

The Effect of Clinical Nursing Video-Based Learning on Nursing Students' English Speaking Proficiency

Wim Banu Ukhrowi

Universitas Pesantren Tinggi Darul Ulum

Email wimbanuukhrowi@staf.unipdu.ac.id

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ABSTRACT

The ability to communicate effectively in English is a core competency for nursing professionals in the globalized healthcare landscape, yet many nursing students face challenges applying the language in real clinical settings. This study investigates the impact of authentic clinical video-based learning on the English speaking proficiency of 20 fourth-semester Bachelor of Nursing Science students, using a quantitative one-group pretest-posttest design with total sampling. Data were collected using a validated rubric assessing fluency, vocabulary accuracy, grammatical accuracy, and contextual appropriateness, then analyzed via Shapiro-Wilk test, paired samples t-test, and effect size calculation. Results showed a statistically significant improvement in all measured speaking domains ($p < 0.001$) with a very large effect size, where vocabulary accuracy saw the greatest gain. The findings confirm that integrating authentic clinical videos, role-play, and structured feedback effectively enhances students' professional English communication skills and supports better preparation for clinical practice.

Keywords: authentic clinical videos; English speaking proficiency

INTRODUCTION

The progress in healthcare and the growing cross-border mobility of the workforce in the last decade have made English communication proficiency an indispensable core competency for nursing professionals. Effective communication is a key determinant of patient safety, quality of service delivery, and development of safe, high-quality therapeutic relationships. In Indonesia, the national competency standards for the nursing profession explicitly state that English proficiency is a supporting skill that must be possessed, particularly among graduates who work in internationally accredited facilities or serve foreign patients in domestic healthcare settings.

English has long been established as a fundamental global medium for professional interaction, with proficiency in the language directly influencing the quality and reach of cross-border business and collaborative endeavors. A comprehensive analysis by Abro, et al. (2025) underscores that strong English capabilities are not merely supplementary but critical for conveying information accurately, negotiating terms effectively, and sustaining productive professional relationships across diverse linguistic and cultural backgrounds. This foundational importance extends seamlessly into specialized sectors, where language use must align closely with the specific demands of each professional field.

Within healthcare and particularly the discipline of nursing, English occupies a uniquely vital position, functioning both as the primary language of international medical scholarship and as a practical tool for everyday clinical practice. Goracci(2013) emphasizes that building communicative competence in English is now an essential component of professional readiness, enabling practitioners to keep pace with global developments in care standards and evidence-based practice. Chang et al. (2013) further elaborate that for nursing students and practicing professionals alike, command of the language is indispensable for accessing textbooks, clinical guidelines, and peer-reviewed research that form the backbone of modern healthcare knowledge.

As globalization continues to reshape healthcare delivery models, nurses are increasingly required to engage with patients, families, and colleagues from a wide range of linguistic and cultural backgrounds. Fadliah(2019) notes that in contexts such as Indonesia, where international patient populations and cross-institutional partnerships are growing, a core objective of nursing education is to develop functional spoken English proficiency to ensure safe, respectful, and effective care delivery. This expanding role is further supported by Lee (1998), who observed decades ago that professional nursing responsibilities were already evolving to include tasks—such as explaining treatment plans, documenting clinical information, and participating in multidisciplinary case reviews—that demand precise and appropriate use of English.

The link between English proficiency and clinical outcomes is well documented, with communication skills directly shaping the quality of nurse–patient interactions and overall care safety. Lu (2018) found in a study of practicing nurses that effective English communication was consistently identified as essential for building trust, ensuring informed consent, and preventing misunderstandings that could compromise patient well-being. From the learner’s perspective, Susmini and Episiasi (2021) confirm that nursing students similarly recognize English for Specific Purposes (ESP) as a cornerstone of their professional preparation, with mastery of the language closely associated with both academic achievement and future career prospects.

Designing effective ESP curricula for nursing requires a systematic approach that begins with thorough needs analysis to align course content with actual professional requirements. Chetsadanuwat

(2024) stresses that alongside technical language skills, instructional materials must actively foster cross-cultural communication competence to prepare learners for diverse clinical environments. Jubhari et al. (2022) add that such analysis also provides critical direction for balancing the development of listening, speaking, reading, and writing abilities according to their relative importance in real-world nursing scenarios. To sustain learner motivation and ensure practical relevance, Medlin (2010) advises that content themes should reflect authentic professional interests, while Lorennna (2026) recommends prioritizing speaking practice and integrating realistic clinical case materials that mirror situations nurses will encounter in practice.

