

**ENGLISH FOR NURSING PRACTICE: CLT-ORIENTED ESP NEEDS,
SELF-COMPETENCE, AND CURRICULUM GAPS AMONG
UNDERGRADUATE NURSING STUDENTS IN PAKISTAN**

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Abstract

The current study aimed to explore the English for Specific Purpose (ESP) needs, self-competence and curriculum gap of undergraduate nursing students at The University of Faisalabad (TUF), Pakistan. This study adopted quantitative research methodology based on CLT and conducted to survey 99 female nursing students from their 1st year to internship level. The data was gathered from a six-part structured questionnaire on a five-point likert scale which included questions on English learning background, English use in clinical settings, professional speaking and writing skills, course evaluation, ESP learning needs and preferences. This study was based on the needs analysis framework of Hutchinson and Waters (1987) which includes three elements: needs, lacks and wants and Communicative Language Teaching (CLT). Descriptive statistics, Pearson correlation, and one-way ANOVA were used for analysis. Results revealed that the highest rating was for professional writing skills ($M = 4.109$) and ESP needs and learning preferences ($M = 4.071$) while the lowest rating was for actual use of English in clinical settings ($M = 3.508$). The mean ($M = 2.889$) of item B3, which analyzed English use with patients and families, was the lowest, indicating a critical disconnect between language teaching and the clinical language needs of patients and families. The reliability of the instrument was good ($\alpha = .900$). There was a significant

difference between the academic levels in ESP needs ($F = 2.698, p = .035$). Pearson correlation revealed that course evaluation was the most highly correlated predictor of ESP needs ($r = .513, p < .001$). This study validates that the needs of the Nursing students are similar to the other recent studies conducted in Pakistani universities in the private sector but the problem of patient communication is even more acute in Pakistani private sector universities. Implications of the results are important for designing ESP courses for nursing students at TUF and other institutions in Pakistan on the CLT model.

Keywords: *ESP needs analysis, nursing education, CLT, clinical communication, Pakistan, curriculum gap, self-competence, Hutchinson and Waters, target situation analysis*

1. Introduction

The language of English is playing a significant role in the health and medical world throughout the world. English is particularly important for nurses not only to read textbooks but also to communicate with patients, write clinical documents and attend ward talks. This need is especially crucial in countries such as Pakistan where English is employed as a medium of instruction in higher education. But the ability of clinical English communication is not fully prepared for many nursing students when they graduated from school (Tajamal et al., 2025). This is a significant issue which requires proper study. English communication skills are crucial for nursing students in Pakistan as English is extensively used in clinical record keeping, educational instruction and professional communication. Yet, there are a number of problems in relation to communicative competence for healthcare students, especially in the areas of speaking, listening and clinical writing.

In Pakistan, a recent ESP needs analysis conducted among the final year students from the healthcare field revealed that students had moderate proficiency levels in English, but felt it was very necessary for professional communication (Sattar et al., 2026). Based on the concepts of "necessities" and "lacks" and "wants" put forward by ESP, the study also revealed that students were keenly interested in communicative and professional English teaching. The results above reveal that there are many deficits in the communicative needs of the learners and in the nature of ESP courses in the nursing curriculum, which suggests the need for learner-centered English courses with a CLT approach in nursing education.

English for Specific Purposes (ESP) is a special category of the teaching and learning of English that targets the communicative requirements of learners in their occupational domain. For nursing education, ESP needs to respond to the specific language needs of the clinical environment, including communicating with patients, giving handovers, reporting cases, and keeping records (Finch, 2014; Huang & Yu, 2023). Communicative Language Teaching (CLT) also has close relationship with ESP because it emphasizes on real communication, interaction and meaningful language use instead of grammar rules only (Febrijanto & Kurniajati, 2017).

Needs analysis is the core of any successful design of a good ESP course (Jubhari et al., 2022). If we don't know what students know, what they don't know, and what they want to know, then we can't create a meaningful, effective course. Researchers in various countries have demonstrated that in general, nursing students lack confidence in their English communication skills, particularly in interacting with their patients (Khatoon et al., 2019; Lu, 2018; Nurakhir, 2018). Similarly, in Pakistan, Khatoon et al. (2019) and Tajamal et al. (2025) also state that there is an urgent need for the enhancement of spoken clinical English among the nursing students of Pakistan. But, there is still limited research completed on the nursing students of private sector Pakistani Universities especially on learning needs of CLT and course evaluation.

The present study was carried out at the School of Nursing under The University of Faisalabad (TUF) which is considered a private sector university of Faisalabad, Pakistan. The study is conducted with 99 female undergraduate nursing students. It was initiated to assess their ESP needs, to measure their self-competence in clinical communication, and to determine the difference between their English learning and the requirements of their clinical work. The CLT approach is used to guide the study, as it focuses on communication, interaction and real-world language use. The results of the present study are also correlated with some other similar recently conducted studies in the Pakistani higher education context in order to understand the nursing ESP needs of TUF in relation to the scenario of the whole country.

