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The effects of language and communication training on nursing students' self-perceived communicative competence

ABSTRACT

Nursing students are typically unable to identify and label their language-learning needs accurately, which can impact on their learning behaviour and learning outcomes. Gathering information about learners' perceptions of their communicative competence, as indicators of their learning needs, can guide pedagogic decisions made during training as well as being used to evaluate the effects of training. This study focuses on changes in nursing students' perceptions of their communicative competence from before to after training. A pre- and post-training questionnaire on self-perceived communicative competence is used to investigate changes in nursing students (n=27) self-perceptions during an English language-training programme. The results show that the participants'

self-perceived communicative competence increases significantly from before to after training. However, while the Culture and Rapport components of overall communicative competence show significant increase from before to after training, the Comprehension component does not. These results indicate the effects of the training on the changes in learners' perceptions of their communicative competence, which holds implications for the design and implementation of training, particularly in terms of awareness raising activities that can help language learners become competence accommodators.

Keywords: Accommodation, self-perceived communicative competence, culture, rapport, comprehension

INTRODUCTION

Language training for nursing (pre-) professionals is essential. Communication problems arise from the increasing frequency of language-discordant interactions between patients and healthcare providers from culturally and linguistically diverse backgrounds (Watson, Angus, Gore & Farmer, 2015; Watson, Jones & Hewett, 2016). This is due to the highly mobile nature of the nursing profession, as well as increased mobility among patient populations (cf. Organisation for Economic Cooperation and Development, 2015; Buchan, Dhillon & Campbell, 2017; United Nations, 2018).

Although a number of language learning programs for nursing exist, they do not quite seem to have the desired effect (cf. Razavi, Delvaux, Marchal, Durieux, Farvacques, Dubus & Hogenraad, 2002; Delvaux, Razavi, Marchal, Bredart, Farvacques & Slachmuylder, 2004; McGilton, Irwin-Robinson, Boscart & Spanjevic, 2006; Boscart, 2009). Reports on these programmes seem to pose at least two problems: first, at worst, they appear to lack a theoretically and/or empirically sound basis for the design of their programmes, and at best, they frequently provide insufficient detail on the theoretical and/or empirical underpinning for their design and implementation; second, the means for measuring the effects of their training is problematic and possibly invalid as will be discussed in more detail in the next section.

Any applied linguistic interventions aimed at the aforementioned communication problems, should endeavour to follow the principles of responsible design, particularly those of accountability and transparency regarding both the implementation and effects of the intervention (Weideman, 2006, 2017). The purpose of this article is then twofold. First, the aim is to provide a transparent account of the effects of an online language training programme for nursing (pre-)professionals, *Nursing on the Move (NoM)*; www.nursingonthemove.eu), and second, to illustrate how data on changes in self-perceived competence, pre- and post-training, can provide an alternative and useful view on the implementation and subsequent effects of language training.

LANGUAGE LEARNING NEEDS

The current research follows an earlier report (Pretorius, 2018) on fostering the learner autonomy of the same group of participants as reported on here. Setting language-learning objectives and monitoring the completion of those objectives is an important part of learner autonomy (Pretorius, 2018). One potential means of helping learners identify their language-learning needs is to ask them to assess their communicative competence. Understanding which areas of communicative competence they feel less competent in can point to learners' perceived learning needs. Insight into learners' perceptions of their communicative competence can inform the trainers' pedagogic decisions.

Identifying the learning needs of a particular group of students can be seen as part of ongoing Needs Analysis (NA) which also feeds into programme evaluation (Brown, 1995,

2016). Language-learning needs can be investigated from different perspectives. The three different types of language learning 'needs' can be termed *necessities*, *lacks* and *wants* (Hutchinson & Waters, 1987). The first, *necessities*, are the basic or essential elements necessary to communicate in a given context; without them, communication will be virtually impossible. The *lacks* are the gaps or deficiencies of the *necessities* which learners still need to acquire. The *lacks* in the *necessities* are what leads to harmful consequences that a proposed applied linguistic intervention is intended to eliminate, or at least mitigate.

