

كفاءة اللغة الانجليزية، التحديات، وأستراتيجيات التحسين بين طلبة التمريض في  
الريف العراقي

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English Language Proficiency, Challenges, and Strategies for  
Improvement among Rural Iraqi Nursing Students

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**المستخلص:** تستكشف هذه الدراسة الكفاءة في اللغة الانجليزية والتحديات وأستراتيجيات التعليم لدى طلبة التمريض في الريف العراقي. اعتمدت الدراسة على تصميم بحثي وصفي مقطعي. شملت الدراسة 78 طالب وطالبة في السنة الرابعة في كلية التمريض، جامعة تلعفر. جمعت البيانات عبر استبيان مغلق. تم تحليل البيانات باستخدام الاحصاءيات الوصفية واختيار كاي-تربيع لفحص العلاقات بين المتغيرات. اشارت النتائج الى ان غالبية الطلبة (76.9) يمتلكون مهارات انجليزية شبه متوسطة. مع محدودية الثقة في المصطلحات الطبية الانجليزية والتواصل السريري. شملت التحديات نقص المدرسين المؤهلين، محدودية التعرض العلمي، وندرة التحدث مع المتحدثين الاصليين للغة الانجليزية. تسلط الدراسة الضوء على التحديات الشائعة في المناطق

المحدودة الموارد التي تآثر سلبآ على اكتساب اللغة. شملت التوصيات تنفيذ دراسات لغوية عملية موجهة، زيادة الوصول إلى الموارد الرقمية، وتوفير تجارب لغوية سريرية تفاعلية لتعزيز كفاءة التواصل للمرضيين المستقبليين لتحسين تقديم الرعاية الصحية.

**Abstract:** This study explores the English proficiency, challenges, and learning strategies among final-year nursing students in rural Iraq. A descriptive cross-sectional research design was employed, involving 78 students from the fourth-year Nursing College, University of Telafer. Data were collected through structural questionnaires. Descriptive statistics and chi-square tests analyze the relationships between variables. The findings revealed most students (76.9%) had intermediate English skills, with limited confidence in medical English terminology and clinical communication. Challenges included lack of qualified teachers, limited practical exposure, and scarce interaction with native speakers. No significant correlation was found between overall proficiency and comfort with medical terminology or specific language skills. The study highlights systematic barriers in resource-limited settings that hinder language acquisition. The recommendations include implementing targeted practical language training, increasing access to digital resources, and fostering immersive clinical language experiences to enhance future nurses' communication competence and healthcare delivery.

### 1. Introduction

The ability to communicate successfully in English has become increasingly vital for nursing professionals worldwide. As a global lingua Franca, English plays a pivotal role in the healthcare system by facilitating effective communication among healthcare providers, researchers, and patients across different countries. In countries where students and educators of medical scenarios are non-native English speakers, proficiency in English directly influences their access to the latest medical knowledge, International research, and collaboration opportunities (Hewitt, 2020).

For nursing students, particularly in rural areas, many challenges hinder their ability to master medical terminology and confidently communicate within clinical settings, thereby affecting their competence and professional growth. Moreover, limited English proficiency can impede their ability to participate fully in international health initiatives and to access vital online medical resources, which are predominantly in English. Addressing these challenges is crucial, as communication skills are fundamental to patient safety, quality of care, and effective interdisciplinary collaboration.





In the Iraqi context, studies have highlighted significant challenges faced by Iraqi medical students, including deficiencies in English language skills, which hinder their academic and professional development (Al-Dhafiri & AlMazeedi, 2017). Additionally, the Iraqi Ministry of Education has acknowledged the need for targeted language training initiatives within medical colleges to improve the overall proficiency and support better healthcare training (Hamad et al., 2025). Addressing these issues is essential to equip future healthcare professionals with the language skills necessary for effective communication in both local and international settings.

### 1.1 Statement of the problem

Despite the crucial role of English proficiency in ensuring effective communication, access to medical knowledge, and engagement in international healthcare initiatives, many nursing students in rural Iraq face significant language barriers. These challenges hinder the ability to master medical terminology, communicate effectively in clinical settings, and participate in international healthcare initiatives, impacting their professional growth and patient care quality. This research aims to identify the specific challenges faced by these students, assess their current proficiency levels, and explore effective strategies and resources to enhance their language skills, thereby supporting their academic success and integration into the wider healthcare community.

