

Changes in English Speaking Performance Following Clinical Scenario-Based Learning among Nursing Students

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Abstract

English speaking competence is an important skill for nursing students to support effective professional communication in increasingly globalized healthcare settings. This study aimed to examine changes in nursing students' English speaking performance before and after participation in Clinical Scenario-Based Learning (CSBL). A quantitative approach with a one-group pre-test–post-test design was employed involving 44 nursing students who participated in five CSBL sessions. English speaking performance was assessed before and after the intervention and analyzed using the Wilcoxon Signed-Rank Test. The findings showed that the median English speaking performance score increased from 60.00 at the pre-test to 80.00 at the post-test, while the mean score increased from 59.27 to 79.36, with a mean difference of 20.09 points. Statistical analysis demonstrated a significant difference between students' speaking performance before and after the intervention ($p < 0.001$). These findings indicate an improvement in English speaking performance following the CSBL intervention. However, because the study used a one-group design without a comparison group, the observed improvement cannot be attributed solely to CSBL. Learning through clinical scenarios provides a meaningful communicative context in which students can integrate English language skills with relevant nursing communication situations. Therefore, CSBL may be a promising instructional approach for supporting the development of English communication skills in nursing education, although controlled or comparative studies are needed to further examine its specific contribution.

Keywords: clinical communication, clinical scenario-based learning, English speaking performance, nursing students.

1. INTRODUCTION

Communication is a fundamental competency in nursing practice. Nursing students are expected to exchange information, assess patients' needs, provide instructions, explain procedures, and respond appropriately in various clinical situations. These activities require not only adequate nursing knowledge but also the ability to communicate information clearly and interact effectively with patients. In an increasingly internationalized healthcare and academic environment, English proficiency may further support nursing students in accessing scientific resources and communicating in professional contexts where English is required. Therefore, English instruction for nursing students needs to extend beyond general language knowledge and provide opportunities to use English in clinically relevant communication situations.

This need can be addressed through English for Specific Purposes (ESP), which emphasizes language learning based on learners' academic or professional needs. In nursing education, ESP can be directed toward communication tasks that students are likely to encounter in clinical practice. Previous studies have identified the need for nursing students to develop English skills related to nursing vocabulary, explaining procedures, giving instructions, and communicating with patients (Yuriatson Jubhari et al., 2022; Huang & Yu, 2023). These findings suggest that English for Nursing should integrate language learning with professional communication tasks rather than focus mainly on vocabulary and grammar in isolation.

Among the four language skills, speaking is particularly important because nursing communication requires students to produce and respond to spoken language in real time. Effective speaking involves several dimensions, including fluency and coherence, lexical resource, grammatical

range and accuracy, and pronunciation, which are also recognized in established speaking assessment criteria (British Council, 2024). However, these language-focused dimensions do not fully capture the communicative demands of nursing practice. In clinical interactions, students must also understand patients' messages, identify their needs, clarify information, provide appropriate responses, and maintain communication within a specific clinical context. For this reason, the present study includes clinical interaction and comprehension as an additional domain to complement the four language-focused dimensions. This domain reflects the need to assess not only how accurately students use English but also how appropriately they understand and respond to communication in nursing situations.

Despite its importance, developing English speaking performance can be challenging for nursing students because speaking requires the simultaneous use of linguistic knowledge, communicative strategies, and confidence. Haroen et al. (2024), for example, reported that an integrated English learning program significantly increased nursing students' self-perceived communication competence, while communication apprehension also increased. This finding indicates that language instruction alone may not be sufficient; students also need meaningful opportunities to practice communicating in situations that resemble the demands of their future professional roles. Experiential learning approaches may provide such opportunities by allowing students to actively use language while responding to contextualized situations.

One approach that has been widely used to provide experiential learning in nursing education is simulation-based learning. Simulation allows students to practice knowledge and skills within structured situations that represent aspects of professional practice. Evidence from recent reviews indicates that simulation-based learning can support nursing students' knowledge, clinical skills, and confidence (Alharbi et al., 2024; Saragih et al., 2024). Role-play has also been used to provide opportunities for communication practice. Studies have reported its contribution to nursing students' professional and therapeutic communication skills, as well as to speaking proficiency in English language learning (Benko & Peršolja, 2023; Hasan & Bachtiar, 2023; Katemba & Grace, 2023). However, these approaches differ in their primary instructional focus. Role-play generally emphasizes interaction through assigned roles, whereas simulation-based learning commonly targets broader clinical competencies, such as knowledge, skills, decision-making, and confidence.

