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Bridging Language Needs in Nursing Education: An Assessment of EMI Course Materials at Algeria's National Institute of Higher Paramedical Training, Tebessa

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Dedication

With deep affection, we dedicate this humble work to our beloved parents, whose love and unwavering support have been our greatest strength. We also extend our gratitude to all members of our families for their constant encouragement. This work is a reflection of the love, sacrifices, and inspiration you have given us.

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List of Abbreviations and Acronyms

CLIL: Content and Language Integrated Learning.

EAOP: English for Academic and Occupational Purpose.

EAP: English for Academic Purposes.

EBE: English for Business Economic.

ELT: English Language Teaching.

EMP: English for Medical Purposes.

EOP: English for Occupational Purposes.

ESCP: English for Sociocultural Purposes.

ESL: English Second Language.

ESP: English for Specific Purposes.

ESS: English for Social Science.

EST: English for Science and Technology.

EVP: English for Vocational Purposes.

GE: General English.

ICC: Intraclass Correlation Coefficient

ICT: Information and Communication Technologies.

L1: First Language.

LMD: License-Master-Doctorate.

MESRS: Ministry of Higher Education and Scientific Research.

MSA: Modern Standard Arabic.

NA: Needs Analysis.

PhD: Doctor of Philosophy.

PSA: Present Situation Analysis**.**

SPSS: Statistical Package for the Social Sciences.

SWW: Second World War.

TSA: Target Situation Analysis**.**

USTO: University of Science and Technology of Oran.

Abstract

There has been a greater attention in more recent years given to the teaching of ESP (English for Specific Purposes), notably in the healthcare field, due to the use of English as an international language for science and medicine. This study investigates the effectiveness of current ESP course materials in addressing the linguistic and communicative needs of Algerian nursing students in different specialties, including general nursing, midwifery, and radiology. It aims to evaluate whether the current EMP materials used in nursing programs are effectively addressing the specific language needs of Algerian nursing students. There is a necessity for relevant ESP education; In Algeria, this shift is particularly evident, as English is increasingly replacing French in key sectors such as higher education and medical services. This research was designed to investigate two main questions: How effective are the current ESP course materials in equipping Algerian nursing students with the English language skills required for their academic studies within their specialty? Also, are there specific gaps in the ESP materials that need to be addressed to better support nursing students? This study was conducted using a mixed-methods approach combining both quantitative content-analysis and qualitative discussion; the data was gathered through discussion with paramedical sector involving students across different specialties (general nursing, midwifery, and radiology). Findings show that current ESP materials are moderately aligned with nursing specialty vocabulary and knowledge, but there is an insufficient integration of all four language skills (reading, writing, listening, speaking) and authentic communication in real situation. The study recommends developing skill-integrated, context–oriented learning materials and, competency–focused tasks into course design.

Keywords: ESP, language skills, materials, paramedical, specialties

General Introduction

1. Background of the Study

ESP is a specialized branch of the English language teaching whose focus is the meet of the special language needs of learners in specific study or professional settings. As Dudley-Evans and St. John (1998) highlight, ESP is characterized by its absolute focus on learner-specific needs, the application of methodologies from the relevant disciplines, and an interest in appropriate language use for specific purposes. Unlike General English (GE), which has as its content a general ability in language, ESP tailors' instruction to fulfil the particular communication requirements of professionals e.g., physicians, nurses, engineers, and business people.

Under this specialisation, the students not only learn vocabulary and grammar but also those communication skills needed to promote efficient interaction in their field. ESP performs an essential role in medical and health settings. According to Swan and Smith (2001), English for Medical Purposes (EMP) gives medical professionals the ability to communicate effectively and precisely in clinical settings, understand complex medical terminology, and engage in academic writing and presentation. These abilities are crucial to ensuring patient safety, facilitating international cooperation, and accessing international research. In today's increasingly globalized world, where the lingua franca of medicine and science is English, EMP is a necessity for medical doctors who want to work abroad, write in international journals, or go to international conferences (Hyland, 2006).

Many scholars across the globe that has shown the effectiveness of ESP syllabus in enhancing the language proficiency of medical healthcare professions. For instance, Aroyyana's (2022) study at Syria Global's Health Science Institute provided main fields of focus for students of public health, which were grammar, vocabulary, writing, listening, and

pronunciation. Similarly, Shim's (2015) Korean research found that content- and task-based ESP courses helped enhance healthcare students' communication skills. Laura Medlin's (2009) development of hospital-specific English materials for California nursing students also emphasizes the importance of contextualized language learning. These examples indicate that ESP courses everywhere in the world seek to offer the specific linguistic needs of healthcare education, so the students are prepared for real challenges in the profession.

Despite ESP's importance valued everywhere in the world, however, its implementation in Algeria is hindered by numerous challenges. The language landscape of Algeria is multifaceted, with Arabic, Berber (Tamazight), French, and English coexisting. Although, French is still the prominent language in university education and working environments, especially in the healthcare industry, new policy developments reveal an increasing focus on English. Since the Hirak movement of 2019, there has been a progressive effort to displace French with English due to political and economic reasons (Bourouni, 2020). In 2020, the Algerian Minister of Higher Education said that doctoral theses must be written in English to promote international scientific research, constituting a strategic move toward greater integration with the world academic community.

Despite these developments, the implementation of EMI in Algerian nursing education remains charged by problems. Multiple studies have highlighted the limitations of existing ESP courses. Benyamina and Bookable (2023) found that content-based instruction was the best method of fulfilling classroom needs, yet many courses do not utilize this strategy due to a lack of sufficient resources and trained instructors. Elbah (2020) emphasized the mismatch between ESP course books and students' English language proficiency levels, whereas Talha and Benhattab (2022) mentioned challenges such as learner heterogeneity, low English levels, and insufficient teaching materials. Such issues are compounded by institutional constraints, such as the employment of part-time instructors, overcrowded classrooms, and restricted teaching

hours. Moreover, the absence of a comparative framework for content evaluation of different nursing specialties reinforces the issue. Romane and Bahloul (2022) advocated for needs-based ESP courses reflecting the requirements of every specialty independently, but their differentiation rarely goes into practice. Benmouhoub (2021) referred to the positive contribution of high-quality ESP courses to nursing students' learning but witnessed from her observation the need to implement more consistent approaches in the teaching material preparation as well as the curriculum designing process.

The limitations identified in previous studies by Lakhrif (2020) points out the urgency to design effective ESP materials that will close the gap between theoretical instruction and practical application. As Lakhrif (2020) noted, the integration of EMP in the training of physicians requires a comprehensive evaluation of existing materials to determine that they match with the students' actual communication requirements. Also, Boumaza (2022) ratified the validity of content-based instruction for medical purposes in Algeria but highlighted the importance of conducting precise needs analyses to inform the design of courses. The aim of the study is to addresse these gaps by determining the effectiveness of current ESP course materials in serving Algerian nursing students' language needs.

2. Statement of the Problem

ESP particularly EMP, aims to equip healthcare students with the linguistic skills necessary to function effectively in both academic and professional settings. In medical education, ESP ought to enable students to read and write medical texts, communicate meaning appropriately to patients and colleagues, and interact with global research literature. As Dudley-Evans and St. John (1998) emphasize, ESP must be learner-centred, content-driven, and context-specific, particularly so in the healthcare field where accuracy in communication is pivotal. In an ideal situation, EMP courses should not only teach specialized vocabulary and grammar but also develop communicative competence specifically designed for real clinical

situations, such as interviews with patients, writing medical reports, and participating in multidisciplinary team discussions. However, both globally and particularly in Algeria, there is a growing concern that current ESP programs may not adequately fulfill their intended goals (Anthony, 2010).

The majority of ESP courses taught in the field of healthcare education remain too generic, without consideration for the specific language requirements of different paramedical specialties like radiology, nursing, and midwifery. Such lack of specialization creates a gap between what is learned in class and what is applied in practice. In addition, the majority of ESP teachers are neither subject matter specialists nor teaching English for medical purposes experts, and therefore their instruction does not meet the communication, and discourse demands of the medical field. Lack of systematic needs assessment and continuous assessment proves such programs ineffective, with students unprepared for academic success and professional English communication.

In the Algerian case, though, these are compounded by more fundamental institutional and sociolinguistic problems. Despite the momentum of the 2019 Hirak movement and the 2020 ministerial decree by the Ministry of Higher Education declaring English as the official language for writing and defending doctoral theses in Algeria, efforts to develop effective and internationally aligned ESP programs continue to fall short. French continues to dominate medical education and professional practice, which limits contact with English for learners and professionals alike. Furthermore, ESP courses in Algerian paramedical and nursing institutes often lack official syllabi, trained instructors, appropriate materials, and sufficient teaching time (Bourouni, 2020; Mebtil & Maouche, 2016). Such shortcomings hinder students from acquiring the specialized language proficiency necessary for activities such as reading medical journals, attending international conferences, or engaging in postgraduate programs abroad. As

a result, many healthcare professionals lack adequate English proficiency at a time when global collaboration and access to scientific knowledge increasingly depend on the language.

The consequence of insufficient ESP instruction poses major challenges. Students will graduate with inadequate language skills to proceed with their scholarly work or take part in global opportunities. In hospitals, lack of English skills leads to miscommunication, documentation errors, and weak access to current medical information. For institutions, it entails increasingly poorer health education and decreased competitiveness within the global academic and professional landscape.

3. The Aim of the Study

This study primarily aims to:

- To assess whether the current English for Specific Purposes (ESP) materials used in nursing programs are effectively addressing the specific language needs of Algerian nursing students.
- To determine whether such materials are sufficient in meeting the current and future language needs of students in radiology, midwifery, and general nursing, both within educational institutions and in professional healthcare environments.
- To contribute for how ESP can better enable Algeria’s shift towards greater English employment in healthcare and higher education, ensuring that future medical practitioners are linguistically equipped to meet the challenges of a more globalized world.

4. Research Questions

This study is guided by the following research questions:

1. To what extent do current EMP materials at the National Institute of Higher Paramedical Training meet the target language needs (TSA) of nursing students?
2. How do discrepancies between present student proficiency (PSA) and EMP material design hinder the development of task-based competencies (e.g., patient handoffs, medical documentation)?

5. Research Methodology

This study is a case study emphasising on a specific group of Algerian nursing students. The design is a deductive content analysis, combining both qualitative and quantitative data collection and analysis to gain a comprehensive understanding of the effectiveness of ESP materials. This study analyzed ESP course materials used by nursing students, along with feedback from students who had taken or were taking ESP courses. Participants were selected using purposive sampling to ensure direct exposure to the materials. Data collection included a quantitative content analysis of ESP materials using a rubric to identify the extent to which 15 pedagogical and linguistic criteria were addressed across 13 educational documents. The rubric incorporated predefined criteria that reflect key linguistic and professional skills required in nursing contexts, including relevance to clinical communication, integration of the four language skills, use of medical terminology, listening and pronunciation practice, and the authenticity of tasks. Each material was evaluated based on how well it addressed these dimensions. The goal was to determine how well current materials meet the practical and academic language needs of students in radiology, midwifery, and general nursing, and to identify covered and missing language items, and qualitative discussions with students and educators to gather perceptions and experiences regarding ESP effectiveness.

6. Structure of the Study

This research is divided into two chapters. Chapter One provides a comprehensive review of literature regarding the theoretical framework of ESP, EMP. It explores various approaches to EMP course design, discusses the challenges of implementing ESP programs in Algerian nursing education, and highlights the crucial role of needs analysis in developing effective language instruction for healthcare professionals.

Chapter Two provides the research process that involves the case study design, mixed methods, participant sampling, and data collection and analysis tools. the findings and the analysis of the data collected towards the research questions of the study and discusses the implications.

Chapter One: Literature Review

Introduction

Section One of this research provides a foundational overview of English for Specific Purposes (ESP), beginning with its definition and scope, followed by a historical account of its development. It examines the reasons behind the emergence of ESP, including the demands of a rapidly evolving global landscape and the shift brought about by a revolution in linguistics. The section further explores the core characteristics of ESP and the different approaches to language learning within this domain. Section Two shifts the focus toward the application of ESP in nursing and medical education, particularly English for Medical Purposes (EMP). It discusses the growing role of English in nursing education, highlighting specific challenges encountered by nursing students, including those directly related to ESP instruction. The section also addresses syllabus design considerations for nursing students and outlines the key components of an effective ESP syllabus tailored to the needs of the nursing profession.

English for Specific Purposes (ESP) has arisen as a core field in professional and academic settings with English language teaching, that addresses the learner's specialized linguistic needs. ESP plays a significant role in enabling learners with necessary language skills to explore their specific fields effectively, with the global integration process to build communication in different disciplines.

As a field in which ESP has expanded wider presence is medical and nursing education. In academic research, professional interactions, and patient care English language serves as the dominant one in the global contexts. This document covers ESP 's definitions, historical evolution, and theoretical framework. In addition to ESP theories by some scholars and linguists that highlight the importance of needs analysis, syllabus design, and learners

centered approach in which they show how ESP courses are established and structured in healthcare education. English in Nursing Education is crucial in interacting with patients and healthcare team, understanding medical terminologies, and conducting research. ESP syllabus overcomes such challenges and problems that nursing students struggle with.

