

Enhancing nursing students' speaking confidence through role-play in English for healthcare communication

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ABSTRACT

English communication has become an essential competence for nursing professionals in globalized healthcare systems. However, Indonesian nursing students often receive limited opportunities to practice authentic and confidence-building English speaking in medically contextualized situations. This research investigates the use of role-play in the English for specific purposes (ESP), English for Healthcare Communication course, responding to the limited opportunities for authentic and confidence-building speaking practice faced by Indonesian nursing students. The study sample of 44 students enrolled in a Diploma III Nursing Program at Akademi Keperawatan YPTK Solok employed a mixed-methods design with an explanatory sequential approach, emphasizing medically contextualized role-play activities. Quantitative data were pre- and post-intervention speaking tests, while qualitative information was obtained from questionnaires and interviews. Results indicated significant improvement in students' speaking performance, particularly in fluency, grammar, pronunciation, vocabulary, and comprehension. In addition, students reported higher confidence during medical communication performance. Interview data indicated that role-play enhanced students' comfort with spontaneous English in nursing simulations, although the challenges of limited medical vocabulary and performance anxiety remained evident. The study found that role-play is an effective pedagogical approach in ESP contexts within an English for Nursing Program. In practice, role-play may be more effective when enhanced by digital simulations, increased scenario complexity, and reflective evaluation, whereas pre-designed role-play incorporating focused language instruction may further strengthen healthcare communication training.

Keywords: English for nursing; English for specific purposes; role-play; speaking confidence

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INTRODUCTION

In the scope of the nursing industry, communication skills in English, particularly verbal communication, are one of the primary skills required in the modern healthcare systems. This is because the fact that English is the lingua franca of intercultural interactions in the healthcare sector, aiding in the collaboration and seamless patient care provision beyond different languages (Schkinder, 2024). Moreover, nurses capable of speaking English appreciate the need for foreign clients, thus improving their healthcare satisfaction (Yang & Chia-Ling, 2011). Accurate and professional communication in English challenges healthcare professionals; however, mastering the skill enables using the language in the appropriate context (Pašinska, 2021). English proficiency not only helps to meet the job expectations in the workplace, but in the case of nurses, further increases their chances of securing a global career (Habil et al., 2016). Healthcare institutions need to focus more on English training for their nursing personnel by setting up formal classes and rewarding learners to stimulate active participation. These measures will, in the long run, enhance patient care and safety in the diverse and complex modern healthcare systems (Yang & Chia-Ling, 2011).

In Indonesia, nursing students encounter considerable difficulties in developing their English-language proficiency, particularly in professional healthcare contexts. Vocabulary constraints, pronunciation difficulties, and grammatical errors pose considerable challenges to learners (Alimah & Suharyanto, 2024; Rajasa, 2018). Moreover, psychological factors, like nervousness, self-doubt, and anxiety around speech errors, also contribute to the stagnation of progress (Anggrisia & Robah, 2023). To solve these problems, students tend to apply self-correction, translation, and even practice their speaking in front of mirrors (Ibrahim et al., 2023). Further, memory, cognitive, and social strategies are used to boost speaking skills (Anggrisia & Robah, 2023; Ibrahim et al., 2023). Some students strive to speak fluently and confidently by using role plays and Google Translate (Alimah & Suharyanto, 2024). Thus, in order to meaningfully help students, these other factors of communication with the stakeholders, curriculum design, and teaching methods also need to be addressed (Rajasa, 2018).

In the context of English for specific purposes (ESP) teaching, role-play activities have been implemented to overcome both linguistic and affective challenges. These activities have been shown to enhance learners' critical thinking and academic literacy in English for academic purposes contexts, while also strengthening morale and improving ESP learners' speaking skills (Shapiro & Leopold, 2012). More specifically, role-play is recognized as an effective strategy to boost morale and positively transform the speaking skills of ESP learners (Safitri & Purba, 2023). Additionally, role-play has benefits for both linguistic factors, such as speech and vocabulary choice, and non-linguistic factors like confidence and a naturalistic style of interaction (Zulfa et al., 2024). To illustrate, nursing students taking ESP reported heightened enthusiasm, better professional communicative competencies, and stated that role-play fulfilled their English learning expectations from a professional perspective (Ferdian & Nirwana, 2021). Overall, the evidence highlights the effectiveness of role-play in fostering learners' linguistic skills and confidence in professional contexts.

