

Language Skills and Communication Strategies of Hungarian Health Visitors Working with Multicultural Families – Implications for ESP Material Design

Ágnes Horváth 

horvath.agnes@semmelweis.hu
Semmelweis University, Hungary

Tímea Takács 

takacs.timea@semmelweis.hu
Semmelweis University, Hungary

Vivien Andrea Kozár

biro.vivien.andrea@gmail.com

Health Visiting Service of the Local Government of Gyömrő City, Hungary

Horváth, Ágnes, Takács, Tímea & Kozár, Vivien Andrea (2025). Language Skills and Communication Strategies of Hungarian Health Visitors Working with Multicultural Families – Implications for ESP Material Design. *Language Value*, 18(1), 79-113. Universitat Jaume I ePress: Castelló, Spain. <http://www.languagevalue.uji.es>.

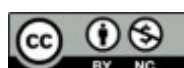
July 2025

DOI: <https://www.doi.org/10.6035/languagev.8813>

ISSN 1989-7103

ABSTRACT

In response to Hungary's growing multicultural population, health visitors face increasing language and cultural challenges. This practitioner research builds on a previous empirical study of communication experiences in Hungarian health visitor services, examining how health visitors interact with multicultural families and manage language barriers. Conducted by language educators, translators, and a health visitor, the study involved an online questionnaire survey (April–October 2022) targeting practicing health visitors (n = 48) and multinational families (n = 51). The findings revealed both strengths and limitations in everyday communication practices and informed the development of English for Specific



Purposes (ESP) materials tailored to this professional context. Drawing on survey results and expert consultation, the article outlines a practice-oriented framework for ESP coursebook design, including key thematic areas and pilot exercises that simulate multilingual healthcare interactions. The study enhances Hungarian health visitors' training by aligning language teaching with real-world communication needs.

Keywords: *Healthcare communication; Health visitors; English for Specific Purposes; Language proficiency; Multicultural healthcare; Material design*

I. INTRODUCTION

Language barriers in healthcare are widely recognized as a significant risk factor for adverse events. Misunderstandings, mistranslations, or incomplete communication can not only compromise the quality of care but also undermine patients' trust in the healthcare system. For this reason, it is essential to train healthcare professionals to navigate situations where patients do not speak the local language and communication must occur either in a shared second language or with the help of a language mediator.

This practitioner research builds on a previous empirical study titled *Communication Challenges in the Provision of Health Visitor Services to Foreign Families Living in Hungary* (Horváth & Kozár, in press), which explored the real-life communication strategies used by Hungarian health visitors in multilingual settings. That study identified key challenges related to informal interpreting, varying English proficiency, and the lack of multilingual materials.

The present article examines the pedagogical implications of those findings. It investigates how Hungarian health visitors communicate with multicultural families in their care, focusing on how their language skills shape the strategies they employ. It also explores the typical communicative settings that health visitors encounter. The overarching aim is to inform the development of English for Specific Purposes (ESP) materials that align with health visitors' professional and linguistic needs, supporting more inclusive, effective care in multilingual environments.

II. BACKGROUND

II.1. Demographics, Language Policy, and Language Access in Hungarian Healthcare

Hungary is considered a medium-sized country, with a population of approximately 9.5 million inhabitants (Hungarian Central Statistical Office [KSH], 2024b). According to data from the KSH, in 2024, foreign citizens constituted 2.6% of the resident population (KSH, 2024a). This represents a notable increase compared to previous years: in 2014, foreign citizens accounted for 1.4% of the population, while in 2003, the last year before Hungary's accession to the European Union, they comprised only 1.1%. The steady rise in Hungary's foreign population is driven by economic integration, historical migration waves linked to regional conflicts, and ongoing labor shortages. According to 2023 KSH data, for example, the number of foreign employees has risen sharply since 2021, driven by the growing influx of third-country nationals (KSH, 2023b).

As the population becomes both nationally and linguistically diverse, the patient population in the Hungarian healthcare system follows suit. This diversity can create challenges in ensuring clear communication, providing quality care, and guaranteeing equal access to health services. It also underscores the critical role of language and cultural mediators, as well as the availability of multilingual information materials, raising important questions regarding language assistance and linguistic accessibility.

The Hungarian healthcare system has been examined from the perspectives of multiculturalism and linguistic accessibility (Gellér, 2012; Horváth, 2023a; Horváth, 2023b; Csenki-Bózsó et al., 2025; Horváth & Gabányi, 2025; Horváth & Kozár, in press). Research shows that while patients of diverse nationalities appear in the system, no standardized language assistance exists nationally or institutionally. A survey of 110 healthcare professionals (Horváth, 2023a) revealed that 43% regularly attempted to communicate with non-Hungarian patients in a foreign language themselves. Respondents could select multiple strategies: 23–26% reported separately using ad hoc interpreters, translation tools, or non-verbal methods. Professional interpreters

were rarely involved. Regarding multilingual documentation, 59% stated that foreign-language consent forms were unavailable or unknown, while 24% had some in English. One underlying reason for the absence of structured language support lies in the current legal framework, which does not impose clear obligations on healthcare providers regarding interpretation and translation services. In Hungary, no regulation mandates the appointment of an interpreter for patients or the translation of healthcare documents for non-Hungarian speakers. Although Ministry Decree 24/1986 (26.VI.) and Article 12(1)–(3) of Act CCXL of 2013 grant the right to free interpretation and translation, this applies solely to criminal proceedings. According to Section 13 (8) of Act CLIV of 1997 on Health Care, patients have the right to be informed in a manner they understand and to receive interpretation if necessary and possible.

II.2. Health Visitors in Hungary: Professional Role and Language Training

As linguistic and cultural diversity increases within the Hungarian healthcare system, frontline providers, such as health visitors (*védőnők*) play an increasingly significant role. They are essential in promoting public health, particularly in maternal, child, and adolescent healthcare.

The Hungarian health visitor network, established in 1915, is unique in Europe (Szöllősi et al., 2020). While similar roles exist internationally, the scope and complexity of the Hungarian health visitors' work are notably broader. Comparable professionals elsewhere include the *Plunket nurse* in New Zealand or the *public health nurse (terveydenhoitaja)* in Finland (Alstveit et al., 2022; Institute of Health Visiting, n.d.; Seure, n.d.).

Health visitors are highly trained professionals specializing in women's health, pregnancy, maternal and child care, and adolescent health protection. In Hungary, five universities offer Bachelor of Science (B.Sc.) degrees in health visiting, with four also providing Master of Science (M.Sc.) programs. Despite this solid training infrastructure, the profession faces challenges, notably an ageing workforce, limited recruitment of young professionals, and high attrition rates (KSH, 2023a). These issues are further

compounded by regional disparities, as economically disadvantaged areas suffer from a shortage largely due to the centralization in Budapest and other major cities.

Regarding employment, as of 2023, 76% of health visitors work full-time in primary care as district health visitors, 20% in school health services, and 1.5% in family planning institutes (KSH, 2023a). They may also serve in hospitals, family support services, and specialized institutions, such as the Mother's Milk Bank. Although they work independently, they maintain close cooperation with general practitioners, pediatricians, gynecologists, and social workers to provide comprehensive preventive care.

The legal framework ensures universal access to health visiting services. Patients are assigned a district health visitor based on their registered residence and typically consult only that professional, usually affiliated with a nearby hospital. Open access is guaranteed by law, with no fees or participation costs. Amendments to the Healthcare Act of 1997 (Act CLIV), effective from 1 January 2017, stipulate that Hungarian citizens and foreign nationals with a registered Hungarian address or valid Social Security number (TAJ) cannot refuse health visiting services.

District health visitors' responsibilities are broad and regulated under the Decree on District Health Visitor Services (49/2004). Their duties include pre-conception counseling, prenatal and postnatal care, breastfeeding support, monitoring of childhood psychomotor development, contraception advice, vaccination oversight, and health education initiatives. Home visits are a core element of their work, fostering trust and providing critical insights into family circumstances, thereby enabling health visitors to offer tailored, context-sensitive care.

