught in Japan have traditionally been these two (Matsuda, 2003).

4. Results/Discussion

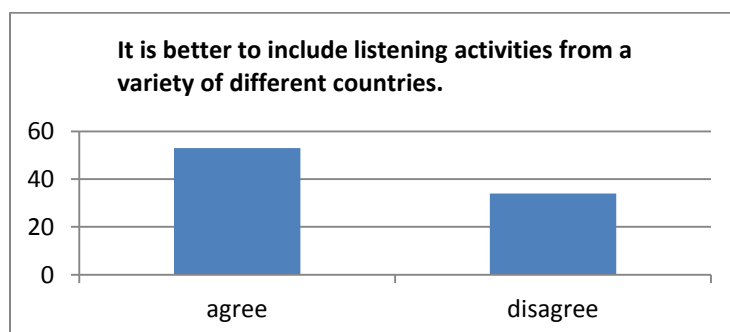
4.1 Questionnaire findings

The findings shown below are the summarized results of the questionnaire shown in detail in Appendix 1. The questions and categories as they appear in the graphs below differ from those in the appendix to keep consistency with the terminology defined previously. Also, for the sake of clarity and easy pattern identification, the categories from the appendix were reorganized.

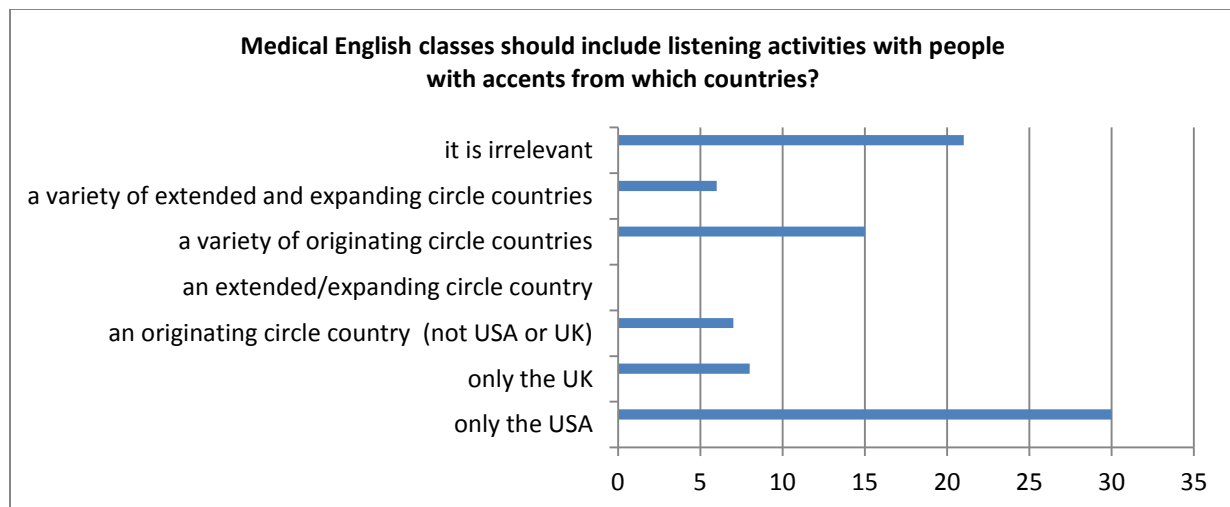
As expected, most students (74%) identified what they perceived as English accents from originating circle societies to be the easiest to understand. Those results are shown below.



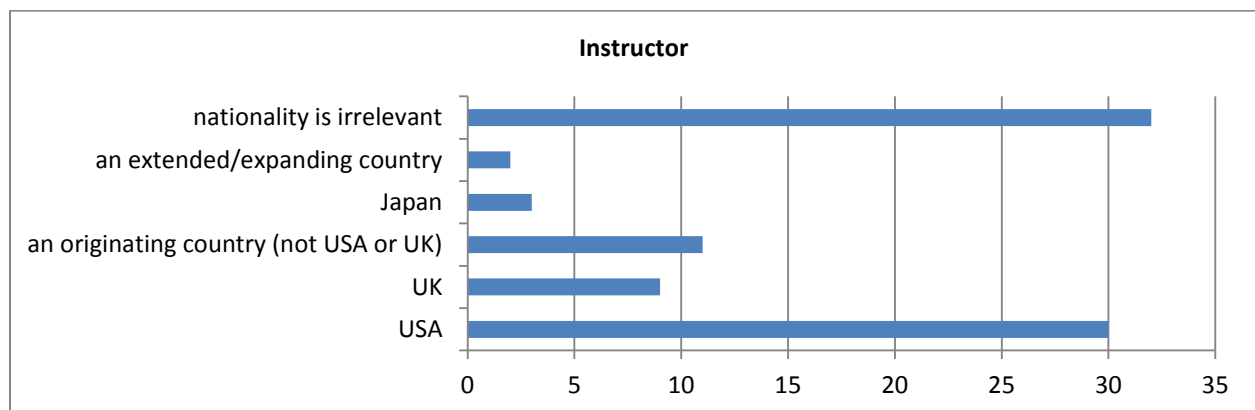
Although a large percentage of students disagreed (40%), it was encouraging to see that most agreed that a variety of English should be included in their classes as shown below.