1.1 Research Questions

This study is guided by the following three research questions:

1. What are the self-perceived ESP needs, professional communication self-competence, and CLT-oriented learning preferences of undergraduate female nursing students at the School of Nursing, TUF, Pakistan?
2. To what extent do existing English courses at TUF address the clinical communication demands identified in the target situation analysis, and where do the most significant curriculum gaps lie?
3. Do ESP needs and learning preferences of nursing students differ significantly according to academic level and clinical exposure, and how do these patterns compare with findings from recent Pakistani nursing and allied health ESP studies?

2. Literature Review

2.1 ESP in Nursing Education

There has been an increasing focus on ESP in nursing education. Studies have shown that nursing students require more than just language skills, they require language skills that are different from general English, for clinical tasks, as stated by Saragih (2014) and Marleni et al. (2023). According to the results of the findings, the most important skills for nurses are speaking and communication skills and not just grammar and reading in Indonesia, Taiwan, Iran, Korea and in Pakistan (Nurakhir, 2018; Lu, 2018; Mazdayasna & Tahririan, 2008; Choi, 2021).

A study of Khatoun et al. (2019) was conducted on 120 students of nursing colleges of Lahore, Pakistan, where they found that speaking skills are the most important in the clinical environment. Students in the diploma and BSc programs also experienced challenges in language, but especially in communicating with other health care workers during ward rounds. The study also mentioned that the needs of communication are different according to the age, class level and clinical experience. Likewise, the study carried out by Tajamal et al (2025) was a large scale needs assessment among various stakeholders of Pakistan such as students, nurse teachers, clinical preceptors, English teachers and deans. The results showed that the nursing students must have proficiencies in productive skills, especially speaking and writing, grammar and vocabulary, and also read and write in the specific genres related to the discipline, including the writings on case studies, shift report, care plan, and discharge notes.

Internationally, Huang and Yu (2023) carried out a needs analysis of 100 Chinese nursing students which focused on communication and revealed that the students tended to be dependent on fixed phrases and were unable to adapt the communication to the individual needs of their patients. Later Huang (2025) proposed that for ESP in nursing, it is not enough for the ESP features to be merely on the vocabulary level and pronunciation, but discourse level communicative

engagement strategies should also be included. This fits well with the CLT principles of meaningful communication, context, and interaction.

2.2 CLT in Nursing ESP

In nursing ESP, Communicative Language Teaching (CLT) is significant as it emphasizes the real communicative tasks, role play, interaction, and not passive learning. Febrijanto and Kurnijati (2017) created CLT-based ESP materials for nursing students in Indonesia and demonstrated that applying CLT principles on the four language skills was successful if founded on the nursing care task. The positive validation of the materials and the results of its application were appropriate for self-learning. Recently, Febrijanto and Kristanti (2026) found that ESP competence significantly influenced portfolio-based nursing care implementation ($r=0.684$, $p<0.001$), which indicates that ESP instruction was found to have a direct effect on professional nursing practice.

In addition, Mulyadi et al. (2025) found that the technology enhanced task based language teaching (TBLT) integrated into the content language integrated learning (CLIL) was positively perceived by both nursing students and lecturers in Indonesia. Students appreciated the correlation of nursing theory and ELL. Role playing and simulation exercises are particularly good in a nursing ESP classroom. The result of the research conducted by Ferdian and Nirwana (2021) showed that the nursing students liked role play as English learning activity with mean score 3.65 and they reported that role play was able to improve their communication skills. The same thing applies to Purwaningsih and Dewi (2019) who demonstrated the improvement of communicative speaking skills of nursing students in ESP courses by using classroom discussion techniques.

2.3 Curriculum Gaps and Course Evaluation

Some studies have shown that the current ESP and English courses for nursing students are inadequately designed for the use of English in their professional communication. Lu (2018) interviewed the nurses in Taiwan and found the courses were not very useful but not very effective as they are not what the nurses needed in their daily language use. Vocabulary, pronunciation and accent were challenging to students. The study by Farhadian and Rajabi (2022) revealed that the quality of the ESP course for nursing students was inadequate, and teachers and students both attributed this to the failure of communicative skills to be introduced into the course. The quality of ESP courses as reported by ESP instructors by Farahian and Parhamnia (2020) was also poor and not motivating.

To demonstrate the systemic gap in the Pakistani allied health context, Riaz et al. (2026) employed a curriculum gap index (Δ score) and found that a significant gap exists between the amount of what students are missing and what they need, especially in terms of authentic materials ($\Delta = 0.17$) and clinical writing ($\Delta = 0.89$). A one-way ANOVA, Pearson correlation and multiple regression were used in the study, which included 309 allied health students from the GCUF. It discovered that self-competence ($\beta = +.177$, $p = .017$) and learning preferences ($\beta = +.201$, $p = .003$) were positive predictors of ESP necessity demand. In similar study, Sadia et al. (2026) asked 309 allied health students at GCUF for their priorities, and had 90.0% agreement to the priority checklist suggesting the need of patients communication and counselling while course evaluation found a moderate mean score of 3.46 and authentic materials had the lowest score ($M = 3.21$).