Alongside its linguistic advantages, role-play exercises are essential in language instruction because they give learners real-life situations to apply the language in (Makhmudova, 2025; Saliés, 1995). Students are able to practice authentic communication to a degree because of the conversational routines and culture-oriented talk (Saliés, 1995). In addition, role-play decreases anxiety, increases cultural awareness, and supports the development of communicative competence (Makhmudova, 2025). Furthermore, (Kong, 2024) argues that role-play facilitates meaning-focused input and output, language-focused learning, and the development of fluency. Students are able to develop adequate language skills pertaining to certain professional functions needed in actual professional environments through assuming workplace roles (Saliés, 1995; Vanisree et al., 2024). Furthermore, role-play aids the development of critical thinking, argumentation, and a deeper understanding of the content. In addition to this, role-play exercises enable learners to develop basic negotiation and communication skills necessary in business and healthcare (Vanisree et al., 2024). Hence, it can be deduced that role-play is a powerful and effective strategy that actively engages learners in different aspects of language learning.

Considering these aspects, this study aims to examine the implementation of role-play integrated learning in English for Healthcare Communication in relation to the speaking confidence of Indonesian nursing students. More specifically, this study intends to address the following questions:

1. What is the perception of nursing students towards the use of role-play in English language instruction?
2. Does the implementation of medically contextualized role-play enhance speaking confidence?
3. What do students report as the main challenges, and what are the strategies they adopt in professional English communication?

Through these questions, this research seeks to advance the scholarship in ESP, especially in the context of nursing education. This also serves to offer practical, confidence-boosting English instruction. Given the greater importance of communicative competence and professional preparedness, this study also highlights the role of pedagogical role-play as an experiential, student-driven approach to learning English in professional contexts within healthcare education.

What differentiates this study, however, is its focus on the implementation of a series of medically contextualized role-play scenarios (patient admission, monitoring, and emergency communication) in English for Healthcare Communication courses for Indonesian nursing students, which has been under-investigated in recent ESP research. Differing from previous studies that have investigated role-play in generic EFL (English as a Foreign Language) and BE (Business English) contexts, this study embeds role-play in genuine clinical communication practices that connect linguistic competence with authentic healthcare professional behaviour. Additionally, this research provides a new pedagogical ground for ESP teachers of participants by integrating linguistic, psychological, and contextual dimensions for enhancing speaking confidence development in an ESP role-play class.

LITERATURE REVIEW

Role-play

Role-play has been claimed as a useful strategy in teaching and learning English simply because it establishes learners in real communicative situations (Shapiro & Leopold, 2012). This strategy becomes more essential while drafted under ESP since it helps the students to practice macro-skills corresponding with their professional working conditions in later (Ferdian & Nirwana, 2021). Role-play not only exposes students to technical vocabulary and discourse organization, but it also provides an experiential learning that enhances both linguistic and pragmatic competence (Zulfa et al., 2024).

Recent research supports the beneficial role of role-play-based learning in cognitive and affective domains. Students who participated in an organized role-play series made progress on fluency, accuracy, and turn-taking, depending on professional discussions (Kong, 2024). In the same vein Safitri and Purba (2023) showed that role-play has positive effects on speaking competence and motivation in ESP courses. Makhmudova (2025) further stressed how it strengthens confidence, nurtures creativity, and reduces learners' affective filters—all significant components in oral language development.