The following two charts clearly show that students overwhelmingly value originating circle varieties of English as opposed to their extended and expanding circle counterparts.



The indication is that students give little importance to English varieties of extended/expanded societies.



Two thirds of students answered that they believe that an instructor from an originating country would be best for them.

4.2 What the findings mean

While it is clearly a positive sign that many students considered nationality of the instructor to be irrelevant, the findings are nevertheless alarming and are worthy of a call to action to all those of us involved in teaching English conversation to medical students. Even though it is a fact that there are more people in the world from extended and expanding societies, especially in and around Japan

(Bolton, 2008), many students have indicated that they think it is important to have listening training including varieties from originating circle societies and that other varieties are of minimal significance. Students appear to be aspiring to emulate originating circle varieties of English. Consistent with other similar research (Chiba, 1995; McKenzie, 2008) these results show that our students think they are studying EFL and therefore look at an American/British model as the standard to which they should be attempting to achieve. This is of limited application in the context of learning medical English conversation in medical schools in Japan considering the minimal probability of encountering a patient from an originating circle country. What is more useful and arguably essential is to promote English as a means through which students can deliver better patient care to those who have no functional Japanese speaking ability but who do possess at least some English speaking skill. It is far more likely that in their careers, future doctors in Japan will encounter patients from extended and expanding circle societies so preparing them for those encounters should be considered at least as important if not more important than only focusing on originating circle societies exclusively. The pedagogy needs to reflect that in the exposure of students to a variety of different English accents from not only originating circle societies but from the extended and expanding circles as well.

Krachru, identifies 'Mythology of Control' in which he describes pervasive myths that encapsulate the reality of English language teaching.

The interlocutor myth. That English is primarily learned to communicate with the native speakers of the language (American, British, Australian). The fact is that most of the interaction in English takes place among and between those who use it as an additional language: Japanese with Singaporeans, Germans with Taiwanese, Koreans with Chinese, and so forth.

The model-dependency myth. That exocentric models of American or British varieties of English are actually taught and learnt in the global context (Krachru, 1997).

These myths were shown to be held by our students through their answers to the questionnaire. With 70% of our students, indicating that they do not find it necessary to include listening activities from extended or expanding circle societies, it can be inferred that they believe the above myths to be true. Evidence to show that our students believe interlocutor myth is in the results to the fourth question. It can be reasonably inferred that students believe that a teacher from an originating circle country is best because they believe that the goal of learning English is to communicate with a person from an originating circle country. Evidence that our students believe the model-dependency myth is in the results of the third question. It can also be reasonably suggested from the results of this question that the reason students mostly believe that originating circle audio materials are most suitable because they believe that if they study these varieties, that they will be able to perform well internationally.

4.3. Implications for teaching

In practical terms, I will expand on three implications for the teaching of medical English conversation in the classroom.

4.3.1 Resetting the learning objectives and establishing achievable goals

First, students need to understand from the beginning, that the goal of the medical English conversation class is not to achieve some sort of lofty mother-tongue-like ability modelled after some USA or UK standard. The goal is to provide the best health care possible to patients who cannot speak Japanese but who have at least limited English communicative competence. This means not only being able to communicate orally with those for whom English is a mother tongue but also with those for whom it is not (ie. dispelling the *interlocutor myth*). For this reason, the concept of EIL is the concept of choice for basing the syllabus. In EIL theory, it is not useful or desirable to give credence to such ambivalent concepts as 'native speaker' or 'standard English' because they have little use in the promotion of English as an international language. In

Japan, as in the rest of the world, there are far more instructors and speakers for whom English is not a mother tongue so the opportunities for graduates to use the doctor-patient English oral communications skills nurtured in their programmes, will most likely be with patients for whom English is not a mother tongue. Proponents of EIL have rightfully concluded that those for whom English is a mother tongue do not represent a linguistic reference point. That is to say that mother-tongue English is just another variety of English along with all the others that exist and not some supreme model of correctness and certainly not a useful model for internationally intelligible verbal communication. Ongoing efforts to empower teachers from not only originating circle societies but more importantly those from extended and expanding circle societies across the world need to continue.