In Sri Lanka, Jayarathna et al. (2025) indicated that the existing EAP courses were inadequate for the professional communication requirements of nurses, with 52% of the learners describing their level of confidence in oral communication as low and 57% highlighting the need

for improved medical communication skills. An English-only classroom policy, insufficient academic literacy and materials that were not localized also prevented nursing students from South Korea from being satisfied with the current English for Medical Purposes courses, as Choi (2021) revealed.

2.4 Theoretical Framework

This research is based on two complementary theories which are the needs analysis model of Hutchinson and Waters (1987) and Communicative Language Teaching (CLT). Both these frameworks are not implemented separately but are intertwined, and used in a mutually overlapping manner to inform the research design and the interpretation of results. Each of the following sections will address each of these frameworks in detail and then explain why each of these frameworks is applicable to the nursing ESP context, and how the frameworks interact with each other in the context of this particular study.

2.4.1 Hutchinson and Waters' (1987) Needs Analysis Framework

One of the most popular frameworks in ESP research and practice was put forward by Hutchinson and Waters (1987). Their model classifies the needs of the learners into three interrelated categories: necessities, lacks and wants. These three concepts are combined into what Hutchinson and Waters referred to as target needs of a learner; that is, the knowledge and skills needed for successful functioning in the target situation (in this study, the clinical nursing situation).

Requirements are what the learner needs to know and be able to do to be successful in the desired professional setting. For nursing, there are requirements of English language in clinical documentation, interprofessional communication, patient explanation, ward handovers and medical report writing. The needs of the learner are not the only needs, but the needs of the target situation, including the expectations of the hospital, the supervisor and the health care system. In the present study, Section B (Use of English in Clinical Settings) was specifically designed to assess the demands of the target situation whereas Sections C and D tested perceived performance of the demands of the target situation, reflecting the necessities dimension.

Lacks are the differences between what a learner knows or can do and what he or she must learn or do to meet the requirements. That is, lacks are the gap between necessities and the current competency of a learner. Identification is one of the key activities of needs analysis since it is directly related to what should be taught and what should be focused on by the learner, said Hutchinson and Waters (1987). This difference is evident in the present study, with the low mean for Section B ($M = 3.508$) and the high means of the Sections C ($M = 3.754$) and D ($M = 4.109$). The very low score on item B3 ($M = 2.889$) that assessed English use with patients and families is a particularly strong negative finding from this study—students simply are not using English in the most important clinical communication setting. The finding is consistent with the allied health study conducted by Sadia et al. (2026) which reported that students' needs were high, but their score for the course evaluation was found to be $M = 3.46$, which is actually similar to the gap between the delivery of the course and the allied health needs.

Wants are the students' own wishes, motivations and preferences that they have regarding what they wish to learn. Wants are important because ESP is essentially a learner-centred subject and learners who participate in what they are learning, make better progress. Section F (ESP Needs and Learning Preferences) was the second highest mean ($M = 4.071$) and Section G priority checklist were used to capture wants in this study. Pronunciation and spoken fluency (43.4%) are

the greatest priorities by students, as well as nurse–patient communication (39.4%) and interprofessional communication (37.4%), all of which are indicative of strong CLT-based and interactive oral communication training wants. These wants are not merely preferences, but they are in line with what is required of the clinical nursing context; pedagogically sound and clinically defensible.

For several reasons, the use of Hutchinson and Waters' (1987) framework in this study is quite compelling. One, the model has been shown to be applicable in several nursing ESP studies conducted in different national contexts such as in Sadia et al. (2026) and Riaz et al. (2026) of Pakistan and Jubhari et al. (2022) and Nurakhir (2018) of Indonesia. This is also because the three-part approach in the questionnaire (necessities, lacks, wants) aligns closely with the three parts of the questionnaire in this study: Section B: necessities; Sections C and D: lacks: present situation, self-competence; Sections E and F: wants, evaluation of the course. Third, as the framework was clearly developed to facilitate in course designing for ESP, the results of this research can be directly applied in the concrete recommendations for the improvement in the curriculum of ESP courses at TUF or other similar nursing programmes in Pakistan.

2.4.2 Communicative Language Teaching (CLT)

Communicative Language Teaching (CLT) has developed out of the work of Hymes (1972) and has been expanded by Canale and Swain (1980), Widdowson (1978) and others. The central theme of CLT is that language learning requires the acquisition of communicative competence rather than just grammatical knowledge or the ability to produce correct sentences. The key concept of CLT is that communicative competence is not merely grammatical knowledge but the ability to use language appropriately, accurately and meaningfully in authentic social and work-related settings. At the heart of CLT is meaningful interaction, authentic tasks, activities that involve the learner, and authentic and meaningful language materials from the target professional setting.

A CLT is particularly relevant in the nursing context as nursing communication is very interactive and purposeful, taking into consideration the context. Nurses don't just speak English; they use it to explain things, to comfort patients, to pass on care tasks, to inform, and to work with other health care providers. All these communicative skills involve more than the knowledge of vocabulary; they involve pragmatic competence, a sensitivity to the sociolinguistic context, and a competence in flexible language use to interlocutors and contexts. However, Finch (2014) suggested that a humanistic and patient-centred approach that focuses on the task should be used to build sensitive counseling skills in English, rather than following the general conversation English model, which is to focus on a general conversation. Huang (2025) found this to be the case when he compared the effect of discourse-focused, communicative engagement training with the effect of simply rote-learning of surface-level features, and found that the former had significantly better effect on nursing students than the latter.