Building on these approaches, Clinical Scenario-Based Learning (CSBL) in the present study is conceptualized as an instructional approach that combines clinically contextualized scenarios, nursing communication tasks, and explicit English language objectives. Rather than using clinical situations merely as a setting for role enactment, CSBL requires students to use English to accomplish specific communication tasks within a structured nursing scenario. In this approach, students are expected to interpret the clinical situation, select relevant information, explain or clarify information, respond to another person, and maintain interaction in English. The clinical context therefore functions as a meaningful framework for language production, comprehension, and interaction.

The integration of clinical context and language objectives is particularly relevant to English for Nursing because students may know nursing-related vocabulary or grammatical structures but still experience difficulty using them appropriately during clinical communication. For instance, explaining medication, communicating vital-sign information, providing dietary recommendations, or assessing pain requires students to integrate English language resources with clinical understanding and appropriate interpersonal responses. CSBL provides opportunities to practice these abilities in situations that are relevant to students' future professional roles. In this sense, the approach is consistent with the target-situation orientation of nursing ESP, which emphasizes the development of language skills according to the communicative demands of professional contexts (Huang & Yu, 2023).

Although previous studies have provided evidence regarding ESP, role-play, and simulation-based learning, limited attention has been given to their integration for developing English speaking performance in nursing education. Simulation studies have predominantly examined clinical knowledge, skills, decision-making, confidence, or general communication (Alharbi et al., 2024; Saragih et al., 2024), while role-play studies have generally focused on role enactment, interpersonal

communication, or general speaking practice (Benko & Peršolja, 2023; Hasan & Bachtiar, 2023; Katemba & Grace, 2023). Meanwhile, nursing ESP research has emphasized the importance of clinically relevant English and target-situation communication (Huang & Yu, 2023; Liu et al., 2023; Yuriatson Jubhari et al., 2022). However, comparatively little research has examined a structured approach that simultaneously integrates clinical scenarios, nursing-specific communication tasks, explicit English language objectives, and multidimensional assessment of speaking performance. This gap provides the rationale for the present study.

Speaking performance involves several components that must be used simultaneously during communication. Four commonly recognized dimensions are fluency and coherence, lexical resource, grammatical range and accuracy, and pronunciation (British Council, 2024). However, these language-focused dimensions may not fully capture the demands of nursing communication. Nursing students also need to understand patients' messages, identify their needs, provide appropriate responses, clarify information, and maintain interaction. Therefore, the present study includes clinical interaction and comprehension as a fifth domain to reflect the context-specific communication demands of nursing practice. Developing these abilities can be challenging because speaking requires students to use English spontaneously while responding to another person. Haroen et al. (2024) found that an integrated English learning program increased nursing students' self-perceived communication competence, although communication apprehension also increased. This finding highlights the need for learning activities that provide meaningful and repeated opportunities for students to practice English communication.

Through CSBL, students practice English while responding to clinically relevant situations, such as measuring and communicating vital signs, explaining dietary recommendations, explaining medication, and assessing pain. The clinical scenario provides a meaningful context in which students must understand information, select appropriate vocabulary, construct responses, and interact with patients in English. Thus, the approach connects English language practice with the communicative demands of nursing practice. Although previous studies have examined ESP, role-play, and simulation-based learning, limited attention has been given to an approach that simultaneously integrates clinical scenarios, nursing-specific communication tasks, and multidimensional English speaking assessment. In particular, evidence regarding changes in nursing students' English speaking performance following a structured clinical scenario-based approach remains limited. This gap provides the rationale for the present study.

Accordingly, this study aimed to examine changes in nursing students' English speaking performance before and after participation in Clinical Scenario-Based Learning (CSBL). Speaking performance was assessed using five domains: fluency and coherence, pronunciation, vocabulary/lexical resource, grammatical range and accuracy, and clinical interaction and comprehension. Because this study used a one-group pre-test–post-test design without a comparison group, the findings are interpreted as changes in speaking performance following the learning intervention rather than as definitive evidence of a causal effect.