Effective communication is fundamental for health visitor services to accurately convey health information that supports families during pregnancy, early childhood, and adolescence. Clear communication builds trust, encourages sharing sensitive information, and enables tailored healthcare interventions, particularly during home visits, a key component of the Hungarian health visiting system. However, the increasing linguistic diversity among families introduces challenges. When one or both

parents are non-Hungarian speakers, language barriers may cause misunderstandings, loss of vital health information, and reduced care quality. A UK survey similarly found language barriers hindered health visitors in informing families about immunization, and that translated materials were often ineffective due to literacy issues (Redsell et al., 2010). These findings underline the need for health visitors to possess not only strong general communication skills but also adequate proficiency in English or other foreign languages to effectively interact with linguistically diverse families.

Recognizing the importance of foreign language competence, Semmelweis University, a prestigious medical university in Hungary, incorporates ESP courses into the B.Sc. health visitor program. These courses are compulsory for students without a B2-level language certificate upon admission. Students holding a B2 certificate are exempt from the first two years of language classes but must complete the third year in English for Healthcare Purposes (EHP). The EHP curriculum consists of separate courses, each primarily skill-based and focused on developing specific abilities, such as listening and reading comprehension, written communication, healthcare-related dialogues, and professional interactions between healthcare providers and patients. Each semester includes 36 hours of instruction (18×90 minutes), reduced from the previous 48 hours (Marthy, 2024). However, these courses award no academic credits; students receive only a signature upon successful completion, which may reduce their motivation, as the course does not influence their grade point average and may therefore be perceived as less important.

While EHP courses at Semmelweis incorporate general healthcare English and some profession-specific content, no dedicated materials exist exclusively for health visitor students. Furthermore, health visitors are often grouped with public health supervisor students, resulting in more generalized course content.

Language requirements for graduation have also changed significantly recently. Before 2020, Hungarian higher education law mandated passing a state-accredited B2-level foreign language exam to graduate. This regulation often delayed students who had fulfilled all other academic obligations but not the language exam. During the COVID-19

pandemic, temporary amnesty allowed graduation without the exam, recognizing the closure of language schools and exam centers. This temporary measure became permanent with the amendment of the Higher Education Act (Act LIX of 2022), which abolished the mandatory language exam and granted universities greater autonomy to set their own graduation standards.

Consequently, many students today graduate without certified language competence. Combined with limited profession-specific content in EHP courses, this raises concerns about health visitors' preparedness to communicate effectively with non-Hungarian families in professional healthcare settings.

II.3. The Role of LSP in Fostering Inclusive and Effective Healthcare Communication

With the growing number of multicultural patients, the role of LSP has gained more importance in healthcare education. The skills and knowledge acquired through LSP courses are essential for delivering inclusive, patient-centered, and effective care, and for creating a safe environment in international and multilingual healthcare settings (Houston & Cowley, 2003; Kardong-Edgren, 2012; Eklics & Fekete, 2020).

To facilitate communication between speakers of different languages, a lingua franca is often necessary. For small languages, such as Hungarian, healthcare students must acquire a widely spoken lingua franca, typically English, to work with international patients. ESP courses teach necessary medical terminology and foster skills, such as lay-language awareness, intralingual translation, and the use of plain English.

Besides language, students also need broader communicative competencies to navigate multicultural interactions (Dou, 2024). These include health literacy and effective cross-cultural and intercultural communication strategies. Németh et al. (2022) emphasize integrating intercultural skills into medical training, as cultural awareness enhances understanding of patients' perceptions of illness and treatment. Intercultural competence courses improve healthcare professionals' knowledge, attitudes, and skills, as well as patient satisfaction (Marek et al., 2019). However, many healthcare training programs still inadequately prepare students to deliver

compassionate, culturally competent care (Papadopoulos et al., 2016). Language for medical and healthcare courses plays a crucial role here, as higher foreign language proficiency enhances intercultural competence (Marek et al., 2019). LSP communication courses should include practical scenarios, such as taking medical histories, explaining conditions, planning treatment, building rapport, delivering bad news, and interacting with diverse patient groups, including harder-to-reach populations.

To develop these skills, LSP pedagogy emphasizes real-life communication and professional practice. It “targets the language, skills, and genres relevant to these goals and focuses on the language-based activities in which the learners will engage in their field of work or study” (Basturkmen, 2025, p. 1). Methods, such as task-based learning, Content and Language Integrated Learning (CLIL), simulated patient scenarios, and peer-simulation align well with these aims.

LSP content has proven effective in increasing student motivation. Research shows students engage more with tasks that prepare them to “communicate effectively in language but also demonstrate a high level of adaptability and sensitivity in culturally diverse backgrounds” (Dou, 2024, p. 171; Basturkmen, 2025). As healthcare environments constantly evolve, LSP/ESP content requires regular updates to incorporate new findings in specialized English (Basturkmen, 2025).

Despite the increasing relevance of profession-specific ESP content, there remains a noticeable gap in the literature on ESL curriculum development and pedagogical strategies for health visitors. Since the Hungarian health visitor system is unique, the lack of specialized resources is particularly significant. Most publications and ESP coursebooks group health visiting under nursing and midwifery, addressing those fields’ needs rather than health visitor training.

Despite training health visitors at several Hungarian universities, no dedicated ESP coursebook supports their language development, reflecting a gap in the literature. This does not necessarily imply a complete absence of such materials. This likely means that in-house materials are predominantly used.

III. PHASES OF RESEARCH

This article builds on a previous study (Horváth & Kozár, in press), which explored how Hungarian health visitors communicate with multicultural families. The original article presents the full methodology and detailed findings. In this article, we concentrate on the language-related findings from both questionnaires, which formed the basis for new ESP teaching materials.

The research journey began within the framework of a medical translator and interpreter training course, where two of the three authors (a translator educator and ESP teacher, and a practicing health visitor) began exploring how Hungarian health visitors communicate with multicultural families in their care. We wanted to know what languages they use, who acts as an interpreter when needed, and whether any official documents from the health visitor service are available in languages other than Hungarian.

To investigate this, we conducted an online questionnaire-based survey between April and October 2022. One questionnaire targeted practicing health visitors ($n = 48$), and the other was aimed at multinational families with at least one non-Hungarian parent ($n = 51$); these figures reflect the final number of eligible responses after screening. The questionnaires were initially drafted by the health visitor co-author and revised by the translator educator for clarity and relevance. Though not formally piloted, they were refined collaboratively. The surveys were created in Google Forms and shared via professional networks, community contacts, and social media. Participants were informed in writing that responses were anonymous and would be analyzed in aggregate only. The full set of questionnaire items is presented in Horváth & Kozár (in press); only items directly relevant to language skills and communication strategies are discussed here.

Responses were reviewed manually. Quantitative data were summarized using basic descriptive statistics, and open-ended responses were grouped thematically to identify

recurring patterns in communication strategies described by both health visitors and families.

One major insight was related to the use of foreign languages. While a minority of health visitors reported using English or German to communicate—mostly those with higher-level skills or a healthcare English certificate (typically B2 level)—the majority relied on informal solutions. Most commonly, communication was mediated through the Hungarian partner or husband, or through other ad hoc interpreters.

As translation and interpretation professionals, we were particularly struck by the widespread use of ad hoc interpreters in healthcare communication. In many cases, the health visitor communicated through a third person, but this person was rarely a trained interpreter. Instead, it was often a family member, friend, neighbor, or even an older child. This raised significant concerns, as the literature on healthcare interpreting frequently discusses the risks associated with ad hoc interpretation, particularly in sensitive health contexts and when children are involved.

Furthermore, the use of ad hoc interpreters represents a specific type of communication situation in which the healthcare professional must interact with the patient through an intermediary. To improve communication and care, healthcare professionals should receive targeted training for these scenarios, such as cooperating effectively with interpreters and confirming mothers' understanding.