For example, tests such as the International English Language Testing System (IELTS), the Test of English as a Foreign Language (TOEFL), or the Occupational English Test (OET) are commonly used in an attempt to objectively measure the lacks of Internationally Educated Nurses (IENs). In an attempt to avoid recruiting IENs whose lack of communicative competence could put patients at risk, countries such as the United States, Australia and the United Kingdom commonly use these tests as recruitment and registration standards. However, simply passing a test such as the TOEFL, OET or IELTS does not mean that one can communicate effectively or appropriately in a medical context (Cheng, Spaling & Song, 2013; Smith & Ho, 2014; Müller, 2016). Studies such as O'Neill's (2011) show that the tests do not adequately predict IENs' communicative ability within the foreign professional environment; those who passed the tests were just as unprepared, along certain dimensions, for communicating in their professional environments as those who had not passed a requisite language test. These tests do not necessarily provide valid measurements of the communicative ability that is specifically relevant to professional nursing practice (cf. O'Neill, 2011; Allan & Westwood, 2016; Elder, 2016; Sedgwick & Garner, 2017).

This could be the result of the necessities which are measured by these tests not being adequately aligned with the actual necessities of nurses. As a result, the aforementioned tests are identifying gaps in nursing communicative competence that may not affect their ability to actually perform their work as nurses, while omitting aspects of nursing communicative competence that should be measured but are not (Hull, 2016; Elder, 2016; Sedgwick & Garner, 2017). If the training and testing used for nursing purposes is to be valid, it needs to be adapted and modified as the context requires. Such adaptation should be guided by NA where different types of information are gathered about the various needs from the relevant stakeholders.

The third type of need is labelled *wants*, which can be defined as the subjective desires or expectations that the majority of beneficiaries have about what their learning should entail. *Wants* come close to wishes and have a strong motivational impact. To evaluate the effects of training, examining subjective learning needs (i.e. wants) is just as important as the objective learning needs (i.e. necessities and lacks). Studying how training is able to meet learning needs from these three perspectives provides a comprehensive basis to adapt and improve the practices and outcomes of nursing language training (Norris, 2016). The focus of this article is particularly on the importance of considering subjectively perceived language learning needs.

SUBJECTIVE PERCEPTIONS OF LEARNING NEEDS

Eliciting learners' subjectively perceived learning needs and the extent to which they feel that a training meets these needs can provide useful information on the effects or value of the training. However, comparisons of results from actual and perceived communicative competence often indicate that learners' self-perceptions are skewed based on a wide array of factors (Marian, Blumenfeld & Kaushanskaya, 2007; Edele, Seuring, Kristen & Stanat, 2015). However, that is not to say that useful information cannot be gleaned from learners' self-perceptions. For example, Hudelson, Perron and Perneger (2011) found that self-assessments of medical professionals' intercultural communication competence also provide insight into the various factors that predict their perceived competence. These insights, in turn, reveal the potential learning needs of medical professionals interacting with culturally diverse patient populations, forming a basis for more objective means of gathering data about learning needs to guide the design of intercultural communication training (Hudelson, Perron & Perneger, 2011). Similarly, Gasiorek and Van de Poel (2018) found that previous language training predicted how nurses rated their skilfulness at performing culture-specific activities involving the use of an L2. The results indicate that training should ideally combine addressing language and cultural learning needs (Gasiorek & Van de Poel, 2018).

In studying data on subjective perceptions as part of course evaluation, Lu (2018) found that Taiwanese nurses negatively evaluated some of the English for Specific Purposes courses they were taking to improve their English. Although the nurses felt that the courses improved their general (i.e. linguistic) competence to some extent, they did not feel that the courses helped them to build rapport with their patients (i.e. sociocultural competence). The courses in English for Specific Purposes may not have been comprehensive enough and failed to meet one of their most important learning needs as nurses. The goals and objectives in these courses do not seem to match the learning needs of the nurses who are taking the courses. If these course had only been objectively evaluated using language tests, the conclusions might have been different – the tests might have measured an increase in the components of competence the course set out to improve, but the extent to which these correspond to nurses' actual learning needs would have been overlooked.

Furthermore, subjective perceptions regarding communicative competence are important in evaluation of training because these perceptions can be linked to professional identity. Foreign doctors, for example, report feeling that their professional identity is threatened when communication problems occur due to their limited communicative competence (Gasiorek, Van de Poel & Blockmans, 2015). IENs similarly experience threats to their social and professional identity especially when their limited communicative competence leads to communication problems with peers (Rogan, Miguel, Brown, & Kilstoff, 2006; Gluszek and Dovidio, 2010). Therefore, not only should training be aimed at improving actual competence, but also at ensuring that learners perceive this improvement in their competence.

