



BARRIERS TO ENGLISH SPEAKING PROFICIENCY AMONG UNDERGRADUATE NURSING STUDENTS IN KARACHI: A QUALITATIVE STUDY

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ABSTRACT

The importance of developing good English-speaking skills for safe practice cannot be overstated among nursing undergraduate students in clinical setting. There are some challenges experienced by nursing students when trying to develop these skills. Therefore, it becomes vital to enhance these students' speaking proficiency in English language. This study aims to explore nursing students' perception of the challenges faced in developing English speaking proficiency. This study employs a qualitative phenomenological design to explore the barriers to English speaking proficiency among undergraduate nursing students. A purposive sampling method was used to select the participant until data saturation is achieved. The research instrument is used a semi structured interview where open ended questions are constructed to align with the themes of Bandura's Self Efficacy theory such as performance experiences, vicarious experiences, social persuasion, imagination and physiological factors. Audio recorder is used to record all interviews followed by transcription of the interviews. The analysis of data is done by using thematic analysis approach where initial coding, theme development and interpretation are based on Bandura's Self efficacy Theory. Ethical consideration was made to ensure that informed consent is obtained from all selected participants, confidentiality and anonymity were maintained at all levels of research. The finding of this study highlighted the main barriers to English speaking proficiency among undergraduate student is the confidence level, having few words available, fear of making a mistake and feeling anxious when communicating in a clinical setting. Participants used strategies like simplifying words, role models or mentors and peer-assisted practice to cope with these barriers and acknowledged that proficiency in English will be crucial to their career advancement. The findings of this study underscore the importance of providing support, guidance and preparing students emotionally for their challenges as they face the barrier to speaking English. Identifying specific types of interventions to enhance communication abilities among nursing students has been established through this research. However, future studies will be needed to identify what long-term interventions can improve language proficiency and quality of patient care.

KEYWORDS: Barriers, English Speaking Proficiency, Undergraduate Nursing Student, Qualitative Study.

INTRODUCTION:

Healthcare communication extends beyond the simple exchange of information; it is a multifaceted process that promotes accurate clinical assessment, proper care planning, and patient-focused care. Evidence suggests that accurate and effective communication between medical staff and patients enhances therapeutic relationships and leads to better health outcomes by promoting informed decision-making and active patient participation (Sharkiya, 2023; Lashari & Umrani, 2023).

Additionally, in today's globalized healthcare context, English functions as a common language, particularly in patient documentation, cross-disciplinary collaboration, and global healthcare delivery. Healthcare professionals regularly engage with patients, colleagues, and scientific literature in English, making language proficiency essential for effective practice (Lashari, Umrani & Buriro, 2021). Studies highlight that strong English communication skills enable healthcare providers to convey accurately communicate healthcare information, engage in efficient teamwork across disciplines, and provide safe, high-quality services (Chan et al., 2022).

Furthermore, language-related challenges, especially limited competence in the English language can play a crucial role in determining access to healthcare and the quality of care provided (Bukhari et al. 2023; Lashari et al., 2023). Patients who struggle with English often face difficulties in understanding medical advice, expressing their symptoms, and navigating healthcare systems, which can ultimately result in poorer health outcomes (Pandey et al., 2021; Lashari et al., 2023). Likewise, misunderstandings arising from differences in language, accent, or pronunciation may negatively impact patient safety, quality of care, and overall patient experience (Ellahham, 2021). These issues are particularly important in multicultural healthcare settings, where professionals must demonstrate both linguistic ability and cultural awareness.

Moreover, within healthcare education and training, English communication is increasingly recognized as an essential competency. Proficiency in English supports students and healthcare workers in gaining evidence-based knowledge and participating in global academic and professional communication, and contributes to international healthcare practices (Lashari & Umrani, 2023). Effective communication is crucial to get job achievement and fluency in English is related to workplace efficiency (Bukhari et al., 2023; Bukhari, 2025). Furthermore, it strengthens their capacity to provide patient-centered care by promoting clarity, empathy, and effective interaction during clinical encounters (Chan et al., 2022; Lashari, Umrani & Buriro, 2021).

Whereas, in developing countries such as Pakistan, English is commonly used in medical education, yet it is not the primary language of daily communication for many individuals. This produces a gap between academic knowledge and real-life communication competence (Abbasi, Lashari & Golo, 2025; Rafiq, Hussain & Lashari, 2024). As a result, healthcare professionals often encounter challenges such as poor fluency in English, diminished confidence in verbal communication, and stress during clinical interactions, particularly when dealing with patients from different linguistic backgrounds (Pandey et al., 2021; Lashari & Umrani, 2023; Imran, Kazimi & Lashari, 2022). Addressing these issues requires a deeper understanding of healthcare communication, with a specific focus on English language proficiency to identify barriers and improve clinical communication skills.

The global healthcare system has become increasingly interconnected due to globalization, population mobility, and continuous advancements in medical science. As a result, effective communication has become a crucial element in delivering safe and high-quality healthcare services. In this evolving landscape, English has emerged as the primary or dominant language used in medical education, research, and clinical documentation (Chan et al., 2022; Schkinder, 2024).

Moreover, English serves as a lingua franca, enabling healthcare professionals from diverse linguistic and cultural backgrounds to interact, collaborate, and share knowledge efficiently. This common language not only supports international research collaboration but also facilitates the global exchange of medical innovations and best practices (Kurniawan, 2024; Matyazova & Rakhimov, 2025). In addition, the integration of English into healthcare education has become increasingly essential (Lashari & Umrani, 2023; Lashari et al., 2023). Many institutions worldwide now adopt English as the medium of instruction to ensure that future healthcare professionals are well-prepared for global practice.