### 1.2 Research objectives

- 1.To assess the current level of English proficiency among nursing students in rural areas.
- 2.To identify challenges faced by students in learning, especially medical English.
- 3.To explore students' perspectives on effective strategies and Resources for improving English language skills
- 4.To gather insights for developing targets and interventions to enhance English proficiency in rural nursing education.

### 1.3 Research questions

- 1.What is the current level of English proficiency among nursing students in rural areas?
- 2.What are the specific challenges faced in learning English, particularly medical English, in these settings?
- 3.Which learning methods and resources are perceived as most effective?
4. How do students perceive the role of technology and the community programs in language learning?



5. What improvements can be made in nursing education to support English language development?

## 2. Theoretical Framework and Literature Review

Effective communication in healthcare is vital for ensuring safe, patient-centred care, particularly when dealing with English medical terminology. The development of medical English proficiency among nursing students involves complex interaction between linguistic competence, clinical skills, and contextual understanding. Central to understanding this process is Canale and Swain's (1980) model of communicative competence, which delineates four core components: grammatical competence, sociolinguistic competence, discourse competence, and strategic competence. In clinical nursing, mastery of these elements allows practitioners to interpret complex medical terminology, engage emphatically with patients, and adopt communication strategies to specific contexts (Canale & Swain, 1980; Bhatia, 1992; Bachman, 1990).

Vygotsky's (1978) Constructivist Learning Theory underscores the importance of social interaction and contextual learning, advocating for active student engagement through experiential activities such as role-playing, simulation, and internships that mirror real clinical interactions. These approaches facilitate not only language development but also clinical reasoning, cultural sensitivity, and the confidence-crucial aspects of healthcare communication (Vygotsky, 1978; Lave & Wenger, 1991; Jonassen, 1994)

Communicative language teaching (CLT), pioneered by practitioners like Savignon (1983), further emphasizes the importance of meaningful, context-rich language in authentic settings. CLT encourages learner-centred activities that promote realistic language practice, aligning with the needs of nursing students to perform effectively and their pressure in the clinical environment (Richards & Rodgers, 2001; Nunan, 1989)

Regional and global research highlights the challenges faced by nursing students in low-resource or rural settings. Al-Saad et al. (2018) observes that urban nursing students in Iraq generally attain higher levels of English proficiency than rural students. Similar findings emerged in India, where Kumar and Singh (2017) report that resource scarcity impedes rural students' language acquisition, affecting their clinical preparedness.

The border literature emphasizes that insufficient practical exposure, lack of authentic communication opportunities, and limited access to technology compound these challenges (Mpofu et al., 2023; Agobo,





2019; Hymes, 1972). Ali et al. (2020) highlight that language barriers in Pakistan healthcare settings could lead to miscommunication, jeopardizing patient safety. Internationally, Yap et al. (2021) show that English proficiency correlates positively with clinical confidence among South East Asian nursing students, particularly in understanding medico-technical terminology and engaging in patient discussions.

Furthermore, Goh et al. (2019) argue that integrating English language training into nursing curricula tailored to clinical contexts enhances both language proficiency and clinical performance. Hee et al. (2020) insist that digital platforms, e-learning modules, and community-based practice sides are effective tools for fostering authentic communication skills, especially in a resource-scarce environment.

Baker (2011) and Poudle et al. (2019) emphasize the importance of developing intercultural competence alongside linguistic skills, particularly given Iraq's diverse patient population. This necessitates a holistic approach grounded in theories of sociocultural learning and intercultural communication.

To sum up, the multifaceted nature of healthcare communication requires integrating theoretical perspectives from communicative competence, expressional learning, and intercultural communication. These frameworks guide curriculum development aimed at overcoming language barriers, especially in low-resource and rural settings, ultimately fostering more competent, confident nursing professionals.

### 3. Methodology

#### 3.1 Research Design

This study employed a descriptive cross-sectional research design aimed at assessing the English language proficiency, barriers, and perceptions for language improvement among nursing students in rural Iraq. The cross-sectional approach was chosen because it provides an effective snapshot of the current state of English proficiency and the related factors at the specific point in time, allowing for the identification of correlation and prevalent challenge population.

#### 3.2 Population and Sample

The study focused on fourth-year nursing students enrolled in the University of Telafer, located in rural areas of Iraq, as this group is about to enter clinical practice where proficiency in medical English is essential. These students' language skills, challenges, and perceptions serve as indicators of the current state of nursing education in rural settings.