For the purposes of this study the CLT is justified for the following 4 reasons. Second, the questionnaire is CLT specific in terms of measuring the ability and needs of students in spoken interaction (Section C), written professional tasks (Section D) and interactive learning preferences (group work, role play, task based activities) (Section F). Secondly, the skill that students rated the lowest in this study (B3, $M = 2.889$) is the same skill that is directly relevant to CLT principles (the real nurse–patient communication skill); thus, CLT principles are not being applied in students' clinical practice to a sufficient degree. Third, the top three priorities listed from the

Section G checklist, which are all key components of nurse–patient communication, are also core CLT competencies: spoken fluency, nurse–patient communication, and interprofessional communication. Fourth, the literature from Pakistan (Khatoon et al., 2019; Tajamal et al., 2025) and the ESP nursing field (Febrijanto & Kurniajati, 2017; Mulyadi et al., 2025) point to the use of CLT-based approach as the most effective solution to the communicative gaps highlighted in this study.

2.4.3 Integration of the Two Frameworks

This study deliberately and structured incorporates the model by Hutchinson and Waters (1987) and CLT. The needs analysis model gives the diagnostic viewpoint of the study with the questions: what do students need, what are they lacking, and what do they want? CLT becomes the prescriptive lens as the question posed by the study becomes: what is the best way to teach and how should the course be designed to meet those needs, lacks, and wants? The two frameworks enable this study to go beyond simply describing the ESP gaps to making evidence-based, pedagogically sound recommendations for curriculum reform at TUF in nursing education.

In particular, the parts of the questionnaire correspond to the integrated framework in the following way. The necessities and the actual situation dimensions of Hutchinson and Waters (1987) are operationalised in Sections A and B by the items measuring English learning background and clinical English use respectively. The lacks dimension is operationalized in Sections C and D, which show how well the person performs in relation to demands of the target situation. Section E assesses the course content in relation to the principles of CLT (interaction, authentic materials, and task-based assessments). In Section F, spoken practice, group work, role-plays and communicative priorities are focused on to capture the CLT oriented perspective of wants. Such congruence of theoretical framework and instrument design enhances the validity of data, and the applicability of the conclusions for redesigning ESP courses. The same integrative approach as adopted by Sadia et al. (2026) and Riaz et al. (2026) who used the model of Hutchinson and Waters as the analytic framework for allied health ESP research in Pakistan.

3. Methodology

3.1 Research Design

The design of this study was quantitative descriptive survey. This design is appropriate to be applied when measuring ESP needs, self-competence and learning preferences on a large scale level (Susmini & Episiyasi, 2021; Khatoon et al., 2019). Data collected were mostly through questionnaires which were analyzed using descriptive statistics, Pearson correlation and one way ANOVA.

3.2 Participants

This study included 99 female undergraduate nursing students of the School of Nursing, The University of Faisalabad (TUF) a private sector university in Pakistan. Data collection was done in December, 2025. The class consisted of women only. There were 5 students from first year, 6 students from second year, 39 students from third year, 32 students from fourth year and 17 students from internship level. The age distribution revealed majority of the participants were aged between 20 and 22 years (46.5%). Of the 83 students (83.8%), 83 students had clinical exposure which was regular and 16 students (16.2%) had clinical exposure which was limited. Complete demographic information is given in Table 1.

Table 1
Demographic Profile of Participants (N = 99)

Variable	Category	n	%
Gender	Female	99	100
Age	< 20 years	3	3.0
	20–22 years	46	46.5
	23–25 years	24	24.2
	> 25 years	26	26.3
Academic Level	1st Year	5	5.1
	2nd Year	6	6.1
	3rd Year	39	39.4
	4th Year	32	32.3
	Internship	17	17.2
Clinical Exposure	Regular	83	83.8
	Limited	16	16.2

Note. All participants were female undergraduate nursing students at TUF.

3.3 Instrument

The form was designed based on CLT principles and had seven sections. The five-point Likert scale (Strongly Disagree to Strongly Agree) was used for Sections A to F. In section G there was a checklist for students to choose from to indicate up to three priority areas. Section A (2 items) assessed English learning background, which was related to the present situation dimension of Hutchinson and Waters' (1987) framework. Section B (4 items) covered the actual situation of the use of English in clinical situations as Target Situation Analysis (TSA). Section C (5 items) examined self-competence in the professional speaking skills as related to the CLT perspective. The professional writing tasks assessed in Section D (4 items) measured self-competence. Section E (4 items) analysed the existing ESP and English courses in terms of a CLT approach. Section F (5 items) looked at ESP needs and learning preferences with respect to CLT principles. This was the wants checklist area in section G. The instrument was found to have high reliability with alpha value of .900 (Cronbach's alpha).