Another noteworthy finding was how health visitors handled written materials that were only available in Hungarian. Some tried to summarize the content verbally in English; others took the time to translate key documents at home. A few reported reading aloud the Hungarian texts in English during home visits – a practice known as sight translation, which clearly illustrates the improvisational nature of communication in these contexts.

These findings led us and our ESP teacher colleague and co-author to reflect on the limitations of the ESP teaching materials we had previously used for training health visitors. It became clear that these materials inadequately prepare learners for the

real-life communicative challenges in multicultural settings. This realization prompted us to begin developing new ESP resources that would better reflect actual practice and communicative needs. Our language choice was English, as previous research (Horváth, 2023a; 2023b; Csenki-Bózsó et al., 2025; Horváth & Kozár, in press) has shown that the vast majority of foreign patients living in Hungary prefer to discuss health-related issues in English, even though it is not their first language.

As language educators and translator trainers, we had a good sense of the types of skills and exercises needed to help students navigate real-life interactions in multilingual healthcare settings. However, we lacked detailed knowledge of key healthcare topics that should form the basis of role-plays and materials. To address this, we initiated an interdisciplinary consultation with a health visitor educator from a prestigious Hungarian medical university. The expert participated in a semi-structured interview and provided informed consent for the use of their anonymized input. Their suggestions helped identify relevant healthcare topics and practical scenarios for inclusion in ESP materials.

This shift from empirical insight to pedagogical application reflects the central aim of practitioner research: using real-world observations to inform and improve educational practice. To ensure authenticity and effectiveness, our ESP materials incorporate genres and documents commonly used by health visitors in their everyday work. Involving a practicing health visitor in the development process was essential not only for validation but to ensure the materials truly aligned with professional realities.

IV. OUTCOMES

This section presents the key findings from the empirical phase of our research (Horváth & Kozár, in press). The data collected through two online questionnaires provided dual-perspective insights into the language skills and communication strategies of Hungarian health visitors working with multicultural families. In addition to these questionnaire findings, this chapter also includes the results of the interview with the health visitor

educator, who provided valuable recommendations for key topics to include in the ESP coursebook.

The findings from both the questionnaires and the interview informed our pedagogical decisions, guiding the design of new ESP materials. At the end of this chapter, we will present examples of the exercises developed to address the real-life needs of health visitors, aiming to improve their language proficiency and prepare them for effective communication in multilingual settings, ultimately enhancing their ability to provide quality care.

IV.1. Language Proficiency Among Health Visitors: Key Findings from the Questionnaire

This section examines the language proficiency of health visitors and the communication experiences of multicultural families, based on the analysis of two complementary questionnaires.

IV.1.1. Analysis of Questionnaire 1

The first questionnaire was completed by 48 health visitors, after excluding a few incomplete responses. Of these, 58% work in the capital, while 42% are based in rural areas. The largest age groups represented are 20–29 years (31%) and 40–49 years (25%), followed by 30–39 years (19%), 50–59 years (14%), and those aged 60 and above (10%). In terms of language skills, 75% of respondents (n=36) reported speaking one or two foreign languages to some extent, while 25% stated they can speak only their mother tongue. The most commonly spoken foreign languages were English and German. Figure 1 presents data on the respondents' age distribution and self-reported foreign language proficiency. The vertical axis indicates the age groups, while the horizontal axis shows the percentage of respondents in each group. The colored bars represent the level of foreign language skills reported by participants.

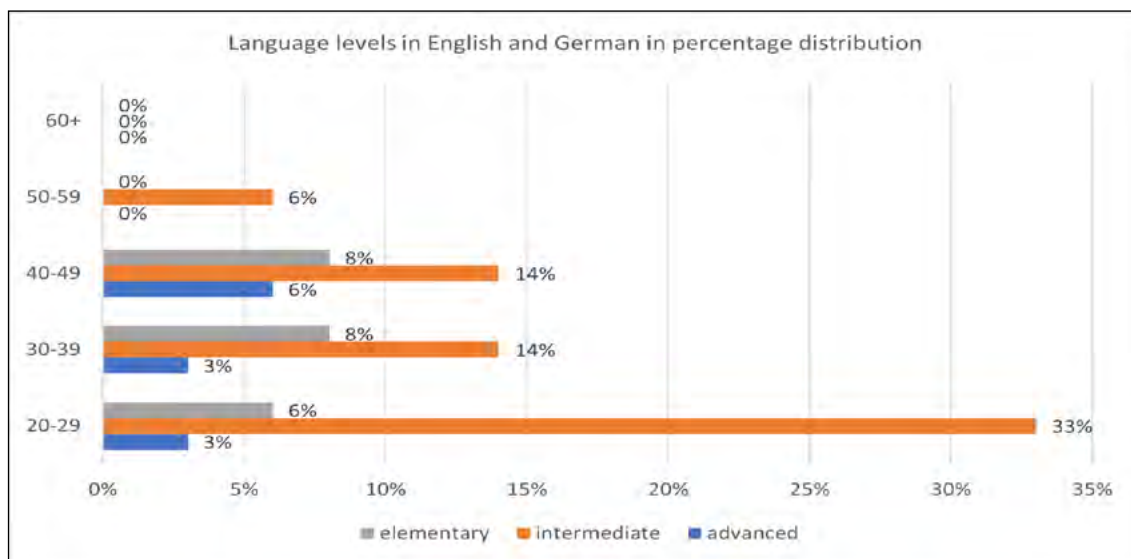


Figure 1. Foreign language skills by age groups

Figure 1 illustrates that, across all age groups except those aged 60 and above, intermediate foreign language proficiency is the most common level. However, even among the 20–29 age group, it accounts for only 33% of respondents. The 40–49 age group exhibited the largest proportion of respondents with advanced English proficiency, although this was limited to 6%.

Figure 1 also shows that foreign language proficiency is most prevalent among health visitors aged 20–29: 33% of this age group reported intermediate proficiency in English or German, 5.5% elementary proficiency, and 3% advanced proficiency. Among the 30–39 and 40–49 age groups, 14% reported intermediate proficiency, while 8% reported elementary proficiency in either language. In contrast, only 5.5% of respondents aged 50–59 reported intermediate proficiency in a foreign language, and none of the respondents aged 60 or older reported speaking any foreign language.

Among health visitors who speak a foreign language, 36% reported speaking an additional foreign language, primarily English or German, with varying levels of proficiency. Figure 2 provides a detailed overview, including (1) the percentage of health visitors speaking English or German at each proficiency level; (2) the proportion of these individuals who also speak a second foreign language; and (3) the percentage of those holding a certificate in a foreign language specific to healthcare purposes.