Several studies have mentioned successes and challenges in recent programs; also global research has evaluated how the syllabi contributed to the nursing students 'practical careers. In the Algerian Context, instituting ESP in nursing education in remarkable linguistic and teaching challenges. The presence of the multi-languages characterized Algeria's linguistic that affect the English language instruction, additionally studies on Language policy and ESP implementation shed light on the difficulties in the Algerian curriculum, teacher training and resources which are fundamental in order to promote ESP programs for nursing students. This study target to examine how ESP is integrated in nursing programs and medical education covering ESP concepts. It assesses previous studies both globally and locally in the discussion of ESP 's significance in educating healthcare professionals.

1.1. Section One: An Overview of ESP

1.1.1. Definition and Scope of ESP

English for Specific Purposes is an approach to language teaching and learning, as it is a branch of didactics. Defining ESP has posed significant challenges for researchers. Strevens (1987) stated that defining ESP has proven to be problematic. ESP has different versions of definitions, ranging between the old and the recent ones. "ESP is generally used to refer to the teaching of English for a clearly utilitarian purpose" (Mackay &Mountford, 1978, p. 2).

Therefore, Hutchinson and Waters (1987) point out that ESP is an approach to language learning based on the needs of learners, it does not include a language, teaching materials or specific methods. Robinson (1991) emphasized that ESP is "normally goal-directed" and develops from a needs analysis that specifies what learners must do through English. It is generally constrained by time, taught to adults, and involves homogeneous groups in terms of learners' work or studies. Building on Strevens, Dudley-Evans and St. John (1988) further refined the definition of ESP with its absolute and variable characteristics. They defined ESP as being designed to meet specific needs of the learners, adopting the methodologies of the disciplines it serves, and having language appropriate for specific activities. They also pointed out the variable characteristics of ESP: that it may be discipline-related, may aim primarily at adults, and its methodology may be different from that of General English.

The most recent definitions include that of Paltridge and Starfield (2013), who argued that ESP involves both teaching and learning English as a second or foreign language which aims to use the language within a specific field or context. As Momtazur (2015) stated that English in ESP instructions aims to meet the learners real life needs. According to Sarre and Whyte (2017) ESP focuses on the language, discourse, and culture of English-speaking communities using teaching and learning methods from an educational perspective, while Rafifiq et al. (2021), claimed that ESP is crucial of teaching and learning English because different contexts require different levels of proficiency.

Strevens (1988) distinguished between four absolute characteristics and two variable characteristics in his definition:

- **Absolute characteristics:**

1. Designed to meet specific needs of the learner.

2. Makes use of underlying methodology and activities of the disciplines it serves.
3. Centered on the language (grammar, lexis, register), skills, discourse, and genres appropriate to those activities.

● **Variable characteristics**:

1. May be related to specific disciplines.
2. May use a methodology different from General English.
3. Likely designed for adult learners but may also be used for secondary-level learners.

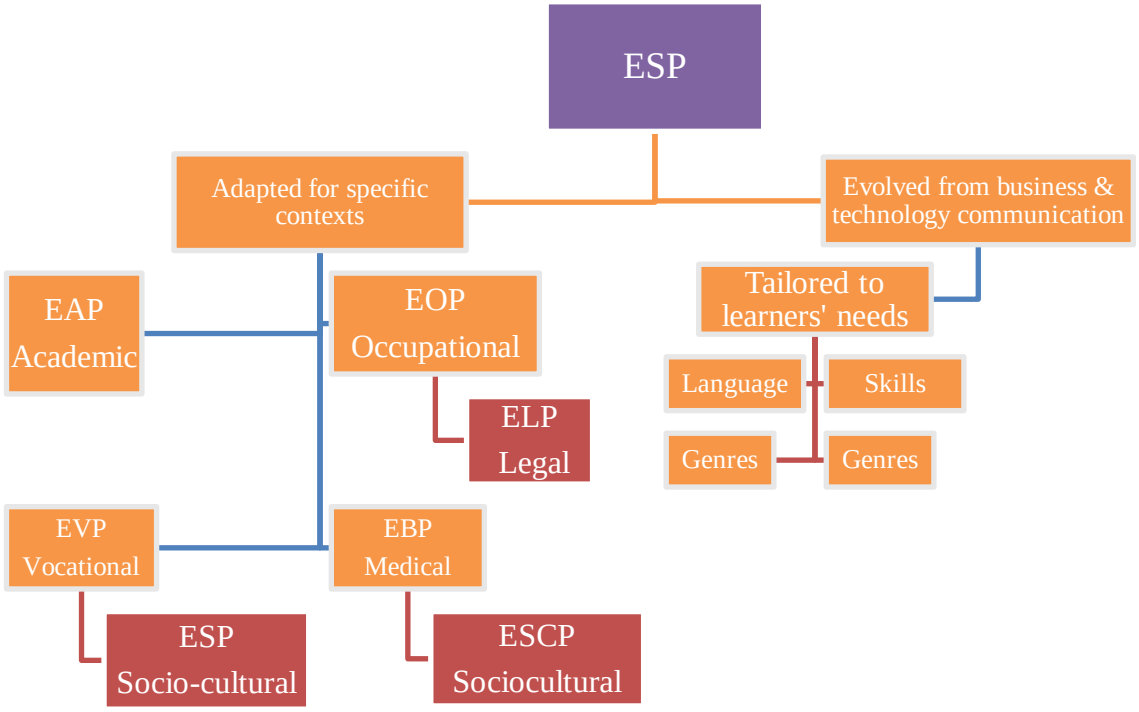
ESP is a specialized form of language teaching designed to meet the unique needs of learners in particular professional or academic contexts. It targets students in medicine, pharmacy, nursing, business, aviation, and tourism professions at a tertiary level. In essence, ESP generally deals with those specialized or technical vocabularies and terminologies that cannot easily be acquired in General English instruction. ESP is, therefore, a methodology or approach to the teaching of specific English, aimed at providing adults in certain settings with competence in effective communication and offering learners opportunities for personal goals. ESP emerged to address the needs of learners by providing a language that caters to their ability to communicate effectively in today's globalized world; as languages are becoming increasingly critical. In such a context, ESP instruction is uniquely positioned to meet these immediate communication needs.

ESP is an approach that describes how teaching and learning are adapted to realize certain purposes in specific contexts. Although ESP started with the needs for communication in business and technology, today it encompasses areas such as academic (EAP), occupational (EOP), vocational (EVP), medical (EMP), business (EBP), legal (ELP), and sociocultural (ESCP) purposes. ESP courses have been specially tailored to meet the distinct needs of the learner through the type of language, skills, and genres in the occupation at hand.

Key areas in ESP entail: ascertaining what learners' needs are, what genres they have to engage in, and that they are capable of doing these things (Belcher, 2009).

Figure 1

ESP branches and purposes il lustrated through a tree diagram.



1.1.2. History and Evolution of ESP

1.1.2.1. ESP History. The education and learning of specialized English, as opposed to the general use of English, began to develop significantly during and after World War II and has continued to accelerate ever since. Its foundations are deeply rooted in major social and economic transformations, particularly those linked to the third wave of globalization. Following 1945, Europe was focused on reconstruction, while countries in Asia and Africa, having gained independence, turned their attention to modernization.

Simultaneously, the growth of multinational capitalism and the emergence of the United States as a global superpower further fueled the rise of ESP. Technological advancements, increased international communication, and a growing global interest in

preventing future wars through the spread of knowledge also contributed to the expansion of ESP.These aspects together facilitated the official recognition of ESP as a distinct discipline.

In contrast with general English, which is more focused on general language competence or literature study, ESP is more oriented toward learning specialized types of knowledge and sets of skills, often for occupational or scholarly purposes (Robinson, 1980). Context is paramount in ESP because it specifies both the language abilities that need to be acquired by the learner and what content must be learned. The majority of ELT teachers perceived ESP as a radical shift away from traditional language teaching methodologies. Stevens (1977) classically described ESP as a "major, worldwide educational tide of change."

Since the 1960s, ESP has been on the rise and has become a cornerstone discipline in language teaching and learning. It quickly responded to the needs of industrialization and globalization by introducing English for specific vocational or academic purposes. Leading institutions such as the British Council, the Ford Foundation, and certain American agencies played a pioneering role in spreading ESP practices worldwide.

Early research in the field emphasized the necessity of teaching English that is specific to particular fields. This research was largely descriptive, often involving the counting of grammatical elements in written texts. For example, Swales noted how Barber's (1962) study listed grammatical features across texts to identify general characteristics of English for Science and Technology (EST), though it lacked in-depth analysis. This descriptive stage was later followed by more analytical approaches, most notably the work of John Lackstrom (1973), Larry Selinker (1973), and Louis P (1974). Trimble. In their influential 1972 paper "Grammar and Technical English," they advocated a closer relationship between grammar, vocabulary, and the writer's communicative intentions in technical contexts. Trimble and his colleagues also contributed to curriculum design and

conducted contrastive analyses of EST features across languages. Moreover, Robert Bley-Vroman (1990), emphasized the need to establish a rhetorical theory within ESP, calling for alignment between linguistic choices and communicative purposes.

Two dominant trends in ESP methodology emerged: collaboration with subject-matter experts and close analysis of specific texts, especially in science and technology, refers to the detailed study of authentic texts from a specific field to understand how language is used in real contexts. It helps identify common vocabulary, structures, and functions to design teaching materials that match learners' actual communication needs. Over time, ESP research began to involve content specialists more actively, an approach that remains significant today. Dudley-Evans highlighted that although ESP research has matured, there is still an urgent need for detailed and empirical studies.

Arguably, the most significant milestone in ESP research came with the appearance of John Swales' *Aspects of Article Introductions* in 1981. Swales' research opened up the field of genre analysis, a method that came to the forefront with the 1990 publication of Genre Analysis. The research opened up the field beyond earlier fears that ESP was too specialized in English for Science and Technology (EST) courses taught at universities. Historically, ESP development can be differentiated into three phases:

The Early Years (1962–1981) were characterized by descriptive studies with the primary focus on EST. The More Recent Past (1981–1990) was associated with an expansion into needs assessment and the study of linguistic features which assumed specific communicative functions. The Contemporary Era (1990–2011) saw the development of specialized journals, growth of corpus and genre-based research, Ken Hyland (2006) formational output in genre pedagogy, and growing concern with intercultural rhetoric.

ESP continues to be in a state of flux, adapting to the changing demands of a globalized economy. Its emphasis on purposeful language instruction is a guarantee of its sustained relevance and immediacy within English language teaching.

1.1.2.2. Reasons of ESP Mergence. ESP has been, since the 1960sPart of English Language Teaching (ELT). Hutchinson and Waters (1987) state that there are three major reasons that led to the emergence of all kinds of English for specific purposes: the demands of a brave new world, a revolution in linguistics and a new focus on the learner

1.1.2.2.1. The Demands of a Brave New World. Hutchinson and Waters (1987) indicated that the end of the WW2 marked the starting point for an era of phenomenal and unparalleled growth in the global scientific, technical, and economic frontiers. Among the reasons that occasioned such an expansion was the unprecedented economic supremacy enjoyed by the US during the post-war era, which placed English in a unique position to become the foremost international language.

Similarly, In the late 1950s and early 1960s, rapid economic growth in English-speaking countries, particularly in science, industry, and technology, created an increased demand for English proficiency among international professionals and students. This surge in specialized communication needs led to the expansion of ESP programs, particularly in technical and academic fields, to equip learners with the language skills necessary to engage in discipline-specific discourse in Anglophone academic and professional contexts.

1.1.2.2.2. A revolution in linguistics.

The term *"revolution"* refers to the shift from traditional structural linguistics, which emphasized language form, to a functional view that focuses on how language is used in real communicative contexts. This shift is primarily attributed to Hutchinson and Waters (1987), who argued that the transition from prescribing language rules to describing actual language

use in various contexts introduced a new, practical orientation in English language teaching, particularly through RA.

The development of ESP courses was guided by the idea that language teaching should be directly linked to how English is used in specific professional or academic contexts. This means that instead of teaching general grammar or vocabulary, course designers looked at actual situations such as hospitals, business meetings, or academic research, and analyzed the language used in those environments. Based on this analysis, they created courses that focus on what learners really need to know to function effectively in those specific contexts. So, the content and structure of ESP courses are shaped by the real communicative demands of the learners' target situations. This approach follows the principle: "Tell me what you need English for, and I will tell you the English you need." Therefore, in the late 1960s and early 1970s, various attempts were made to determine English for Science and Technology (EST) like Swales' article "Scientific English" (1971) and research into doctor-patient communication by Bruton, Candlin, and Leather (1976). Then EST and ESP came to be utilized interchangeably quite frequently.

1.1.2.2.3. A new focus on the learner. Not only Hutchinson and Waters but also many other scholars, such as Rodgers (1969), have echoed the same view by underlining that a learner's attitude towards learning is critical. This is closely related to psychology in that it reveals that attitude plays a very important role in motivating learners, which directly affects the effectiveness of the learning Process.

1.1.3. Characteristics of ESP

- ESP is not just about teaching special kinds of English. Using language for specific purposes Doesn't mean it is a unique form. While there are typical features for certain contexts, the similarities in all language use are much more important.