Consequently, students develop both clinical competence and effective communication skills required in multicultural healthcare settings (Alhamami, 2024; Pan, 2025; Bukhari et al., 2023). Furthermore, effective communication in English plays a vital role in improving patient outcomes, enhancing safety, and building trust between patients and healthcare providers. Research indicates that clear and accurate communication reduces medical errors and improves overall healthcare quality (WHO, 2024; Zimmerer, 2024; Fayaz et al., 2023).

However, despite its widespread use, language barriers continue to pose significant challenges in healthcare systems worldwide. Miscommunication between healthcare providers and patients can lead to misunderstandings, incorrect diagnoses, and reduced quality of care. Therefore, improving English proficiency and providing language support services are necessary to overcome these challenges (Ono & Yang, 2024). Overall, the growing importance of English in the global healthcare system highlights the need for effective, inclusive, and culturally competent communication (Fayaz et al., 2023). As healthcare continues to evolve, proficiency in English will remain a key factor in ensuring collaboration, knowledge sharing, and improved patient care worldwide.

In the modern global healthcare system, English functions as a vital link between medicine and effective communication. With ongoing advancements in medical science and increased international interaction, the demand for a common language has significantly grown (Lashari et al. 2023). Therefore, English is widely used in medical education, research, and clinical practice to ensure clarity and accuracy in information exchange (World Health Organization [WHO], 2021; Elsevier, 2023).

Moreover, English plays an essential role in promoting collaboration among healthcare professionals from different cultural and linguistic backgrounds. For example, doctors, nurses, and researchers use English to share knowledge, discuss patient care, and follow standardized medical practices. Consequently, it acts as a bridge that strengthens global cooperation and improves healthcare delivery (Emanuel & Ventola, 2022). In addition, a large proportion of medical literature, scientific journals, and clinical guidelines are published in English.

As a result, proficiency in English has become necessary for students and professionals to stay updated with recent developments. Furthermore, it enhances access to evidence-based practices and supports continuous professional learning (Elsevier, 2023; WHO, 2024). Furthermore, effective English communication directly contributes to better patient care, especially in multicultural healthcare environments. It enables healthcare providers to clearly explain diagnoses, treatment plans, and medical instructions to patients. Hence, strong communication skills in English are closely associated with improved patient safety and healthcare quality (WHO, 2024; OECD, 2025).

In conclusion, English serves as a fundamental connecting language in medicine by facilitating knowledge sharing, enhancing collaboration, and improving health outcomes worldwide. Thus, its importance continues to expand in the evolving global healthcare landscape (OECD, 2025).

Research Objective

To explore nursing students' perception of the challenges faced in developing English speaking proficiency.

Research Question:

What are the barriers to developing English speaking proficiency from the lens of nurses?

Problem Statement:

Effective communication is essential for delivering safe and high-quality healthcare, especially in nursing, where clear and accurate exchange of information is crucial for patient care. In multilingual settings like Karachi, English is widely used as the language of instruction and clinical communication. However, many undergraduate nursing students face considerable challenges in achieving proficiency in spoken English.

Recent studies from 2022 and 2023 indicate that language barriers remain a persistent issue in healthcare environments, limiting students' ability to comprehend clinical information, express their thoughts clearly, and actively participate in patient care (Kindie et al., 2022; Ashipala et al., 2023). These difficulties are often linked to limited vocabulary, lack of fluency, and communication anxiety, all of which negatively affect students' confidence and clinical learning experiences.

These barriers not only impact academic performance but also have serious implications for clinical communication and patient outcomes. Evidence from 2022 and 2023 shows that language-related challenges can lead to miscommunication, decreased quality of care, and potential risks to patient safety when healthcare providers are unable to communicate effectively (Korhonen, 2022; Kordkolae et al., 2023).

Additionally, poor communication in clinical settings can reduce patient satisfaction and weaken the development of therapeutic relationships. Despite the increasing attention given to communication challenges in healthcare, there is still limited research focusing specifically on how English speaking proficiency influences undergraduate nursing students in Karachi. Therefore, it is important to further investigate these barriers and their effects in order to support the development of targeted interventions that can improve both language skills and clinical communication competence.

Literature Review

In Pakistan's BS nursing programs, where English serves as both the medium of instruction and the language of clinical documentation and patient care, undergraduate students consistently report substantial barriers to spoken proficiency. Jabeen et al. (2025) documented that second- and third-year nursing students at a private university in Islamabad viewed English itself as a communication barrier, attributing difficulties to their Urdu- or regional-language backgrounds and disparate prior schooling. Unar et al. (2023) similarly found that 68% of graduating nursing students across Karachi institutions experienced persistent English-learning challenges, including inadequate vocabulary for medical terminology and insufficient opportunities for oral practice. These linguistic gaps are not abstract; they directly impair clinical performance. Syed (2021) observed that language barriers in Pakistani nursing education and training create hesitation during patient interactions, shift handovers, and multidisciplinary discussions, often resulting in reduced confidence and compromised patient safety.