Due to logistical challenges, this study did not conduct a census of all rural nursing students but instead used a convenience sampling method,

recruiting participants who agreed to participate from selected rural institutions, including the University of Telafer. The final sample comprised 78 students, providing adequate statistical validity. This sample represents a relevant cross-section of students at a critical stage of their education who are most affected by language barriers impacting their training and future Healthcare careers.

### 3.3 Data Collection Instruments and Procedure

A structured, self-administered questionnaire was developed after reviewing existing literature, expert consultation, and pilot testing with a small group of students not included in the final sample. The instrument comprised the five primary sections: demographic variables, current English proficiency, challenges faced, strategies utilized, and perceptions toward future learning and Improvements. For more details, see the following link:

[https://drive.google.com/file/d/1FSLb\\_dhOuB41SctyRu4l\\_Co2jPT6ICeV/view?usp=drive\\_link](https://drive.google.com/file/d/1FSLb_dhOuB41SctyRu4l_Co2jPT6ICeV/view?usp=drive_link) . The questionnaire item included multiple-choice questions, Likert-type scales, and closed-ended responses, allowing for quantitative insights.

Data was collected over a two-month period, where trained research assistants distributed and collected questionnaires within the participating institutions, ensuring clarity in instructions and addressing student questions.

### 3.5 Statistical methods

Data were analysed using SPSS. Descriptive statistics- including frequencies, percentages, means, and standard deviations- were used to summarize demographic data, proficiency levels, and perceptions. Inferential statistics involved in the use of Chi-square tests ( $\chi^2$ ) to explore associations between categorical values such as proficiency levels and demographic factors (e.g., residents, access to internet). Significance was set at a strict p-value of less than 0.01 ( $p < 0.01$ ), defining high statistical significance and helping to identify robust relationships.

### 3.6 Discussion of the Results

The present study provides valuable insights into the current status of English language proficiency among rural nursing students in Iraq, their perceived challenges, preferred strategies, and future expectations. The findings, as summarized in numerous tables, have significant implications for nursing education, resource allocation, and curriculum development in rural healthcare settings.

#### 1. Demographic profile and its implications

As demonstrated in Table 1, the majority of participants were young adults aged 18-24 years (64.1%). This aligns with the typical age range





for students in their undergraduate nursing programs. The higher male representation (62.8%) likely reflects the gender distribution in nursing education within the region, conforming to national trends. All students were in their final (fourth) year, illustrating their proximity to clinical practice and emphasizing the importance of their proficiency in English, especially medical English, for future clinical communication.

Furthermore, most students who resided in rural or village areas face unique challenges. Rural students typically have limited access to English language instruction and practice opportunities, which potentially hampers their language acquisition skills. The high prevalence of internet access (84.6% reported having access at least sometimes) indicates that digital resources could be a viable means to enhance learning, although the quality and speed of connectivity might vary.

**Table 1: Demographic Information**

	class	No.	%
1- Age	18-24	50	64.10%
	25-30	22	28.20%
	31-40	5	6.40%
	>40	1	1.30%
	total	78	100%
2- Sex	Female	29	37.20%
	Male	49	62.80%
	Prefer not to say	0	
	Total	78	100%
3- Year of study	Fourth grade	78	100%
4- Do you have access to the internet at home	Sometimes	10	12.80%
	NO	2	2.60%
	Yes	66	84.60%
	Total	78	100%
6- Study Type	Morning class	17	21.80%
	Evening class	61	78.20%
	Total	78	100%

## 2. Current level of English proficiency

The data presented in Table 2 indicates that around 76.9% of students assess their overall English proficiency as intermediate, with only 14.1% viewing themselves as beginners, and a small portion, 9% considering themselves advanced. This distribution suggests that while most students possess a foundation of working knowledge of English, there is still a considerable gap in achieving advanced or professional-level fluency. The data also reveals a high level of statistical significance ( $\chi^2=67^{**}$ ) in the distribution of proficiency levels among students, indicating that



their language abilities are primarily in the intermediate phase. This intermediate proficiency can limit their capacity to fully comprehend medical literature, effectively communicate with patients and colleagues, and participate in international health initiatives- crucial aspects of professional practice.