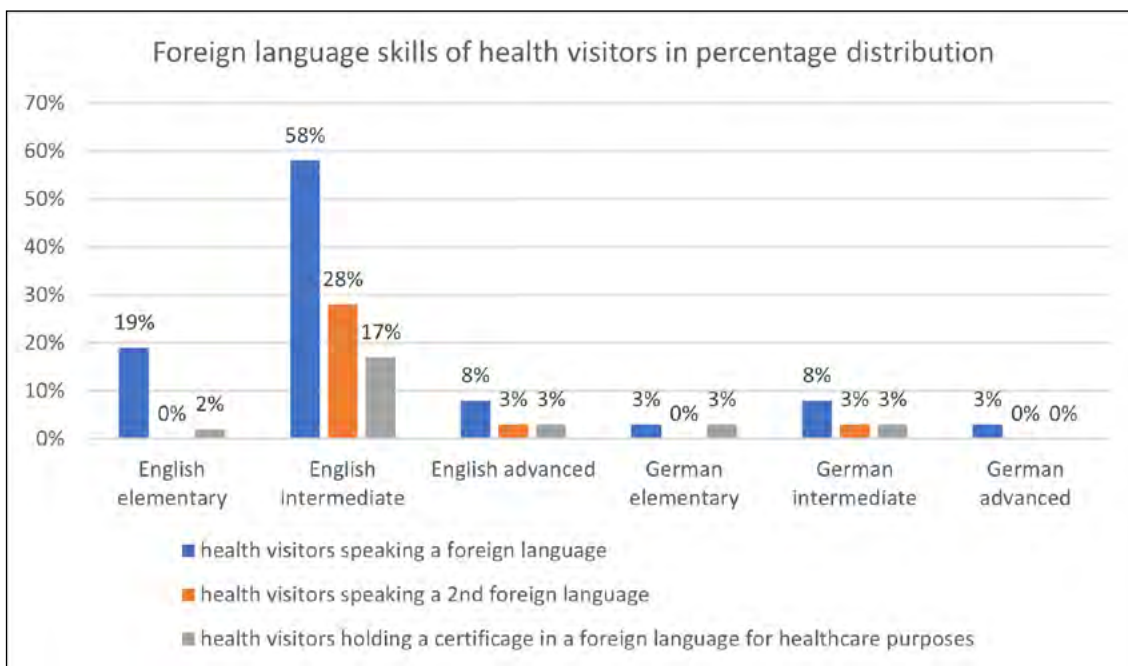


Figure 2. Proficiency levels, multilingualism, and certification in healthcare English and German among health visitors

Figure 2 shows that English is the predominant foreign language, represented by blue bars, and spoken by 65% of respondents. German, represented by a smaller proportion, is spoken as a first foreign language by 10% of respondents. Among those who reported foreign language skills, 78% achieved intermediate or advanced proficiency overall, with 67% demonstrating this level in English and 11% in German.

The subgroup with the strongest foreign language skills comprises health visitors with intermediate English proficiency, 28% of whom speak a second foreign language, while 17% hold a certificate in English for healthcare purposes. Among those reporting a second language, represented by orange bars, German was the most common, typically at basic or intermediate proficiency. Additionally, three respondents identified Russian (n=2) or Italian (n=1) as their second foreign language. Among respondents with foreign language skills, 31% reported holding a certification in English or German for healthcare purposes, represented by grey bars in Figure 2.

For other groups, foreign language skills and certifications were less prevalent. Health visitors with elementary foreign language proficiency showed no use of additional foreign languages and rarely held certifications. Among those with advanced foreign

language proficiency, both the use of second foreign languages and the possession of certification were highly limited.

IV.1.2. Analysis of Questionnaire 2

The second questionnaire addressed multinational families living in Hungary. The questionnaire was filled out by 51 participants. Most respondents resided in Budapest (78%), with the remainder living in rural areas. Among the families completing the questionnaire, 35% had both parents of foreign origin, while in 65%, one parent was foreign, and the other was Hungarian. In these mixed families, the majority (73%) were cases where the mother was the foreign parent.

Given that participation in the health visitor service is mandatory, we sought to determine how many foreign families requested an English-speaking health visitor, and 11% of respondents indicated that they had done so. Additionally, one family reported requesting an English-speaking health visitor but was unable to access this service in their area, another family stated they were unaware that such a request was possible, and the rest did not submit any requests.

In response to the question regarding the language of communication with their health visitor, the vast majority of respondents (78%) indicated that they communicated in Hungarian, while 35% reported using English. Additionally, two families communicated with their health visitor in Italian, and one family used German. Respondents were also asked to assess their health visitor's English proficiency when communication occurred in English; the results are summarized in Figure 3.

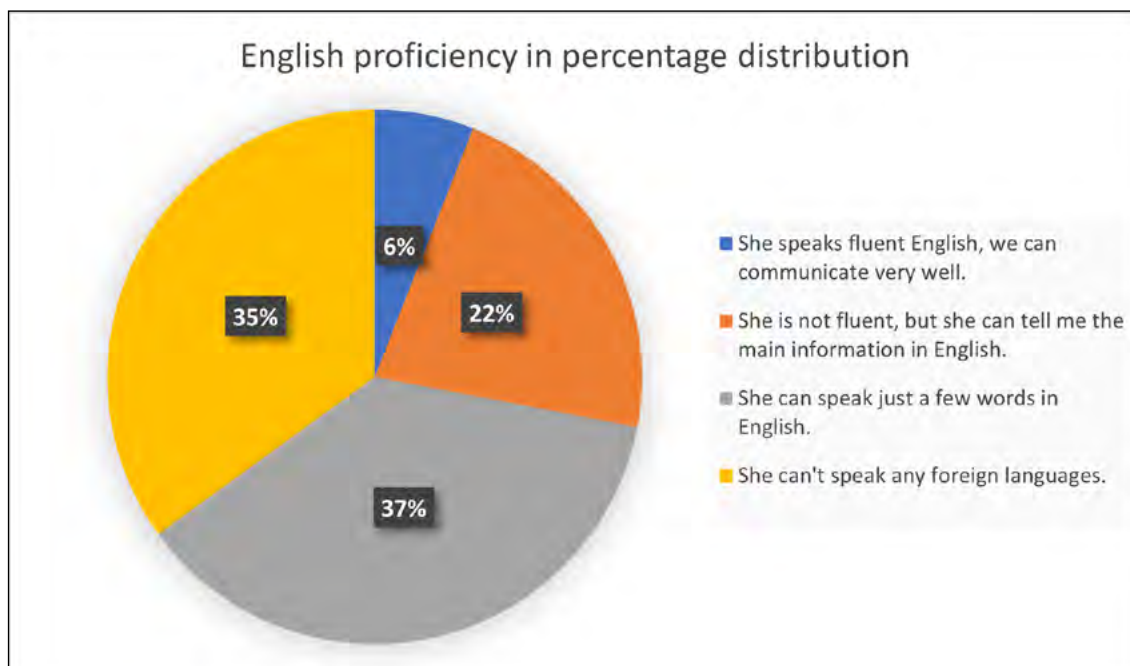


Figure 3. *Perceived English Proficiency of Health Visitors Based on Family Feedback*

Figure 3 illustrates that only 6% of families reported having a health visitor who, in their opinion, was fluent in English and easy to communicate with. Unfortunately, the majority of families were under the care of health visitors who either knew only a few words of English or did not speak any foreign languages at all, with these two categories represented in approximately equal proportions. This reinforces the self-reported limitations in foreign language proficiency expressed by the health visitors themselves.

IV.2. Communication Strategies in Multicultural Contexts: Questionnaire-Based Insights

This section examines how the 48 health visitors surveyed communicate with foreign families, focusing on the languages used and strategies employed to overcome language barriers in both oral and written communication.

IV.2.1. Oral communication strategies

Health visitors were asked to select from multiple predefined options to describe how they communicate with foreign or multicultural families. The results are summarized in Figure 4.