Comparable patterns appear in other non-native English Asian and multilingual clinical contexts. Merry et al. (2021), in their scoping review of EAL nursing and midwifery students, highlighted anxiety, reliance on translation aids, and limited medical-vocabulary command as recurrent obstacles that hinder real-time communication with patients and preceptors. Students frequently avoid speaking to evade embarrassment, thereby missing the very practice needed to develop fluency. In Pakistan, where clinical placements occur in high-pressure, resource-constrained hospitals serving diverse linguistic communities, these barriers are intensified by the cultural expectation that nurses demonstrate both clinical competence and clear English articulation (Lashari & Umrani, 2023; Fayaz et al., 2023, Imran, Kazimi & Lashari, 2023). Despite rich descriptive evidence of these challenges, the existing literature on BS nursing students in Pakistan and similar Asian settings reveals a clear theoretical gap. Studies effectively catalogue surface-level barriers vocabulary deficits, anxiety, limited practice, and clinical pressures yet rarely anchor their findings in a coherent framework capable of explaining how these barriers interact with students' internal beliefs about their communicative abilities or of guiding precise, measurable interventions (Lashari et al., 2018).

Theoretical Framework:

The present study adopts Bandura's Self-Efficacy Theory (1997) as its primary theoretical framework. Self-efficacy is defined as people's beliefs in their capability to organize and execute the courses of action required to produce given attainments (Bandura, 1997). In the context of BS nursing students, low English-speaking self-efficacy appears as avoidance of patient conversations, reluctance during handovers, and hesitation to seek clarification behaviors that reinforce proficiency deficits and heighten clinical risk.

The theory's four principal sources of efficacy information mastery experiences, vicarious experiences, verbal persuasion, and emotional and physiological states offer a powerful,

actionable lens. Structured simulation labs can build mastery through repeated speaking successes; observing confident senior nurses provides vicarious learning; targeted feedback from clinical preceptor's supplies verbal persuasion and anxiety-reduction techniques help regulate emotional arousal. This framework proves particularly superior to alternatives such as Vygotsky's Sociocultural Theory (1978).

While Vygotsky's zone of proximal development valuably underscores scaffolding and social interaction, it places greater emphasis on external mediation than on the internal motivational processes that determine whether a student will seize or avoid those learning opportunities. In Pakistan's fast-paced hospital wards, where time is limited and errors carry immediate consequences, a nursing student's personal belief in her ability to communicate often becomes the decisive factor between silence and effective action (Shorey, 2021).

Self-efficacy theory thus better captures the psychological mechanism driving persistent speaking barriers in this high-stakes setting. By centering Bandura's Self-Efficacy Theory, the study moves beyond description to offer a theoretically grounded lens for understanding English-speaking barriers among BS nursing students. It equips nurse educators with concrete strategies for assessment (e.g., domain-specific self-efficacy scales), intervention design (e.g., progressive clinical speaking tasks), and curriculum evaluation. Ultimately, this approach promises to transform identified barriers into actionable pathways that strengthen both linguistic confidence and clinical readiness in Pakistan's nursing workforce.



Fig 1: Bandura Self Efficacy Model 1977

Interpersonal communication and team dynamics:

Interpersonal communication plays an essential role in healthcare delivery. Nursing students need to have good interpersonal communication skills so that they can appropriately communicate with both patients and other health care team members (Kwame & Petrucka, 2021). Good interpersonal communication allows for the transfer and clear understanding of information, feelings and intentions, thus providing clarity and mutual clarity within the context of clinical practice (Kwame & Petrucka, 2021). Nursing students benefit from their ability to communicate effectively through their practice of the English language by developing confidence in their ability to communicate well with patients and colleagues alike and therefore enhancing the quality of care provided by them (Zhang et al., 2024; Oducado et al, 2021). However, communication obstacles can lower confidence among nursing students and impede engagement with patients (Oducado et al.). This relates mainly to having limited language skills that cause many communication difficulties in the clinical setting as a result of both linguistic challenges, cultural barriers, and frequent lack of recent exposure to a genuine clinical place

(Alshammari et al., 2022). Other results include difficulty clearly communicating and comprehending a patient's needs, which can lead to patient dissatisfaction and a lack of clarity (Kwame & Petrucka, 2021). Communication barriers have been noted as one of the key contributors to patient safety hazards due to the misinterpretation of or delay in relaying critical information (Alshammari et al., 2022).

Effective communication promotes trust, collaboration, and shared decision-making among healthcare professionals (Wei et al., 2022; Lashari & Umrani, 2018). As nurses develop strong communication skills, they will have the opportunity to participate actively in multidisciplinary teams and influence decisions related to clinical practice (Wei et al., 2022; Lashari et al., 2018). When there are communication barriers, there will be an impact on the dynamics of the team because students are less likely to voice their opinion, ask questions, or seek clarification on an issue (Oducado et al., 2021). Consequently, these students' reluctance to communicate creates gaps in communication between members, thereby negatively affecting team functioning and compromising patient safety (Kwame & Petrucka, 2021). Poor communication among team members will lead to a lack of motivation, frustration, and a lack of sense of belonging among members of the team (Alshammari et al., 2022; Lashari et al., 2018; Lashari et al. 2023). Educational interventions that facilitate addressing communication barriers can greatly enhance nurse graduates' interpersonal communication abilities (Zhang et al, 2024). Affirmative learning forms through, such as using simulations, role-play, and interactive learning, allow for students to practice communicating in real (or simulated) world settings and enhance the confidence to do so (Zhang et al., 2024). In addition, these methods support the decrease of communication-related anxiety and better connect students to other nurses in clinical settings or in team collaborations (Wei et al., 2022). The institutional support system associated with education is necessary to help nursing students overcome communication barriers (Oducado et al., 2021).