4.3.2 Exposing students to varieties of English including those from extended/expanding countries

Secondly, students need to be exposed to varieties of English including those from not only the originating circle but from those from the extended and expanding circles as well. This can be accomplished smoothly by first explaining to students the reality that globally, speakers for whom English is not a sole mother tongue far outnumber speakers of English as a mother tongue. Also, those who speak English as a mother tongue are not necessarily intelligible internationally. The critical importance of developing skills to be able to communicate with the majority of people needs to be made explicit to students. This research on attitudes towards accents is consistent with other closely related studies (Chiba, 1995; McKenzie, 2008), that Japanese university students view USA and UK varieties of English more favourably. More important than that is this study's revelation that other varieties of English are not worthy of inclusion as part of their school programmes. When asked which varieties of English should be included in class listening activities, only 6% of the respondents indicated English varieties from extended or

expanding circles. Among all the respondents, 25% of them indicated that it was irrelevant. This is an encouraging sign of open-mindedness however too many do not understand their goals.

4.3.3 Teaching English as an international language

Thirdly, instructors of all nationalities, regardless of the variety of English they speak, need to play an active role in promoting EIL in their medical English conversation classes. This means maintaining a disciplined path towards the objective of developing English communicative competence in doctor-patient conversations for the purposes of increasing the quality of patient care for all non-Japanese speaking patients. Student responses showed that only 6% indicated their desire for a teacher from an extended or expanding circle society. Therefore, for teachers who speak English with an extended or expanding circle accent, it is of particular importance to dispel the Krachruian myths mentioned above and to make sure that students remain focused on the objective. Among the respondents, an encouraging 37% indicated that nationality was irrelevant which indicates that there is a contingent that is likely not to resist instructor directives based on nationality, however the number is far too low.

4.4 Opposition to EIL

The supporters of the EIL movement are not without their critics. One well known and respected critic of the globalization of English is Robert Phillipson. In 2008, he goes so far as to question whether instead of *lingua franca* (EIL) that perhaps *lingua frankensteinia* is a more appropriate way to describe the expanse of English. Reasons include, among many others, the danger of using 'the prestige code of elites in the dominant English-speaking countries' because of its 'potential to weaken a balanced local language ecology'. He stresses the importance of promoting English in such a way as to ensure equality and symmetry in intercultural communication. He does not want to do away completely with questions concerning the globalization of English but states that 'empirical studies of such questions are needed before firmer conclusions can be drawn, in tandem with a

refinement of the theoretical framework for understanding these changes in the global and local language ecology' (Phillipson, 2008).

Although critics can be found, they basically fall into two categories. The first are useful like Phillipson in that they warn of the dangers and doubt that people truly understand so they believe everyone needs to be careful. The second type is of the sort who considers all non-originating circle English to be somehow abnormal or sub-standard, not recognizing the legitimacy of these varieties of English. They wish to preserve the 'correctness' of their own particular variety and impose it on the world. These critics of the second type are categorically rebutted by the following two passages.

English can only be said to have become an international language to the extent it has ceased to be the exclusive property of this or that nation. That's to say, you can't have it both ways. In other words, forsaking 'ownership' of it is the price you have to pay for celebrating the transformation of your language into a world language (Widdowson, 1994).

The second rebuttal is of another prominent linguist commenting on Jenkins' 2007 book *English as a Lingua Franca: Attitude and Identity*

Jenkins presents a sober assessment of the changing profile of English in the contemporary world and the need to further examine it and explore its pedagogic implications. This, in turn, has immense implications for ELT professionals all over the world. For, as the author makes it amply clear, teachers of English need to come to terms with the new role of English as a lingua franca and adapt themselves and their professional practices to this new reality (Rajagopalan, 2008).

As the purpose of learning medical English conversation is refocused, instructors of all nationalities, regardless of the accent with which they speak, need to impress upon their medical students the real necessity to develop communicative competence so that they may properly treat their future patients.