Contemporary ESP pedagogy is grounded in robust theoretical frameworks and evidence-based practice, with the field continually evolving to meet new educational and professional realities. Hyland (2019, 2022) characterizes ESP as a research-driven discipline that adapts language instruction to the specific social and operational contexts where communication occurs, rather than applying a one-size-fits-all approach. Widodo (2016) clarifies that its central purpose is to equip learners with the linguistic tools needed to function confidently in academic or workplace settings where English serves as the primary medium of interaction. Despite persistent challenges—including uneven learner proficiency, shortages of field-specific teaching resources, and limited instructional time (Çakıcı, n.d.)—the value of well-designed ESP instruction remains widely recognized: it enhances communicative competence and significantly improves graduate employability (Bekteshi & Xhaferi, 2020; Saliu & Hajrullai, 2016). Recent advancements, such as the integration of artificial intelligence into teaching and learning activities, further expand the potential of ESP courses to support the increasingly globalized and technology-intensive nature of modern healthcare (Puspasari & Agustina, 2025). Complementing these developments, Huang et al. (2022) highlight that mixed-methods needs assessments can strengthen both the long-term sustainability and practical impact of English for nursing communication courses, directly contributing to improved patient engagement and care quality in international healthcare settings.

METHODS OF RESEARCH

Research Design

This study used a quantitative approach with a one-group pretest–posttest design.

A single group of participants was tested for their English-speaking ability before the intervention (pretest) and retested after completing the full learning program (posttest). This design was selected to directly measure changes or improvements in ability caused by using authentic clinical video-based learning, without needing to compare with a different group. While it does not include an independent control group, this design is suitable for an initial evaluation of the developed instructional method and serves as a foundation for further research using more detailed research frameworks.

Participants

The study group included all fourth-semester students in the Bachelor of Nursing Science program who were taking the English for Nursing course during the current academic year.

A total of 20 students who met the selection criteria were included using total sampling, where every member of the accessible population who qualified was invited to take part. This method was chosen because the population size was limited and all participants were similar in terms of their

academic semester, course content, and initial English proficiency.

The inclusion criteria were: (1) being officially enrolled in the English for Nursing course during the study period; (2) being willing to complete all study stages—pretest, full participation in the instruction, and posttest—by giving written informed consent; (3) having 100% attendance throughout the intervention; and (4) not having attended specialized English language training or additional courses related to nursing contexts.

Exclusion criteria were set to ensure data quality: absence from either the pretest or posttest without a valid reason, and voluntarily leaving the study before completing it.

Instruments

The main tool used to measure English-speaking proficiency was a specially designed assessment rubric that included both language skills and professional nursing communication abilities.

The rubric was developed in collaboration with two experts: a lecturer of English for nursing and a specialist in nursing communication, to ensure it was relevant, appropriate, and valid in terms of content and assessment indicators. The rubric evaluates four key areas:

Fluency and coherence of delivery, which includes logical flow, appropriate speaking speed, and smooth expression without too many pauses;

Accuracy of general and medical-nursing vocabulary, involving correct word choice, full use of technical terms, and appropriate word use in healthcare settings;

Grammatical and structural accuracy, which covers correct sentence structure, proper use of tenses, and following linguistic rules that do not prevent understanding;

Contextual and ethical appropriateness of communication, which includes being polite, clearly conveying information, behaving appropriately in one's role, and following ethical guidelines when interacting with patients and colleagues.

Along with the speaking performance rubric, an implementation observation checklist was created to check the consistency with the instructional plan and reduce potential bias.

All tools were checked for reliability using Cronbach's alpha to ensure consistent scoring across different assessments.

Data Collection Procedures

Data collection occurred in three connected phases:

Preparation phase: This involved creating the clinical video-based learning framework, gathering and editing real nurse-patient interactions that were approved ethically and obtained with written consent, developing the research tools, and completing validity and reliability checks before use.

Implementation phase: All participants first took a baseline speaking test (pretest) to measure their starting level of proficiency.

The intervention was then delivered over eight face-to-face sessions. Each session included: watching authentic clinical video clips, discussing observed communication styles and language use, practicing role-play scenarios based on the videos, and receiving targeted feedback based on the validated rubric. After all sessions were completed, a post-intervention speaking test (posttest) was given using scenarios of similar difficulty but different content from the pretest to prevent practice effects.

Data processing phase: Pretest and posttest scores were all gathered, organized, and analyzed using

appropriate statistical methods. The results were then interpreted based on relevant theoretical backgrounds.