- ESP goes beyond specific vocabulary and grammar for different fields, like science or hospitality. Just as a tree has hidden parts that support its visible features, effective communication involves deeper understanding beyond what we see and hear. We must differentiate between how people use language and their underlying knowledge and skills.
- ESP is similar to other language teaching methods, relying on the principles of effective learning. While the content may differ, the learning processes for ESP learners are the same as for General English learners. There is no specific ESP methodology; only methods adapted for ESP classrooms that could apply to any English learning.

ESP must be seen as an approach rather than a product. ESP is not a specific language or method, nor does it consist of particular teaching materials. It focuses on language learning based on learner needs. The main question is why the learner needs to learn a foreign language, leading to further questions about the learners and their context. ESP is an approach where all decisions about content and method depend on the learner's reasons for learning (Hutchinson and Waters,1987).

1.1.4. Approaches of Language Learning in ESP

1.1.3.1. A learning-centered approach by Hutchinson & Waters. In tracing the background to ESP, three key motivators were found: needs, new thoughts on language and new thoughts on learning. Language learning has largely been neglected so far in the development of ESP. Earlier stages have looked to either surface forms or underlying process in language use. However, ESP should target how people learn language, rather than how they use it. A legitimate ESP approach needs to be aware of processes involved in language learning. This leads to the fifth stage of ESP development, which is the learning-centered approach. the development of educational psychology that had redirected its interest towards

students (their interests and needs), it suggests to design courses with reference the employees to sustain the learners' enthusiasm; and thus, to facilitate and speed up the learning process (Hutchinson and Waters, 1987).

According to (Al-Humaidi, n,d) the attention turned away from language acquisition methodologies to the wide range of skills and methods that cater to the individual needs. Accordingly, ELT adopted new mindsets, which are the learner-centered or the learning-centered approaches to ESP.

1.1.3.2. A multi-disciplinary approach by Dudley-Evans & St. John. Dudley-Evans and St. John (1998) speak of the need of (ESP) to coordinate with other disciplines instead of working in a vacuum. Whereas General English is concerned with the learning of general communication skills, ESP is specialized to meet the specific language requirements of learners in specific academic or professional disciplines. This necessitates specialized knowledge of the subject area and communicative strategies specific to those disciplines. Teachers of ESP need to work hand in hand with practitioners from different disciplines in a bid to make their courses applicable and meaningful to real-life scenarios. One of the most important reasons is so that the ESP teachers can discover the particular language utilized in various fields, for example, engineering or medicine. There is particular lexis and communication in every field that the teachers need to learn. This may include reading texts from these fields, listening to lectures, or interviewing experts so that they can teach the language of specialized fields.

Collaboration with subject specialists is essential for designing effective ESP courses, as it helps language instructors understand the specific communicative needs of a discipline. In English for Academic Purposes (EAP), for instance, such collaboration enables educators to support students in academic writing and presentations. Drawing on fields like genre studies and corpus linguistics further enhances ESP instruction by aligning it with real-world

language use. For example, Love's work with geologists (1991, 1993) demonstrates how interdisciplinary research can inform material development by reflecting authentic professional language use.

Lastly, Dudley-Evans and St. John argue that ESP has to integrate language education with other areas so that students are given skills. This cross-disciplinary nature guarantees ESP relevance in the real-life contexts in which the learners use their language. Collaboration with other disciplines is therefore of paramount importance for ESP to be successful. Dudley-Evans and St. John (1998) emphasized on:

- Needs Analysis: ESP instructors carry out Target Situation Analysis (TSA) in order to establish the most needed communicative tasks and genres by their target learners within their target subject fields. Present Situation Analysis (PSA) enables practitioners to ascertain the English proficiency and language issues held by their target learners.
- Discourse and Genre Analysis: ESP instructors examine authentic samples of texts to determine linguistic and rhetorical frameworks that typify professional and academic writing. Analysis is employed to inform materials development and lesson planning, and it brings authenticity into ESP teaching.
- Ethnographic Research and Classroom Adaptation: ESP instructors make regular visits to workplaces and learning settings to learn about the use of language in context. They continually examine and revise teaching materials in response to student response and classroom life. By making research a part of their teaching, ESP practitioners anchor their instruction in ethical and pedagogical foundation. That reality is a point of departure of ESP from English in general due to the latter's informed, multi-disciplinary approach to research.

1.1.3.2.1. Working with Subject Specialists in ESP. Subject matter consultation constitutes part of the essence of (EAP) and (EOP) since it aids course material validity and authenticity. As noted by Dudley-Evans and St. John (1998), ESP practitioners can't work in isolation; rather, they must consult with experts in order to develop courses that are effectively qualified to meet communicative demands of learners in their target profession. One of the most valuable types of collaboration in ESP is team-teaching, when a language teacher and a subject specialist collaborate in order to integrate language teaching and professional knowledge. This was experimented with successfully in an integrated language-and-economics course for Iranian finance students at the University of Birmingham in the 1970s (Henderson & Skehan, 1980).

In this class, the economics lectures were, at first, too linguistically demanding for the students, and a language instructor, in discussion with the subject specialist, simplified script and material. This cooperation had the outcome of rendering language instruction distinctly applicable to the students' understanding of economics content. In ESP course design, collaboration between language instructors and subject-matter specialists plays a critical role in ensuring content relevance and language effectiveness. This collaboration typically occurs in three ways: pre-course planning, where ESP teachers work with specialists to select key vocabulary and texts aligned with students' academic fields; materials development, which focuses on creating resources that support both technical content and language acquisition; and parallel instruction, where subject teachers deliver the core content while language teachers teach the necessary communication skills. An example of this approach's success can be seen in a Colombian biology student who benefited from English reading classes that directly supported their subject learning, demonstrating the value of integrated instruction in ESP.

Instructor and collaborative subject matter content development are recommended by Dudley-Evans and St. John (1998) in order to make ESP instruction more effective. Business and academic communication are affected by cultural differences, and cultural differences emphasize various styles of communication in different cultures. ESP instructors should strike a balance between teaching the conventions of English communication and students' cultural backgrounds. Cross-cultural sensitivity in ESP classes enhances learners' negotiation abilities and writing conventions finally.

1.1.3.3. Needs Analysis.

1. Hutchinson & Waters

Hutchinson and Waters (1987) stress the fact that ESP differs from General English mainly in that it makes an explicit focus on the needs of the learners. Needs analysis allows educators to determine what learners must achieve in their target environments and how best to support their language acquisition process.

Hutchinson and Waters (1987) summarize needs analysis as the process of finding out why learners need English and designing the instruction accordingly. The authors identify two major types of needs: target needs and learning needs. Target needs relate to what learners need in the target situation, while learning needs deal with how learners acquire the skills concerned.

1. **What are the target needs:**

is quite general, with a number of important distinctions lumped together, and it is more helpful to approach target situation analysis in terms of Necessities, Lacks, and Wants.

A. necessities:

The term “necessities” relates to the need that the learner has to know in order to function effectively in the target situation. This need for the learner is determined by the needs of the target.

B. Lacks:

But to identify needs alone is not enough, since the concern in ESP is with the needs of particular learners. You also have to know what the learner already knows so you can then work out which of the Necessities the learner lacks: One target situation necessity might be read texts in the subject area. Whether or not the learners have to be instructed in doing this well, they can already do it. In other words, the target proficiency has to be matched against the existing proficiency of the learners. The gap between the two can be referred to as the learner’s lacks (Breen, Hutchinson, and Waters 1979).

C. Wants:

So far, the target needs been seen from a wholly objective perspective, without considering the learners’ perspective. However, learners have their own perception of their needs. (Richterich,1984, p. 29) puts it that individuals shape needs through their experience and environment. An ESP situation is defined by an awareness of need, yet this awareness is relative to a particular viewpoint.

The learners can thus clearly identify what they need for their situations and also identify their gaps. Yet their views may not always coincide with the perceptions of the other stakeholders, namely, the course designers, sponsors, or the teachers themselves. For instance, Karl Jensen (1991), an engineer from Germany, reads regularly at his job in English; however, he feels a stronger need to improve his speaking because he identifies his language use with personal pride and confidence. Analysis of target situation needs involves questioning about the situation and attitudes of participants in the learning process.

Information-gathering procedures are beyond the scope of this book. Interested readers may refer, for example, to Mackay (1978) and Munby (1978). The framework below indicates information which course designers require from target needs analysis.

2. A target situation analysis framework:

A. Purpose for Learning:

- Identify the learner's main reason for learning English:

  ▪ Academic study

  ▪ Professional work

  ▪ Training or certification

  ▪ Examinations or career advancement

  ▪ Social status or personal growth

  B. Mode of Language Use:

- Determine how the learner will use English:

  ▪ Skills: speaking, writing, reading, listening

  ▪ Channels: face-to-face interaction, phone, written text, email

  ▪ Discourse types: academic lectures, technical manuals, informal conversations, reports, catalogs

  C. Subject Content and Proficiency Level

- Define the relevant subject area:

  ▪ Fields: medicine, biology, nursing, commerce, engineering, etc.

- Define the learner's level:

  ▪ Technician, craftsman, undergraduate/postgraduate student, etc.

  D. Audience and Interpersonal Relationships

- Identify the people learners will interact with:
  - ▪ Native or non-native English speakers
  - ▪ Experts, laypeople, peers, teachers
- Understand the nature of the relationship:
  - ▪ Colleagues, clients, superiors, subordinates

E. Context and Setting

- Specify the physical settings:
  - ▪ Classrooms, hospitals, offices, workshops, libraries
- Describe the interaction context:
  - ▪ Alone, in meetings, demonstrations, phone calls
- Identify geographic context:
  - ▪ In Algeria or abroad

F. Timing and Frequency of Use

- Determine when English will be used:
  - ▪ During the course or after completion
- Specify how often:
  - ▪ Frequently, occasionally, in short or extended exchanges

3. Learning needs:

To understand learning needs, we need to look at target situation needs. The ESP course designer asks What does the expert communicator need to know to function well? This can include language skills, strategies, and subject knowledge. However, the analysis of what people do does not reveal how they learned those skills. The ESP process focuses on learning, not just knowing or doing. Design of course shall not solely depend on target objectives; it also has to be congruent with the needs and constraining factors of the learning journey.

An example of what this means may be seen the matter of choosing texts. when developing materials for the learners of Systems, it is necessary to select interesting rather than long and uninteresting texts. Students might be very motivated in their work or studies but in an ESP classroom, uninteresting texts could fail to motivate them. Besides, selecting more stimulating or even humorous texts can definitely enhance motivation to learn English. One such realistic learning scenario was James B.Herbolich's box kite project where University of Kuwait students in Engineering took on the production of a kite and a written manual about the same. He enumerates some reasons for such a choice emphasizing relevance, novelty, and fun.

4. Analyzing learning needs:

A. Reasons for Enrolling on the Course:

- Understanding whether or not the course is mandatory.
- Finding out if there is an absolute necessity.
- Reflecting if something like status, monetary incentive, or elevation to a better post is at stake.
- Discovering learners' attitudes and expectations of the course whether or not they want to learn English or are reluctant to waste time learning it.

B. Preferences for Learning by Learners:

- Inspecting learners' educational background.
- Understanding their opinions regarding teaching and learning.
- Identifying teaching styles, they might find engaging or, on the other hand, boring or uninteresting.

C. Available Resources:

- Evaluating the number and professional qualifications of teachers.

- Evaluating teachers' attitudes towards ESP and their familiarity with the course content.
- Verifying the availability of materials, teaching aids, and scope for learning activities outside the classroom.

D. Learner Profiles:

- Gathering information on the learners' age, gender, and nationality.
- Evaluating their current level of English and subject matter knowledge.
- Learning their unique interests, cultures, learning habits, and attitudes towards English as well as the English-speaking culture.

E. Course Setting

- Considering the physical environment of the course — whether it is comfortable, noisy, boring, cold, etc.

F. Course Timing

- Considering when the course will be scheduled at what time of day, how often (daily or weekly), full-time or part-time, and whether it will meet the learners' current needs or future needs.

Needs analysis for learning examines why the students are taking the course, how they learn, what facilities and teachers are available, who the students are, where the course will be taught, and when it will be taught. Analysis considers the students' reasons, backgrounds, learning styles, support available, and learning setting to ensure the ESP program is tailored to their learning and individual settings.

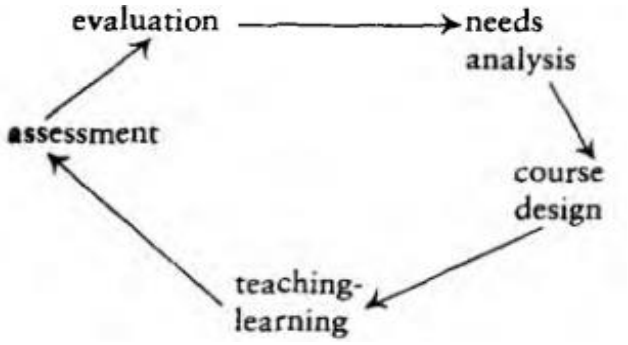
2. Dudley-Evans

The main stages in ESP involve needs analysis, course design, materials selection, teaching, and evaluation. In fact, stages are not sequentially linear but interdependent and

very often overlapping: needs analysis should define what is to be taught and how, while evaluation looks at effectiveness, and both need to be continuous processes.