RESEARCH QUESTIONS AND AIMS

As already mentioned, the focus of this article is on how the participants' perceptions of their communicative competence changed from before to after training. Previous research shows that it is not only possible, but probably also beneficial for participants to become more aware of the wide range of learning needs that might apply to them (Pretorius, 2018). They also report on increased self-efficacy beliefs related to the fact that they feel their learning needs were met by the training, even though they might not have been aware of these needs initially. Their pre- and post-training self-perceived communicative competence are therefore compared to provide an alternative view on the data presented above. This paper thus seeks to answer the following question:

RQ What changes occur in the nursing students' self-perceived communicative competence change from before to after training?

METHODS

Participants

The participants in this study were part of the piloting of *NoM*. Following a thorough needs analysis (Pretorius, 2015), the online language learning materials were developed to centre on five typical nursing topics, namely Admission and Discharge, Instructing, History Taking, Dealing with Emotions, and Treatment Information. Each topic consisted of a number of scenarios which systematically introduced learners to increasingly complex units of linguistic, pragmatic/functional, strategic and sociocultural competence. Each topic also included various exercise for training the elements presented in the scenarios. *NoM* also presents a learner achievement test at the end of the five topics. Since no pre-training test was used, no pre- training testing data is available for comparison with the post-training data on self-perceived competence. However, as will be discussed below, self-perceptions can provide valuable insights.

Using a blended-learning approach, online English materials were piloted with nursing students ($N=39$) at Artesis Plantijn Hogeschool in Antwerp, Belgium. The pilot consisted of five contact sessions, based on the five online topics, spread over a period of 12 weeks, while participants completed the five online topics independently between classes. Additionally, a closed Facebook group for participants was used as a learner-management tool, or an extension of the classroom, as the period between contact sessions sometimes extended to 3 weeks. An analysis of the data from the Facebook group has been used to propose guidelines for using social networking sites for peer interaction in language learning classes (Pretorius, 2020). The development of participants' learner autonomy was also investigated by analysing their self-reported learning needs and gains on the Facebook group and in-class reflections (Pretorius, 2018).

These findings from the Facebook and classroom data (Pretorius, 2018) closely align with the nature of the questionnaire data under discussion in this article and will therefore be used to interpret or enrich the interpretation of the current data.

Ethics

NoM was developed within the context of a project funded by the European Union (EU), which required that all ethical procedures be followed. As such, the partners within the project not only made their students available for the pilot and thus, gave permission for the evaluation of the programme, they also granted institutional approval for research to be conducted with the participants for the purpose of disseminating the outcomes of the pilot. Additionally, students who participated in the pilot gave informed consent based on the assurance that any data collected during the pilot would be anonymised and kept confidential in the event of publication.

The instrument

The questionnaire was developed based on existing models of communicative competence (cf. Celce-Murcia, Dörnyei, & Thurrell, 1995). Respondents rated their self-perceived communicative competence on a 5-point Likert scale (1=Strongly disagree and 5=Strongly agree) based on “Can-do” statements (cf. Common European Framework of Reference). The content of the question items were specific to the nursing profession. Respondents were instructed to report on how well they believed they could communicate, in terms of the various components of communicative competence, with patients in English (an additional language for all respondents). A minimum of four items were included per component of communicative competence:

Linguistic competence (5 items): fluency, grammatical accuracy, general and medical vocabulary, pronunciation

Functional (transactional) competence (5 items): explaining, seeking information, directing/instructing, describing, checking

Functional (interactional) competence (5 items): greeting, introducing, comforting, apologising, convincing

Strategic competence (5 items): checking for understanding, recognising communication problems, dealing with communication problems, rephrasing, simplifying

Cultural competence (4 items): recognising communication differences, adapting to differences, identifying cultural values and beliefs, adjusting communication to values and beliefs.

The content of the items were informed by an earlier phase of NA where ethnographic observation data and interviews with nursing professionals in conjunction with an extensive literature review were conducted (Pretorius, 2015). The items were aligned with the training described above. The items were examined by six applied linguists, three nursing professionals and a statistician for face validity. The items were subsequently refined before piloting.

Exploratory factor analysis was conducted on the pre-training data ($N = 39$) using SPSS 24 to examine how the items loaded factorially and identify potentially problematic items. Oblique rotation (direct oblimin) was used since the components of communicative competence are related (Pedhazur & Schmelkin, 1991). Although this sample can be considered too small to conduct factor analysis, one can argue that the analysis can still be conducted based on the results of Bartlett's Test of Sphericity ($p < 0,0001$) for sampling adequacy, the results of the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (Kaiser, 1970), and having a minimum of four items loading clearly onto one factor $> 0,5$ (Guadagnoli & Velicer, 1988; MacCallum, Widaman, Zhang & Hong, 1999).