2. METHODS

This study employed a quantitative pre-experimental design using a one-group pretest–posttest design to examine changes in nursing students' English speaking performance following the implementation of Clinical Scenario-Based Learning (CSBL). The same group of participants was assessed before and after the intervention. The research design was represented as:

$$O_1 \rightarrow X \rightarrow O_2$$

O_1 represents the pre-test of English speaking performance

X represents the CSBL intervention

O_2 represents the post-test of English speaking performance

The design enabled the researchers to compare students' speaking performance at two measurement points. Because the study did not include a control or comparison group, the findings

were interpreted as changes observed following the intervention rather than as definitive evidence of a causal effect.

Participants were selected from the class in which the CSBL intervention was implemented. The study used total sampling, in which all eligible students in the selected class were invited to participate. The inclusion criteria were: (1) being enrolled as a fifth-semester undergraduate nursing student, (2) being enrolled in the English for Nursing II course during the study period, and (3) participating in the CSBL learning activities. Students were excluded from the analysis if they did not complete the pre-test or post-test or did not participate in the required CSBL intervention sessions. The sample consisted of 44 students because all eligible students who completed the pre-test, CSBL intervention, and post-test were included in the final analysis.

Each CSBL session followed five sequential stages: (1) preparation and pre-briefing, (2) clinical scenario orientation, (3) scenario enactment, (4) feedback and debriefing, and (5) language consolidation and reflection. During preparation and pre-briefing, the lecturer introduced the learning objectives, relevant clinical background, key English vocabulary and expressions, participant roles, and expected communication tasks. Students were then introduced to a clinical scenario describing a specific patient condition and a communication objective. Audio recordings, instructional videos, and posters were used to provide contextual information and support students' understanding of the clinical situation. This structure was consistent with simulation-based educational principles in which learner preparation and briefing precede the simulation activity and help establish expectations and learning objectives (INACSL Standards Committee et al., 2021).

During scenario enactment, students performed simulated nurse–patient interactions and were encouraged to communicate spontaneously in English rather than reproduce a memorized dialogue. The lecturer functioned primarily as a facilitator by monitoring student interactions and providing prompts, clarification, or predetermined cues when required. Students practiced clinically relevant communication skills, including greeting and self-introduction, establishing rapport, obtaining patient information, conducting basic assessment, explaining procedures and health-related information, providing instructions, responding to patient questions, and demonstrating therapeutic communication..

The CSBL intervention was conducted in five sessions which addressed progressively complex communication objectives. Each session was explained below:

1. Session 1 focused on basic clinical communication, including greeting, self-introduction, rapport building, and basic patient questioning.
2. Session 2 focused on patient assessment and information gathering, including vital signs assessment and communication related to the patient's chief complaint, symptoms, medical history, and current condition.
3. Session 3 focused on providing information and nursing instructions, particularly explaining a dietary program, providing recommendations, and checking patient understanding.
4. Session 4 addressed medication-related and therapeutic communication, including explaining medication, responding to patient concerns, clarification, empathy, and active listening.
5. Session 5 integrated the skills developed in the previous sessions through a more comprehensive pain assessment scenario, requiring students to initiate communication, establish rapport, assess pain characteristics, clarify information, respond to concerns, and provide appropriate explanations or instructions in English. The progression from simpler to more complex scenarios was intended to increase students' communicative demands while maintaining alignment with the learning objectives.

Thus, the CSBL intervention comprised five 100-minute sessions or 500 minutes in total exposure, involving groups of four students, rotating nurse–patient roles, multimodal instructional media, progressively complex clinical scenarios, facilitator guidance, structured feedback, and reflection. The intervention integrated English language learning with clinically relevant communication tasks, providing repeated opportunities for nursing students to apply and develop their English speaking skills in simulated clinical contexts. Evidence from recent reviews indicates that scenario-based and simulation-based learning can improve nursing students' professional knowledge,

clinical skills, self-confidence, and broader learning outcomes, supporting the use of structured simulation experiences within nursing education (Mishra et al., 2023; Saragih et al., 2024).