3.4 Data Collection and Analysis

The data were obtained by distributing an internet based questionnaire in December 2025. Data from one male respondent was not included in the analysis and 99 female respondents remained. The data was analyzed by Statistical Package for Social Sciences (SPSS). For all items and sections, descriptive data such as mean (M) and standard deviation (SD) was calculated. Pearson correlation analysis was performed to look at relations between sections. Differences in

ESP needs among the academic levels and clinical exposure groups were investigated with one-way ANOVA.

4. Results

4.1 Section Means and Overall Findings

Table 2 shows the descriptive data of all six sections of the questionnaire that were measured with a Likert scale. The mean score for the instrument was $M = 3.882$ which was mostly a positive attitude towards the English communication needs in nursing. Section D: Professional Writing Skills ($M = 4.109$, $SD = 0.613$) and Section F: ESP Needs and Learning Preferences ($M = 4.071$, $SD = 0.472$) were both very close behind the highest-rated section, while Section A: English Learning Background ($M = 4.015$, $SD = 0.582$) was rated the next highest. The results showed that the lowest mean value was for Section B: Use of English in Clinical Settings ($M = 3.508$, $SD = 0.863$), which means that students' use of English in clinical settings is still quite limited.

Table 2

Descriptive Statistics by Section (N = 99)

Sec.	Section Title	Items	n	M	SD
A	English Learning Background	2	99	4.015	0.582
B	Use of English in Clinical Settings (TSA)	4	99	3.508	0.863
C	Professional Speaking Skills (CLT Focus)	5	99	3.754	0.662
D	Professional Writing Skills (Clinical Tasks)	4	99	4.109	0.613
E	Evaluation of ESP/English Courses	4	99	3.836	0.754
F	ESP Needs and Learning Preferences (CLT)	5	99	4.071	0.472
Grand	Overall	24	99	3.882	—

Note. M = Mean, SD = Standard Deviation. Scale: 1 = Strongly Disagree to 5 = Strongly Agree. TSA = Target Situation Analysis; CLT = Communicative Language Teaching.

4.2 Item-Level Analysis

All 24 individual items are presented in table 3 with the mean and standard deviation. D2 was the highest scoring item with $M = 4.313$, $SD = 0.649$. D2: I can write clear and accurate nursing notes in English ($M = 4.172$, $SD = 0.756$) was the second highest, followed by D3: I can write nursing notes that are well organised ($M = 4.149$, $SD = 0.743$). This indicates that students considered medical terminology and writing skills as extremely useful professional skills.

However, B3: I use English when communicating with patients or their families was the lowest scored item in the entire instrument ($M = 2.889$, $SD = 1.203$). The discovery is quite significant. The profession of nursing is patient centred but pupils were not communicating with

patients in English in their clinical context. The levels for B4: English used predominantly for professional nursing activities ($M = 3.596$) and B2: communicating with doctors and healthcare professionals ($M = 3.646$) were also fairly low. This demonstrates a steady disparity between the uses of English that occurs in real clinical communication situations.

In section C: Speaking self-competence, the item C5: Pronunciation and Spoken Clarity was the most highly scored one ($M = 4.061$, $SD = 0.831$), while the item C1: I can explain nursing procedures to patients in clear English was the least highly scored item ($M = 3.465$, $SD = 1.146$) in this section. The comparison reveals that students knew that the pronunciation is important for patient safety, but they did not believe that they could explain the nursing procedure in English. The same finding was observed in Section E which shows that 'Authentic materials used ($M = 3.737$, $SD = 1.026$)' was lowest rated aspect of the course delivery, this is similar to Sadia et al. (2026) who found that 'Authentic materials were used in class' was the lowest rated aspect of course delivery.

Table 3

Item-Level Descriptive Statistics (N = 99)

Item	Statement	M	SD
A1	I received adequate English instruction during my previous education.	4.061	0.682
A2	My previous English courses focused on general English rather than clinical communication.	3.970	0.801
B1	English is frequently required during my clinical training.	3.899	0.985
B2	I use English to communicate with doctors and other healthcare staff.	3.646	1.053
B3	I use English when communicating with patients or their families.	2.889	1.203
B4	English is mainly used for professional nursing tasks in my clinical setting.	3.596	1.087
C1	I can explain nursing procedures to patients in clear English.	3.465	1.146
C2	I can ask and answer questions appropriately during nurse-patient interactions.	3.778	0.864
C3	I can participate actively in ward discussions and handovers in English.	3.778	0.840
C4	I can communicate politely and empathetically with patients in English.	3.687	0.888

C5	Pronunciation and spoken clarity are important for safe patient care.	4.061	0.831
D1	I can write clear and accurate nursing notes in English.	4.172	0.756
D2	I can use correct medical terminology in written clinical documents.	4.313	0.649
D3	I can summarize patient information or case reports in English.	4.081	0.738
D4	I can write professional emails or messages related to clinical tasks.	3.869	0.778
E1	My English courses prepared me for real nursing communication tasks.	3.869	0.900
E2	Course activities were interactive and communication-based.	3.848	0.813
E3	Authentic materials (case notes, charts, reports) were used in class.	3.737	1.026
E4	Assessments reflected real clinical speaking and writing tasks.	3.889	0.794
F1	I need more practice in spoken English for patient communication.	4.081	0.738
F2	I need more practice in writing clinical documents.	3.970	0.788
F3	I prefer task-based activities such as role-plays and simulations.	4.030	0.735
F4	Learning through interaction and group work improves my English.	4.141	0.553
F5	Improving my English communication skills is a high priority for me.	4.131	0.737

Note. Scale: 1 = Strongly Disagree to 5 = Strongly Agree. Items organized by section (A–F).