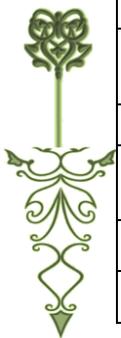
**Table 2: current English proficiency**

Q.	class	No.	%	Chi2
6. How would you rate your overall English proficiency?	Beginner	11	14.10%	67.00**
	Intermediate	60	76.90%	
	Advanced	7	9.00%	
	Total	78	100%	
7. How comfortable are you with medical English terminology?	Not comfortable	6	7.70%	40.39**
	Somewhat comfortable	51	65.40%	
	Very comfortable	21	26.90%	
	Total	78	100%	
8. How often do you use English in your clinical practice or studies?	Never	2	2.60%	29.79
	Occasionally	36	46.20%	
	Frequently	19	24.40%	
	Daily	21	26.90%	
	Total	78	100%	
9. Which of the following English language skills do you find most challenging	speaking	15	19.20%	72 <sup>NS</sup>
	Listening	27	34.60%	
	Reading	23	29.50%	
	Writing	13	16.70%	
	Total	78	100	

\*\* Refer to highly significant differences between groups at (p<0.01).  
<sup>NS</sup> is not a significant difference between groups.

Regarding comfort with medical English terminology, defined things show that only 26.9% of students feel very comfortable, whereas 65.4% consider themselves somewhat comfortable, and 7.7% are not comfortable at all. While many students have a foundation of knowledge of medical vocabulary, their confidence in using specialized terminology remains limited. This gap could impede clinical documentation and patient interactions, emphasizing the need for targeted vocabulary reinforcement.

In terms of frequency and nature of English use, approximately 46.2% of students use English occasionally during their clinical practice or studies, while 26.9% use it daily. A small proportion (2.6%) reported never using English. Although some students are using English regularly, these exposure levels might not be sufficient for mastery. Increased practice and exposure during clinical rotations could enhance their fluency and overall language proficiency.



The relationship between exposure and proficiency is further underscored by defining that listening and reading are the most challenging skills for students. The non-significant Chi<sup>2</sup> value (6.72NS) suggests that all language skills- speaking, writing, listening, and Reading- pose similar challenges, with listening and reading being particularly difficult in a clinical context. Addressing these challenges through dedicated practice could improve students' clinical communication and comprehension abilities.

### 3. The relation between English proficiency and comfort with using medical English terminology

The relationship between English proficiency levels and participants' comfort with using medical English terminology has been examined in Table 3. The data shows that among beginners, only 3.8% reported feeling very comfortable, whereas a larger proportion of intermediate learners (17.8%) reported being very comfortable. None of the beginners were classified as very comfortable, and only a small fraction of advanced learners (5.1%) expressed similar confidence. Despite these observations, the Chi-square test indicates no statistically significant relationship (Chi<sup>2</sup>= 3.89; p>0.05). This suggests that self-perceived English proficiency does not strongly influence how comfortable individuals feel using medical terminology, implying that comfort may be more independent on other factors such as clinical experience or specific training rather than overall proficiency.

**Table 3: The relation between English proficiency and comfort with using medical English terminology**

	Not comfortable	Somewhat comfortable	Very comfortable	Total	Chi <sup>2</sup>
<b>Beginner</b>	1	7	3	11	.89 <sup>NS</sup>
	1.30%	9.00%	3.80%	14.10%	
<b>Intermediate</b>	5	41	14	69	
	6.40%	52.60%	17.90%	76.90%	
<b>Advanced</b>	0	3	4	7	
	0	3.80%	5.10%	9.00%	
<b>Total</b>	6	51	21	78	
	7.75	65.40%	26.90%	00%	

<sup>NS</sup>: not significant difference between groups

#### 4. The relationship between English proficiency and the period of using English in clinical practice or studies

Table 4 explores the association between English proficiency and frequency of English use in clinical practice or studies. The data reveals that beginners tend to use English less frequently, with 0 % reporting frequent or daily use, while most intermediate learners use English occasionally (34.6%) or frequently (21.8%). Advanced learners show a more balanced distribution, with some reporting daily use. However, the Chi-square analysis indicates that these differences are not statistically significant ( $\chi^2=5.97$ ;  $p>0.05$ ). This suggests that the frequency of English use in clinical settings appears to be relatively independent of proficiency level, potentially influenced more by individual work environments or professional demands.