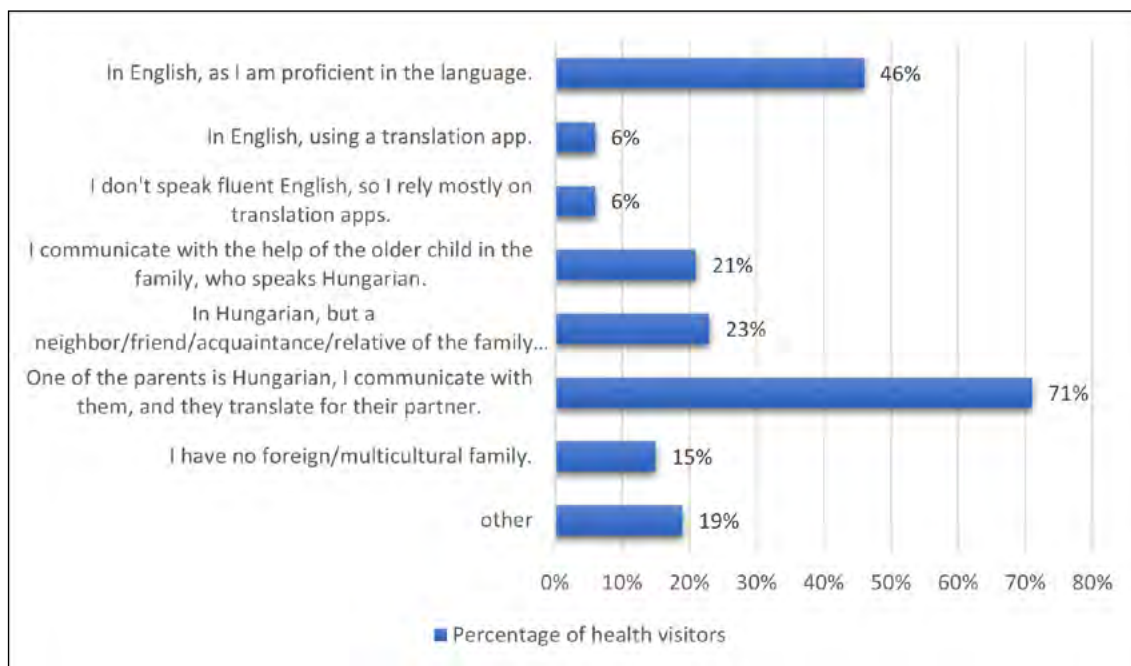


Figure 4. *Modes of Oral Communication Between Hungarian Health Visitors and Multicultural Families*

Figure 4 illustrates that in 71% of the communication situations reported by health visitors, they encountered multicultural families where one parent was Hungarian, and the other was of foreign origin. Typically, the health visitor communicates with the Hungarian-speaking parent, who then interprets for their partner. The second most frequently employed strategy (46%) involves direct communication in English between the health visitor and the family.

The third and fourth most common strategies, together accounting for 44%, involve translating Hungarian (spoken by the health visitor) into the family’s language, typically by a family member or close acquaintance such as a neighbor, friend, relative, or, in some cases, the family’s elder child. Like the first strategy, these also involve mediation by the Hungarian-speaking partner. Overall, the most typical communication scenario involves speaking Hungarian while an ad hoc interpreter mediates their message. Notably, the use of translation apps is not a widely employed strategy among health visitors.

In the ‘Other’ response category, six respondents indicated that the family did not speak English, and communication was either facilitated entirely through a translation

program or mediated by a family member acting as an interpreter, translating between the health visitor and the family's native language. Additionally, two health visitors reported that they were assisted by a colleague in interpreting, while the family of another health visitor had learned the language, allowing communication in Hungarian.

Figure 4 presents the communication strategies employed by health visitors, raising the question of which respondents communicate exclusively in English (without the aid of an interpreter or translation device) and which communicate exclusively in Hungarian, as well as their language background. Results show 19% of respondents communicate with foreign families using their own English skills, without relying on non-professional interpreters or translation devices. This subgroup predominantly consists of health visitors with at least an intermediate level of English proficiency, half of whom hold a certificate in English for healthcare purposes.

The responses also reveal that 29% of health visitors communicate exclusively in Hungarian with their foreign families. Half of these respondents are over 50 years old, which may explain the absence of foreign language proficiency among them. Among the participants, two health visitors reported that German is their strongest foreign language, but unfortunately, they are unable to apply this skill in their work. One health professional who speaks both English and German at an intermediate level typically has a family where one parent is Hungarian and the other speaks Hungarian, making it the preferred language for communication. Additionally, one health visitor speaks English at an approximately intermediate level; however, due to the Russian-speaking parent's partial proficiency in Hungarian, communication occurs in Hungarian. Other health visitors speak either basic English or only Hungarian; therefore, they communicate with the families in their care only in Hungarian.

Looking at the communication strategies presented in Figure 4, it is also worth examining whether the certification in a foreign language for healthcare purposes sufficiently encourages health visitors to communicate in English or German with the families in their care. The responses indicate that all those with intermediate English proficiency and an additional professional language certification communicate with

families in English, as they self-report strong language skills. Unfortunately, health visitors with an intermediate-level certificate in German for healthcare purposes are unable to use this knowledge in their work. Those who speak only German, without English proficiency, communicate with their families exclusively in Hungarian. Health visitors who speak English at an intermediate or near-intermediate level can overcome language barriers, sometimes with the help of non-professional interpreters. However, possessing a professional language certificate alone does not enable communication in a foreign language for those with only an elementary level of English. In such cases, they rely on Hungarian and require assistance from non-professional interpreters.

Finally, it is also interesting to examine the language practices of health visitors whose primary foreign language is German. Except for one nurse, who has an Austrian family and communicates in German, the remaining German-speaking health visitors are unable to use their German language skills with families, regardless of their proficiency level. Instead, they typically communicate in Hungarian and rely on non-professional interpreters. Among those who speak both German and English, none use German with their families, opting instead for Hungarian or English. Two health visitors, both in the 20–29 age group with intermediate proficiency in both English and German, reported having German-speaking families but do not communicate with them in German. One of these health visitors communicates in Hungarian with her family, where one parent is Hungarian and the entire family speaks some Hungarian, while the other health visitor uses English or relies on the Hungarian parent to translate.

IV.2.2. Delivering written information

Following the discussion of oral communication, we now turn to the strategies employed by health visitors when sharing written documents with multicultural families, particularly when these documents are only available in Hungarian and not in a foreign language. Respondents could select multiple strategies for keeping families informed. The answers from the 48 health visitors are summarized in Figure 5.

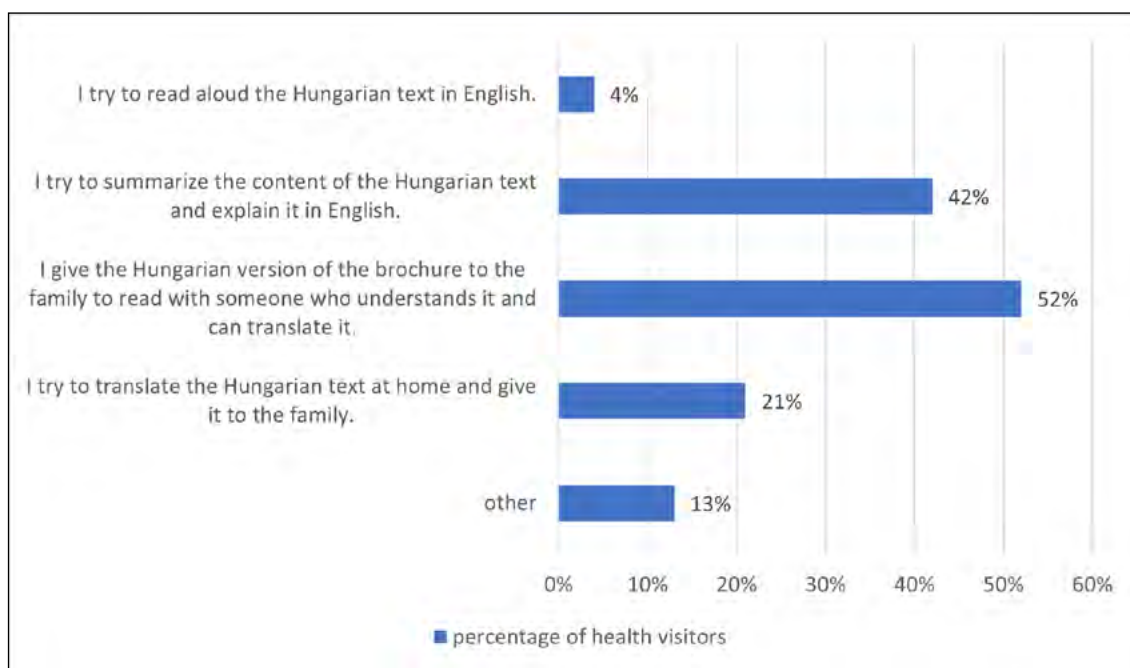


Figure 5. *Modes of Addressing Language Barriers in Providing Written Documents to Multicultural Families*

Figure 5 shows that the most commonly used method (52%) for communicating written information is to leave the document in Hungarian with the family, with the hope or request that someone will read it. A significant proportion of respondents indicated that they attempt to translate documents written in Hungarian through various methods. These include reading the texts aloud in English (sight translation), summarizing them in the target language, or translating them into the target language on paper at home. Other responses revealed that the use of downloaded translation software on mobile phones was relatively uncommon, with only two respondents reporting this method. This approach appears to be much less favored for on-the-spot, written translations compared to oral communication.