Theoretically, role-play corresponds to the principles of communicative language teaching (CLT) and sociocultural theory, where learning is collectively constructed as a social event (Vygotsky, 1978). Through participation in social roles and shared meaning-making activity, learners progress from being guided to performing independently. This social practice supports communicative performance, particularly for domain-specific professional contexts (Vanisree et al., 2024).

Taken together, role-play appears as a transformative teaching tool that links language use and professional identity construction, which is especially useful in ESP settings for Healthcare/Business/Tourism students.

Speaking confidence

Speaking confidence is frequently referred to as the learner's own assessment of his or her aptness for communicating ideas effectively in the target language (Öztürk et al., 2014). Confidence has a direct effect on fluency, risk-taking, and the use of free speaking in classroom exchanges (Tsiplakides & Keramida, 2009). Speaking confidence in an EFL environment, such as Indonesia, is often undermined by language, anxiety, fear of making mistakes, and insufficient exposure to authentic context communication (Anggrisia & Robah, 2023). Research has suggested that pair work and simulations have a relatively significant impact in reducing anxiety and promoting confidence (Liu & Jackson, 2008). Recently, in a study by Alimah and Suharyanto (2024), it was indicated that doing performance-based speaking tasks, such as role-play, encouraged students to be more active in practicing English and reduced their fear of public speaking.

The affective filter hypothesis (Krashen, 1985) proposes that anxiety, low motivation, vaccination and non-access to comprehensible input create optimal conditions for language learning. Role-play also helps by providing a psychologically safe, semi-real environment in which to practice, and it increases confidence and skill level (Makhmudova, 2025). Moreover, communicative confidence is not only affective but also related to perceived efficacy that in turn, accrues due to repeated successful performance of the behavior (Bandura, 1997).

Thus, pedagogical interventions that combine communication through task with reflective feedback, such as role-play, may significantly improve learners' speaking confidence in work situations that require both accuracy and empathy.

English for healthcare communication

English for Healthcare Communication is a sub-genre of ESP which aims to provide medical personnel and nursing students with the communicative and pragmatic skills required to deal with patients and cooperate across disciplines, such as communicating with physicians, pharmacists, and other healthcare professionals in clinical settings (Pašinska, 2021). Not only is the focus on technical terms, but also on those communicative functions which are indispensable for medical purposes, describing symptoms, giving instructions, or expressing empathy (Schkinder, 2024).

The demand for English among medical staff in globalized systems is on the rise, as indicated by research. Yang and Chia-Ling (2011) pointed out that the English-speaking employees at healthcare institutions are in high demand because they are necessary for communicating with patients for their safety and satisfaction. There is evidence to suggest that English language proficiency increases employability and the ability of nurses to work in various international settings (Habil et al., 2016).

Nonetheless, ESP courses for medical students in Indonesia still pose pedagogical difficulties, including the teaching of outdated materials and few opportunities for interactional practice (Rajasa, 2018). Including contextualized activities such as simulations or role-plays has been shown to reduce the gap between theoretical English instruction and students' limited opportunities for authentic interaction in medical contexts (Ferdian & Nirwana, 2021). Ibrahim et al. (2023) showed that active learning promotes nursing students' use of metacognitive and social strategies to improve their oracy in medical contexts.

Genre-based approach and task-based learning methodology have been suggested as tools for designing ESP healthcare syllabi (Nation & Newton, 2009). Both frameworks emphasize linguistic precision and communicative confidence, competencies widely recognized as professional standards in medical communication.

METHOD

Research design

This study was grounded in the general principle that investigating instructional effectiveness requires both quantitative evidence of learning outcomes and qualitative insights into learners' experiences. Accordingly, a sequential explanatory mixed methods design was employed (Creswell & Clark, 2017)

in which quantitative data were collected and analyzed in the first phase, followed by qualitative data to further explain and elaborate on the quantitative findings. In the quantitative data, a quasi-experimental pre-test and post-test control group design was used to examine the effectiveness of role-play-based learning on nursing students' speaking performance. Additionally, qualitative data were collected after the quantitative analysis and involved post-intervention questionnaires and semi-structured interviews to assess students' perceptions, challenges, and strategies related to role-play activities. The integration of quantitative and qualitative data provided a rich understanding of the intervention's impact and outcomes.