Figure 1.1

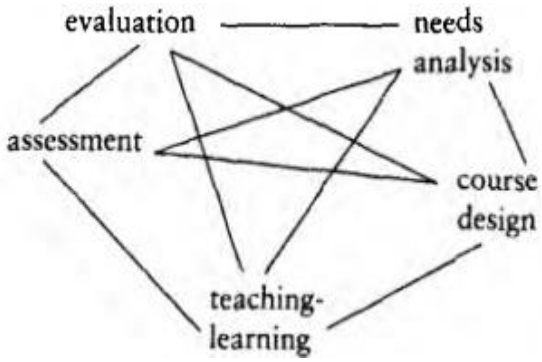
Stages in the ESP process: Theory



Note. By Dudley-Evans & St. John, 1998, (p.121)

Figure 1.2

Stages in the ESP process: Reality

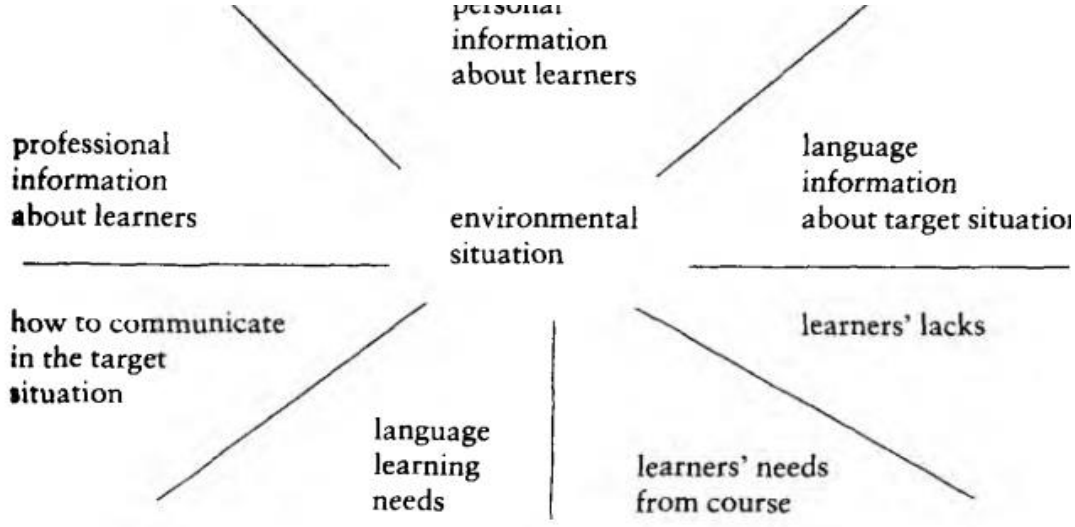


Note. By Dudley-Evans & St. John, 1998, (p.121)

Whereas a pre-course needs analysis and a final evaluation are quite different, continuous needs analysis and formative evaluation do share some similarities. Robinson points out that repeated needs analysis can also be part of formative evaluation. The present chapter reviews both needs analysis and evaluation in terms of their basic characteristics, their similarities and differences.

Figure 1.3

What needs analysis establishes.



Note. By Dudley-Evans & St. John, 1998, (p.125)

This is meant to understand the learners as individuals, language users, and language learners, finding the optimal manner through which the improvement of language acquisition and skill development can be achieved for any particular group, besides understanding target contexts or the learning environment so that valid use of data is ensured.

- The non-uniqueness of needs analysis:

The results of a needs analysis are relative, not absolute; they are a function of a number of variables. There is no single right set of needs since the findings depend upon who does the analysis, what questions are asked, and how the responses are interpreted. These in

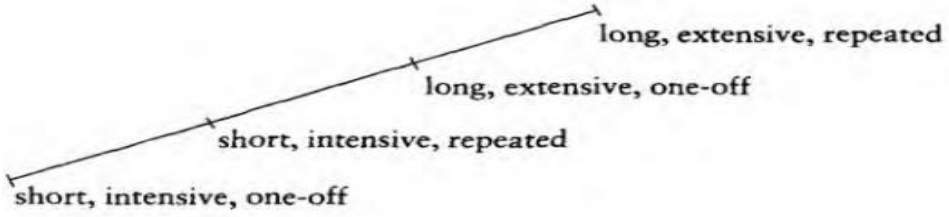
turn are related to one's perspective, attitudes, and values. Berwick(1989) places strong emphasis on the fact that needs are conceptualized based on what is valued educationally, and therefore cannot be viewed as objective facts to be simply identified and measured(p. 56). Whoever conducts a needs analysis should be conscious of such subjectivity of needs so that his or her perspective will not clash with but instead complement the situation at hand. This will also affect which needs are prioritized in the course design process.

- Matching needs analysis to situation:

Ideally, needs analysis is the first step in advance of a course so that a course outline, materials and resources can be prepared in advance. In reality this may not happen this way. There is no one way to approach needs analysis since courses and analyses do not occur in a vacuum but must be designed to conform to human and material resources. Other variables that are influential can be represented on a course cline of:

Figure 1.4

Course Cline of Needs Analysis



Note. By Dudley-Evans & St. John, 1998, (p.126)

The amount and timing of data collection in needs analysis can vary significantly depending on the course type. In (EAP) courses, where programs are often repeated and cater to large numbers of students, conducting a thorough needs analysis in advance is feasible and justified (Lwaitama& Rea-Dickins &, 1995; Dudley-Evans & Hewings, 1996).

EOP courses are usually short and in small groups, sometimes rapidly arranged. Pre-course data can be used to tailor the course, although this is not always feasible. An action-based approach is to study the context in advance, ask appropriate questions on arrival, and adapt during the course. It's essential to identify between total needs and course-specific needs. For example, a needs analysis for Spanish science researchers initially identified reading skills as the need, but subsequent participants reported that they required writing skills more, and this resulted in a redesign of the course. This example shows the importance of asking the right questions about what participants really need from the course. ESP courses hardly get enough time to cater to all learner needs. Therefore, gathering information in the process of needs analysis and consultations with the learners plays a crucial role in content selection and prioritization. The questions should attempt to identify possible communication issues and required skills that need to be addressed.

1.2. Section two: An Overview of Nursing and Medical Education (EMP)

1.2.1. ESP in Nursing and Medical Education (EMP)

ESP in medical and nursing education is about teaching English tailored to the needs of health professions, e.g., nurses and physicians. Unlike English teaching instructions, ESP courses equip students with the medical terms and communicative competence required for effective work in their settings. A significant area of ESP is EMP, which directly addresses language needs in clinical settings. EMP courses aim to empower students and healthcare workers to achieve tasks like successful job performance and research at the academic level by engaging with practical topics like working with health teams, clinical writing, communication with patients, and academic presentations.

These courses meet the specific requirements of medical students by teaching relevant topics and necessary skills, as well as reorienting teaching methodology for English

instructors and altering students' study routines to include English learning in their medical course. Ultimately, ESP and EMP are crucial in promoting language proficiency, improving clinical communication, and enhancing patient care.

1.2.2. The Role of English in Nursing Education

Defining the theoretical framework of ESP in nursing and medical education (commonly referred to as English for Medical Purposes – EMP) involves aligning English language instruction with the linguistic demands specific to healthcare settings. This requires the design of specialized medical vocabulary and communication strategies to meet real-world needs. To establish this framework, it is essential to define the core concepts of ESP, EMP, and Applied Linguistics. A crucial component of ESP is the needs analysis, which identifies learners' linguistic and communicative requirements. For nurses, this includes medical terminology, patient communication, and interprofessional collaboration (West, 2012). Within ESP EMP is a more specialized domain that caters to the language needs of healthcare professionals and students (Flowerdew, 2007).

Dudley-Evans and St. John (1998) define EMP as a field focused on teaching English that is tailored to the specific demands of the medical field, including its terminology, genres, and communication practices. EMP places a strong emphasis on technical vocabulary related to anatomy, physiology, pharmacology, and clinical procedures, as nurses must communicate precisely and clearly within the medical team (Smith & Swan, 2001). These definitions align with the concept of Applied Linguistics, which deals with the application of linguistic theory to real-life challenges (Halliday, 1978). Edge (2001) defines Applied Linguistics as a field investigating language use in contexts where it has a direct social or professional impact. One approach influenced by this field is Task-Based Language Teaching (TBLT), which uses authentic, goal-oriented tasks as the basis for instruction. In nursing education, TBLT may

include role-plays simulating interactions with patients or colleagues, thereby fostering practical communication skills (Ellis, 2003).

The integration of ESP, EMP, and Applied Linguistics in medical education offers notable benefits. Enhanced communication competence can lead to better patient understanding and compliance, which improves health outcomes (Street, 2003). It also supports professional development, enabling nurses to participate in international conferences, engage with global research, and publish academic work (Hyland, 2006). Moreover, applied linguistics promotes cultural competence, a critical skill for working with diverse patients and teams (Kramsch, 1993).

Previous studies confirm the global significance of ESP in nursing and medical education.

- Risa Aroyyana's (2022) study at the Health Science Institute of Syria Global highlighted the English needs of public health students, with an emphasis on grammar, vocabulary, writing, listening, and pronunciation.
- Soo-jin Shim's (2015) research in Korea explored the success of a content- and task-based ESP curriculum for healthcare students.
- Laura Medlin (2009) developed materials for nursing students in California, stressing the importance of hospital English.
- Qing Huang's study in China argued for learner-centered, patient-centered ESP courses.

Focusing on Algeria, several studies have identified challenges and proposed reforms:

- Benyamina and Boukahla (2023) at Tiaret University found CLIL effective in teaching public health nursing.

- Zoulaikha Elbah at the École Normale Supérieure (Algiers) emphasized the need to align ESP with students' academic levels.
- Talha Boualem and Benhattab Abdelkader Lotfi (2022) at Sidi Bel Abbes University addressed low language proficiency, learner heterogeneity, and lack of materials, recommending needs analysis as a remedy.
- Abdelouahab Boumaza (2022) in Ouargla advocated for EMP for Algerian doctors, despite French being the dominant instructional language.
- Halima Lakhrif (2020) at Adrar University analyzed the strengths and weaknesses of existing EMP instruction and called for its systematic integration into physician training.
- Karima Romane and Amel Bahloul (2022) at Batna Hospital University Centre supported tailored EMP courses based on needs analysis.
- Lydia Benmouhoub (2021) at the Institute of Paramedical Higher Education (Sidi Ouali-Bejaia) highlighted the positive impact of ESP courses on nursing students.

These studies surveyed as a whole indicate the global significance of ESP in medical and nursing education, i.e., language teaching adapted to the particular demands of health professionals. Some of the dominating trends and themes are determined from the analysis:

1. Tailored Language Teaching:

Regionally, there is also a keen interest in designing ESP courses that respond to the special linguistic and professional needs of healthcare students. For example, Aroyyana (2022) listed grammar, vocabulary, writing, listening, and pronunciation as major areas of focus for public health students in Syria. Similarly, Qing Huang's work in China fostered learner- and patient-centered approaches, while Medlin (2009) highlighted hospital-focused English for nursing students in California. These findings point towards a worldwide need for ESP materials and courses that are professionally appropriate and context-based.

2. Content- and Task-Based Approaches:

Shim's (2015) research in Korea demonstrated the success of content- and task-based ESP curricula, which integrate real-world tasks and scenarios into language learning. This approach resonates with other studies advocating for practical, hands-on ESP instruction, such as Boualem and Lotfi's (2022) call for needs analysis to address challenges like low language proficiency and learner heterogeneity in Algeria.

3. Integration of Needs Analysis:

Needs analysis has been a constant concern in a number of studies. In Algeria, researchers like Boualem, Lotfi (2022), and Romane and Bahloul (2022) recommended ESP courses tailored using comprehensive needs analyses. The concern reflects the importance of realizing individual learners' needs to build effective ESP programs.

4. Implementation Challenges:

Algerian research indicates the same issues, i.e., poor language skills, learner diversity, and insufficient teaching materials. Elbah emphasized the need to synchronize ESP courses with students' level, while Lakhrif (2020) called for intentional integration of English for Medical Purposes (EMP) into the education of physicians. Boumaza (2022) also highlighted the dominance of French as a teaching language, which complicates the integration of EMP into Algerian doctors. These challenges highlight the necessity of implementing systemwide reforms that encourage ESP/EMP implementation.

5. Positive Impact on Students:

Despite challenges, several studies documented the positive impact of ESP courses on students. Benmouhoub (2021) documented the benefits of ESP for nursing students at the Institute of Paramedical Higher Education in Sidi Ouali-Bejaia, whereas Benyamina and Boukahla (2023) found Content and Language Integrated Learning (CLIL) to be effective for

public health nursing students at Tiaret University. These findings corroborate the usefulness of well-designed ESP programs in cultivating language proficiency and professional capacities.