The instrument used in this study was an analytic English speaking performance rubric consisting of five domains: (1) fluency and coherence, (2) pronunciation, (3) vocabulary/lexical resource, (4) grammatical range and accuracy, and (5) clinical interaction and comprehension. The first four domains were based on established dimensions commonly used in analytic assessment of spoken English. In particular, the IELTS Speaking assessment framework identifies fluency and coherence, lexical resource, grammatical range and accuracy, and pronunciation as four core criteria for evaluating spoken English performance (IELTS, 2024). The present study used these domains as the linguistic foundation of the speaking assessment rather than treating the rubric as a direct reproduction of the IELTS test.

The present study examined English speaking performance specifically in nursing-related clinical communication, a fifth domain, clinical interaction and comprehension, was incorporated to capture students' ability to use English appropriately during simulated nurse-patient interactions. This domain assessed students' ability to initiate and maintain clinical communication, respond appropriately to patient questions or concerns, demonstrate understanding of the patient's information, and provide clinically appropriate explanations or instructions.

The additional clinical domain was reviewed for contextual relevance by the second author, who has academic expertise in nursing, while the language-related assessment domains were reviewed by the first author with expertise in English language education. The review was conducted to ensure that the clinical interaction and comprehension domain was relevant to the communication demands of undergraduate nursing students and aligned with the clinical scenarios used in the intervention. No new psychometric validation or reliability testing was conducted in the present study. Therefore, the instrument is described as an adapted analytic speaking rubric informed by established speaking-assessment criteria and reviewed for contextual relevance, rather than as a newly validated instrument. Each domain was rated on a five-point scale, with scores ranging from 1 to 5. The maximum total score was 25. The final English speaking performance score was calculated as follows:

$$\text{Final Score} = (\text{Total Domain Score} / 25) \times 100$$

The same rubric and scoring procedure were applied to both the pretest and posttest to maintain consistency in the assessment of students' English speaking performance.

Data were analyzed using descriptive and inferential statistics. Descriptive statistics were used to summarize students' English speaking performance before and after the CSBL intervention. Because the pretest and posttest scores were obtained from the same participants, the observations were treated as paired data. The distribution of the scores was examined before selecting the inferential statistical test. As the normality assumption was not met, the Wilcoxon Signed-Rank Test was used to examine differences between students' pretest and posttest English speaking performance. The statistical significance level was set at $p < 0.05$. The results were interpreted as evidence of a statistically significant pretest-posttest difference when the obtained p -value was below the predetermined significance level.

3. RESULTS AND DISCUSSION

3.1. Univariate Analysis

This section presents the findings of the study on the implementation of Clinical Scenario-Based Learning (CSBL) and its relationship with nursing students' English speaking performance. The results are reported systematically, beginning with the participants' demographic characteristics, followed by descriptive and domain-specific evaluations. The demographic characteristics of the participants are presented in Table 1.

Tabel 1. Characteristic of Respondents

Characteristic	Category	n	%
Sex	Male	1	2.3
	Female	43	97.7
Previous English Course Experience	Yes	2	4.5
	No	42	95.5
Total		44	100.0

As presented in Table 1, the participants were predominantly female (n = 43, 97.7%), while only one participant was male (n = 1, 2.3%). This distribution primarily reflects the characteristics of the study sample and was not intended to examine gender differences in English speaking performance. More importantly, 42 participants (95.5%) reported having no previous formal English course experience before participating in the study. This characteristic provides important baseline context for interpreting the changes in English speaking performance observed following the Clinical Scenario-Based Learning (CSBL) sessions.

The limited prior experience with formal English learning may have implications for students' opportunities to develop spoken English, particularly in professionally oriented contexts. In nursing education, English proficiency is increasingly relevant because students may need to communicate clinical information, interact with patients, and engage with healthcare-related materials in English. Haroen et al. (2024), in a study involving 173 Indonesian undergraduate nursing students, reported that English for Nursing learning was associated with students' self-perceived communication competence and communication apprehension. Their findings underscore the importance of providing nursing students with learning experiences specifically designed around communication needs in nursing contexts.