Participants

This study's participants were 60 second-year students enrolled in the Diploma III Nursing Program at Akademi Keperawatan YPTK Solok, Indonesia, during the 2024/2025 academic year. The Participants were selected based on the following criteria: (1) having successfully completed general English courses, and (2) being registered in the English for Healthcare communication course at the time of data collection. Based on these criteria, 44 students were purposively selected as the sample. This non-probability sampling approach was employed to ensure that participants possessed relevant learning experiences and adequate exposure to English for Healthcare Communication contexts (Etikan, 2016). Distribution of participants in each group is presented in Table 1:

Table 1

Distribution of Participants

Group	Number of Students	Treatment
Experimental Group	22	Structured medically contextualized role-play
Control Group	22	Conventional speaking instruction

Instruments

Speaking performance test and rubric

Speaking performance was evaluated through role-play-based clinical communication tasks that simulated nurse-patient interactions. These tasks were used as assessment instruments for both the experimental and control groups and were administered prior to and following the intervention as pre-test and post-test measures.

The scoring rubric was adapted from (Nation & Newton, 2009), with modifications to align the descriptors with clinical communication tasks in nursing contexts, and included five areas: fluency, pronunciation, grammar, vocabulary, and comprehension. Each area was scored on a five-point scale by two evaluators, yielding a composite score between 5 and 25, with higher scores indicating better speaking performance; scores closer to 25 reflected high speaking proficiency, whereas scores nearer to 5 indicated limited performance. Reliability of measurement was calculated through inter-rater agreement using Cohen's Kappa (McHugh, 2012).

Speaking confidence questionnaire

After the intervention, students' self-reported confidence in speaking English in medical contexts was measured using a 10-item confidence questionnaire on a Likert scale (1 = strongly disagree to 5 = strongly agree). The questionnaire was constructed drawing from prior research on second language confidence (Öztürk et al., 2014) and focused on students' confidence, speaking performance, and engagement in professional medical interactions.

Semi-structured interviews

Qualitative data were collected through semi-structured interviews conducted with five participants selected purposively from the main sample to represent varied levels of speaking performance and confidence. The interviews, conducted in Indonesian, focused on students' self-reported experiences with role-play, particularly their perceptions of task authenticity, interactional demands, feedback,

perceived improvement in speaking confidence, and the use of English in professional contexts. The interviews were transcribed and translated into English, then underwent thematic analysis.

Procedures

The study took place over six weeks during the second semester. The procedures included the following phases:

Pretest phase

Participants completed a speaking performance test in a role-play format. Their performance was measured using a standardized scoring rubric.

Treatment phase

Students attended role-play sessions for a duration of six weeks. These sessions targeted important areas of communication in healthcare, such as giving directions in a hospital, patient admission, explaining symptoms, responding to emergencies, and handover during shifts. Each session was organized in a specific systematic way: (1) Pre-task presentation of relevant vocabulary, key expressions, and linguistic structures, (2) Assignment of roles and preparation, (3) Implementation of the scenario in class, (4) Feedback and reflection. In more detail, it can be seen in [Table 2](#) below:

Table 2

Treatment Phase

Phase	Experimental Group	Control Group
Pre-Test	Role-play speaking test	Role-play speaking test
Treatment	Structured medically contextualized role-play (Six weeks)	Conventional instruction (dialog reading, vocabulary explanation, lecturer-centered speaking drills)
Post-test	Role-play speaking test	Role-play speaking test

To provide a clearer description of how role-play activities were systematically implemented in the experimental group across six meetings, the detailed instruction design is presented in [Table 3](#):