The initial exploratory factor analysis (KMO = 0,716 and Bartlett's $p < 0,0001$) indicated a 5-factor solution (Eigenvalue > 1) with 79,12% of variance explained. However, a number of items cross-loaded onto multiple factors, while two of the factors only had a single item with a primary loading $< 0,5$. The number of questionnaire items was subsequently reduced from 23 to 19 and the analysis was run again. The results (KMO = 0,750 and Bartlett's $p < 0,0001$) revealed three factors with an Eigenvalue > 1 , which in combination accounted for 75,36% of the variance. The scree plot also clearly showed three factors. The rotated matrix revealed no cross-loading items and the factor loadings of the 19 questionnaire items as loading $> 0,6$. However, eliminating items with insufficient loadings meant that factor two contained only three items (see Table 1 below).

Table 1. Factor loadings and reliability of final 19 items loading onto three factors: Comprehension, Rapport and Culture

I can...	1. Comprehension	2. Culture	3. Rapport
Linguistic Competence			
1. speak fluently to a patient	0,834		
2. make correct sentences	0,884		
3. use everyday vocabulary	0,715		
4. pronounce words correctly	0,844		
Transactional Competence			
5. explain important information	0,751		
6. ask questions	0,803		
7. give directions/instructions	0,943		
8. describe items/procedures	0,888		
Strategic Competence			
9. check if the patient understands me	0,614		
10. deal with communication gaps / misunderstandings	0,656		
11. rephrase what I am saying	0,917		
12. simplify what I am saying	0,895		
Cultural Competence			
16. recognise cultural communication differences (greetings, nonverbal behaviour, etc.)		0,780	
17. adjust my communication to manage cultural communication differences		0,951	
18. identify a patient's cultural values and beliefs		0,873	
19. adjust my communication to a patient's cultural values and beliefs		0,896	
Interactional Competence			
13. greet a patient			0,814
14. introduce myself to a patient			0,695
15. convince a patient to take medication			0,710
Eigenvalue	10,48	2,74	1,10
% of variance	55,16%	69,59%	75,35%
α	0,95	0,79	0,75

The items for the original five competencies loaded onto three factors which are labelled Comprehension, Rapport and Culture. Linguistic, transactional and strategic competence items are subsumed under Comprehension, while interactional and cultural competence correspond to Rapport and Culture respectively.

The results of the factor analysis with the current sample show a degree of concurrent validity with existing research on communicative competence. Pedagogically, the competencies can be separated into multiple components (Celce-Murcia, Dörnyei & Thurrell, 1995). However, the work of Bachman and Palmer (Bachman & Palmer, 1982, 1996; Palmer, 1990) in developing tests to explore and measure the different components that make up communicative competence, reveals only two distinct factors. Factor analysis of their testing data showed that elements such as vocabulary, morphology, syntax, cohesion and rhetorical organisation load onto one factor, namely grammatical/pragmatic competence, while communicative functions, sensitivity to dialect, register, naturalness and cultural references load onto a separate factor, sociolinguistic competence – the former would correspond to Comprehension and the latter to Rapport and possibly Culture (Bachman & Palmer, 1982). In the data analysed in this article, it appears that socio-cultural competence can be factorially separated into social and cultural components. The difference between Bachman and Palmers' findings and the findings of the factor analysis in this article could be accounted for by the different nature of the data (test vs questionnaire), as well as the difference in defining the construct for sociocultural competence and thus the difference in the items' content. Future research with a larger sample and refined items would be necessary to further validate these findings and to determine the extent to which the items for the social and cultural components can be distinguished from one another in this questionnaire.

Analysis

First, the participants' who completed the questionnaire both before and after training were identified and comprise the sample ($n = 27$) used in this analysis. The 15 questionnaire items retained after factor analysis were transformed into three variables, computed using means, to represent the three factors in both the pre- and post-training data sets. The pre- and post-training scores of the three factors were compared to identify whether participants initially felt that they had higher/lower competence in certain factors as an indication of their perceived learning needs. Since the data are ordinal and have a non-normal distribution, a Wilcoxon signed-rank test (SPSS 24) was used to determine whether the pre- and post-training difference in perceptions were significant.