IV.3. Identifying Key Healthcare Topics for ESP Design: Expert Input

In designing the ESP coursebook, we followed the widely accepted principle that materials development should be grounded in Needs Analysis (NA) (Hyland, 2006; Basturkmen, 2025). Our practitioner research combined two key sub-methods: *Target Situation Analysis*, to identify the language-based tasks and communicative genres

learners need in the professional setting, and *Present Situation Analysis*, to assess the gap between learners' current abilities and the required skills.

To inform both aspects, we conducted a semi-structured consultation with a health visitor educator from a leading Hungarian medical university. The expert provided a comprehensive list of nine key content areas and suggested practical communicative scenarios for inclusion in the materials. They also outlined the essential background knowledge that ESP instructors would need to effectively support learners with the professional content embedded in these scenarios. This expert input was crucial in ensuring that the ESP materials were firmly rooted in real-life professional contexts and accurately reflected the linguistic and content demands of the health visitors' work.

The educator identified the following nine key health topics as the core content areas to be included in the ESP coursebook:

1. Maternity Care and the Child Health System in Hungary
2. The Role of Lifestyle Factors During Pregnancy
3. Preparation for Childbirth
4. The Basics of Neonatal Care
5. Breastfeeding Support
6. Complementary Feeding
7. Vaccines
8. Preparation for Daycare, Kindergarten, and School
9. Contraception and Sexually Transmitted Diseases (STDs)

These topics not only represent the core areas of health visitor responsibilities but have also served as the basis for designing context-specific communication tasks and role-play scenarios in the ESP materials. Some of the recommended scenarios themselves are applied in the pilot ESP materials presented in the next chapter.

IV.4. Designing an ESP Coursebook for Health Visitors: A Collaborative and Practice-Oriented Approach

Based on our findings and expert input, we began designing ESP tasks that simulate realistic communicative scenarios for health visitors. Collaboration between language instructors and health visiting professionals was central to coursebook design. As discussed previously, the key topics for the coursebook were recommended by a health visitor educator, while the development of the actual exercises was carried out with the assistance of a practicing health visitor. Her contributions included suggestions for additional real-world scenarios, beyond those originally provided by the educator, as well as authentic texts and practical challenges drawn from her own experience.

It was also advantageous that two members of our research team (the authors) are qualified translators and interpreters. Their expertise proved valuable in designing exercises aimed at developing students' sight-translation and written translation skills, as well as in creating simulated patient scenarios involving third-party interpretation.

The coursebook is planned to consist of nine main units, corresponding to the recommended thematic areas. Each unit begins with a compilation of topic-specific vocabulary. The vocabulary was selected to enable students to engage with each topic, participate in related discussions, and complete communicative tasks more confidently and effectively. Vocabulary-building activities include picture–word matching, collocation tasks, gap-filling exercises, word-generation prompts, crosswords, and brainstorming exercises to activate previously acquired vocabulary.

Next, students activate the newly acquired vocabulary through texts and video materials accompanied by comprehension activities related to the topic. These tasks are designed to stimulate discussion, encourage students to share personal experiences and interests, and introduce potential challenges. The following section focuses on communication strategies and language patterns that learners can use to express politeness, empathy, reassurance, or persuasion—functions that are essential for health visitors in building rapport and managing sensitive issues or difficult situations.

Subsequently, students apply the linguistic and communicative elements in realistic professional–patient scenarios. These scenarios are informed by input from the health visitor educator and further adapted by the practicing health visitor for relevance. Each scenario includes a patient profile, which may be ready-made or left blank. In the latter case, students create the patient’s role themselves, drawing on prior knowledge and vocabulary.

To simulate real-world practice, students are provided with background materials that reflect authentic healthcare documentation. These resources are primarily in Hungarian, as this is the language of official handouts used by health visitors. Students translate, summarize, or sight-translate these materials. Additionally, they must engage with an ad hoc interpreter, played by a peer assuming the role of a family member, such as an elder child, relative, or neighbor, to reflect real communication dynamics.

Students carry out role-plays in peer-simulation pair-work activities. Each unit includes two realistic scenarios to ensure that every student has the opportunity to assume both the role of the patient and that of the healthcare professional. This task supports the development of empathy and fosters effective communication from both perspectives.

The final task in each unit is a translation exercise, primarily involving translation from Hungarian into English. The selected texts are those that health visitors identify as vital for patient safety and patients’ rights, materials frequently used in practice and essential for enabling families to make informed decisions regarding maternal and child health. These exercises are designed to raise students’ awareness of how to produce texts in the target language that are both equivalent and audience-appropriate. Attention is also given to the ethical use of machine translation tools and the potential risks they pose in healthcare.

Each unit concludes with guided reflection questions related to the role-play scenarios, alongside opportunities for structured peer feedback. To support vocabulary retention, web-based vocabulary games are offered either at the end of the class or at the beginning of the subsequent session, reinforcing the most essential terms introduced.

IV.5. From Data to Classroom: Sample Tasks for ESP Materials

The following exercises are informed by the communication strategies identified in our empirical research (Horváth & Kozár, in press). They are designed to reflect real-life scenarios and are suitable for students with B1–B2 English proficiency. For illustrative purposes, one pilot exercise is presented here, while two additional exercises are included in the *Appendix*.

Pilot Exercise 1

Task Overview and Pedagogical Framework:

- Title of the class:
Hungarian Vaccination System
- Context:
Real-life simulation: health visitor explains vaccination to a foreign parent in English (no interpreter)
- Students' Background Knowledge:
Vaccine-related vocabulary and abbreviations (e.g., DTPa, Hib, IPV)
Hungarian immunization system basics
Patient interaction strategies: initiating, explaining, encouraging questions
- Didactic aim:
Explaining Hungary's immunization schedule to foreign families
Comparing international systems
Building trust, cultural sensitivity
- Language development aim:
Use of vaccination-related vocabulary in context
Practice: structured explanation, comparison, reassurance
- Working methods:
Pair role-play, discussion, vocabulary task, reference materials, reflection

- Tools:

Patient profile, vaccination info handout (see Figure 6.), vocabulary list

Task:

In a role-play, introduce the Hungarian vaccination system to a British expectant mother. Use the following guiding questions:

- What age-specific mandatory and optional vaccines are there?
- When and how can you access vaccines?
- What are the main differences between the British and Hungarian immunization schedules? For more information, you can use the following webpage: <https://www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/>

Patient's profile (to be completed by students or provided by teacher):

Name:

Age:

Social status:

Medical/family history (if relevant):