The present finding is also consistent with previous research identifying challenges in English speaking among Indonesian nursing students. Alimah and Suharyanto (2024), who investigated nursing students in Central Java, reported that speaking activities in English for Nursing classes commonly involved role-play based on nursing routines in hospital settings. Their participants identified limited vocabulary and pronunciation difficulties as important challenges in speaking English. Similarly, Pramusita et al. (2024) found that linguistic, psychological, and sociocultural factors were associated with nursing students' hesitancy to participate in English oral communication activities. These findings indicate that nursing students may require structured opportunities to practice spoken English in contexts that are meaningful and closely related to their professional field.

Therefore, the high proportion of participants without previous formal English course experience should be considered when interpreting the observed changes in English speaking performance. The findings suggest that students with limited prior formal English learning experience demonstrated changes in speaking performance after participating in structured, clinically contextualized CSBL activities. However, because the study employed a one-group pretest–posttest design without a control group, the findings should be interpreted as changes observed following the CSBL intervention rather than as definitive evidence that CSBL alone caused the improvement. This interpretation is consistent with the descriptive and pre-experimental nature of the study design. Table 2 summarizes the aggregated descriptive statistics for overall English speaking performance before and after the CSBL intervention.

Tabel 2. Descriptive Statistics of Pre-Test and Post-Test Speaking Score

Metric	Pre-Test	Post-Test
Mean	59.27	79.36
Standart Deviation (SD)	5.41	5.17
Median	60.00	80.00
Minimum Score	48.00	72.00
Maximum Score	72.00	96.00

As detailed in Table 2, the mean score improved from 59.27 (SD= 5.41) in the pre-test to 79.36 (SD= 5.17) in the post-test, representing an average gain of 20.09 points (33.9% increase). The minimum score increased from 48.00 to 72.00, and the maximum score increased from 72.00 to 96.00.

The substantial gain in mean speaking scores (+20.09 points) demonstrates that embedding English instruction into authentic clinical scenarios provides nursing students with an effective framework for oral skill acquisition. Traditional English for Specific Purposes (ESP) instruction often relies heavily on passive vocabulary memorization and isolated grammar exercises, which rarely translate into real-time communicative competence in clinical settings (Liu et al., 2023). By contrast, CSBL provides a contextualized learning environment where language output is tied directly to clinical routines, such as patient history taking and vital signs assessment. When students practice English in realistic simulations, they transition from passive language reception to active, functional application, resulting in notable improvements in overall speaking proficiency (Cho & Kim, 2024).

The upward shift in both lower-bound (48.00 to 72.00) and upper-bound (72.00 to 96.00) scores indicates that CSBL benefited participants across the entire baseline performance spectrum. Lower-performing students gained foundational confidence and functional expressions through structured scenario scripts, while higher-performing students refined their fluency and clinical interaction strategies. Regarding the slight reduction in standard deviation (5.41 to 5.17), this minor decrease reflects descriptive stability across the cohort post-intervention. Rather than indicating a statistically tested homogenization of skills, it suggests that the intervention provided a supportive structure that enabled lower-performing students to bridge performance gaps alongside their peers (Salifu et al., 2022). These descriptive trends indicate notable score gains; however, the observed improvements should be interpreted within the context of a single-group pretest–posttest design without a randomized control group. Therefore, the observed changes cannot be attributed solely to the CSBL intervention. Other factors, including familiarity with the assessment tasks, repeated exposure to testing, iterative lecturer feedback, peer interaction, and students’ ongoing academic development, may also have contributed to the increase in scores. Repeated assessment itself can influence subsequent performance through testing-related learning effects, which further supports the need for caution when interpreting changes in single-group pretest–posttest studies (French et al., 2024). Future investigations incorporating a comparative control group would help further isolate the specific effect size of CSBL relative to traditional instruction.

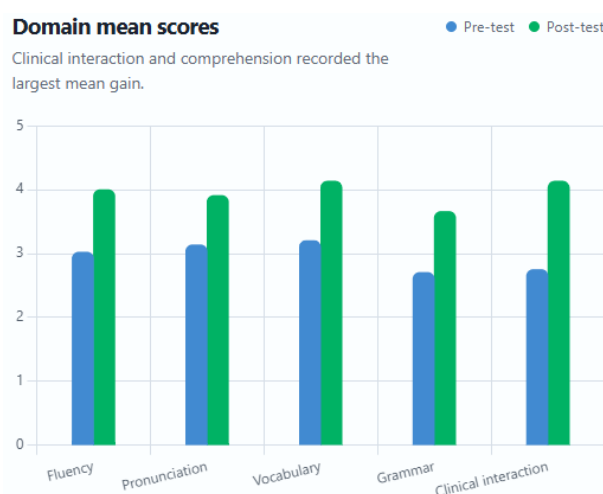
To verify whether improvement occurred across all speaking criteria, each domain was subjected to separate statistical testing. Table 3 presents the descriptive metrics alongside inferential test results for each domain.