RESULTS

On average, the pre-training perceptions for all three factors were relatively similar; perceptions about competence were the lowest for Culture (*Median* = 3,67), with slightly higher perceptions about Comprehension (*Median* = 3,89), and participants felt most competent in Rapport (*Median* = 4). Perceptions about competence increased from before to after training in each of the three components. To determine whether the change is significant, consider the Wilcoxon results below (Table 2).

Table 2. Significance of the difference between the pre- and post-training results for the three factors in self-perceived communicative competence (N=27)

Wilcoxon signed-rank test

	Pre-training Median	Post-training Median	Z	p-value Exact Sig. (2-tailed)	r
Comprehension	3,890	4,000	-1,120 ^b	0,271	-0,152
Rapport	4,000	5,000	-3,710 ^b	0,000	-0,505
Culture	3,670	4,000	-2,304 ^b	0,020	-0,314
Overall	3,830	4,330	-3,749 ^b	0,000	-0,510

b. Based on negative ranks

The overall increase in self-perceived competence pre- and post-training is significant ($p < 0,05$) with a large effect size ($r = 0,510$). When the factors are considered individually, two out of three factors have a significant increase. Rapport shows a significant difference ($p < 0,001$) with a large effect size ($r = 0,505$), and the pre- to post-training difference in Culture is also a significant increase ($p = 0,020$) but has a more moderate effect size ($r = 0,314$). There is no significant difference in perceptions of competence for Comprehension. It is evident that overall perceived competence has significantly increased; this indicates that the training seems to have had an effect on the participants' perceptions of their communicative competence in a general sense. The significance of the difference per component of competence also provides insight into what the overall increase in perceived competence actually represents. Based on these results, it is possible to begin to explore how different aspects of the training may have contributed to overall increase in perceived competence.

DISCUSSION

Before training, the participants in this study appeared to perceive that their learning needs lie primarily in the components of Culture, although only marginally more so than in Comprehension and Rapport (Table 2). During the contact sessions, discussions surrounding competence in Culture showed that the participants were unaware of culturally-defined features of communication, and thus were not sure to what extent they were competent in this aspect of communication. If learners are unaware of what a component of competence comprises or how it is defined, they are unlikely to accurately self-assess on that component of competence (Dunning, 2011). In the initial reflection activities on Facebook at the start of training, the participants mainly reported concerns about using vocabulary and grammar in order to improve comprehensibility. These concerns about competence in Comprehension related to their perceived lack in linguistic competence, which in some cases was warranted. The Facebook reflections therefore enabled the trainer to interpret the results of the pre-training questionnaire to inform the foci and approaches for training this particular group of students.

First, the trainer used awareness raising activities to draw their attention to the fact that there is much more to communicative interactions than just linguistic competence; fluency and effort in communication is often more important than accuracy and can be achieved even when their vocabulary and grammar is limited. This meant focusing on how they could successfully use transactional functions (e.g. asking, describing, instructing) by raising awareness, for example, about the different communication and compensatory strategies that can be utilised to be comprehensible despite limited linguistic competence. The use of communication strategies and their awareness about the importance of fluency over accuracy featured prominently in post-training reflection exercises as a valued gain from the training and seems to be related to an increase in confidence in using English (Pretorius, 2018). Of course the online component of the training also focused on improving linguistic competence in the context of transactional functions, yet the results in Table 2 show that the increase in perceived competence for Comprehension was not significant. This could, in part, be attributed to their focus on accuracy in linguistic competence when using transactional functions shifting to fluency by using strategic competence, and especially how this relates to rapport building with patients. Such a change in focus could in itself be viewed as a positive outcome of the training.

On the other hand, the increase in perceived competence in Culture does reflect a significant change in pre- and post-training perceptions (Table 2). A number of awareness-raising activities such as the ones discussed above were used to illustrate the sociocultural components of nurse-patient interactions. Cultural and religious perceptions, values and beliefs regarding health, illness and disease can have an impact on how patients and their families respond to diagnosis and treatment options (Van de Poel, Vanagt, Schrimpf & Gasiorok 2013). Understanding these, as well as cultural differences in (non)

verbal communication, has implications for how nurses interact with patients and their families (Van de Poel, et al., 2013). The training also included “Communication Cases” – completed online and then discussed in class and on Facebook – which required students to make decisions on how to deal with various critical incidents relating to social, cultural and religious factors in healthcare. The participants seemed to find these particularly interesting, and “Intercultural Communication” was identified as an important learning gain by a large proportion of the students in their reflections (Pretorius, 2018). This could explain the comparatively larger effect size for Rapport than for Comprehension.