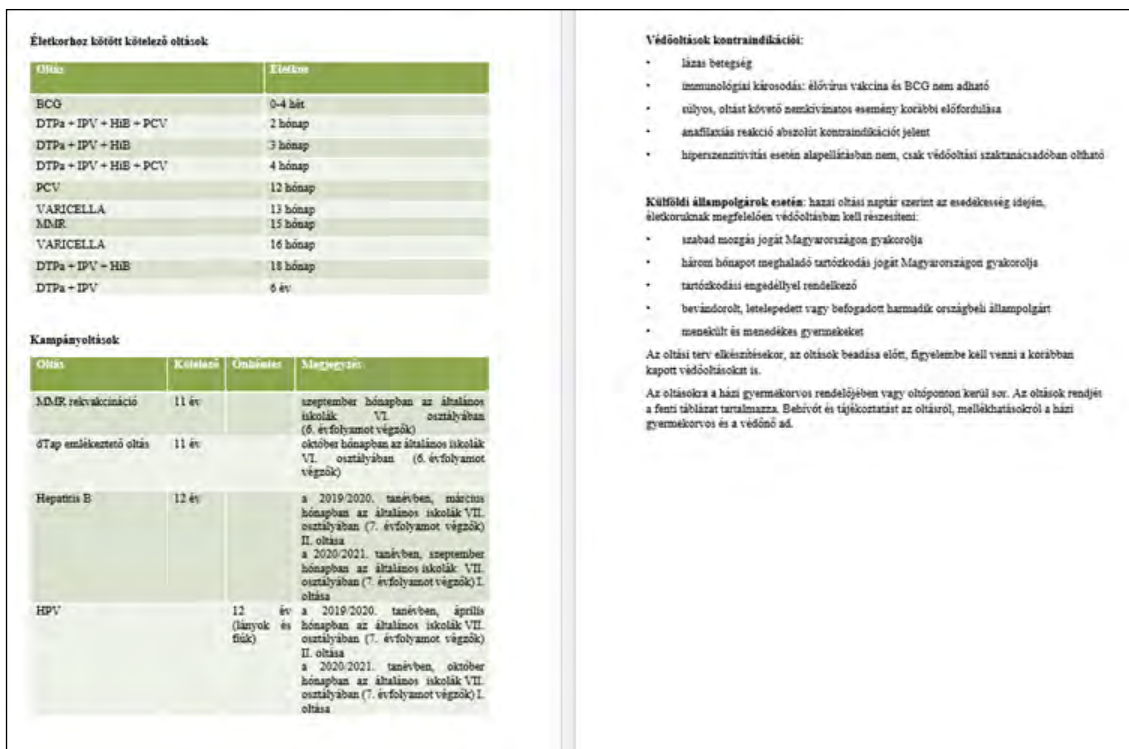


Figure 6. Background information on the Hungarian vaccination system

VI. IMPLICATIONS AND REFLECTIONS

This practitioner research confirms that to prepare students for the realities of multilingual healthcare, ESP materials must reflect real-life communication scenarios. Mapping these situations through empirical data not only increases student engagement but also helps prevent misunderstandings that can lower care quality. It contributes to more equitable healthcare by supporting health visitors to provide accessible, patient-centered communication, strengthening relationships with foreign families.

The development of the coursebook presented here was shaped by a collaboration between language educators, translators, a practicing health visitor, and a health visitor educator. This interdisciplinary approach ensured that the material is both relevant and aligned with actual communicative needs. As Hungary becomes increasingly multicultural, there is a strong need for such profession-specific materials, especially for the healthcare field, where participation is mandatory and communication is crucial.

The research also revealed a notable lack of officially translated materials in the health visitor system. As a result, the responsibility for sharing important information often falls on the health visitor, making training in communication strategies and sight translation essential. While some professionals use English or other languages informally, many rely on ad hoc solutions such as interpreting by family members, which can compromise care quality.

At present, many health visitors do not possess strong foreign language skills, and the removal of Hungary's mandatory language certificate for graduation may further weaken motivation. This highlights the importance of designing ESP materials that are not only practical and profession-specific but also motivating for learners. Our aim was to develop resources that empower students to become effective, empathetic communicators in multilingual contexts. This model may inform ESP design in other healthcare contexts. ESP literature emphasizes grounding materials in real professional practice. Given the scarcity of resources for health visitors, this coursebook helps address an important gap.

CREDIT TAXONOMY

- Ágnes Horváth: Conceptualization, Methodology, Project Administration, Writing – Original Draft, Supervision, Visualization, Investigation (initial research, translation-related content and sight-translation task development)
- Tímea Takács: Writing – Original Draft (LSP/ESP section), Writing – Review & Editing, Resources, Investigation (ESP material development)
- Vivien Andrea Kozár: Writing – Original Draft (Health visitor section), Writing – Review & Editing, Investigation (initial research and ESP material development)

REFERENCES

- Alstveit, Marit, Lahti, Sari, Jónsdóttir, Sigríður S., Egeland, Nina, Sørensen, Susanne K., & Eklund, Anna J. (2022). Public health nurse education in the Nordic countries. *Public Health Nursing, 39*(1), 270–278. <https://doi.org/10.1111/phn.13029>
- Basturkmen, Helen. (2025). *Core concepts in English for specific purposes*. Cambridge University Press. <https://doi.org/10.1017/9781009376723>
- Csenki-Bózsó, Réka H., Horváth, Ágnes, & Zimonyi-Bakó, Alexandra. (2025, May 15–16). *English would be VERY appreciated: Communication needs of foreign patients in Hungary* [Conference presentation]. Language of Medicine: New Challenges in Research, Ethics, and Intercultural Communication, The 27th Rijeka Days of Bioethics, Rijeka, Croatia.
- Dou, Anqi. (2024). Intercultural communication in ESP education. *Advances in Educational Technology and Psychology, 8*, 170–176. <https://doi.org/10.23977/aetp.2024.080225>
- Eklics, Katalin, & Fekete, Judit. (2020). The role of simulation practices in acquisition or activation of medical terminology. In Zsuzsanna Bocz & Rita Besznyák (Eds.), *Porta Lingua 2020: Szaknyelvoktatás és -kutatás nemzetközi kontextusban. Cikkok, tanulmányok a hazai szaknyelvoktatásról* (pp. 103–109). SZOKOE.
- Gellér, Balázs J. (Ed.). (2012). *Harmadik országbeli állampolgárok hozzáférése az egészségügyi ellátórendszerhez*. Tullius.
- Institute of Health Visiting. (n.d.). *Health visiting across the world*. <https://ihv.org.uk/our-work/international/health-visiting-across-the-world/>
- Horváth, Ágnes. (2023a). Betegbiztonság és hatékony kommunikáció multikulturális és többnyelvű egészségügyi intézményekben: Nemzetközi jó gyakorlatok hazai adaptálásának lehetőségei. *Alkalmazott Nyelvtudomány, 23*(1), 5–34. <https://doi.org/10.18460/ANY.K.2023.1.001>

- Horváth, Ágnes. (2023b). Translations for patient safety communication: Vital documents in the Hungarian health sector. *Stridon: Journal of Studies in Translation and Interpreting*, 3(1), 5–27. <https://doi.org/10.4312/stridon.3.1.5-27>
- Horváth, Ágnes, & Gabányi, Réka R. (2025). Unveiling public service interpreting in Hungary: Insights from NGO perspectives. *FITISPos International Journal*, 12(1), 149–167. <https://doi.org/10.37536/FITISPos-IJ.2025.12.1.408>
- Horváth, Ágnes., & Kozár, Vivien A. (in press). Communication challenges in the provision of health visitor services to foreign families living in Hungary. *Stridon: Journal of Studies in Translation and Interpreting*.
- Houston, Anna M., & Cowley, Sarah. (2003). Health needs assessment in the health visiting service and the impact on the ethnic community. *International Journal of Nursing Studies*, 40, 85–94.
- Hyland, Ken. (2006). *English for academic purposes*. Routledge.
- Kardong-Edgren, Suzie. (2012). Five topics in health care simulation that could contribute to improved patient safety. *Clinical Simulation in Nursing*, 8(8), 321–322.
- KSH (Hungarian Central Statistical Office). (2023a). *Health Visitors: Number of District Health Visitor Posts Filled*. https://www.ksh.hu/stadat_files/ege/hu/ege0008.html
- KSH (Hungarian Central Statistical Office). (2023a). *Labour market. Number of employed persons of foreign nationality and change by nationality*. <https://www.ksh.hu/s/helyzetkep-2023/#/kiadvany/munkaeropiac/kulfoldi-allampolgarsagu-alkalmazasban-allok-letszama-es-valtozasa-allampolgarsag-szerint-2023>
- KSH (Hungarian Central Statistical Office). (2024a). *Foreign citizens residing in Hungary, by country of citizenship and sex*. https://www.ksh.hu/stadat_files/nep/hu/nep0023.html
- KSH (Hungarian Central Statistical Office). (2024b). *Population by age and sex*. https://www.ksh.hu/stadat_files/nep/hu/nep0003.html