**Table (4): The relation between English proficiency and the period of using English in clinical practice or studies**

	Never	Occasional ly	Frequentl y	Daily	Total	Chi <sup>2</sup>
<b>Beginner</b>	1	6	0	4	11	5.97 <sup>NS</sup>
	1.30%	7.70%	0.00%	5.10%	14.10%	
<b>Intermediat e</b>	1	27	17	15	60	
	1.30%	34.60%	21.80%	19.20%	76.90%	
<b>Advanced</b>	0	3	2	2	7	
	0	3.80%	2.60%	2.60%	9%	
<b>Total</b>	2	36	9	21	78	
	2.60%	46.20%	24.40%	26.90%	100%	

<sup>NS</sup>: not significant difference between groups

#### 5. The relations between English proficiency levels and skill-specific performance in clinical practice

Based on the data shown in table 5, participants are grouped by proficiency level, and the table shows the number and percentage of individuals who report proficiency in each skill within these groups. For example, the intermediate group has the highest number of learners reporting skills in listening (10 Individuals or 12.8%) and speaking (22 individuals or 28.8%), along with reading (16 individuals or 20.5%), and some proficiency in writing (1 individual or 15.4%). In contrast, beginners generally report the lowest scores across all skills, especially in writing, where none report proficiency.

The statistical analysis (Chi-squared test) indicates no significant relationship between proficiency level and individual languages skills ( $\chi^2=4.58$ ,  $p>0.05$ ). This means that, despite some apparent differences



in reported skills among proficiency groups, these differences are not statistically meaningful.

Overall, the data suggests that mastery in specific language skills doesn't necessarily correlate with overall proficiency levels. Instead, skill development may depend on more targeted training, practical exposure, or other factors rather than solely or self-assessed overall proficiency

**Table 5: The relationship between English proficiency levels and skill-specific performance in clinical practice**

	Listening	Speaking	Reading	Writing	Total	Chi2
Beginner	3	3	5	0	11	4.58NS
	3.80%	3.80%	6.40%	0.00%	14.10%	
Intermediate	10	22	16	1	60	
	12.80%	28.20%	20.50%	15.40%	76.90%	
Advanced	2	2	2	1	7	
	2.6	2.60%	2.60%	1.30%	9%	
Total	15	27	23	13	78	
	19.20%	34.60%	29.50%	16.70%	100%	

<sup>NS</sup>: no significant difference between groups

## 6. Challenges in learning English

Several key obstacles faced by students in acquiring medical English are shown. The most prominent challenges are the “lack of qualified teachers,” cited by 17.1% of students, and “difficulty understanding medical English,” reported by 22.4%. These issues reflect systematic problems within the training infrastructure, particularly in rural areas where access to qualified language instructors remains limited. Additionally, a significant 35.7% of students indicated they have limited practice opportunities, underscoring the predominantly theoretical nature of their learning environments that often neglect practical language immersion. See table 6.

The data also reveals that interaction with native English speakers is virtually absent, with 44.9% of students stating that they have never engaged with native speakers. This lack of exposure hampers the development of conversational skills and fluency, which are essential for effective clinical communication. Furthermore, resource limitations such as weak internet connectivity and the scarcity of practical opportunities further restrict students' ability to apply their language skills in real-world contexts, ultimately impeding their mastery of medical English. Addressing these systematic issues- improving teaching quality,



increasing practical exposure, and enhancing resource availability- Is vital for enhancing students' language competence.

**Table 6: Challenges in Learning English**

		No	%	Chi <sup>2</sup>
<b>10. What are the main challenges you face when you learning English? (check all that apply)</b>	Lack of qualified English teachers	13	17.11%	
	Difficulty of understanding medical English	17	22.37%	
	Poor internet connectivity	8	10.53%	
	Limited opportunities to practice speaking	4	5.26%	
	Lack of motivation or time	19	25.00%	
	Limited access to educational materials	15	19.74%	
	total	76	100.00%	
<b>11. How often do you interact with native English speakers or fluent speakers in English?</b>	Never	35	44.90%	60.15**
	Occasionally	38	48.70%	
	Frequently	5	6.40%	
	Daily	0	0.00%	
	Total	78	100%	
<b>12. Do you have access to English language learning resources (such as apps, online courses, books, etc.)?</b>	No	10	12.80%	21.00**
	Yes	43	55.10%	
	Limited access	25	32.10%	
	Total	78	100%	

\*\* Refer to highly significant differences between groups at ( $p < 0.01$ ).