Additionally, language assistance programs, communication-related workshops, and access to educational support material can all improve students' linguistic ability and self-esteem greatly (Alshammari et al., 2022). These initiatives assist nursing students in developing other forms of communications skills, such as speaking clearly, articulating words correctly, and interacting with others appropriately in a professional manner, which are vital to providing quality care and being a member of an effective interdisciplinary team (Kwame & Petrucka, 2021). To summarize, inter-personal communication (IPC) and teamwork are linked in both nursing education and in the delivery of care (Wei et al 2022). Teamwork is dependent on effective communication and sharing accurate information, which in turn improves the quality of care provided and increases patient safety. However, if team members are unable to communicate with each other, team members may become isolated or experience poor inter-personal relations, which ultimately affects team cohesion and can negatively impact patient outcomes (Kwame & Petrucka 2021). Identifying and implementing educational strategies to address these barriers along with having institutional support will prepare nursing students to work successfully within the variety of health care settings they may encounter after graduation (Zhang et al 2024).

Sociocultural nuances:

According to Cheng et al (2025), the ability to understand and speak English is one of the main components impacting academic performance among students studying nursing using English as an additional language. Besides, since most nursing programmes throughout the world use English as a medium of instruction, students must develop optimal listening and speaking skills (Fisma, 2024). Cooper-Lara (2024) identified multiple learning, clinical and professional development barriers for undergraduate deficient in English proficient. In addition, the students' confidence and engagement issues in interacting with their teachers and other students result from English being their second language (Gao et al., 2025). Moreover, the use

of medical terminology and the scholarly language of the classes hinder students from grasping course content more easily (Cheng et al., 2025). Hence, the use of English as a second language presented major hurdles to learning, clinical engagement and professional progress in undergraduates (McCabe et al., 2024).

Also, nursing students with little mastery of the English language have trouble speaking (Vahidi et al., 2025). The clinical environments require communication with others to maintain safety and facilitate teamwork most noteworthy. Students shy away from speaking out due to fear of making mistakes, lack of confidence, and anxiety especially during clinical interactions (Cooper-Lara, 2024). It also appears that communication problems may hinder students' ability to share concerns with a clinical provider or ask questions, which could impact their learning and patient care (Gao et al., 2025). Students may encounter language barriers not just because of academic difficulties but also because of concerns about patient safety while utilizing healthcare facilities (Nair et al., 2025). Not only do students struggle with language barriers, but students have challenges with communicating in other cultures and a new language, making it more difficult for students to adapt to clinical expectations (McCabe et al., 2024). Emotional English skill is critical for student performance and healthcare quality (Cheng et al., 2025).

Another issue that contributes to the English language barrier among nursing students is their lack of exposure to English-speaking environments and inadequate language support (Fisma, 2024). A traditional curriculum that focuses on the theoretical rather than the communication skills of students may not adequately prepare students for a clinical setting (Bahari et al., 2025); an absence of learning strategies such as simulation and role-play may also make it harder for students to practice spoken English in the clinical setting (Gao et al., 2025).

So, it can be a challenge for students to apply knowledge from their studies to effective patient communication (Vahidi et al., 2025). Also, digital and new technologies have presented opportunities and challenges for language learning in nursing education (El-Banna et al., 2025). Creating new ways to teach language and clinical communication is necessary (Bahari et al., 2025). Finally, students should receive both academic and clinical support in English-speaking (Cheng et al., 2025). Language support, peer mentoring, and training in communication can improve the confidence and speaking abilities of nursing students (Fisma, 2024). Teachers also play a role in creating an inclusive environment for students who do not understand English (Gao et al., 2025). Incorporating culturally sensitive teaching practices could help students better understand the expectations of communication in a hospital setting (McCabe et al., 2024).

English speaking is an essential element of nursing education and practice. Understanding language barriers can ensure effective communication, patient safety, and competence (Nair et al., 2025). Further research should explore interventions that support nursing students' ability to communicate effectively in English at the school or in the hospital setting (El-Banna et al., 2025).

RESEARCH METHODOLOGY:

Research Design: A qualitative research design is used for this study to explore how nursing undergraduates perceive and experience barriers to communicating in English. Qualitative research provides good insights into complex experiences and communication limitations encountered by students in nursing education (Hennink & Kaiser, 2022; Hunter et al., 2023). This study utilizes a phenomenological approach to examine student experiences through the lens of phenomenology which is often used in health research as a means to study the subjective nature of an individual's perception and experience (Neubauer et al., 2019).

Sampling Technique: Population of the study is Undergraduate nursing students in Karachi. Purposive sampling is the primary method of participant recruitment for students who have experienced language barriers. Purposive sampling is also one of the most frequently recommended methods for identifying and recruiting data-rich participants in qualitative

research (Hennink & Kaiser, 2022). A sample size is established by data saturation. According to studies by Hennink and Kaiser (2022) saturation can be reached after a few participants depending on how rich the data is.

Inclusion Criteria:

- A student enrolled in an undergraduate nursing program.
- A student who has already begun studying an English language course in university for one full year or more.
- Willingness to participate voluntarily in this study by providing their experiences about communication or barrier they have encountered or resolved.

Exclusion Criteria:

- Proficient in English and able to communicate effectively in English as the language of instruction.
- A student currently enrolled in an English language enhancement class outside of their academic degree program.
- Prior formal training in English (diploma or degree) from another institution before pursuing a nursing degree in this institution.