Table 3

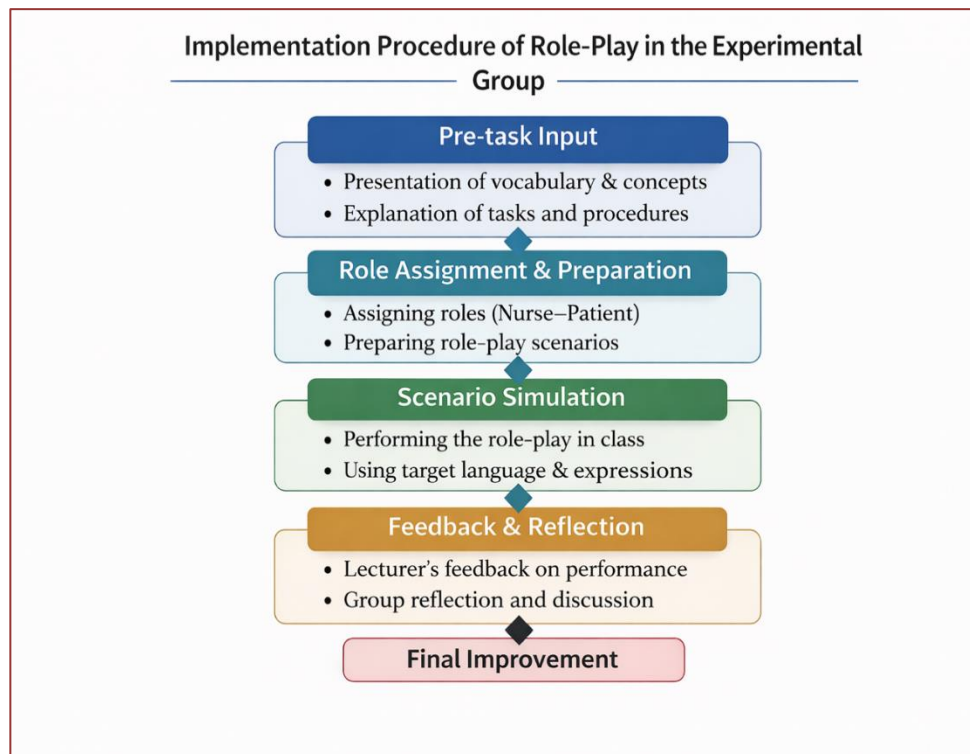
Detailed Activities during the Six-Week Treatment Phase

Meeting	Topic	Experimental Group (Role-Play-Based Instruction)	Control Group (Conventional Instruction)
1	Giving Directions in a Hospital	Activation of hospital-related vocabulary; modeling nurse-visitor interaction; guided pair role-play simulation; peer and lecturer feedback	Lecturer's explanation of vocabulary; scripted dialog reading; pronunciation drills; written exercises
2	Patient Admission	Language focus on personal data and symptoms; structured admission interview role-play; feedback and reflection session.	Vocabulary explanation, dialog memorization, comprehension exercises
3	Explaining Symptoms	Practice describing pain, duration, and severity; scenario-based role-play; performance evaluation using a speaking rubric.	Controlled vocabulary practice; repetition drills; short individual oral responses
4	Responding to Emergencies	Introduction of emergency expressions; simulation-based role-play of urgent cases; immediate corrective feedback	Lecture explanation; reading aloud; structured question-answer practice
5	Shift Handover Communication	Practice reporting patient statuses; nurse-to-nurse handover simulation; peer assessment and reflective discussion	Dialog reading; vocabulary matching tasks; limited speaking practice
6	Giving Instruction and Medication Guidance	Integrated extended role-play performance; comprehensive scenario simulation; summative feedback and reflection	Text-based instruction practice; lecturer-led correction; written tasks

Following the structured sequence, each session in the experimental group included: (1) vocabulary activation, (2) scenario briefing and role assignment, (3) guided role-play performance, and (4) feedback and reflection. The communicative autonomy and fluency. In contrast, although the control group covered the same thematic content, instructional delivery was primarily lecturer-centred, emphasizing dialog reading, vocabulary explanation, and controlled practice activities. Students in this group had limited exposure to interactive scenario-based speaking performance. To further clarify the instructional flow implemented in the experimental group, [Figure 1](#) illustrates the structured role-play implementation cycle applied consistently across the six meetings.