### 7. Strategies for improving English proficiency

The findings regarding students' performances and perceptions about effective strategies and resources for learning English, especially medical English, reveal critical insights into how nursing students in rural Iraq approach language acquisition and what interventions could be most beneficial. See table 7.

**Table 7: Strategies for Improving English Proficiency**

		No	%	Chi <sup>2</sup>
<b>13. Which method of learning English do you find most effective? (Check all that apply.)</b>	Speaking with peers	16	21.05%	
	traditional classroom teaching	14	18.42%	
	Watching media in English	16	21.05%	
	online training courses	14	18.42%	



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			%	
	language learning apps on mobile	16	21.05%	
	Total	76	100%	
<b>14. Would you be interested in participating in community-based English learning (such as conversation groups or workshops)?</b>	No	8	10.30%	20.62* *
	Yes	40	51.30%	
	Maybe	30	38.50%	
	Total	78	100%	
<b>15. Do you think specialized English courses focused on healthcare terminology would improve your language skills?</b>	No	8	10.30%	49.28* *
	Yes	70	89.70%	
	Total	78	100	
<b>16. How helpful do you find technology (apps, online resources, etc.) in learning English?</b>	Not helpful	1	1.30%	50.08
	Somewhat help	52	66.70%	
	Very helpful	25	32.10%	
	Total	78	100	

Based on the data above, students prefer a multifaceted approach to improving their English skills, showing nearly equal support for peer-to-peer interactions (21.1%), classroom instructions (18.4%), watching media such as educational videos or movies (21.1%), and engaging with online courses (18.4%).

This balanced distribution highlights students' recognition of diverse learning pathways, aligning with best practices in language education that advocate for multimodal and interactive strategies. Watching medical-themed media enhances vocabulary, comprehension, and familiarity with the practical scenarios and pronunciation, while classroom-based instruction offers structure, immediate feedback, and guidance necessary for mastering medical terminology.

Furthermore, a significant majority of students (51.3%) are willing to participate in community programs aimed at enhancing their English skills, though some (10.3%) are less interested, and a considerable portion (38.5%) remain unsure. The statistically significant Chi-square value (20.62\*\*) suggests that willingness to engage varies based on individual or contextual factors, but overall, there is a positive attitude toward community-based initiatives such as English clubs or hospital

partnerships. These Programs can provide real-world practice opportunities within healthcare settings, effectively bridging classroom learning with clinical application.

The data also reveals a strong support for specialized healthcare English courses, with 89.7% of students indicating that such training would improve their language proficiency. This underscores students' awareness of the importance of targeted, profession-specific language education, which could be integrated into their curriculum or offered as supplementary modules. Techniques like simulated clinical scenarios and role-playing exercises could further enhance both receptive and productive language skills in medical contexts.

Additionally, a considerable proportion of students (66.7%) find digital tools helpful for language learning, reflecting a global shift toward e-learning platforms, mobile applications, and virtual exchanges. In resource-limited settings like rural Iraq, technology-driven interventions offer an efficient, scalable solution. Mobile apps, online activities, and virtual conversation partners enable autonomous learning, particularly for students with limited access to qualified teachers. When combined with online webinars or video lessons led by language experts, these digital resources can significantly boost students' English language competencies in healthcare.

### **8. Future perspectives**

Table 8 highlights students' perceptions of strategies that could improve English language learning within their nursing program. The most favourite options are offering more healthcare-focused language courses and increasing access to learning resources such as books and applications, each selected by nearly 20% of the respondents. These responses indicate a strong belief that targeted, specialized training and resource availability are essential for enhancing language skills relevant to the nursing profession. Additionally, partnerships with local hospitals and support from government or non-governmental organizations are seen as important avenues to facilitate practical language practice and support, with around 17-18 % of students emphasizing these approaches. Less frequently choosing options including internet access and hiring more qualified English teachers, but these still represent significant areas of development.

When it comes to confidence in using English in a professional healthcare setting after graduation, only a small proportion-about 14%- feel very confident. A majority, approximately 57% feel somewhat confident, while nearly 28% are not confident at all. The highly significant Chi-





square value ( $p < 0.01$ ) indicates that these differences in confidence levels are statistically meaningful, suggesting notable variation among students' readiness to apply their language skills professionally. This highlights the ongoing need for targeted interventions aimed at boosting confidence, such as practical communication training and real-world language practice opportunities. Overall, the data underscores the importance of implementing comprehensive education of strategies and resource support to better prepare nursing students for effective communication in their future Healthcare roles.