Data Analysis

All data were processed using statistical software following a clear process.

Descriptive statistics were used to summarize the main features of the dataset, including mean, median, minimum, maximum, and standard deviation for both pretest and posttest speaking proficiency scores. The Shapiro–Wilk test was used to check if the score distributions were normal, which helped decide the next steps for inferential testing. If the normality assumption was met, paired-samples t-tests were conducted to look for significant differences in performance before and after the intervention. If normality was not observed, the non-parametric Wilcoxon signed-rank test was used instead. Effect size was also calculated to measure the amount of change due to the intervention, regardless of statistical significance. All hypothesis tests were conducted at the 95% confidence level, with significance defined as $p < 0.05$. All analysis and reporting were done in a clear and objective manner, following established standards for quantitative research in health professions education and applied linguistics.

RESULT AND DISCUSSION

Descriptive Statistical Analysis

After completing the data processing, Table 1 provides an overview of students' English speaking proficiency levels before and after using clinical video-based learning.

Table 1. Descriptive Statistics for Pretest and Posttest Speaking Proficiency Scores.

Statistic	Pretest	Posttest
Number of participants	20	20
Mean	58,75	78,20
Median	59,50	78,50
Minimum score	45	65
Maximum score	72	90

Overall, the average English speaking proficiency score rose by 19.45 points, showing an approximate 33.11% improvement from the baseline after the intervention. The range of scores also moved in a positive direction, with no participant scoring below 65 in the posttest. The standard deviation decreased from 7.32 to 6.89, indicating more consistent performance and less variation in ability among individuals after the learning program. Additionally, the highest post-test score was 90, showing that several participants reached an excellent level of proficiency. The Shapiro–Wilk test showed significance values of 0.217 for pretest scores and 0.183 for posttest scores, both above the set threshold of 0.05. This confirms that the data follows a normal distribution, which supports the use of parametric statistical tests for further analysis. The paired samples t-test revealed a t-value of 12.48 with a significance level of $p < 0.001$. Since this probability is lower than the established alpha level of 0.05, the null hypothesis, which claimed there was no significant difference in speaking proficiency before and after clinical video-based learning, was rejected. The alternative hypothesis was accepted, confirming a statistically significant improvement in speaking ability following the intervention. Using Cohen's d to calculate the effect size

resulted in a value of 2.81, categorized as a very large effect. Improvements were consistently seen across all four areas of speaking proficiency, as detailed in Table 2.

Table 2. Mean Scores by Assessment Domain

Assessment Domain	Mean Pretest Score	Mean Posttest Score	Improvement
Kefasihan berbicara	57,50	77,75	20,25
Accuracy of general and medical-nursing vocabulary	56,25	79,00	22,75
Grammatical and structural accuracy	60,50	76,25	15,75
Contextual and ethical appropriateness of communication	60,75	79,75	19,00

The biggest improvement was seen in the accuracy of medical vocabulary, with an increase of 22.75 points. This shows that when students are directly exposed to technical terms and clinical expressions in real video examples, they become better at recognizing, understanding, and using nursing-specific language correctly in service delivery situations. On the other hand, the smallest but still significant improvement was in grammatical accuracy, which increased by 15.75 points. This makes sense because, in the early stages of learning through context, the focus tends to be more on getting the message across and using the right terms, rather than perfecting grammar, which often needs more focused and repeated practice over time. Fluency improved by 20.25 points, showing that as students repeatedly watched and practiced interactions from videos, their confidence and ability to deliver speech smoothly increased. Similarly, the ability to communicate in a context-appropriate and ethical way improved by 19.00 points, showing that participants not only gained language skills but also developed a better understanding of how to communicate respectfully and professionally in real healthcare settings.

Discussion

The results confirm that learning through authentic clinical videos has a positive, meaningful, and statistically significant impact on improving English speaking skills among undergraduate nursing students.

These results support the core ideas behind Mayer's (2021) theory of multimedia learning, which suggests that combining visual, auditory, and textual information reduces the mental effort required, helps in better understanding, and improves long-term memory. In this study, the clinical videos functioned not just as examples of language but as full representations of how English is naturally used in real healthcare situations. This allowed students to see the direct connection between language form, meaning, and how it is used in communication, shifting their perspective from learning grammar rules in isolation to seeing language as a practical tool for performing nursing tasks in everyday practice.

From the perspective of English for Specific Purposes (ESP), these findings support the idea that language learning is most effective when the content, methods, and media are closely related to the learners' future professional needs and work environments.