6. Global vs. Local Contexts:

Though ESP is globally recognized as essential to healthcare education, its application is situation-specific. Korean, Chinese, and American research, for instance, draws on state-of-the-art methodologies and learner-centered design principles, whereas Algerian research is focused on transcending systemic limitations and embedding ESP in regional educational and healthcare agendas. Such variation attests to the versatility of ESP in various cultural and institutional settings.

1.2.3. Challenges Faced by Nursing Students

ESP courses in Algeria are not very efficient due to several factors. Studies by Mebtil and Maouche (2016) identify that the lack of pre-service and in-service teacher training restricts effective course design and instruction. Mebtil also identified the non-existent official syllabi and administrative issues that make it worse. Maouche (2016) suggested full-time recruitment, professional growth, and collaborative work among teachers as ways to significantly improve these courses. Bouklikha & Hamzaoui (2014) found students with negative attitudes despite them claiming to be positively motivated. Students had poor class interest and participation, pointing out that courses were not good enough to prepare them for studying or working in professional life. Students went to attend classes for additional marks only on their principal subjects, signifying a necessity for more participatory courses.

Bourouni (2020) emphasized that the learning environment includes not only the classroom or teachers but all stakeholders involved, including the managers and students. She described the timetabling of ESP courses as too short, given that there are many special

subjects offered in health sciences. Besides, course discontinuity adversely affects the quality of ESP learning. This kind of discontinuity can lead to declining interest among learners and inter professional interference. Tar et al, highlighted the importance of continuous study by emphasizing good transitions between teachers. Faculty in the medical and paramedical sciences often abandon ESP courses owing to numerous setbacks, such as lack of backing, devaluing of the subject, and bureaucratic complications. Moreover, teachers do not have adequate methodological training and means, which detracts from the efficiency of the ESP courses. In spite of these shortcomings, the LMD system has slightly raised the interest in ESP courses, calling for better teaching approaches and course contents.

1.2.3.1. Problems Faced by ESP Nursing Students. Nursing students in ESP settings face considerable difficulties in producing written documentation due to limited language proficiency, time constraints, and the complexity of medical discourse.

1.2.3.1.1. Problems with Written Documentation. ESP nursing students face significant challenges in writing due to language difficulties, time constraints, and the technical nature of nursing documentation.

Some common Errors in Nursing Documentation:

- **Word order issues** – Many students struggle with producing grammatically correct sentences, particularly with complex sentence structures. This is especially noticeable in the use of phrasal verbs and the placement of frequency and time adverbs.
- **Preposition misuse** – Errors in preposition use can cause ambiguity in hospital records.

  Example: "She was operated in the morning" instead of "She was operated on in the morning."
- **Verb tense confusion** – Accurate use of verb tenses is critical in nursing reports, particularly when distinguishing between a patient's past medical history and current

condition.

Example: "The patient had a fever yesterday" vs. "The patient has had a fever since yesterday."

Mistakes in tense use can lead to misinterpretation of a patient's condition.

- **Lack of knowledge of documentation formats** – Most students are unfamiliar with standard formats used in medical documentation such as nursing care plans, patient histories, progress notes, referral letters, and incident reports. This lack of familiarity results in disorganized or incomplete records.
- **Writing under stress** – Documentation often occurs during high-pressure moments, such as shift handovers. ESP students find it difficult to write clearly, accurately, and without errors under time pressure.

1.2.3.1.2. Telephone Communication Challenges. **Challenges Faced**:

- **Absence of visual cues** – Students have difficulty interpreting tone and intention without gestures or facial expressions.
- **Background noise and distractions** – Hospitals are noisy environments, making it harder for non-native speakers to focus and understand what is being said.
- **Difficulty with names and numbers** – Students often struggle with correctly identifying and recording patient names, medication names, and numeric information over the phone.

  Example: Confusing "fifteen" with "fifty" or misrecording a drug dosage.
- **Fear and avoidance** – Due to lack of confidence, some students avoid answering phone calls.
- **Unfamiliarity with intonation patterns** – Statements and questions may sound similar, leading to confusion.

Example: "The doctor must see the patient now." (statement) vs. "The doctor must see the patient now?" (Question with rising intonation).

1.2.3.1.3. Interpersonal and Cultural Communication Issues. Nurses must manage dynamic interpersonal communication with peers, managers, and patients, but ESP learners often face both linguistic and cultural barriers.

- **Speech act shifts** – Conversations may shift rapidly between formal, humorous, and directive tones.

  Example: A nurse may go from making a formal request to telling a joke to giving an instruction within minutes.
- **Indirect speech and implied instructions** – Senior staff often use indirect language that requires inference.

  Example: "We require more blood tests today." implies the nurse must take action.
- **Understanding sarcasm and humor** – Students may misinterpret sarcastic remarks.

  Example: "Oh, great work keeping the patient waiting!" (Which actually implies criticism).
- **Idioms and abbreviations** – Medical staff often use informal or shortened expressions.

  Example: "She took a pisi with the birth" meaning "episiotomy."

1.2.3.1.2. Assertion and Advocacy Challenges. Nurses must assert themselves to advocate for patients and interact with medical staff, but ESP students often lack the linguistic and cultural readiness to do so.

- **Lack of initiative** – Some students hesitate to express opinions in meetings or with patients.
- **Difficulties in patient advocacy** – They may find it challenging to question a doctor's decisions or request additional resources.

- **Cultural norms around assertiveness** – In some cultures, nurses are expected to defer to physicians, making it difficult for students to adjust to environments where assertiveness is expected.

1.2.3.1.3. Adjustment to Brisk Hospital Communication. Hospitals demand fast-paced decision-making and communication.

- **Coping with rapid speech** – Nurses must process and respond quickly, and students may miss critical information.
- **Recognizing key details in fast-paced exchanges** – Vital instructions might be overlooked in hurried communication.
- **Navigating hierarchy and formality** – ESP learners must learn when to use formal versus informal language depending on the context and rank of the interlocutor.

1.2.4. ESP Syllabus Design for Nursing Students

The syllabus for assessment prescribes learning goals and institutes formalized required knowledge for attainment, establishing the basis for measurement. It reflects conceptions about language and linguistic performance. An example is a syllabus for grammatical structure, which starts with the presupposition that language competence is delivered through knowledge of grammar. Organizational syllabus determines what is being taught and how the material goes, typically textbook content pages. It differs from an evaluation syllabus because it is focused on ideas about learning and language with consideration for pre-knowledge and ease of learning.

The materials syllabus shows what is to be gained but not how it is to be taught. It relies on interpretation by the materials writer, which determines the context, skills, tasks, and ultimately the learning outcomes. The teacher syllabus involves the teacher's input in the learning process since most students acquire language under the guidance of teachers. The

teacher plays a significant role in learning, and experienced teachers are capable of conducting lessons more efficiently than new teachers. The classroom syllabus reflects the interactive learning environment of a lesson, varying according to such factors as student behavior and classroom circumstances. This fluid environment creates its own syllabus that affects both teaching and learning. The internal learner syllabus is internal and reflects what is learned. It is constructed in the learner's mind and is distinct from the external syllabi listed, being prior knowledge that influences how the learner interprets other syllabi.

A syllabus plays a central role in curriculum development, controlling aspects of language teaching. Yalden feels that a syllabus must be flexible and based on classroom feedback, reconciling classroom activities with learner needs. Allen and Stern describe a syllabus as setting content and methodology in curriculum planning. Macalister and Nation (2010) suggest that a syllabus entails objectives and content, but also a curriculum with these plus needs analysis and instructional principles. Similarities and differences between syllabus and curriculum are debatable with some viewing them as interchangeable, part of the curriculum, or as distinct concepts. The author of this study adopts the perspective that views syllabus and curriculum as dependent on each other.

1.2.5. Key Components of ESP Syllabi in Nursing

Macalister and Nation (2010, p. 7) explain that language courses include significant language items, ideas, skills, and strategies to meet course goals. Course planners need to regularly track the frequency and relevance of such necessary items as grammar, vocabulary, and discourse to avoid offering ineffective courses. One such strategy is conducting a needs analysis and creating frequency lists of grammatical items, skills, and functions to ensure the course is effective. These lists can include frequency-based words, verb forms, functions, themes, and activity types for content selection.

1.2.5.1. Selecting and Sequencing Grammatical Components. The selection of grammatical forms should be proportional to the learners' level and ordered from simpler to more complex. As Nunan (1988, p. 85) points out, this selection often rests on arbitrary judgments about which grammar forms should be taught with which functions. Nevertheless, some structures arise naturally due to inherent links between grammar forms and functions. For example, when introducing oneself, it is important to use verbs such as *to be*, the present simple, present continuous, and some pronouns, determiners, among others.

1.2.5.2. Selecting and Sequencing Functional and Notional Components. In practice, functional and notional selections are characterized by both differences and similarities, as they are largely governed by the course designers' intuition. As a result, each designer develops a categorization based on various references, such as:

- Van Ek (1975): *e.g., expressing and finding emotional, moral, or intellectual attitudes; getting things done; socializing, etc.*
- Wilkins (1976): *e.g., argumentation, personal opinions, exposition, logical inquiry, etc.*

- Munby (1978): *e.g., recognizing discourse markers in order to introduce, develop, transition, or conclude ideas, etc.*
- Clark (1987): *e.g., communicating information in spoken or written form on the basis of personal knowledge; establishing and developing relationships, etc.*

Lastly, the course developer must identify, adopt, and modify functions or concepts to suit the specific teaching context.

1.2.5.3. Joining Grammatical, Functional, and Notional Components. Language components are sometimes closely associated and prone to frequent co-occurrence, while others are less likely to appear together. A good example is provided in Nunan (1988):

- Functional content: Identifying (requesting possession)
- Grammatical content: *Be* (present tense, interrogative, affirmative); possessive adjectives
- Notional content: Home (furniture, addresses, telephone)

1.2.5.4. Selecting and Grading the Learning Tasks and Activities. Before discussing the selection and sequencing of activities, tasks, and materials, it is necessary to define these terms. Woodward (2001) states that an activity can be used to energize a class help learners enjoy themselves, learn spelling, encourage the use of the board and the teacher's space, and enhance general knowledge. Examples of learning activities include brainstorming, games, and dictation. Woodward also lists several key points teachers must consider when employing an activity:

- Why: The purpose or learning objective of the activity.
- Whom: Who the learners are.
- What (language): Includes several language aspects:
    - The teacher's role in introducing language (e.g., brainstorming the subject)

    - The learners' interaction language, needed before, during, and after the activity (e.g., phrases like *Shall we start?* to minimize overreliance on L1)
    - The target language and the skills being rehearsed (e.g., reading)
    - Underlying language factors: fluency and accuracy
- Which: The material or media used
- How: How the activity is delivered, including:
    - When (timing): Different phases such as preparation (setting up the classroom), setup (definition), execution, cleanup (returning resources), and follow-up (correction, homework, or extension with another activity). Timing also refers to where in the course the activity fits best.
    - Where: Classroom organization, including learners' and furniture arrangement
- Teacher's role: Different roles and teaching styles to effectively convey knowledge (metalanguage)
- Learners' role: Includes familiarity with the task, personal feelings, and alignment between learners' and teacher's expected outcomes
- Cognitive processes: Mental processes such as describing, comparing, and arguing
- Difficulty level: Defined by features like syntactic and lexical complexity, activity length, tempo, precision demands, number and roles of participants, information density, visual support, and degree of abstractness.
    - Activities should be slightly beyond the learners' current level to ensure sufficient challenge (see also Burden &William, 1997)

1.2.5.5. Policy of Correction. This includes :

- Who corrects: Teacher, learner, or dictionary
- What is corrected: Word choice, hesitation, stress, etc.
- When corrections are made: Immediately or after a delay (and for how long)

- How corrections are carried out: Through interruptions, the use of cards, notes, or charts.
- Other comments: Additional elements such as rewards or any other relevant features not mentioned above (Woodward).

Integration of the 15 Criteria of ESP Evaluation grid:

The curriculum needs to be in close relation with real nursing practice, such as patient communication and hospital communication, to meet the real professional needs given priority in ESP (Hutchinson & Waters, 1987; Dudley-Evans & St. John, 1998). The study of medical lexis is also important as the lack of specialist lexis can greatly hinder communication with both patients and professionals (Smith &Swan, 2001). Real hospital communication environments have to be simulated through practical speaking situations, fulfilling ESP's task-based orientation (Ellis, 2003). In order to supply overall ability, ESP resources have to include all four language skills—listening, speaking, writing, and reading—as part of real-world preparation (Dudley-Evans & St. John, 1998). Reading ability has to be developed through contact with real-life nursing texts in the actual world, for instance, case reports, in accordance with ESP's principle of using authentic materials (Swales, 1990). Structured writing instruction, like the drafting of patient notes and university essays, is in line with the professional aims of nursing ESP (Flowerdew, 2007).

Understanding listening and exposure to professional discourse are crucial, and authentic audio material, such as doctor-nurse communication, allows students to be familiarized with fast-paced hospital environments (Hyland, 2006). In addition, training in clear pronunciation, particularly of complex medical terms, is necessary for patient safety and field-based communication (West, 2012). Skills practice should be supported by authentic hospital documents and workplace scenarios, resonating ESP's commitment to relevance and authenticity (Robinson, 1991). Course material language also has to be understandable,

within the proficiency level of learners, and logically organized so that it does not alienate or confuse learners (Nunan, 1988).