Tabel 3. Pre-test and Post-test Score Mean on Every Domain

Domain	Pre-test Mean (SD)	Post-test Mean	Mean Diff	Median Diff	Wilcoxon Z
1. Fluency and Coherence	3.02 (0.38)	4.00 (0.31)	+0.98	+1.00	-5.78
2. Pronunciation	3.14 (0.35)	3.1 (0.29)	+0.77	+1.00	-5.72
3. Vocabulary / Lexical Resource	3.20 (0.41)	4.14 (0.35)	+0.93	+1.00	-5.79
4. Grammatical Range and Accuracy	2.70 (0.46)	3.66 (0.36)	+0.95	+1.00	-5.81
5. Clinical Interaction and Comprehension	2.75 (0.44)	4.14 (0.35)	+1.39	+1.00	-5.80

Table 3 presents the changes in mean scores across the five domains of English speaking performance before and after the implementation of Clinical Scenario-Based Learning (CSBL). Overall, all speaking domains demonstrated an increase in mean scores following the intervention. The greatest improvement was observed in **Clinical Interaction and Comprehension**, which increased from a pre-test mean of 2.75 to 4.14, representing a mean change of 1.39 points. CSBL directly aligns learning tasks with realistic healthcare scenarios (e.g., patient admission, vital signs check, pain assessment), enabling students to shift from passive translation to active clinical communication. This was followed by **Fluency and Coherence**, which increased from 3.02 to 4.00 with a mean change of 0.98 points. Practicing structured communicative situations provided students

with predictable interactional routines. This reduced the cognitive burden during spontaneous speaking, allowing students to deliver clinical messages with fewer interruptions (Liu et al., 2023). **Grammatical Range and Accuracy** which increased from 2.70 to 3.66, with a mean change of 0.95 points. **Vocabulary/Lexical Resource** increased from 3.20 to 4.14, corresponding to a mean change of 0.93 points. Learning language forms within meaningful clinical tasks helped students acquire professional vocabulary and grammatical structures (such as polite imperatives and question forms) in context, reinforced by immediate feedback during debriefings (Salifu et al., 2022). While Pronunciation increased from 3.14 to 3.91, with a mean change of 0.77 points. The repeated oral practice of medical terminology supported clearer articulation, which is critical for patient safety and clinical clarity. The improvement of each domain mean scores can be seen from the picture below:



Picture 1. Domain mean score

3.2. Bivariate Analysis

To further examine the difference in students' English speaking performance before and after the implementation of Clinical Scenario-Based Learning (CSBL), a bivariate analysis was conducted using the Wilcoxon Signed-Rank Test. This non-parametric test was selected because the pre-test and post-test scores were paired data and the difference scores did not meet the assumption of normality. The analysis was performed to determine whether there was a statistically significant difference between students' English speaking performance before and after the intervention. To provide appropriate non-parametric statistics, Tabel 4 reports median, interquartile ranger (IQR), Wilcoxon Signed-Rank Test, p-value, and sside effects sizes (r) are presented in Table 4.

Tabel 4. Bivariate Analysis

Variable	Pre-test Median	Post-test Median	Mean Difference	Wilcoxon Z	p-value	Effect size (r)
English Speaking Performance	60.00	80.00	20.09	-5.78	<0.001	0.87

The bivariate analysis demonstrated a statistically significant difference in nursing students' English speaking performance between the pretest and posttest. As presented in Table 4, the median score increased from 60.00 at pretest to 80.00 at posttest, representing a mean improvement of 20.09 points. The Wilcoxon Signed-Rank Test showed a statistically significant difference between the two measurements ($p < 0.001$).