4.3 Section G: Priority Checklist

The results of Section G (students' choices for up to three priority areas for their English learning) are displayed in Table 4. Medical vocabulary for nursing practice (n = 36, 36.4%), nurse – patient communication (n = 39, 39.4%) and interprofessional communication (n = 37, 37.4%) ranked second, third and fourth, respectively. Medical vocabulary for nursing practice (n = 36, 36.4%), nurse – patient communication (n = 39, 39.4%) and interprofessional communication (n = 37, 37.4%) ranked second, third and fourth respectively. Case presentations and discussions (n = 30, 30.3%) and clinical documentation (n = 22, 22.2%) were placed in fifth and sixth position.

The priorities also support findings of the quantitative study, namely the need for students to learn how to speak fluently and to communicate with patients, both of which were among the lowest areas of actual clinical English use.

Table 4

Section G Priority Checklist Results (N = 99; up to three selections allowed)

Rank	Priority Area	Frequency (n)	% of Respondents
1	Pronunciation and spoken fluency	43	43.4
2	Nurse–patient communication	39	39.4
3	Interprofessional communication	37	37.4
4	Medical vocabulary for nursing practice	36	36.4
5	Case presentations and discussions	30	30.3
6	Clinical documentation (notes, reports)	22	22.2

Note. Percentages exceed 100% because respondents could select up to three options.

4.4 Pearson Correlation Analysis

The Pearson correlation analysis was used to explore the relationships between sections. The results indicated that the highest correlation was between Section E (Course Evaluation) and Section F (ESP Needs) with $r = .513$ and $p < .001$. That is, the more positive the students' evaluation of their current English courses, the greater the ESP needs were expressed. The writing self-competence (Section D) was also highly correlated with the writing self-competence (Section F) ($r = .418$, $p < .001$) while the Speaking Self-Competence (Section C) showed moderate significant correlation with the writing self-competence (Section F) ($r = .380$, $p < .001$). The relationships suggest that students' perception of their own linguistic competence in the professional field was linked to their perception of their ESP needs, with the higher the ESP need the more specific it was, suggesting a positive ESP awareness of students' language learning needs. There was no statistically significant correlation between Section A (English Learning Background) and Section E (Course Evaluation) ($r = .093$, $p = .360$), indicating that English learning background doesn't predict course evaluation.

4.5 ANOVA Results: Academic Level and ESP Needs

One-way ANOVA was used to determine if there was a significant difference between academic level and ESP needs (Section F). The difference was found to be statistically significant [$F(4, 94) = 2.698$; $p = .035$]. Table 5 shows the group means. The highest ESP needs means were given for internship students ($M = 4.294$) and first year students ($M = 4.320$) and the lowest mean was obtained for third year students ($M = 3.908$). This pattern was interesting as the first year students' needs were high and the internship students' needs were high, perhaps due to the first year students' lack of experience in a professional context and the internship students' experience of clinical communication challenges in their hospital environment. This finding is consistent with Khatoon et al. (2019) in which they found that ESP communicative needs change according to the level of experience and the academic level of the doctors.

The difference was close, but not statistically significant ($F = 3.815$, $p = .054$), with higher scores for regularly exposed students ($M = 4.111$) compared to limited exposure students ($M = 3.862$) in the clinical exposure ANOVA. The finding was indicative of a trend but there was no significant effect of ESP needs on clinical exposure at the $p < .05$ level.

Table 5

One-Way ANOVA: ESP Needs (Section F) by Academic Level (N = 99)

Academic Level	n	M	SD	F	p
1st Year	5	4.320	0.371	2.698	.035*
2nd Year	6	4.067	0.448		
3rd Year	39	3.908	0.484		
4th Year	32	4.112	0.453		
Internship	17	4.294	0.439		

*Note. *p < .05. F and p values shown for the first group row only.*

5. Discussion

The results of the present study provide a clear picture on the ESP situation of the nursing students of the TUF. The results corroborate the idea that clinical communication in particular, and more specifically oral communication with patients and health workers, is the greatest gap between the current teaching and practice of English and the actual demands of the profession. This is in line with the results from various countries and contexts (Khatoun et al., 2019; Lu, 2018; Jayarathna et al., 2025).

The lowest was B3, English for communicating with patients or their families ($M = 2.889$). This result is particularly significant because nurse–patient communication is at the heart of nursing practice and patient safety (Huang & Yu, 2023; Finch, 2014). Nursing students at TUF rarely speak English in this context could be due to many reasons: patients and family members may prefer local language (Urdu or Punjabi); the clinical supervisors might not encourage students to speak English; and English courses might not be training students for this type of communication. Pun (2023) agreed, noting that even in bilingual hospital context, there is a need for specific ESP training for clinical communication activities, such as handovers and patient interactions. The very low score on B3 in this study therefore is a significant curriculum deficiency that should be immediately rectified.