There is also cultural and professional applicability; content must be sensitive not only to global nursing practice but to the Algerian local health care setting, as noted by Boualem and Lotfi (2022). There must also be academic English support incorporated, allowing students to read research articles, write reports, and present what is essential for clinical and academic success (Hyland, 2006). The other essential element is the quality of evaluation and assessment approaches; systematic, periodic appraisal guarantees ESP nursing content is kept in line with learner needs and professional demands (Dudley-Evans & St. John, 1998).

Interactivity and interactive learning methods, such as role-plays and group activities, are also important, building motivation and augmenting the learner-centered approach at the center of ESP (Hutchinson & Waters, 1987). Finally, technological and digital integration must be included wherever possible, welcoming online content and multimedia in alignment with evolving learning environments and needs analysis results (Rafifiq et al., 2021).

1.2.6. ESP / EMP in the Algerian Context

As Molhim (n.d.) points out, an obvious lack is evident in terms of ESP documentation in the Arab world. Disappointingly, there is a significant shortage of research related to ESP in the Arab world, especially in the Algerian context. Most of the scholarly work consists of journal (Abdullah, 1999; Al-Fadly, 2004; Al-Muslimi, 2004; Bin-Tayeh, 1996; Rahim, 2005) articles and unpublished PhD and MA theses. There is a serious need to investigate ESP teaching and learning within the Arabic ELT context.

In Algeria, some research on ESP has been published in the form of articles and theses, examining specific ESP cases. These include studies by Baghli (2015), Benyelles (2009), Bouroumi (2020), Bouguenous (2018), Bouabdallah&Bouyacoub (2017), Djailed (2011–2012), Graia, Elachachi, and Bouklikha (2014), Hamzaoui- Elachachi&Lamri (2011), Khaldi (1995), Maouche (2016), Mehdi (2011–2012), and Mebtil (2010). Although these studies provide valuable insights into the ESP landscape in Algeria, they also highlight persistent issues. In particular, ESP courses tend to be more general than specialized, with continuing challenges such as inadequate teacher training, limited subject knowledge, and ineffective teaching methodologies. Despite these limitations, Khaldi (1995) notes that Algerians are increasingly aware of the importance of English in general, and ESP in particular. Consequently, ESP university instructors, in collaboration with the oil company Sonatrach, have voiced dissatisfaction with current English courses and have examined the problems hindering effective ESP instruction. As a result, the urgent demand for qualified ESP specialists and course designers has become apparent to develop effective programs that improve workplace performance. Moreover, meeting learners' needs has contributed to reducing dropout rates in ESP courses. As Hutchinson and Waters (1987, p. 53) state: *"If learners, sponsors, and teachers know why learners need English, that awareness will influence what content is deemed acceptable in the language course and, more positively, what potential can be maximized."*

The following section provides examples illustrating the current teaching and learning environment in ESP. To elaborate, Dr. Bourouni from the University of Saida examined ESP at the university level and emphasized its significance, aligning with Porcaro's (2013) assertion that *"The role of English in the fields of science, engineering, information technology, and business is ever increasing."* Given the growing importance of English, ESP has become essential across various academic disciplines, particularly in scientific and

technological faculties. In light of this, the Algerian Ministry of Higher Education (MESRS) has incorporated English teaching across universities nationwide. The introduction of the LMD system has further expanded the scope of ESP.

Nonetheless, ESP courses are still perceived as inadequate. Bourouni also emphasized the ineffectiveness of such ESP courses, attributing their failure to several factors:

1. Teachers' lack of subject-matter knowledge,
2. Students' low motivation and English proficiency, and
3. External environmental pressures.

Major obstacles for ESP teachers include difficulties in course design, selecting appropriate materials, lack of content knowledge, insufficient training, and limited collaboration with colleagues. Similarly, ESP students face challenges such as low motivation, negative perceptions of English, heterogeneous learning groups, lack of resources, and limited learning opportunities. These challenges are exacerbated by institutional and course-related constraints, including the employment of part-time teachers, overcrowded classrooms, and only 90 minutes of instruction per week, usually restricted to a narrow focus on technical vocabulary and grammar. ESP is not prioritized compared to other specialized subjects, and there is a lack of support for both instructors and administrative staff. These limitations negatively affect ESP instruction.

The failure of many ESP courses in Algeria is due to a combination of debilitating factors. Mebtil (2010–2011) and Maouche (2016) emphasize that the absence of both pre-service and in-service ESP teacher training severely hampers course development and delivery. Mebtil also highlights the lack of official syllabi and administrative constraints, while Maouche (2016) advocates for full-time teacher recruitment, professional development, and greater collaboration. Similarly, Bouklikha and Elachachi (2014, p. 91) observe that

while students claim to be motivated, classroom behavior reveals low participation and disinterest. This is attributed to dissatisfaction with ESP courses, which fail to equip learners with the necessary skills for academic and professional success. Teachers admit their inability to sustain student interest, with attendance often driven by the pursuit of bonus marks rather than genuine learning.

Therefore, the pressing need for more engaging and relevant ESP courses calls for dynamic collaboration and increased specialization. Bourouni stresses that the learning environment extends beyond the classroom and is not solely the teacher's responsibility. Instead, all stakeholders—administrators, teachers, and students—must contribute. The administration must provide a supportive environment, teachers must offer meaningful learning experiences, and students must be intrinsically or extrinsically motivated. She also notes the mismatch between the short duration of ESP courses and their demanding objectives. Given the many specialist subjects in medical education (e.g., anatomy, physiology, pathology), she argues that students must at least master essential terminology. To address this, she recommends an integrated approach combining subject learning with ESP instruction. The discontinuity noted by Bourouni has undermined ESP course efficiency, diminished student interest, and weakened collaboration between language instructors and subject specialists. Additionally, there is limited English practice outside the classroom.

Due to various challenges, teachers often abandon ESP/EMP courses in medical settings without warning. ESP courses are frequently overshadowed by French, which remains the dominant language in medical education. For instance, the Faculty of Medicine in Oran offers Medical English for only one year. Teachers also withdraw due to student disrespect and lack of motivation. These concerns motivated the present research. While Bourouni illustrates that the marginalization of ESP leads to dissatisfaction among both staff and students, it also contributes to reduced motivation and ineffective scheduling. Qualified

teachers are rarely appointed, and the theoretical underpinnings of the LMD system fail to adequately address ESP instruction due to the lack of official syllabi and weak community engagement.

Djaileb, in her doctoral work at USTO, highlighted that many instructors receive no training in syllabus design. Additional challenges include low learner motivation, poor English proficiency, and limited use of ICT tools and materials. Despite these difficulties, the LMD system increases the demand for ESP. Proposed solutions include integrating all four language skills, providing authentic tasks, and designing engaging ESP courses. While some solutions have been implemented, others remain to be explored. In the context of (EMP), Bouguenous (2018) stresses the urgent need for ESP teacher training, noting that French still dominates Algerian medical studies. To counter this, new ESP centers have been created outside USTO, expanding training nationwide.

Bouabdallah and Bouyacoub (2017) also cite Osman Bencherif, who explained that ESP began in 1987 through collaboration between British and Algerian universities to enhance postgraduate studies. ESP centers were subsequently established in Oran, Blida, and Constantine to develop research, professional skills, and scientific literacy. Nevertheless, the two researchers conclude that ESP courses remain largely ineffective due to long-standing issues such as limited course time, untrained teachers, lack of syllabi, and insufficient institutional cooperation. ESP was formally introduced into medical and paramedical studies in 2012 alongside the LMD system.

Bouguenous (2018) states that EMP aims to promote international communication, conference participation, scientific writing, and research skills. He identifies ongoing challenges such as lack of syllabi, reliance on traditional teaching methods, marginalization of Medical English courses, and low student proficiency. Since the beginning of the Hirak

movement on February 22, 2019, there has been a gradual linguistic shift, with growing demands to replace French with English for political reasons. Signs of increased English use are now visible in advertisements, electronic displays, and institutional names, including those of private hospitals. On April 30, 2020, the Minister of Higher Education and Scientific Research, Chems Eddine Chitour, announced on Ennahar Online that doctoral theses must be written in English to promote international scientific research.

In conclusion, the ongoing replacement of French by English is becoming increasingly apparent in everyday life, highlighting a growing demand for ESP courses in Algeria's academic and professional contexts

1.2.7. Linguistic Situation in Algeria

From a linguistic perspective, Algeria's history of conquest accounts for the prevalence of diverse languages brought by different invaders and settlers. Moreover, its geographic location within the Maghreb and North Africa has made it a vital collaborator in commercial and economic exchanges with Egypt, Greece, Rome, and regions of East and Southeast Sub-Saharan Africa. Until the 7th century, the major languages in use were Phoenician, Greek, Latin, and Berber (Tamazight), followed by the arrival of Hilalian Arabic. Among these, Arabic and Tamazight hold particular significance—Tamazight as a cultural reference.

1.2.7.1. Arabic. Arabic now serves as the mother tongue or main language of communication for approximately 85% of the population, broadly divided into three dialect groups:

- Classical (Quranic) Arabic, preserved largely unchanged, is used primarily in religious contexts and ancient poetry.
- Modern Standard Arabic (MSA) is employed in education and the media, yet is influenced by Western cultures.

- Dialectal Arabic refers to the spoken regional varieties of daily life. The main dialects include Western Arabic, Algiers Arabic, Eastern Arabic, and Southern Arabic.

Some dialects also contain Berber loanwords, but mutual intelligibility remains high across varieties. There is no rigid boundary separating Algeria's linguistic forms.

1.2.7.2. Berber (Tamazight). Berber includes five main varieties: Kabyle, Chaoui, Mouhadh, Zenati, and Tamachek. However, Cherrad-Ben Chefra excludes Zenati and Tamachek in his classification. Some Berber varieties, such as Kabyle, have a written tradition (quoted in Queffélec et al., 2002)

1.2.7.3. French. After independence, French—the language of colonization—remained Algeria's first foreign language. Despite post-independence Arabization efforts, its use persisted due to the colonial attempt to maintain cultural and intellectual dominance. Today, French remains a quasi-official language alongside MSA, especially dominant in science, medicine, engineering, education, media, and public life, particularly in the northern regions. Its persistence testifies to the lasting linguistic legacy of colonization (Ben Chefra, 1990, as cited in Queffélec et al., 2002).

1.2.7.4. English. English is considered the second foreign language after French. In 1993, it temporarily replaced French in fourth-grade primary classes, offering a chance to become the first foreign language. However, due to its limited societal use, this initiative failed. Recently, demand for English has surged, especially following the Hirak movement, prompting policy shifts such as a ministerial decision to require doctoral theses to be written exclusively in English.

1.2.8. Linguistic Challenges in Algerian Nursing Education

1.2.8.1. Language Policy and ESP Implementation in Algeria. Language policy refers to the deliberate efforts by governments or institutions to regulate language use, typically

through legislation or education. While it can promote national identity, it can also marginalize certain languages. Language policies can be either explicit or implicit, and they generally determine which languages are taught, to whom, for how long, and for what purpose. The global importance of English has influenced language planning across countries, though its status (as a second language, foreign language, or official language) varies widely.

In Algeria, English has long been part of the educational system, including during the colonial era, but how and when it is taught has continually evolved. The language status of Algeria Is shaped by the rich history and social dynamics of the country. Algeria has many languages as Modern Standard Arabic (MSA), Tamazight, French and English. Prior to the French colonial period, French had an increasing, although still limited presence, as did Arabic and Tamazight, which were spoken more widely than at present and Classical Arabic, which was used primarily in religious and state affairs. In education and government, French displaced Arabic and Tamazight during colonization. Like other Francophone African nations, after independence, the government sought to resuscitate Arabic via Arabisation, but that policy made French less used, if not less necessary, in certain areas of expertise. English promotion in schools began in the 1990s in particular. Tamazight became a national language in 2002 and an official language in 2016, but it is still not widely taught.

1.2.8.2. ESP Teaching Challenges in Algeria. ESP teachers face significant challenges in bridging the gap between students' English proficiency and course requirements. They often have to revisit fundamental English rules to address students' linguistic deficiencies, while also enhancing their communicative abilities. Among these challenges there are:

1.2.8.2.1. Lack of Pre-Designed Syllabi. Many ESP instructors in Algeria 'do not receive a syllabus' or have one that does not meet learners' needs (Guerid, 2019). Departments 'fail to

conduct formal needs analyses', and therefore courses do not address students' professional and academic needs (Ghedeir & Nesba, 2017).

1.2.8.2.2. Unrealistic Expectations to Teach Specialized Content. ESP teachers must 'teach specialized vocabulary and subject matter concepts' of fields such as law, medicine, and engineering, without extensive expertise in these fields (Badger & Wu, 2009; Mebitil, 2013). Subject experts and students sometimes assume that ESP teachers 'possess technical expertise', adding to the teachers' load (Dakhmouche, 2008).

1.2.8.2.3. Lack of Teaching Materials and Institutional Support. ESP teachers never receive textbooks or teaching materials, and must rely only on their own initiative (Bereksi Reguig, 2015). The institutions do not support the teachers, but rather have them create courses without financial or professional assistance (Assassi, 2020; Benabdallah,2019).