The observed improvement indicates that students demonstrated higher English speaking performance after completing the CSBL sessions. This improvement may be related to the contextualized nature of the intervention, which required students to repeatedly use English in

clinically relevant situations. In nursing education, English instruction is expected to address communication demands specific to professional practice, including patient-centered interaction and the use of language within authentic healthcare contexts (Huang & Yu, 2023). Similarly, scenario-based simulation provides opportunities for nursing students to apply knowledge and skills in situations that resemble clinical practice, thereby supporting the integration of classroom learning with practical communication (Saragih et al., 2024; Alharbi et al., 2024). In the present study, students used English to greet patients, obtain information, conduct basic assessments, explain health-related information, provide instructions, respond to questions, and address patient concerns. Such context-rich and repeated communication practice may have supported the development of students' ability to use English in clinically relevant interactions, consistent with evidence that simulation-based learning can enhance communication skills among nursing students (Cho & Kim, 2024)..

The improvement is also consistent with the structure of the CSBL intervention, which combined scenario enactment with feedback, debriefing, reflection, and subsequent practice. Students were not only exposed to clinical communication tasks but also received opportunities to identify communication difficulties and apply feedback in later scenarios. This iterative learning process may have contributed to the observed improvement in speaking performance. Previous research has similarly reported the potential of role-play, scenario-based learning, and simulation-based approaches to provide meaningful opportunities for oral communication practice and skills development (Katemba & Grace, 2023; Alharbi et al., 2024). The present findings are also consistent with previous research emphasizing the value of contextualized and accessible learning resources in nursing education. Balante et al. (2023) reported that nursing students perceived flipcharts used in a clinical simulation laboratory as practical learning resources that supported clinical skills development and self-directed learning. The study also highlighted their value for students using English as a second language

The finding is particularly relevant to nursing education because clinical communication requires the integration of language proficiency with professional and clinical knowledge. Embedding English speaking activities within nursing scenarios provides students with opportunities to retrieve appropriate terminology, formulate responses, clarify information, and communicate with simulated patients while considering the clinical context. Consequently, the learning activity extends beyond general English practice toward communication tasks that resemble situations students may encounter in nursing practice.

However, the statistical finding should be interpreted within the methodological limitations of the study. The one-group pretest–posttest design does not include a randomized control or comparison group. Therefore, the observed pretest–posttest improvement demonstrates a significant change following the CSBL intervention, but it does not establish that CSBL alone caused the improvement. Several alternative explanations should be considered. First, repeated exposure to similar assessment formats and clinical scenarios may have produced a testing or task-familiarity effect, whereby students became more familiar with the assessment requirements. Second, the observed improvement may reflect the combined contribution of CSBL activities, lecturer feedback, peer interaction, repeated language practice, and students' ongoing academic development rather than the scenario structure alone. These factors cannot be separated within the present design.

The small reduction in the standard deviation from 5.41 at pretest to 5.17 at posttest should also be interpreted descriptively. Because no formal statistical test of variance differences was conducted, this change should not be interpreted as evidence that students became more homogeneous in their speaking performance.

Overall, the bivariate findings provide evidence of a statistically significant improvement in English speaking performance following participation in the CSBL intervention. However, given the absence of a control group and the potential influence of testing familiarity, repeated practice, feedback, and other concurrent learning experiences, the findings are more appropriately interpreted as evidence of improvement following CSBL rather than definitive evidence of a causal effect of CSBL. The results nevertheless indicate that CSBL can serve as a potentially useful instructional approach for integrating English language learning with clinically relevant communication practice in nursing education.

4. CONCLUSION

Clinical Scenario-Based Learning (CSBL) was followed by a significant improvement in nursing students' English speaking performance, with the median score increasing from 60.00 to 80.00 and a mean improvement of 20.09 points ($p < 0.001$). All five speaking domains showed higher posttest scores descriptively, with the largest gain in Clinical Interaction and Comprehension. However, the findings cannot be attributed solely to CSBL because the study involved 44 students from one institution in a single-group pretest–posttest design without a control group. CSBL may therefore be a useful approach for integrating English learning with nursing-related communication, while future controlled studies with larger samples and further validation of the assessment rubric are needed to confirm its contribution.