The high mean for Section D (Writing Skills, $M = 4.109$) indicates that students had a relatively high level of self-competence in professional writing, particularly when it comes to using medical terminology (D2, $M = 4.313$). This is possibly a reflection of the fact that in their coursework they practice written activities such as notes and reports regularly. But, there should not be complacency in this. Nursing students face the challenge of creating complex professional genres like care plans, discharge notes and shift reports, and this is not simply about documenting basic information, as warned by Tajamal et al. (2025).

Results of the curriculum assessments (Section E $M = 3.836$) show a moderate level of satisfaction with the existing English curricula. But in the lowest value item E3 ($M = 3.737$) it revealed that authentic clinical materials were not used to the classrooms sufficiently. It is a common phenomenon in research on ESP. Sadia et al. (2026) found that the authentic materials of

allied health education was the lowest-rated aspect of the course delivery at GCUF ($M = 3.21$). According to Farhadian and Rajabi (2022), the lack of integration of communicative skills was one of the major issues that were identified by the ESP teachers as nurses. The use of authentic materials, such as authentic case notes, patient records and ward handover is essential to the principles of CLT and strongly recommended for nursing ESP courses (Huang, 2025; Marleni et al., 2023).

The important ANOVA result ($p = .035$) that indicates ESP needs vary at academic levels is valuable information for curriculum planning. Student awareness of language gaps that the students may not have noticed in prior years is verified by the high needs expressed by internship students. This is in line with the argument put forward by Riaz et al. (2026) that programme specific and experience-specific ESP course design is required. It also corroborates the suggestions of Jayarathna et al. (2025) and that the language teaching should be aligned to real-world communication requirements instead of a standard academic English approach.

There is also a strong relationship between course evaluation and the ESP needs of the students ($r = .513, p < .001$), indicating that those who saw their current courses as useful also had more specific learning needs. The positive relationship between language learner's involvement in English classes and language learner's awareness of communication needs implies that involvement in English class results in an increase in awareness of communication needs. It also suggests that to make the courses more motivated and meaningful for students, the quality and relevance of English courses can be improved; making the above step very crucial for better ESP course design (Hosseini & Shokrpour, 2019).

The findings from the priority checklist (Section G) are very supportive of the CLT framework used in this study. The top three priorities were: pronunciation and spoken fluency (43.4%), nurse–patient communication (39.4%) and interprofessional communication (37.4%). All three are an ability to communicate orally. The result was in line with the results of Chakim et al. (2025), Susmini and Episiasi (2021) and Gass (2012) who indicated that the skills of speaking and listening are more important than reading and writing for nursing students. It definitely reveals that the courses of ESP at TUF should be more focused on interactive activities, which use CLT, like role-plays, simulation exercises, case presentation, and communicative tasks.

5.1 Comparison with Recent Pakistani ESP Studies

A comparative analysis of the findings of the present study with four recent studies conducted in Pakistan and Pakistan-proximate namely those of Khatoon et al. (2019), Tajamal et al. (2025), Sadia et al. (2026), Riaz et al. (2026) to position the results of the present study in the national academic discourse on nursing and allied health ESP in Pakistan. The most immediately relevant research base in Pakistan is found in these studies: They show some important similarities and differences with the TUF results.

The area of convergence among the four studies is the greatest importance given to the need for spoken clinical communication and the nurse–patient interaction. Speaking in ward rounds was cited as most important by Khatoon et al. (2019) for nursing students at Lahore while spoken fluency and pronunciation (43.4%) and nurse–patient communication (39.4%) was the top priority for the Section G of the current study's priority checklist. This alignment shows that the ESP needs of Pakistani nursing students across all the cities, institutions (public and private) and students repeat the oral professional communication as their most significant ESP need. This

discovery lends weight to the assertion that the teaching of speaking using CLT should be an integral part of any nursing ESP reforms in Pakistan.

A second area of convergence is with regard to authentic materials. The lowest item of the course evaluation in the present study was E3 for the authentic materials, ($M = 3.737$). Based on the analysis of 309 students in allied health at GCUF, Sadia et al. (2026) found that authentic materials were the lowest ranked item in terms of course delivery ($M = 3.21$). Riaz et al. (2026), from the same GCUF database, reported that the gap in the curriculum for authentic materials was $\Delta = 0.17$, and for clinical writing, it was $\Delta = 0.89$. The failure of authentic material usage in all the three studies conducted in different health sciences institutions in Faisalabad, gives convergent evidence that Pakistani health sciences universities as a whole have this instructional gap. Rather than a problem at TUF, it argues there is a problem with ESP course design at an institutional level. There are however some significant differences between the current study and past Pakistani study. The most significant difference is with regard to the mean of the course evaluations. Section E (Course Evaluation) had the highest mean of $M = 3.836$, which is significantly higher than the allied health students' mean of $M = 3.46$ as reported by Sadia et al. (2026) for course evaluation at GCUF.