1.2.8.2.4. Low Remuneration and Job Insecurity. Most ESP instructors in Algerian universities 'are part-time lecturers' with no stable income or job security, which limits them from spending time on course development and preparation (Khaldi, 1995; Mebitil, 2014). Teachers hold several occupations, and thus, it becomes difficult to pay attention to ESP course design (Mebitil, 2014).

1.2.8.2.5. Lack of ESP-Specific Teacher Training. ESP instructors get general English training, but not in ESP methodologies such as needs analysis, syllabus design, and materials development (Mami, 2020). ESP instructors and subject matter experts rarely collaborate, reducing opportunities for subject matter knowledge acquisition (Bouyousfi & Hammouda, 2021; Dakhmouche, 2008).

1.2.8.2.6. Student Unpreparedness and Learning Environment Issues. Most ESP students 'lack low English proficiency', which prevents improving their communication skills

(Ghedeir&Nesba, 2017). Courses are too large and heterogeneous, preventing interactively teaching them (Fernini, 2021; Zine, 2017). Short course hours and low credit allocations (typically 1h30 per week, 1 credit) result in low learner motivation and participation (Benabdallah, 2019; Mebitil, 2014).

1.2.8.2.7. Low Institutional Recognition of ESP's Importance. Despite government emphasis on English for employability, ESP courses receive little institutional attention, and therefore low student interest (Assassi, 2020; Sahli, 2016). ESP is viewed as a secondary subject by most students, leading to high absenteeism and interest (Outemzabet, 2022; Reguig,2015).

1.2.9. Emperical Studies

The following studies are related to the Algerian context: Benyamina and Boukahla (2023) revealed that content-based instruction is the most effective method for covering classroom needs, considering learners' needs, levels, and preferences, while Elbah found that the ESP course of interest to students did not match their English proficiency for academic purposes. Then Boualem (2022) highlighted challenges faced by EMP teachers in Algeria, such as learners' heterogeneity, low proficiency, and lack of materials, emphasizing the need for needs analysis to design suitable Medical English courses.

Boumaza (2022) confirmed content-based instruction as suitable for medical purposes in Algeria. However, Lakhrif (2020) identified different skills in EMP courses, pinpointing strengths and weaknesses and the necessity for integrating physician training and addressing educational system issues. Also, Romane (2022) focused on creating English courses based on needs analysis to meet the needs of students and doctors. Lastly, Benmouhob (2021) demonstrated the effectiveness of the provided course for the majority of students.

Based on the previous studies the suggested gaps are:

1. There is no basis for comparing the content analysis of different specialties.
2. A comprehensive analysis of students' needs is to be conducted to assess the nursing students' proficiency in English, their learning styles, and their expectations of the course.
3. An evaluation of existing ESP materials used in Algerian nursing schools to determine whether they conform to the students' real-world communication needs.
4. The approaches used for the teaching of English in nursing education will be investigated with recommendations for improvement articulated based on the needs of the students.
5. A needs-based ESP suggestion should be proposed for the students to meet practical nursing English including global standards for nursing communication.

1.2.9.1. Synthesis of the gaps. The identified gaps is indicating some connected issues in the current situation of ESP teaching, particularly with regard to Algerian nursing education. A synthesis of these gaps indicates that there is a compelling need for an in-depth and systematic approach to address gaps in curriculum design, methodology, and material development.

1. Absence of Comparative Foundation Between Specialties: There is no comparative foundation or standard framework for comparing content analysis between specialties. This absence does not allow ESP programs to be tailored to meet the specific communication needs of nursing students, as compared to other professional disciplines.
2. Lacking of Analysis of Students' Needs: The most serious weakness is the absence of an analysis of the particular needs of the nursing students, including their competence in English, learning style, and course learning expectations. If there is a thorough

needs analysis, it will provide valuable information on how to structure the ESP course accordingly to suit the needs of the students.

3. Evaluation of Existing Material: The existing ESP materials used at Algerian nursing schools have not been adequately tested to determine how applicable they are to real nursing communication contexts in the real world. Their evaluation is necessary to ensure that the materials are effective and beneficial in preparing the students with the skills required for their profession.
4. Study on the Teaching Methods: The current methods of teaching English in nursing education must be studied. Understanding the positives and negatives of such methods will inform recommendations for enhancing them so that the pedagogical methods are aligned with the students' needs and global standards.
5. Proposal for Needs-Based ESP Curriculum: Finally, there is a clear need to develop a needs-based ESP curriculum focusing on practical nursing English and incorporating international standards of nursing communication. The curriculum would fill the gap between theory and practice, equipping students with the necessary skills to excel in foreign health care settings.

How the current study contributes to the literature:

This research bridges the literature gap in terms of the existing lack of ESP materials by offering a structured and systematic evaluation of current materials used in nursing and paramedical research combining both quantitative and qualitative approaches. It analyzes the extent to which these materials address the language and professional communication needs of the students, i.e., their interaction with real nursing environments. By offering empirical evidence for the gaps and potential fields for improvement, this research highlights the need for change in ESP curriculum design and materials development in Algerian institutions of

nursing which aims to make learning English more applicable and effective in healthcare education.

Conclusion

Literature review investigates the pivotal role of English for ESP in educational and professional settings, specifically its implementation in medical and nursing studies. Proceeding from down-to-earth matters like ESP's definition, scope, and evolution, it analyzes theoretical frameworks and methodology by Hutchinson & Waters and Dudley-Evans & St. John, prioritizing learner-oriented and interdisciplinary approaches. The review also stresses the value of needs analysis, syllabus planning, and expert teaching in addressing the distinctive requirements of healthcare professionals. EMP studies accentuate global successes, as well as the challenges facing Algerian settings, ranging from linguistic heterogeneity, to limitations of resources, to systemic challenges in implementing courses. The literature review synthesizes research gaps, including the absence of comparative content analysis by specialty, evaluation of existing materials, and inadequate instructional practices, as it advances an adapted, needs-based ESP course. This comprehensive review emphasizes the transforming power of ESP in eliminating language barriers and enhancing professional competence in the healthcare profession.

Chapter Two: Methodology, Data Analysis, and Discussion Introduction

This chapter presents the research methodology adopted to evaluate the effectiveness of ESP course materials used in Algerian nursing education. The study aims to determine how well these materials equip students with the language skills necessary for academic success and professional communication in healthcare settings. The study adopts qualitative approach, under deductive content analysis design, enabling systematic evaluation of ESP materials in relation to pre-established criteria for some of the key language skills needed in nursing settings. The criteria were generated based on current ESP principles and were subsequently modified in consultation with experts in order to tailor them to the Algerian context.

2.1. Section One: Research Methodology

This section provides an overview of the research methodology used in our study. It describes the research design, the research instruments, the procedures, and the population from which the sample is selected. It also proclaims the reasons behind the selection of the sample. Additionally, the aims and the procedures of data gathering tools are set out.

2.1.1. Research Design

The section on methodology is applied to justify the research design and the rationale for the adopted methodology. It explains how the employed approach supports the objectives of the study and ensures the reliability as well as validity of the findings. This chapter outlines the procedures applied while gathering data and analyzing it, demonstrating their applicability in addressing the research questions.

This study aims to evaluate the effectiveness of ESP course materials to meet Algerian nursing students' academic and vocational. It specifically aims to evaluate whether these materials effectively support students in performing clinical tasks, participating in

academic coursework, understanding medical terminology, and preparing for future vocational or academic responsibilities in increasingly English-oriented healthcare contexts. This is examined through the following research questions:

1. To what extent do current EMP materials at the National Institute of Higher Paramedical Training meet the target language needs (TSA) of nursing students?
2. How do discrepancies between present student proficiency (PSA) and EMP material design hinder the development of task-based competencies (e.g., patient handoffs, medical documentation)?

This research adopts a mixed-methods approach, combining both qualitative and quantitative methods. A deductive content analysis was conducted using pre-defined evaluation criteria that were numerically scored, providing a quantitative dimension. In addition, qualitative insights were gathered through observational notes. As Creswell and Plano Clark (2018) explain, mixed-methods research involves intentionally integrating qualitative and quantitative approaches throughout the study, not just collecting both types of data. This approach was chosen to gain a deeper understanding of the research problem from the perspective of the local population, with deductive content analysis serving as the core analytical strategy.

The analysis was conducted using a deductive content analysis approach, guided by an evaluation rubric developed from established ESP and EMP literature. The rubric was specifically designed to assess printed ESP instructional materials used in nursing departments, such as textbooks, handouts, worksheets, and reading/listening activities, currently in use at the National Institute of Higher Paramedical Training. These materials were selected because they represent the primary tools through which English is taught to nursing students in academic settings.

The 15 evaluation criteria were drawn from key works in the field (e.g., Hutchinson & Waters, Dudley-Evans & St. John, Basturkmen, Hyland), and they reflect core language competencies required in professional nursing contexts. These include areas such as clinical communication, medical terminology, integrated language skills, listening comprehension, and workplace authenticity. Each criterion represents an essential dimension of English for Medical Purposes (EMP), ensuring the rubric targets not just general English ability, but discipline-specific needs.

The rubric was applied systematically to 13 different instructional materials. Each material was evaluated to determine the presence and quality of each criterion. Scores were then quantified to identify which areas were most and least represented across the materials. This process ensured a standardized, transparent, and objective method for evaluating content, while aligning closely with learner-centered principles and nursing-specific communicative demands. The analysis thus responds directly to the research aim: to assess whether current ESP materials sufficiently meet the academic and professional English needs of Algerian nursing students.

Fink (2003) pointed out that deductive approach refers to a qualitative data analysis method that starts with pre-specified themes or more general coding frameworks. The data ESP course materials are examined against these criteria, the results then coded and quantified in an effort to determine which one most and least addressed language needs are. However, given the diversity in material types and lengths, not all criteria are expected to be present in every individual material, which should slightly affect interpretation of the results. This design is particularly suitable for the study's objectives, as it allows for a detailed, criteria-driven examination of the materials. The deductive framework ensures the analysis remains focused on predefined ESP/EMP standards (e.g., Hutchinson & Waters). Also, relevant learning outcomes, and quantifying coded data makes the findings more precise and

comparable. This structured methodology provides a good foundation for assessing the extent to which current ESP materials support Algerian nursing students' academic success and professional readiness.

2.1.2. Population and Sampling

In studies, population means the whole set of individuals, objects, or events having a common characteristic and are the focus of the study. It represents the complete set of elements that the researcher would like to examine and infer about (Garg, 2016; Jilcha Sileyew, 2020). And a sample is a segment of the population which is selected to be investigated. The sample is a smaller, more tractable collection that researchers use to make inferences and draw conclusions on the entire population (Bhardwaj, 2019; Taherdoost, 2018). The population of this study consists of ESP course materials used in The National Institute of Higher Paramedical Training in the province of Tebessa, Algeria, specifically syllabus where English is included as part of the curriculum. The study initially focused on targeting materials used in the general nursing program only, which was supposed to be the sample, initially. However, due to limited access and availability of material general nursing materials, the sample was broadened to include 13 materials from different specialties such as radiology, midwifery, and general nursing.

This broadening allowed for a wider and more comprehensive evaluation of ESP teaching in paramedical specialties, particularly since these institutions have a modular system of teaching, where English is taught only after passing some certain prior modules.

The sampling method used in this study is purposive sampling, a non-probability technique in which specific units are deliberately selected based on their relevance to the research objectives. As Patton (2002) explains, purposive sampling is appropriate when the aim is to gain deep insights from a subset of data sources that are information-rich and context-specific. In this study, educational materials were selected precisely because they are

actively used in teaching ESP to nursing students in Algerian paramedical institutions, particularly at the National Institute of Higher Paramedical Training in Tébessa. These materials were not randomly chosen, but intentionally targeted based on their direct involvement in ESP instruction. Their inclusion ensures that the analysis reflects real-life classroom practices and course content. Data were collected through repeated visits to the Tébessa institute between February and April 2025, during which instructors and students provided access to the materials in use. Despite logistical challenges, such as inconsistent instructor availability and administrative constraints, this approach guaranteed that only current, institutionally approved, and contextually appropriate materials were included. This makes purposive sampling both suitable and necessary for addressing the research questions regarding material effectiveness and alignment with EMP goals.

2.1.3. Data Collection Methods and Procedures

According to Mertler (2001), rubrics are defined as: “Scoring guides, consisting of specific pre-established performance criteria, used in evaluating student work on performance assessments, typically the specific form of scoring instrument used when evaluating student performances or products resulting from a performance task.”

To enable a systematic and scholarly evaluation of the ESP course materials, a pre-defined evaluation rubric was used in this study. The initial rubric was constructed based on accepted models and principles reported in the literature; Basturkmen (2010), Dudley-Evans & St. John (1998), Hutchinson & Waters (1987), which emphasize the importance of learner needs relevance, material authenticity, integration of language skills, and contextual appropriateness.

The initial version of the rubric was revised based on feedback from an ESP expert and a peer academic reviewer. Their suggestions included the need for more specific criteria,

objective language, and references to the Algerian professional and educational context. As a result, the original subjective labels on the scoring scale (such as "Excellent" or "Good") were replaced with more outcome-focused descriptors like "Highly Effective" and "Needs Significant Improvement" to enhance clarity and applicability.