Figure 1

Implementation Procedure of Role-Play in the Experimental Group



Posttest phase

Participants were administered for a speaking performance test as well as a speaking confidence questionnaire. The participants were also interviewed semi-structuredly to gain a deeper understanding of the students' learning experiences.

Data analysis

Quantitative data obtained from speaking tests were compared using descriptive statistics as well as paired sample t-tests to investigate whether the students' speaking performance increased after the intervention. The inter-rater reliability for scoring the rubric was calculated using Cohen's Kappa to measure agreement between the raters ([McHugh, 2012](#)). The data from the speaking confidence questionnaire were analyzed by calculating frequencies and percentages to identify the extent of the change in the students' self-assessment of their English-speaking skills. The interviews were analyzed qualitatively using thematic analysis ([Braun & Clarke, 2006](#)). Key components concerning students' confidence and challenges (e.g., vocabulary, fear of spontaneous speaking), and the perceived authenticity of role-play activities in depicting future professional roles were articulated within the patterns that recurred.

FINDINGS

The effect of role-play on speaking performance

The data show a clear improvement in speaking performance following the role-play interventions, as evidenced by pre-test and post-test results. Speaking performance tests were scored on five key components, which include: fluency, pronunciation, grammar, vocabulary, and comprehension.

Table 4

Speaking Scores Descriptive Statistics

Test Type	Mean	Standard Deviation	Minimum	Maximum
Pre-Test	11.23	1.92	9	17
Post-Test	13.16	1.66	11	19

The 1.93 mean gain, as well as the improvement in standard deviation from 1.92 to 1.66, indicates that students have not only improved on an individual basis but have become more homogenous in their performance with regard to speaking after 6 role play sessions.

Students' perceptions towards role-play

A 10-item Likert questionnaire was administered to assess speaking confidence post-intervention. In general, the results indicate a positive shift in students' perceptions of confidence when speaking English, particularly in medical contexts. In greater detail, see [Table 5](#).

Table 5

A Section of Results Retrieved from the Speaking Confidence Questionnaire

Statement	Agree (%)	Strongly Agree (%)	Total Positive (%)
I feel more confident speaking after role-play practice	51.1	20	71.1
I can maintain conversations in English in a nursing context	26.7	4.4	75.5
I feel comfortable communicating in English over the phone	31.1	6.7	77.8
I am not awkward when asked to speak English spontaneously	24.2	11.1	66.7
I feel confident when explaining nursing procedures in English	13.3	6.7	66.7

Interview findings further support this trend. One student remarked:

"At first I was hesitant, but after several role-play sessions I could speak more fluently and naturally."
(Correspondence 1)

Another explained:

"Role-play helped me prepare for real-world communication. It wasn't just practice; it felt like actual patient interaction." (Correspondence 2)

The design of role-play, which includes pre-task language input, role allocation, interactive performance, and post-task reflection, was crucial in alleviating language-related anxiety and creating a feeling of psychological safety essential for practicing professional communication within a proficiency framework.

Students' challenges and strategies

Despite noticeable progress, students still faced several linguistic challenges in using English in the workplace. The most pressing issue was a limited medical lexicon, as stated in correspondence 5: *"I have a lack of medical vocabulary."* For many of them, this limitation greatly hampered their ability to interact in a medical setting.