This distinction could be related to the private university setting at TUF, which may provide smaller class sizes, more attentive class supervision from faculty, or more resources to the English teaching program, leading to a more positive perception of course quality from students. It could also be a result of the nursing-specific format of the TUF questionnaire, which had a greater focus on clinical communication than on general allied health English. While these differences are not yet a significant one from a clinical learning perspective, it does indicate that TUF students perceive their courses to be more positive than the CLT demands for clinical communication.

The second important contrast is that of the gender make-up of the samples. This study was the only one in this comparison to use an all-female sample ($N = 99$, 100% female). The study of Khatoon et al. (2019) included a mixed gender sample of diploma and BSc nursing students from six colleges in Lahore while Sadia et al. (2026) and Riaz et al. (2026) sampled multiple allied health programmes with more equal gender splits. The gender homogeneity of the sample in the present study is not only a limitation but also a contribution as there are no studies conducted on the ESP challenges that specifically examine the challenges faced by female nursing students, which is an almost completely female dominated profession in Pakistan in terms of student enrolment. As indicated in the results of the course evaluation, the ESP needs expressed by TUF students ($M = 4.071$) were quite high even though the evaluation of the courses was moderately high ($M = 3.836$).

One final contrast is in terms of previous studies' scope and methodology. To evaluate the challenges faced by English teachers in the EFL context of Pakistan, Tajamal et al. (2025) used a multi-stakeholder and mixed method approach by involving students, nurse teachers, clinical preceptors, English teachers, and deans from various institutions in Pakistan. This design was a large-scale design that included perspectives other than the students'. The current study follows lines of Sadia et al. (2026) and Riaz et al. (2026) in being student-centred and quantitative, thus enabling the needs to be measured precisely and statistically but not necessarily reflecting the views of clinical supervisors or ESP instructors who may see different or additional gaps. Because the student survey approach was chosen for the present study, the research questions were carefully

formulated to fit the quantitative strengths of the approach. Future studies at TUF should use multi-stakeholder designs similar to Tajamal et al. (2025) to validate and enhance the level of understanding of the present study.

Based on the findings of this study, the comparison in Table 6 reveals that the study supports and complements the existing research base in Pakistan in ESP. It validates universal prioritisation of use of spoken clinical English and systemic underuse of authentic materials. It builds on the base by offering first-ever quantitative evidence from a private-sector nursing school in Faisalabad with exclusive female sample, using an instrument designed with CLT orientation and by using research questions that are specifically related to needs, self-competence and curriculum evaluation in a same study design. The present study is thus a valuable addition to and a dialogue with the increasing body of ESP nursing research carried out in Pakistan.

6. Conclusion and Implications

In the present study, the ESP requirements, self-competence and gaps in the curriculum of 99 female students studying at the School of Nursing, TUF, Pakistan were explored through a questionnaire based upon the needs analysis framework of Hutchinson and Waters (1987) that was designed to be CLT oriented. The results indicate that the needs of the students for clinical communication training are high, in clinical communication in terms of speaking and nurse–patient interaction, the students' use of English in clinical situations is low ($M = 3.508$) (Section B). The rating for the professional writing self-competence is the highest ($M = 4.109$) while there is still insufficient clinical materials delivered in the curriculum (E3, $M = 3.737$). The instrument demonstrates good reliability ($\alpha = .900$) and ANOVA results indicate that there are significant differences in ESP needs between levels of academic attainment ($p = .035$). The results of this study are comparable with recent studies carried out in Pakistan, which highlight common issues and unique characteristics of the TUF student nurses.

The results address directly with the three research questions of this study. Answering RQ1, it can be concluded that TUF nursing students have high ESP needs towards CLT, especially in the field of spoken communication ($M = 3.754$) and moderate ESP needs in the field of written with $M = 4.109$. With respect to RQ2, the most important findings of the curriculum gap are that the evaluation of the course ($M = 3.836$) is moderate, with the lowest rating for the item: authentic materials. In response to RQ3, academic level significantly influenced ESP needs ($p = .035$) and comparison with the findings of Pakistani studies revealed more difference between the patient communication gap at TUF (B3, $M = 2.889$) and allied health studies.

These results have implications for pedagogy. First, nursing ESP courses at TUF should be enriched with more activities based on CLT such as role-playing, simulation, a discussion of a ward, and real clinical materials. The results of Febrijanto and Kurniajati (2017), Huang (2025) and Mulyadi et al. (2025) support this. Secondly, curriculum designers need to consider the needs of internship students who are put into a situation of direct clinical communication. Third, specific attention needs to be paid to the communication of patients in English as this was the lowest scoring item in the whole instrument. Third, as advised by Sadia et al. (2026), Riaz et al. (2026), and Marleni et al. (2023), the use of authentic materials like patient charts, Handover materials and case notes in the classroom should be made.

This study does have a couple of limitations. It was only a single private university and only female students that were part of the sample, which results in limited generalizability. Further studies should involve the comparison of multi-institutions, male students and interviews and

classroom observation to gain a more comprehensive understanding of nursing ESP requirements in Pakistan.

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