Conclusion

Let us revisit the two questions posed in the introduction 1) are medical schools in Japan adequately preparing students to face this new reality? and 2) Is the traditional standard concept of teaching English as a foreign language (EFL) to medical students in Japan the best concept or is there something better? It is clear that more can be done to better prepare students by trying to promote the benefits of learning English as an international language.

The research has shown that students have attitudes that indicate that they think they are learning EFL so English instruction in Japanese universities needs to be refocused to EIL. Students need to be made to understand that the goal of the medical English conversation class is to be able to develop internationally intelligible oral communicative competence in order to deliver better patient care to those who cannot communicate in Japanese but who do possess at least a minimal amount of English verbal skill. This means that it is of paramount importance that students are exposed to a variety of accents and learn strategies to enhance communication with, not only speakers of originating countries but of extended countries as well as other expanding countries. Students who learn to speak intelligibly with not only mother-tongue speakers but also with others, will be better equipped to perform well in their future careers as doctors when they are faced with the challenge of communicating with a patient who cannot speak Japanese.

More studies are needed to examine the effects of promoting EIL in Japanese medical English conversation classes. It would be very useful to examine if students change their attitudes about accents and refocus their goals to understand that they are studying EIL and not EFL, will their motivation and performance increase. Further studies are needed and results remain to be seen.

In light of the main limitation of this study that students are left to judge interpret what they believe to be a particular variety of English, perhaps future studies could be improved. A pre-survey session could be included to define the meanings of each of the survey question items specifically and, as

other studies have done (Chiba, 1995; McKenzie, 2008), provide samples of different varieties of English for students to listen to and judge.

By studying English not as a foreign language but as an international language, students can be empowered because they will be studying not to achieve some lofty concept of ideal English. Rather, they will be studying to gain communicative competence in an internationally comprehensible way, not exclusive to a limited number of specific nations. Instructors of all creeds can thrive in a new role of being able to facilitate communication among various nations' people as opposed to simply being able to reproduce a certain model of English to be emulated. Everyone can grow confident in understanding that the purpose of learning English conversation in medical school is not to be able to communicate with people from certain English speaking countries, but rather to be able to deliver better patient care.

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Appendix 1

どの国の英語のアクセント（なまり）が一番理解しやすいですか？			Which varieties of English are easiest for you to understand?		
選択肢	回答数	回答比率	Choice	# of responses	%
アメリカ	39	45%	USA	39	45%
イギリス	21	24%	UK	21	24%
英語が主言語の国	4	5%	Another inner circle country	4	5%
英語が主言語ではないが、英語が使われている国	5	6%	An outer or expanding circle country	5	6%
英語のアクセント（なまり）は関係ない	18	21%	English accents are irrelevant	18	21%
総回答人数	87		Number of respondents	87	

医学科のリスニングの演習ではいろいろな国のアクセント（なまり）がある方がよい			It is better to include listening activities with English accents from a variety of different countries in Medical schools.		
選択肢	回答数	回答比率	Choice	# of responses	%
強くそう思う	6	7%	Strongly agree	6	7%
そう思う	17	20%	Agree	17	20%
少しそう思う	30	34%	Slightly agree	30	34%
少しそう思わない	9	10%	Slightly disagree	9	10%
そう思わない	18	21%	Disagree	18	21%
強くそう思わない	7	8%	Strongly disagree	7	8%
総回答人数	87		Number of respondents	87	

リスニング教材			Teaching materials for listening activities		
選択肢	回答数	回答比率	Choice	# of responses	%
アメリカだけ	21	24%	USA only	21	24%
イギリスだけ	7	8%	UK only	7	8%
英語が主言語であるさまざまな国	34	39%	A variety of inner circle countries	34	39%
英語が主言語ではないが、英語が使われているさまざまな国	1	1%	A variety of outer and expanding circle countries	1	1%
上の3)と4)	4	5%	3 and 4 above	4	5%
国は関係ない	20	23%	Country is irrelevant	20	23%
総回答人数	87		Number of respondents	87	

教える先生			Teacher		
選択肢	回答数	回答比率	Choice	# of responses	%
アメリカ	30	34%	USA	30	34%
イギリス	9	10%	UK	9	10%
英語が主言語の国	11	13%	Another inner circle country	11	13%
日本	3	3%	Japan	3	3%
英語が主言語ではないが、英語が使われている国	2	2%	Another outer or expanding circle country	2	2%
国は関係ない	32	37%	Nationality is irrelevant	32	37%
総回答人数	87		Number of respondents	87	