Furthermore, the significant change in perceived competence in Rapport had the largest effect size. This might be because this aspect of competence was dealt with in the awareness-raising activities in class concurrently with other components of competence in communication. For example, learners were made aware of various cultural factors that come into play when you “greet a patient” (item for interactional competence: Rapport) from another culture. Learners were also made aware of how cultural differences in communication (for example, “I can recognise cultural communication differences” – item for cultural competence: Culture) affects rapport building with patients. The higher significant growth in Rapport as compared to Comprehension and Culture could be the result of the latter two factors of competence being perceived as contributing to Rapport.

Utilising the various components of competence in reality is a complex process. Indeed one needs linguistic, transactional and strategic competence in order to ensure comprehension in communication, but it also affects the manner and degree to which rapport can be developed. Additionally, the impact of cultural factors on how both comprehension and rapport are achieved cannot be overlooked in culturally and linguistically diverse communication contexts. Thus, it may very well be possible that the participants’ comparatively significant increase in perceptions of competence in Rapport is due to Comprehension and Culture being perceived to contribute collectively to competence in Rapport.

IMPLICATIONS

The results from this study are important to consider in light of the training practices and activities included in the programme. In this study, especially awareness-raising seems to lead to changes in perceptions. Learners benefit from becoming more aware of how the different components of competence are used in concert, helping them discover learning needs they were initially unaware of. Offering insight into the various cultural factors that might interfere with the process of asking important illness-related questions, for example, can alert learners to a learning need they were not previously aware of. When communication problems arise, it may not necessarily be due to language discordance, but rather cultural discordance. Learners can thus adapt their learning goals in accordance with newly discovered learning needs.

Additionally, awareness raising can help to increase their communicative self-efficacy (Pretorius, 2018). This becomes evident if an *accommodative competence* (Pitts & Harwood, 2015) perspective to language and communication training is taken. Accommodative competence derives from communication accommodation theory (CAT) which seeks to explain how interlocutors seek to tend to the cognitive (i.e. managing comprehensibility and communicative efficiency) and affective (i.e. managing identity and social distance) functions of communication by adjusting their communicative behaviour (Street & Giles, 1982; Soliz & Giles, 2014). According to Pitts and Harwood (2015), CAT is inherently a theory of competence, as developing the ability to make the necessary adjustments to communicative behaviour is a lifespan phenomenon. Accommodative competence then consists of two resources: communication repertoires, which consist of “language skills at multiple levels”, and of “flexibility, mindfulness, and perspective-taking skills” (Pitts & Harwood, 2015: 94). Using an accommodative competence approach can prove useful in helping learners focus on the interaction goal(s) they are aiming at and then selecting and organising the communicative resources at their disposal to achieve their goal(s).

Thus, if a nurse needs to ask a patient important questions as part of the admission procedure, for example, the focus is probably primarily on selecting the correct “language” from the communication repertoire to ensure that the questions are comprehensible and thereby elicit all of the relevant information from the patient. If a nurse has a limited communication repertoire in English, then he/she may have difficulty formulating questions and using appropriate technical or medical terms in English. This can cause the nurse to feel anxious and he/she could consequently rate their own competence negatively. While *NoM* certainly offers opportunities to increase their linguistic competence, the trainer also sought to raise their awareness about the range of accommodation resources at their disposal to achieve the interaction goal despite limited communicative competence (e.g. communication strategies to compensate for a lack of linguistic competence in asking questions; Pretorius, 2018). This illustrates how one can be a competent accommodator in spite of limited accommodative resources – one can still be comprehensible by drawing on a range of communicative resources. As a result, they might feel less anxious about making mistakes because they feel more prepared for overcoming communication difficulties, and therefore they become more communicatively confident.

Insights into learners’ self-perceived competence can thus be used to tailor or adjust training to their self-perceived needs. Often this may not imply major changes to a curriculum, but rather helping learners become aware of how they can use the curriculum to meet their actual as opposed to perceived needs. Comparing the pre- and post-training self-perceptions can also help gauge the effect that learning materials and the pedagogic activities, particularly awareness raising activities, have on learners’ perceived learning needs and gains.

CONCLUSION

In this study, there is a significant increase in overall, perceived communicative competence. More specifically, self-perceived competence in Rapport and Culture increases, while competence in the Comprehension component does not. In addition to testing learners' actual competence, the insight gained from learners' self-perceived communicative competence can be used both to inform pedagogic practices and to shed light on their impact.

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