**Table 8: Future Perspective**

		No	%	Chi2
<b>17. What do you think could be done to improve English language learning in your nursing program? (check all that apply)</b>	More language courses forecast for healthcare	20	19.80 %	
	partnerships with local hospitals for practicing English	18	17.82 %	
	Support from government or non-governmental organizations for language learning	18	17.82 %	
	Access to more learning resources ( books, applications, etc.)	20	19.80 %	
	Better access to the internet	12	11.88 %	
	Hiring more qualified English teachers	13	12.87 %	
	Total	101	100%	
<b>18. How confident do you feel about using English in a professional Healthcare sitting after graduation?</b>	Not confident	22	28.20 %	23.15* *
	Somewhat confident	45	57.70 %	
	Very confident	11	14.10 %	
	Total	78	100%	

#### 4. Conclusion

The findings of this study provide a comprehensive overview of the current state of English proficiency among rural nursing students in Iraq. Despite their recognition of the importance of English, particularly medical English, for clinical practice and professional development, most students remain at an intermediate level of proficiency. Several factors contribute to this situation, including limited access to qualified teachers, inadequate exposure to medical English, scarce practical opportunities, and infrastructural challenges such as poor internet connectivity. The data indicates that students face significant challenges: difficulty understanding medical terminology, limited interaction with native speakers, and a lack of tailored resources.



Nevertheless, participants exhibit a positive attitude toward learning, demonstrating a willingness to engage in multimedia learning, community programs, and specialized courses. They recognize the value of digital tools and emphasize the need for curriculum enhancement, practical exposure, and community involvement to improve their language skills.

Furthermore, disparities based on geographical location- particularly among rural students- highlight the urgent need for targeted interventions. These students often have less access to resources and opportunities for interaction, which affects their confidence and competence in medical English.

Overall, the findings underscore a clear gap between the current proficiency levels and the requirements of effective clinical communication and international engagement. Addressing these gaps is imperative to enhance the quality of nursing education and healthcare delivery in rural Iraq.

### 5. Recommendations.

Based on the data analysis and discussion, the following actionable recommendations are proposed to improve English language proficiency among rural nursing students:

**1. Curriculum integration and enhancement:** Incorporate dedicated modules on health care English within the nursing curriculum, focusing on medical terminology, patient communication, documentation, and clinical scenarios.

**2. Development of specialized courses:**

- Establish dedicated healthcare English courses, either online or in person, tailored to nursing students' needs. These should include vocabulary, listening, speaking, and comprehension exercises.

- Collaborate with international Healthcare institutions to develop standardized course content and bring global perspective into local education.

**3. Utilization of technology and digital resources:**

- Promote the use of mobile Learning apps, online video tutorials, and digital medical English glossaries to give students flexible and autonomous learning opportunities.

- Develop offline language resources, such as printed manuals and preloaded devices, to circumvent infrastructural limitations, ensuring accessibility for all students.





#### **4. Community-based and Peer learning programs:**

- Implement local English clubs and peer-to-peer exchange groups that facilitate regular practice, especially in conversational skills.
- Encourage partnership with hospitals and local healthcare facilities for real-life language exposure and practical application.

#### **5. Interaction with native speakers:**

- Facilitate virtual exchange programs with native English-speaking healthcare professionals or students through online platforms, fostering authentic communication and cultural exchange.
- Organize webinars, workshops, or live interaction sessions to improve conversation fluency and confidence

#### **6. Capacity building for educators:**

- Training educators and healthcare instructors to deliver effective Healthcare English instruction, emphasizing interactive and student-centred teaching strategies.
- Provide continuous professional development opportunities focusing on new teaching tools and digital innovations.

#### **7. Infrastructure and the policy support:**

- Improve Internet infrastructure in rural areas to facilitate access to online learning resources.
- Allocate resources for establishing community programs and integrating language development within existing health education frameworks.
- Develop policies that prioritize English language training as a core component of nursing education, recognizing its role in elevating healthcare standards.

#### **8. Monitoring and evaluation:**

- Establish regular assessment mechanisms to evaluate students' progress in English and adapt strategies accordingly.
- Collect feedback from students and educators to refine teaching methods and resource deployment continuously.

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