Research Instrument:

According to Qualitative Research Methodology, semi-structured interviews are widely used to explore participants lived experiences in depth. The semi-structured interview guide is the most appropriate instrument for qualitative research. This guide is the primary research instrument to investigate participants' perceptions, experiences, and challenges to their English-speaking proficiency in nursing school. It provides the flexibility for participants to provide in-depth responses, while ensuring coverage of all key topics in the semi-structured interview guide. The semi-structured interview guide includes the Performance experiences (past experience), Vicarious experience (observed experience or modeling by others), Social persuasion (coaching and feedback), Imaginal experience (visualization of future success), Physical and emotional state (experience of physical and emotional sensations). The interview took place face-to-face and online both. Each interview lasted approximately 20-30 minutes and recorded with the participant's consent.

Ethical Consideration:

In compliance with the Declaration of Helsinki (2013), which highlighted the significance of ethical principles in the conduct of research involving human subjects, ethical considerations were closely monitored throughout the study. The appropriate authority or institution granted ethical approval prior to data collection. Participants were thoroughly told about the study's objectives, the rationale behind its conduct, the procedures involved, their anticipated role, and any potential dangers or advantages of taking part. Prior to their participation in the trial, each subject provided written informed consent. Participants were free to leave the research at any time without facing any repercussions or penalties because participation was completely voluntary. Anonymity and confidentiality were also upheld during the course of the study. Participants were represented by codes like Participant A, Participant B, and Participant C; their true names and identities were not revealed. Additionally, the researcher made sure that participants in the study did not suffer any psychological or emotional injury. During the data collection process, any delicate queries were handled with caution and decency. Furthermore, all transcripts, audio recordings, and associated research data were safely maintained and utilized exclusively for study. To protect participant privacy and data security, only the researcher had access to the data.

DATA ANALYSIS:

This data is analyzed using a qualitative deductive thematic approach. Following themes emerged after following careful coding and chunking technique.

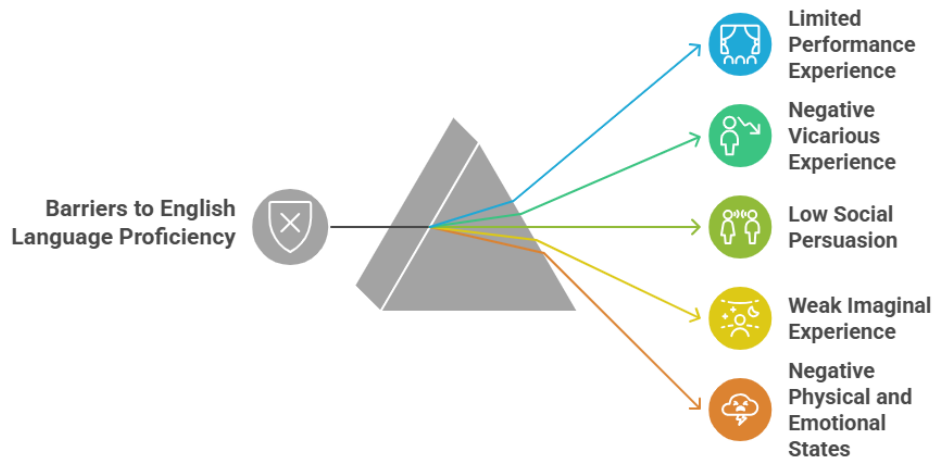


Fig 2: Graphical Representation of Barriers to English Language Proficiency

_Theme 1: Limited Performance Experience:

One significant factor affecting nursing students' confidence in their ability to communicate in English was performance experience. Performance experience in this study refers to students' prior attempts, whether successful or unsuccessful, to communicate in English during patient contacts, clinical practice, presentations, and handovers. Positive experiences, particularly when they were able to properly explain patient care information and got a positive reaction, helped students gain confidence. Negative experiences, on the other hand, like being unable to respond promptly, mispronouncing medical words, or receiving correction in front of others, caused anxiety and diminished confidence in further communication.

The results demonstrated that students who had practiced previously felt more confident and could effectively use basic English in clinical settings. During ward rotations, discharge education, and presentations where patients or family comprehended their explanations, several participants reported successful experiences. Simultaneously, participants reported having trouble when doctors asked them unexpected questions, when they had to utilize complicated medical jargon, or when they had to communicate clearly under duress. These experiences demonstrate how prior success, preparation, and exposure to actual clinical communication scenarios all have a significant impact on confidence in English communication.

P1: I once gave a patient an explanation of discharge medication during my rotation in the medical ward. The patient grinned and said, "Thank you, sister," as I spoke gently and in simple terms such, "take this tablet after food, two times a day." I comprehend.

P2: During my MICU rotation, a patient's daughter concerned about her father's surgery because she could only communicate in English. I told him about his NPO status and the reason he was unable to eat. "Thank you, I understand now," she remarked, which gave me confidence.

The self-efficacy literature, which emphasizes that good performance experiences are among the strongest sources of confidence because they offer concrete proof that a person can complete a task successfully, supports our findings (Egele & Stark, 2025). According to Caston et al. (2025), personal achievement is also defined as a multifaceted process in which people use their own skills, values, and resources to accomplish self-determined goals. On the other hand, communication hurdles including poor clinical language skills, limited vocabulary, and pronunciation issues can disrupt learning and lower confidence, thus it's critical to identify obstacles (Lawson et al., 2025). As a result, stressful or poor performance experiences reduce students' confidence in their ability to communicate in English, whereas frequent successful practice strengthens it.