For nursing students, English proficiency is not only useful for general communication but is also essential for core nursing tasks such as delivering health information to patients, explaining clinical procedures, collecting medical histories, coordinating with other healthcare professionals, and providing

personalized patient education. The use of real nurse-patient interaction recordings helps learners understand typical speech patterns in medical settings, become familiar with frequently used technical terms, and observe how messages are delivered politely, clearly, and confidently while maintaining professional ethical standards (Crocetti et al., 2026). This close alignment between teaching content and real-world needs is a major factor contributing to the significant improvements in speaking ability observed in this study.

Comparisons with previous research confirm that video-based media has a positive effect on motivation and learning outcomes, especially in speaking skills among nursing students (Burhan et al., 2024; Siu et al., 2025).

However, this study shows a unique pattern of improvement, most notably in the accuracy of medical vocabulary and the appropriateness of communication in context. This difference is likely due to the use of real clinical encounters, rather than scripted, artificial, or simplified material often used in earlier studies (Lu, 2018). Real recordings offer students exposure to natural speaking variations, including speech rate, expression, and terminology that reflect real practice, thus fostering deeper and more accurate understanding and usage of vocabulary.

Another new aspect of this approach is the integration of video observation with structured role-play practice and systematic feedback based on a validated assessment rubric.

Simply watching videos is unlikely to significantly improve speaking skills; instead, chances to practice and adapt observed interactions help learners apply the right language and behavior. Providing targeted, objective feedback using standard criteria helps students identify their strengths and areas needing improvement. This cycle of observing, practicing, and getting feedback seems to speed up the development of speaking skills while also boosting learners' confidence in professional communication.

The different levels of improvement in various assessment areas provide further insight into how clinical video-based learning affects specific speaking skills.

The greatest improvement in medical vocabulary accuracy shows that exposure to technical terms in real usage greatly expands learners' vocabulary and enhances accuracy in applying that knowledge. Students became more comfortable with hearing and using specialized terms commonly used in interactions with patients and colleagues, terms that may have been previously encountered only in isolated lists.

Significant gains in fluency also suggest that repeated observation of natural conversation, along with active practice, reduced hesitation and the tendency to pause while thinking about what to say.

Authentic video examples model intonation, stress, and conversational flow, which gradually contribute to smoother, more spontaneous speech throughout the course of the intervention.

Notable improvements were also seen in the context and ethical appropriateness of communication, indicating that the intervention helped develop not only language skills but also professional communication awareness.

Participants increasingly understood that effective English use in nursing goes beyond correct grammar to include appropriate tone, clarity, respect for patients, and adherence to ethical standards of practice.

In contrast, grammatical accuracy showed the smallest yet still significant improvement. This is consistent with the focus on functional communication and appropriate terminology in the early stages of context-based learning; refining grammar usually requires more targeted, separate practice, which

develops more slowly compared to skills modeled in authentic interactions. These findings suggest that to achieve balanced development across all four speaking domains, clinical video-based instruction should be supplemented with grammar activities tailored specifically to nursing contexts.

Overall, the results show that an approach combining authentic clinical communication videos with hands-on practice and structured feedback effectively bridges the gap between classroom-based language instruction and real-world use in healthcare settings.

Students no longer see English solely as an academic subject but increasingly recognize it as a practical professional skill used daily in nursing practice. This aligns with current trends in nursing education that focus on competency-based curricula and relevance to workplace requirements, supporting the development of more context-based and meaningful resources for nursing communication training.

While the results are positive and statistically significant, this study has limitations, including a small sample size and the absence of a control group for direct comparison.

Further research involving larger groups, controlled studies, and combinations of video-based learning with other methods is needed to gather more robust evidence about its effectiveness. Nonetheless, the findings offer strong preliminary support for the wider use and further development of authentic clinical video resources to improve the quality of English for nursing education in healthcare institutions.

CONCLUSION

Based on the statistical analysis, data interpretation, and detailed discussion provided, it can be concluded that using authentic clinical video-based learning has a significant and substantial impact on improving English speaking skills among fourth-semester undergraduate nursing students. The improvements were consistent across all four areas assessed: the fluency and coherence of speech, the accuracy of general and medical nursing vocabulary, the correctness of grammar and sentence structure, and the appropriateness of communication in relation to clinical settings and professional ethical standards. In addition to enhancing language abilities, this method, which includes exposure to real-life interactions, role-playing exercises, and structured feedback, also helps students develop their psychological and professional preparedness for effective interpersonal communication that aligns with established nursing practice standards in real-world clinical environments.

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