Second, social formal settings elicit a newer, more advanced level of social anxiety, including a fear of making mistakes. This social anxiety, as articulated by our correspondence 1, *"The biggest challenge for me was using the right vocabulary and putting together formal sentences well. Sometimes I hesitate for fear of making mistakes or being unprofessional."*

Third, this anxiety is exacerbated by a lack of immediate feedback, especially during spontaneous or emergency communication. As exemplified by our correspondence 4, *"Fear of not being heard by others when speaking in a professional manner and also fear of no feedback when communicating."*

These excerpts capture several linguistic and psychological factors that continue to challenge nursing students' use of English in actual healthcare contexts, such as limited medical vocabulary, fear of making mistakes, and delayed feedback in spontaneous interactions. While role-play-based learning has produced encouraging outcomes in speaking confidence and comfort within medical scenarios, several enduring concerns remain, including limited vocabulary, difficulties with formal expression, and reduced agility in real-time responses. To better understand these issues, we conducted further analyses of qualitative interviews to identify overarching patterns across participants. The resulting frameworks are summarized in Table 6.

Table 6
Extracted Themes from Interview Data (N = 5)

Theme	Frequency	Quoted by Correspondences
Confidence strengthened owing to frequent practice	5/5	"After several sessions, I felt more fluent."
Restrictions of vocabulary skills still present an obstacle	3/5	"I'm not sure if I used the correct words."
Role-play prepares for actual job functions in the future	4/5	"This prepares me to talk to real patients."
Desire for more practical simulation among students	4/5	"I suggest more role-plays and case discussions."

From the interview data, it is evident that all participants gained confidence through repeated practice of role-play exercises. It appears that the consistency of exposure to simulated encounters is vital for the reduction of anxiety related to speaking. However, the persistent lack of vocabulary and the need for more realistic simulations suggest that while role-play is useful, there should be an emphasis on high-pressure communication situations alongside focused lexical training within role-play simulations. Such considerations highlight the need for an integrated pedagogical framework that relies on fluency practice alongside intensive, tailored language instruction to prepare students for actual professional healthcare interactions.

Having observed speaking tests, questionnaires, and interviews through triangulation, this current research unveils that first, speaking skills demonstrated improvement after intervention, with all evaluated components showing statistically significant improvement. Second, English proficiency, particularly in professional contexts, improved as a result of increased confidence gained through simulations conducted in role-play frameworks. Third, students remarked that role-play was authentic, fun, and relevant to their professional persona in the preparatory roles and tasks. Fourth, while vocabulary mastery as well as spontaneous response improved, these skills still require ongoing instructional scaffolding. As a final note, the findings validate the pedagogical use of role-play for teaching English in the context of healthcare communication, supporting its rigorous implementation alongside other teaching techniques. In addition, role-play assists in acquiring language and addressing critical emotional factors for professional preparedness. Further adaptation of the teaching method is suggested in increasing the complexity of the simulations, adding diverse scenarios, and allowing self and peer evaluations to deepen the reflective practices and maximize the benefits.

DISCUSSION

The current investigation sought to assess the effectiveness of role-play-based learning on the speaking skills and communicative self-confidence of nursing students in an English for Healthcare

Communication course. The study findings indicated significant positive changes in both the English-speaking tasks' skills and the English-speaking tasks' attitudes in professional medical contexts. The outcomes support earlier studies confirming the effectiveness of role-play in bridging both the learning and teaching, as well as the mental health aspects in language learning (Makhmudova, 2025; Shapiro & Leopold, 2012; Vanisree et al., 2024).

From the language perspective, the higher post-test scores in all tested areas, such as fluency, pronunciation, grammar, vocabulary, and comprehension, suggest that role-play learning is active and promotes students' use of language in practice. The reduced variability in scores suggests that students' speaking performance became more consistent following the intervention. This indicates that contextualized language practice may particularly benefit learners with lower initial proficiency. These findings support Kong's (2024) proposals regarding learning centered on language and the development of fluency, which advocate for the provision of a high volume of interaction through role-play and its accompaniment to all levels of skill development.