REFERENCES

- Alharbi, A., Nurfianti, A., Mullen, R. F., McClure, J. D., & Miller, W. H. (2024). The effectiveness of simulation-based learning (SBL) on students' knowledge and skills in nursing programs: A systematic review. *BMC Medical Education*, 24, 1099. <https://doi.org/10.1186/s12909-024-06080-z>
- Alimah, N. I., & Suharyanto. (2024). Why nursing students struggle in speaking English: Experience, challenges, and coping strategies. *Darussalam English Journal*, 4(2), 212–224. <https://doi.org/10.30739/dej.v4i2.3395>
- Balante, J., Candelaria, D., Perez, D., & Koo, F. (2023). Nursing students' experiences of using flipcharts as a leaning tool during the COVID-19 pandemic. *Nurse Education Today*, 120, 105650. <https://doi.org/10.1016/j.nedt.2022.105650>
- Benko, E., & Peršolja, M. (2023). Nursing students' views of the impact of geriatric role-play workshops on professional competencies: Survey. *BMC Nursing*, 22, 203. <https://doi.org/10.1186/s12912-023-01373-y>
- British Council. (n.d.). *IELTS speaking band descriptors*. https://takeielts.britishcouncil.org/sites/default/files/ielts_speaking_band_descriptors.pdf
- Cho, M.-K., & Kim, M. Y. (2024). The effect of virtual reality simulation on nursing students' communication skills: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 15, 1351123. <https://doi.org/10.3389/fpsy.2024.1351123>
- Haroen, H., Adistie, F., Agustina, H. R., & Juniarti, N. (2024). Effect of integrated English hybrid learning for undergraduate nursing students on students' self-perceived communication competence and communication apprehension: A quasi-experiment study. *Heliyon*, 10(15), e35350. <https://doi.org/10.1016/j.heliyon.2024.e35350>
- Hasan, M. I., & Bachtiar, N. (2023). Implementasi metode role play dalam pembelajaran komunikasi mahasiswa keperawatan. *Jurnal Ilmiah Keperawatan IMELDA*, 9(2), 166–172. <https://doi.org/10.52943/jikeperawatan.v9i2.1255>
- Huang, Q., & Yu, Q. J. (2023). Towards a communication-focused ESP course for nursing students in building partnership with patients: A needs analysis. *English for Specific Purposes*, 70, 57–69. <https://doi.org/10.1016/j.esp.2022.11.006>
- IELTS. (2024). *IELTS speaking key assessment criteria*. IELTS Partners
- INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™: Simulation Design. *Clinical Simulation in Nursing*, 58, 14–21. <https://doi.org/10.1016/j.ecns.2021.08.009>
- Jubhari, Y., Rosmiaty, & Nurliah. (2022). Needs analysis in English for Specific Purposes (ESP) for nursing students. *EDULEC: Education, Language, and Culture Journal*, 2(1), 80–86. <https://doi.org/10.56314/edulec.v2i1.31>

- Katamba, C. V., & Grace, R. M. (2023). Role-playing improves speaking proficiency skills. *Acuity: Journal of English Language Pedagogy, Literature and Culture*, 8(2), 244–268. <https://doi.org/10.35974/acuity.v8i2.3153>
- Mishra, R., Hemlata, & Trivedi, D. (2023). Simulation-based learning in nursing curriculum—time to prepare quality nurses: A systematic review and meta-analysis. *Heliyon*, 9(5), e16014. <https://doi.org/10.1016/j.heliyon.2023.e16014>
- Pramusita, S. M., Situmorang, K., & Saputra, B. A. (2024). Factors affecting nursing students' hesitancy to speak English: A study at Universitas Pelita Harapan. *English Review: Journal of English Education*, 12(1), 245–252. <https://doi.org/10.25134/erjee.v12i1.9085>
- Salifu, D. A., Christmals, C. D., & Reitsma, G. M. (2022). Frameworks for the design, implementation, and evaluation of simulation-based nursing education: A scoping review. *Nursing & Health Sciences*, 24(3), 545–563. <https://doi.org/10.1111/nhs.12955>
- Saragih, I. D., Tarihoran, D. E. T. A. U., Lin, W.-T., & Lee, B.-O. (2024). Outcomes of scenario-based simulation courses in nursing education: A systematic review and meta-analysis. *Nurse Education Today*, 136, 106145. <https://doi.org/10.1016/j.nedt.2024.106145>

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