P1: During my clinical rotation, I was unexpectedly asked about a patient's lab report by a physician. I could not swiftly respond to him in English, even though I knew the answer in my thoughts.

P2: I had to report a patient with "COPD exacerbation with type 2 respiratory failure" at handover. I knew what that meant in Urdu, but I froze since I couldn't pronounce the words correctly.

In conclusion, nursing students' confidence in their ability to communicate in English was greatly influenced by their performance experience. Students who had successful communication experiences were more motivated and felt more confident in their ability to speak in clinical settings. However, unpleasant experiences led to uncertainty and anxiety, particularly when they involved embarrassment, complex terminology, or public correction. According to this theme, nursing students should have many opportunity to practice safe English communication, particularly when it comes to clinical handovers, patient education, and the use of medical terminology.

Theme 2: Negative Vicarious Experience

Another significant aspect impacting nursing students' English communication was found to be vicarious experience. Learning via watching others, particularly classmates, seniors, instructors, and clinical professionals, is known as vicarious experience. Students in this study said that seeing others speak English well inspired them and gave them hope that they could do the same. However, seeing classmates struggle, receive severe criticism, or experience embarrassment also made pupils more afraid and less inclined to speak.

The results demonstrated that students evaluated their own English communication abilities against those of their peers, teachers, staff nurses, and senior students. While some participants felt shy or anxious because they thought they were falling behind, others felt inspired when they witnessed peers conversing successfully with physicians and patients. Because they taught pupils useful techniques like using simple words, asking for clarification, repeating vital information, and speaking confidently even when grammar wasn't flawless, role models were particularly significant.

P1: I get excited and inspired when I see my friends communicate effectively in English with patients. "If she can do it, I can learn too," I think.

P2: I become inspired and a little envious when I watch my classmate converse with doctors in a fluid manner. "Why can't I do that?" I ask myself."

These results are corroborated by the literature, which explains that vicarious experience happens when people see others who are similar to them completing activities effectively and start to think they can do the same (Wiedenman et al., 2025). In educational and professional contexts, peer observation is acknowledged as a type of collaborative learning that fosters professional growth, knowledge sharing, and confidence building (Simmons et al., 2023). By exhibiting good conduct, effective communication techniques, and professional confidence that students can emulate, role models further aid in professional development (Filstad et al., 2024). Therefore, nursing students' communication self-efficacy can be strengthened by witnessing confident and encouraging English communication in clinical settings.

P1: A head nurse is someone I admire because she speaks English simply and effectively. She taught me to repeat key points and utilize few words.

P2: I learned that confidence is more crucial than grammar from a staff nurse in an emergency. Instead of merely nodding and acting as though I knew, I learned to ask for explanation.

In conclusion, students' English communication was impacted by vicarious experience in both positive and negative ways. Students were inspired to practice English and have faith in their capacity to get better by positive role models and encouraging classmates. But witnessing others' hardships or receiving harsh correction led to fear and silence. This theme emphasizes

the value of courteous correction, peer learning, and encouraging clinical role models in assisting nursing students in overcoming obstacles to English communication.

Theme 3: Low Social Persuasion

One important factor influencing nursing students' confidence in their ability to communicate in English was social influence. Encouragement, criticism, and verbal support from teachers, classmates, mentors, patients, and medical professionals are all considered forms of social persuasion. Students in this study said that while negative or humiliating criticism discouraged them and caused them to avoid communication, positive feedback boosted their confidence and inspired them to keep speaking English. This demonstrates how kids' communication behavior is directly impacted by how they are encouraged or corrected.

The results showed that students were extremely receptive to instructor and clinical staff comments. Even if their English was not flawless, students were able to see that their communication was getting better thanks to encouraging feedback. On the other hand, unfavorable remarks, public criticism, or other people's amusement made students feel ashamed and scared to speak up again. Confidence was also impacted by patient engagement. Students felt professional and motivated when patients or families responded favorably, while other students felt uncomfortable and less confidence when patients were perplexed or asked them to switch to Urdu.

P1: I greatly benefit from positive feedback. I feel confident enough to try again when my teacher tells me, "Your English is clear, just speak a little louder.

P2: I shut down when I receive negative feedback. I didn't speak in handover for two weeks after one instructor told the team, "Your English is too weak for this profession.

The literature, which claims that feedback helps students evaluate their actual performance with predicted performance and directs them toward development, supports these findings (Abraham & Singaram, 2024). Positive social persuasion can motivate people to keep practicing challenging abilities, such as professional communication, and lessen self-doubt (Wiedenman et al., 2025). Effective patient engagement in healthcare settings necessitates warmth, compassion, understanding, and rapport-building—all of which promote patient cooperation and confidence (Sjölander, 2024). Thus, encouraging communication settings and constructive criticism are crucial for boosting nursing students' confidence in their ability to communicate in English.

P1: The majority of patients are courteous. They attempt to comprehend and nod when I speak in English. That gives me confidence and a positive feeling.

P2: Families with higher levels of education will nod and have more faith in me if I speak English. I feel like a professional because of that.

In conclusion, students' confidence in their ability to communicate in English was either strengthened or weakened by social persuasion. While negative comments and public criticism caused anxiety and avoidance, positive feedback from teachers, peers, and patients encouraged students to speak more boldly. According to this topic, nursing educators and clinical personnel should promote students' communication growth by giving them private, kind, and helpful comments.