Analysis of the self-reported survey data indicates a notable increase in learners' confidence, highlighting the psychological benefits of role-play pedagogy. This finding is consistent with the affective filter hypothesis, which suggests that learners' emotional states influence their language use Krashen (1982), cited in (Makhmudova, 2025). Through role-play, which attempts to recreate real-life interactions in a systematic and nurturing classroom context, learners' anxiety, motivation, and readiness to communicate seem to improve. Students' interviews demonstrate this dynamic, as several participants reported that role-play not only reduced anxiety associated with speaking but also enabled them to mentally simulate future interactions with patients.

Nevertheless, alongside the favorable results, the investigation revealed persistent problems, especially with lexical mastery and the production of spontaneous speech. A number of participants indicated a struggle with recalling and employing relevant medical terminology within constrained time limits, a finding in line with the Alimah and Suharyanto (2024) and Rajasa (2018) studies. These difficulties suggest the presence of a domain-specific lexical gap that cannot be fully addressed through role-play alone, thereby requiring targeted vocabulary instruction. In addition, the stress of needing to adhere to norms related to politeness and professional formality indicates a need for strategic, tiered interaction and dynamic, real-time feedback that would enhance the participants' strategic competence framework.

Furthermore, students' expressed value regarding the role-play scenarios' authenticity and importance upholds the principles of ESP, which focuses on the congruence of teaching content with learners' prospective career pathways (Ferdian & Nirwana, 2021; Zulfa et al., 2024). The simulated tasks from patient admissions to responding to emergencies allowed students to assume professional roles, which is essential for acquiring pragmatic competence, a critical skill in healthcare communication that requires precision, compassion, and transparency. These results support (Saliés, 1995) position that role-play facilitates contextualized negotiation of meaning and functional language use.

A synthesis of both quantitative and qualitative data reveals that role-play not only improves measurable speaking performance but also significantly enhances learner confidence, the authenticity of interaction, and the degree of preparedness for professional engagement. However, the need for some improvement suggests that role-play, while effective, should be situated within a more comprehensive pedagogical context. Such a context should include pre-task vocabulary instruction, explicit modeling of the target grammar, peer and self-assessment, and reflective analysis after the main tasks to increase the effectiveness of learning. As proposed by Vanisree et al. (2024) the addition of critical thinking and interdisciplinary elements into the instruction could further enhance the sophistication of communication and professional preparedness.

With the findings from this study and the conclusions drawn above, a role-play-based approach has credible pedagogical merit in the context of ESP within nursing education. It stands as a holistic approach because of its capacity to simultaneously develop linguistic fluency and emotional readiness, in line with the increasing holistic demands of real-world healthcare settings. Subsequent research

could investigate the sustainable retention of these skills, assess their impact on various nursing subspecialties, or include multimodal virtual simulations to deepen learner engagement and authenticity.

CONCLUSION

This case study examined the outcomes of role-play learning on the speaking confidence and communicative ability of Indonesian nursing students in the course English for Healthcare Communication. Analysis of speaking pre and post-tests quantitatively showed considerable improvement in fluency, voice, grammar, lexicon, and comprehension. Qualitative data also suggested that students' self-confidence and psychological readiness to engage in professional dialogue increased through structured practice. This research confirmed that systematic and contextualized role-play functions as an instructional strategy that enhances experiential-based learning in English for Specific Purposes (ESP) contexts. In spite of the considerable improvements, enduring challenges that were identified included the limited scope of medical vocabulary, reticence to speak extemporaneously, and the demand for more realistic situations. This indicates that role-play needs to be combined with focused vocabulary teaching and layered communicative response techniques. The students' marked appreciation for the role-play's relevance to professional contexts affirms the goals of ESP and the role-play pedagogy employed. In conclusion, role-play instruction is a sound pedagogical strategy that integrates linguistic competence and emotional readiness in the teaching of English for nursing. In practice, role-play may be more effective if enhanced with digital simulations, greater complexity of scenarios, and reflective evaluation. Further research can examine retention over time and its application across different health care education contexts.

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