- Marek, Erika, Schmél, Dóra, Katz, Zoltán, Faubl, Nóra, Németh, Tímea, Berényi, Károly, & Szilárd, István (2019). Gyógyítás és interkulturalitás [Interculturality and healthcare provision]. *Egészségfejlesztés*, 60(4), 6–21.
- Marthy, Annamária. (2024). Magyar mint idegen nyelv az egészségügyi szaknyelv oktatásában. In *Hungarológiai Évkönyv*, 25(1), 132–139. https://epa.oszk.hu/02200/02287/00024/pdf/EPA02287_hungarologiai_evkonyv_2024_132-139.pdf
- Németh, Tímea, Marek, Erika, Faubl, Nóra, Sütő, Ballázs, Marquette, Jon, & Hild, Gabriella. (2022). Interkulturális kompetenciák fejlesztése a hatékonyabb betegellátás és a nemzetközi gyógyító és kutatói együttműködések érdekében [Developing intercultural competences for more effective patient care and international medical and research collaborations]. *Orvosi Hetilap*, 163(44), 1743–1750.
- Papadopoulou, Irena, Shea, Sue, Taylor, Georgina, Pezzella, Alfonso, & Foley, Laura. (2016). Developing tools to promote culturally competent compassion, courage, and intercultural communication in healthcare. *Journal of Compassionate Health Care*, 3, 1–10.
- Redsell, Sarah A., Bedford, Helen, Siriwardena, A. Niroshan, Collier, Jacqueline, & Atkinson, Philippa. (2010). Health visitors' perception of their role in the universal childhood immunisation programme and their communication strategies with parents. *Primary Health Care Research & Development*, 11(1), 51–60. <https://doi.org/10.1017/S1463423609990310>
- Szöllősi, Katalin, Odor, Andrea, Kissné Garajszki, I., Talabér, Júlia, Fogarasi-Grenczer, Andrea, Altorjay, Péter, Póta, Gy., & Szabó, László (2020). The health visitor network in Hungary: A unique system in Europe. *Turkish Archives of Pediatrics*, 55(Suppl 1), 10–16. <https://doi.org/10.14744/TurkPediatriArs.2020.03271>
- Seure. (n.d.). *Working as a public health nurse*. <https://www.seure.fi/en/for-applicant/get-to-know-seures-jobs/jobs-in-health-care/public-health-nurse/>

APPENDIX

Additional Pilot Exercises for ESP Coursebook

This appendix presents two additional pilot exercises developed during the research, designed for B1–B2 health visitor students and based on multilingual communication scenarios identified in the study.

Pilot Exercise 2

Task Overview and Pedagogical Framework:

- Title of the class:
Breastfeeding Support
- Context:
Real-life simulation: health visitor communicates via ad hoc interpreter in English; checks understanding
- Students' Background Knowledge:
Vocabulary: breastfeeding, positions, hunger cues
Skills: questioning, checking understanding, reassuring, teach-back
- Didactic aim:
Support non-English-speaking mother via interpreter
Cultural sensitivity, plain English, trust-building
- Language development aim:
Use of breastfeeding vocabulary and supportive language
Practice: giving advice through interpreter, non-verbal cues
- Working methods:
Role-play (health visitor + interpreter), guided discussion, demonstration of breastfeeding techniques, reflection on cultural sensitivity, use of visual aids.
- Tools:
Patient profile, vocabulary list, breastfeeding visuals (see Figure 7.)

Task:

As a district health visitor, you are the first to visit a Serbian mother at home after delivery. She doesn't speak any foreign language, so her sister, who speaks good English, interprets for her. Your role is to assess the mother's breastfeeding technique, provide guidance on proper positioning, and offer support while ensuring clear communication through the interpreter.

Mother's Profile (to be completed by students or provided by teacher):

Name:

Age:

Social status:

Anamnesis (medical history):

Personality traits and attitude toward healthcare providers:

Possible worries and questions:

Suggested Steps:

1. Greet both women kindly and clearly explain your role through the interpreter.
2. Observe the mother while breastfeeding, if possible.
3. Ask relevant questions via the interpreter, such as:
 - "How many times a day does the baby feed?"
 - "Does the baby feed on both breasts?"
 - "How long does a feeding session last?"
 - "Have you experienced any pain or discomfort while feeding?"
4. Introduce breastfeeding positions gently:
 - "There are different ways to hold the baby. One is the cradle hold, where the baby lies across your lap. Another is the football hold, where the baby is under your arm."

- Didactic aim:
Delivering clear info when materials only available in Hungarian
Supportive, accessible health communication
- Language development aim:
Fluency in sight translation and paraphrasing
Adapting written content to spoken, patient-centered English
- Working methods:
Individual sight-translation (paragraph-by-paragraph); active listening and peer feedback
- Tools:
Hungarian-language patient information brochure on screenings (see Figure 8.)

Task:

Imagine you are a district health visitor visiting a family in their home. You want to provide them with important information about recommended non-invasive examinations for infants. However, the patient information brochure you have is in Hungarian, and no English version is available.

Your task is to solve this situation as best you can: take the Hungarian brochure and read it aloud to the patient in English, translating as you go. You are not expected to give a perfect or word-for-word translation. Instead, focus on delivering the key information in clear, natural, and patient-friendly English, so that the parent or caregiver can fully understand what is being recommended for their baby. Try not to ramble. If you don't know or can't remember a word, try to paraphrase it to convey the meaning without losing clarity.

Each student will read aloud one paragraph in the target language. While listening to your classmates, please pay close attention—we'll give brief peer feedback after each turn based on the following questions:

- Clarity: Was the message clear and easy to understand for the mother or family?

- Tone: Did the translator speak in a patient-centered, reassuring, and empathetic way?
- Paraphrasing: If a word was unclear or unknown, did the speaker successfully paraphrase it to keep the meaning intact?

Conciseness: Did the speaker avoid rambling and focus on the key points without overloading the patient with too much information?

Ajánlott vizsgálatok

Non-invazív eljárások:

(Egyáltalán nem jelent veszélyt sem a babára, sem az anyára. Ugyanakkor nem alkalmas a Down-szindróma (vagy más genetikai eltérések) diagnosztizálására, csak ezek valószínűségét jelzi egy arányszámmal.)

- **Integrált teszt** (12-16. hét) (kombinált + négyes teszt) ha a kombinált teszt eredménye pozitív, magas kockázatot mutat, esetleg a családban előfordult a korábbiakban fejlődési rendellenesség. Az integrált teszt során három vizsgálat történik, két vérvizsgálat és egy ultrahangos vizsgálat, melynek eredményeit összevetik. Álpozitív arány: 2-3% Felismerési arány: 90-95%. Ára kb. 35 000 ft.
- **Kombinált teszt:** (12. héten) Azért kombinált, mert két vizsgálatból áll: anyai vérvételből és ultrahangvizsgálatból határozza meg a Down-kór és más kromoszóma-rendellenességek előfordulásának kockázatát. Amennyiben a kockázatot magasnak ítélik, szükségessé válhat magzatvízvizsgálat vagy méhlepény-mintavétel. Álpozitív arány: 2,5-3% Felismerési arány: 90-93% Ára: kb. 30 000Ft.??
- **Négyes teszt (quartett teszt):** A betöltött 15. és 20. hét között - optimálisan a 16. héten történik az anyai vérvétel. *Az anyai vérben az alfa-fetoprotein (AFP), az egyesítetlen oestriol, az inhibin-A (inhibin), és a human chorionic gonadotrophin szabad β -egységének (free β hCG) szintje kerül meghatározásra. Felismerési arány kb: 80% Ára: kb. 25 000 Ft.*

Figure 8. Excerpt from a Hungarian Brochure on Recommended Non-Invasive Examinations for Infants

Received: 16 May 2025

Accepted: 10 July 2025