Theme 4: Weak Imaginal Experience:

A motif pertaining to students' mental preparation and visualization before to English communication assignments was found to be imaginative experience. Imagining oneself completing a task effectively before actually completing it is known as imaginal experience. Before speaking in English, students in this study explained how they prepared important words, practiced handovers in their heads, and imagined clinical conversation. However, this procedure was frequently accompanied by uneasiness, anxiety, and a fear of making mistakes, particularly while communicating with doctors or during handovers.

The results demonstrated that students were under psychological and physical pressure prior to speaking English in clinical settings. A few participants mentioned shaking, dry lips, sweaty palms, a rapid heartbeat, and a fear of forgetting phrases. Despite this concern, students prepared themselves using a variety of techniques, including practicing SBAR reports, writing crucial terms, taking deep breaths, speaking in short lines, and reminding themselves that patient care came before flawless English. By using these techniques, students were able to control their communication anxiety and carry on with their clinical communication.

P1: My heartbeat quickens before to an English handover. Sometimes my stomach feels constricted, and my hands start to perspire a little.

P2: My mouth goes dry and my heart races before handover. I frequently practice the SBAR in my mind since I'm afraid of mispronouncing a drug's name.

According to the research, when direct experience is scarce, imaginal experience serves as a kind of self-persuasion and cognitive rehearsal that helps people get ready for future performance (Egele & Stark, 2025). Students' perceptions of their own skills and resilience in academic and clinical contexts are similarly influenced by their professional self-image (Chu & Lowery, 2024). Additionally, learners can manage stress and perform better in professional settings with the support of institutional resources, mentors, and personal relationships (Simmons et al., 2023). In order to lower anxiety and enhance English communication among nursing students, mental rehearsal, encouraging advice, and a good self-image are crucial.

P1: Before speaking, I take two deep breaths and jot down three or four important words in my little notepad.

P2: I put important terms on my handover page, inhale deeply, and remind myself that the patient is more important to them than my accent.

In conclusion, students' mental preparation for speaking assignments was influenced by their imaginative experiences, which in turn changed their English communication. Even though a lot of students felt anxious prior to clinical communication or handovers, they also employed coping mechanisms such self-encouragement, note-taking, rehearsing, and plain language. This theme proposes that in order to boost confidence prior to actual clinical contacts, nursing students should be taught structured communication skills, such as SBAR practice and guided rehearsal.

Theme 5: Negative Physical & Emotional State

Nursing students' confidence in their ability to communicate in English was found to be significantly impacted by their physical and mental conditions. This theme relates to how students understand their physical and emotional responses during communication activities, including shaking, anxiety, tension, excitement, fear, and elevated heart rate. In this study, students' confidence in their ability to speak English was strongly correlated with their emotional reactions. While some students saw poor English as limiting their academic, clinical, and professional prospects, others saw it as a chance for professional advancement.

The results demonstrated that when it came to communicating in English, pupils felt both motivated and anxious. The participants thought that being able to communicate in English would enable them to obtain research-based knowledge, work in better hospitals, explore possibilities overseas, and get ready for tests. They did, however, believe that poor English made it difficult to get interviews, clinical placements, ICU experience, and professional confidence. Students discussed the necessity for organized support mechanisms, such as buddy systems, safe practice groups, pocket word lists, English-for-nursing programs, and supportive lecturers who chastise students in private rather than publically humiliating them.

P1: I believe English will be very beneficial to my job. I can work in large hospitals and possibly even outside of Pakistan if I speak English well.

P2: I feel like it limits me right now. I steer clear of private hospitals and intensive care units because I believe they require proficient English.

According to the literature, students' mental and physical states affect their self-efficacy because they may see stress reactions as either natural enthusiasm prior to a performance or as indications of weakness (Egele & Stark, 2026). Confidence, professionalism, and communication behavior can all be impacted by emotional reactions in professional contexts, which include psychological and bodily reactions that take place during encounters at work (Filstad et al., 2024). Additionally, coping strategies are crucial because they enable people to control their stress, preserve their self-esteem, and continue to function well under duress (Pettersson et al., 2022). Therefore, supportive teaching techniques and useful coping mechanisms should be used to address students' emotional reactions to English communication.

P1: Word lists, a safe practice group, and kind mentors who give us individual corrections would be my dream support system.

P2: I require nursing English classes that include medical terminology, patient education, doctor calls, and handover role plays.

In conclusion, nursing students' emotional and physical situations posed significant obstacles to their ability to communicate in English. Students' readiness to speak English in clinical situations was hampered by anxiety, low confidence, and fear of being judged. Students did, however, also acknowledge the importance of English for professional growth and job advancement. In order to assist students handle communication anxiety and boost their professional confidence, this theme emphasizes the necessity of supportive learning environments, nursing-specific English lectures, personalized feedback, and structured coping mechanisms.

Results

The study's conclusions showed that five main themes—performance experience, vicarious experience, social persuasion, imaginal experience, and bodily and emotional states—shaped nursing students' barriers to communicating in English. These themes demonstrated how prior experiences, peer observation, feedback, mental preparation, emotional reactions, and the degree of assistance offered in academic and clinical contexts all had an impact on students' confidence in their ability to communicate in English. Overall, the results showed a strong correlation between students' self-confidence, professional identity, clinical performance, and future career goals and English communication in nursing.

The first subject, performance experience, demonstrated how students' confidence was significantly impacted by their prior communication experiences, both successful and failed. When they were able to communicate with patients and families in basic English, give presentations, or clarify patient care information, participants felt more confident. Students' confidence in their ability to speak successfully in clinical settings was bolstered by successful experiences. Negative experiences, on the other hand, such as freezing during handover, having trouble understanding medical jargon, mispronouncing clinical terms, or receiving correction in front of others, made them less confident and more hesitant. This result implies that increasing students' confidence in their ability to communicate in English requires consistent practice as well as favorable clinical communication experiences.

By seeing peers, seniors, professors, and clinical staff, children learnt and acquired confidence, according to the second principle, vicarious experience. When classmates or staff nurses spoke confidently in English with patients and physicians, the participants felt inspired. These insights gave them hope that they, too, might get better with practice. However, several children were afraid to speak after witnessing others struggle or face harsh criticism. Students learnt useful communication techniques from role models, such as speaking slowly, using simple words, seeking clarification, and maintaining confidence even when their grammar was flawed. The significance of interpersonal support, encouragement, and feedback was emphasized in the third theme, social persuasion. Positive comments from peers, teachers, patients, and clinical staff boosted students' self-esteem and inspired them to keep honing their English

communication skills. Participants stated that constructive criticism and encouraging remarks enabled them to grow without feeling ashamed. On the other hand, emotional distress and avoidance of English contact were brought on by unfavorable comments, public criticism, laughter, or depressing statements. This result demonstrates that students' willingness to speak in English can be strengthened or weakened depending on how feedback is given.

Students frequently mentally prepared themselves for English communication activities like handovers, presentations, and patient explanations, according to the fourth topic, imaginal experience. Participants talked about practicing sentences, writing important terms, preparing SBAR reports, and visualizing their speech before speaking. Many students nevertheless felt anxious, afraid about missing words, and worried about making mistakes, even though this preparation helped some students control their anxieties. According to this research, students may benefit from structured communication practice, guided rehearsal, and simulation-based exercises to lower anxiety and enhance communication skills.

The fifth topic, "physical and emotional states," showed that students' physical and emotional responses had a big impact on how they communicated in English. Before or during English communication, participants reported experiencing sensations such as a racing heartbeat, parched mouth, sweaty palms, trembling, anxiety, embarrassment, and fear of being judged. Sometimes, these responses made it harder for them to talk firmly and clearly. Simultaneously, students realized that proficiency in English was critical for career promotion, research, work at respectable hospitals, foreign prospects, and professional development. This research demonstrates that although many students experience anxiety when communicating in English, it is also seen as a crucial ability for future career success.

Overall, the results show that nursing students face a variety of obstacles while trying to communicate in English. Along with psychological and social problems including fear, poor confidence, unfavorable criticism, and a lack of opportunities for supportive practice, students also confront linguistic challenges such as a restricted vocabulary and trouble with medical terminology. The results also demonstrate that when students receive support from role models, systematic practice, nursing-specific English instruction, encouragement, and a safe learning environment, they are willing to develop. Therefore, both language development and confidence-boosting techniques are needed to improve English communication among nursing students.

Conclusion

This study found that a variety of social, emotional, educational, and personal factors affect nursing students' communication difficulties in English. The study's five themes—performance experience, vicarious experience, social persuasion, imaginal experience, and physical and emotional states—showed how prior experiences, peer observation, teacher and clinical staff feedback, mental preparation, and emotional reactions during communication tasks all influence students' communication confidence.

Performance experiences demonstrated that while unpleasant or embarrassing interactions decreased students' desire to use English in clinical situations, positive communication encounters boosted students' confidence. Vicarious experiences showed that students were impacted by professors, peers, and role models because they were inspired to get better by seeing others communicate well. Social persuasion emphasized the value of encouraging and helpful feedback since it boosted confidence whereas criticism and public correction caused fear and avoidance. Despite using mental rehearsal and preparation techniques before speaking English, many students still felt anxious, according to imagined experiences. Students' physical and mental states showed that anxiety, fear, and low self-esteem were significant obstacles, but they also acknowledged the importance of English for professional advancement.

The study also found that English communication is crucial for nursing professionalism, patient care, clinical confidence, and career advancement in addition to being a language competence.

Students' involvement in handovers, patient education, clinical conversations, and career possibilities may be restricted by poor English communication. Nonetheless, kids may boost their self-esteem and communication abilities with the right help. Therefore, clinical communication practice, role-playing exercises, SBAR handover training, peer support groups, private constructive criticism, and English-for-nursing seminars should all be offered by nursing schools.

In conclusion, a systematic and encouraging instructional strategy is needed to help nursing students who struggle with English communication. Safe learning settings should be established by educators, clinical instructors, and medical personnel so that students can practice without worrying about being embarrassed. Students can overcome nervousness and gain confidence with the aid of nursing-specific English instruction, constructive role modeling, kind criticism, and emotional support. In addition to improving academic and clinical performance, improving English communication skills among nursing students will also increase patient interaction, professional development, and preparedness for future nursing practice.

RECOMMENDATION:

- English-for-nursing courses that emphasize patient interaction, handover communication, and medical terminology should be offered by nursing schools.
- Teachers and clinical instructors should establish a safe space where students can practice their English without worrying about being judged or embarrassed.
- To increase students' confidence and fluency, role plays, simulations, and SBAR handover practice should be used.
- Students should receive constructive criticism in private to promote growth and improve their communication abilities.

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