Table 2.1

ESP Evaluation Grid

Criteria	Highly Effective (5)	Effective (4)	Moderately effective (3)	Not effective (2)	Not at all effective (1)
1. Relevance to Nursing Profession	Content directly aligns with nursing contexts, covering medical terminology, hospital communication, and patient interactions.	Covers most nursing-related content but lacks depth in some areas.	Includes general ESP content with limited nursing focus.	Has some relevance to nursing but lacks clear application.	Has little or no relevance to nursing; too generic.
2. Coverage of Medical Terminology	Strong focus on essential medical vocabulary, with clear explanations and reinforcement activities.	Covers key medical terms but lacks sufficient exercises for retention.	Some important terms are missing or not well integrated into learning activities.	Limited vocabulary coverage with minimal reinforcement.	Very little or no specialized medical vocabulary included.

3. Focus on Clinical Communication	Provides realistic dialogues, role-play scenarios, and interactive patient interactions.	Includes some patient communication exercises but lacks variety.	Only a few exercises focus on clinical communication; mostly theoretical.	Clinical communication is minimally addressed.	Does not address patient interactions or workplace communication.
4. Integration of Language Skills (Reading, Writing, Listening, Speaking)	All four skills are well-integrated with meaningful tasks and real-world applications.	Covers all skills but with an imbalance (e.g., little listening or speaking practice).	Covers only basic reading and writing with minimal speaking/listening tasks.	Some integration of skills but lacks depth.	Focuses only on one or two skills; lacks integration.
5. Reading Comprehension Development	Uses medical research articles, case studies, and hospital reports to build reading skills.	Some exposure to authentic texts but lacks guided comprehension activities.	Uses overly simplified or unrelated texts that don’t reflect	Limited reading practice that does not target professional nursing contexts.	Provides little or no reading practice beyond basic instructions.

			professional contexts.		
6. Writing Skill Development	Guides students in writing reports, patient notes, and academic assignments.	Includes some writing tasks but lacks clear models or guidance.	Limited focus on writing; mostly fill-in-the-blank or short responses.	Writing exercises are present but do not develop real-world nursing writing skills.	No structured writing exercises or professional writing practice.
7. Listening Comprehension & Professional Speech Exposure	Includes authentic recordings of patient interactions, doctor-nurse dialogues, and medical briefings.	Uses some authentic audio but lacks sufficient exposure to different accents and speeds.	Few listening activities, mostly scripted and unnatural.	Minimal listening practice with little connection to real-world nursing.	No listening materials or speech exposure provided.

8. Speaking & Pronunciation Practice	Encourages medical role-play, discussions, and pronunciation of medical terms.	Provides some speaking exercises but lacks real-world scenarios.	Minimal speaking activities; mostly question-answer drills.	Limited speaking tasks with little focus on pronunciation.	No speaking practice included.
9. Authenticity & Real-World Application	Uses real hospital documents, case reports, and workplace scenarios for practice.	Includes some real-world materials but not consistently.	Mostly theoretical content with limited real-world application.	Some real-world examples but lacks practical exercises.	Content is unrealistic or disconnected from professional settings.
10. Clarity & Accessibility of Language	Language is well-structured, at an appropriate level, with clear explanations and scaffolding.	Mostly accessible, but some sections are too advanced or unclear.	Language is too complex or simplified, making it difficult to follow.	Some clarity issues that hinder comprehension.	Text is either too technical or too basic, reducing comprehension.

11. Cultural & Professional Relevance	Content aligns with both Algerian and global nursing contexts, making examples relatable.	Mostly relevant, but some scenarios do not fit Algerian healthcare settings.	Content is somewhat disconnected from local nursing environments.	Limited cultural relevance, with some outdated or irrelevant examples.	No connection to real-world nursing in Algeria or internationally.
12. Academic English Support (Research Articles, Presentations, Reports)	Effectively teaches students how to read research papers, write reports, and give presentations.	Covers academic English but lacks depth in certain areas (e.g., research writing).	Some exposure to academic English, but not systematically developed.	Minimal academic English support, with few structured activities.	No focus on academic writing, research reading, or presentations.
13. Effectiveness of Assessment & Evaluation Methods	Includes structured quizzes, case-study assessments, and skill-based evaluations.	Some assessments are included but do not comprehensively test all skills.	Assessments are basic and do not reflect professional demands.	Limited assessments that do not measure language	No clear assessments or ineffective testing methods.

				proficiency effectively.	
14. Engagement & Interactive Learning	Uses role-plays, discussions, case studies, and collaborative tasks to engage students.	Some interactive elements but mostly traditional exercises.	Limited engagement; mostly text-based exercises.	Few opportunities for interactive learning.	No interactive or engaging elements included.
15. Digital & Technological Integration (If Applicable)	Effectively uses digital platforms, multimedia resources, and online exercises.	Includes some digital tools but lacks full integration into lessons.	Limited use of technology; mostly print-based.	Minimal digital resources with outdated materials.	No digital resources or technological support provided.

***Note:** This rubric was modified by an expert for evaluating ESP course materials in nursing education, based on established criteria from the literature on ESP material evaluation.

This rubric enables a general and contextually appropriate evaluation of ESP materials, especially for nursing students. The categories include:

1. **Professional and linguistic relevance:** Ensuring that the learners acquire field specific vocabulary and forms of communication.
2. **Skill integration and pedagogy:** Enabling balanced development of all language skills through means of tasks in the real world.
3. **Cultural and contextual alignment:** Offering an Algerian nursing environment context with global standards upheld.
4. **Clarity and learner accessibility:** Making sure material is clear and useful for multiple levels of competency.
5. **Interactive and technological relevance:** Enabling active learning and modern tools.
6. **Authenticity and Real-World Application:** Determines if the materials simulate real-life clinical situations.
7. **Coverage of Medical Terminology:** Verifies the inclusion and repetition of key medical terms relevant to nursing tasks.
8. **Assessment and Evaluation Techniques:** Reviews how learner performance is assessed.
9. **Academic English Support:** Checks whether materials prepare students for academic tasks such as understanding research articles, writing case reports, or presenting findings.
10. **Motivational and Engagement Value:** Considers how engaging the content is and whether it stimulates learner motivation and confidence.

To ensure the quality and sufficiency of the ESP Course material evaluation rubric, the rubric was submitted to an expert in ESP to review. This was carried out to strength the validity of the rubric by ensuring that what the criteria were evaluating was what they were

intended to evaluate and that the content and language were sufficient to effectively evaluate ESP materials. The expert provided valuable recommendations that played a crucial role in completing the rubric. Among her key recommendations was the suggestion of subjective evaluative terms such as “Excellent” and “Poor” to more action- or result-oriented ones, i.e., “Highly Effective” and “Needs Significant Improvement.” This was carried out to make the evaluation process more objective, reducing the influence of personal judgment and increasing rater consistency. In addition, the expert noted that while the original version had a good emphasis on content and evaluation processes, it gave no attention to the underlying objectives of ESP material use and teaching methodology aligned with those purposes—a consideration that could be worthy in future versions of the rubric.

Initial difficulties were found since there was little information about the paramedical institute at Tébessa and its specialties, particularly which specialties had the English module. Followed by discussion with recent graduates to make a list of specialties but with uncertainty about which specialties had English module. Next some visits were programmed to the institute, as it marked by inconsistencies in information, particularly due to the modular system under which English is taught following certain medical modules. The supervisor always was updated with the material gathering process and decided to broaden from public healthcare nursing to cover two more specialties.

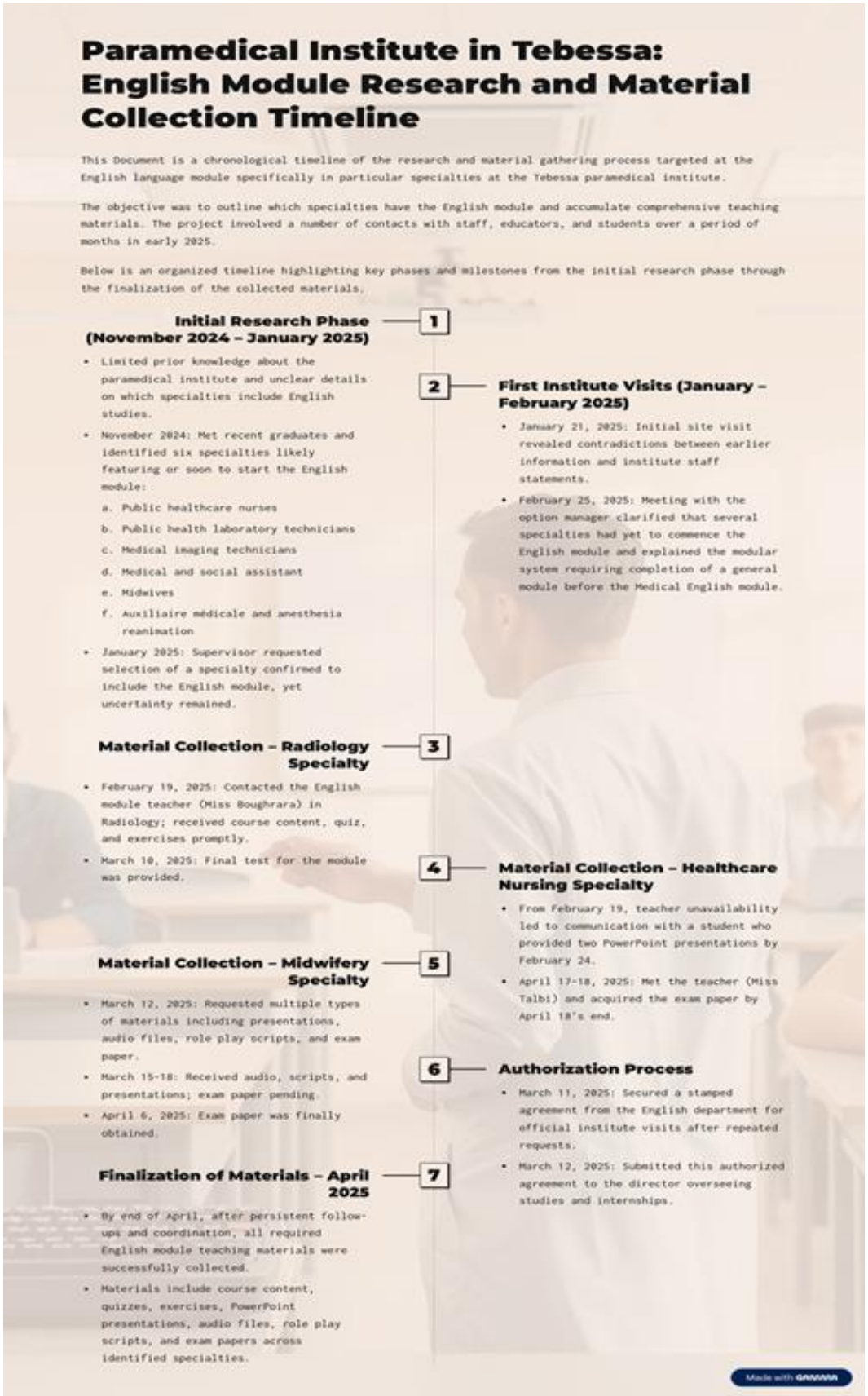
From February to April 2025, the process of collecting English module materials from teachers and students in the radiology, midwifery, and healthcare nursing specialties was active. This involved follow-ups, formal visits, and discussion with institute staff. Despite challenges like non-availability of teachers and delays in obtaining materials, especially exam papers, also with planning to obtain all materials by April 18th.

The exercise required a great deal of effort, patience, and perseverance. Figure 01 below represents the timeline for the data collection process. Aside from the outlined timeline, the research process was punctuated by a few informal efforts and failures not fully reflected in the official timeline. The process initiated with data collection from graduates from November 2024, due to the unavailability of accessible data on which specialties had English. The group firstly chose Public Healthcare Nursing but later reconsidered to include two other specialties after discovering that not all of them had started the English module since there was a modular system.

Continued attempts to acquire instructors specifically for Healthcare Nursing—multiple visits, including a failed attempt on April 14. Multiple attempts were needed before the required exam paper was eventually obtained from an instructor on April 18. The process, defined by delays, miscommunication, and repeated institutional obstacles, took resolve and coordination to finalize material gathering.

Figure 2.1

Timeline for the Data Collection Process



2.1.4. Reliability, validity, and Triangulation

Triangulation is a technique used by researchers to make their research more valid and reliable by examining data from diverse and different sources to look for similar patterns or themes. It is one of the main tools to enhance the validity and reliability of research results. As suggested by Mathison (1988), triangulation is essential in qualitative and naturalistic research since it helps minimize bias and facilitate the development of concrete conclusions.

For the purpose of reliability in the current study, all the material was graded by two raters and the Interclass Correlation Coefficient (ICC) was calculated using SPSS in order to ascertain rater agreement and achieve inter-rater reliability. A calibration session was held prior to rating where the evaluation rubric was discussed between the two raters so that they shared the same interpretation of the criteria to avoid inconsistencies in grading. To provide content validity, two things were done: first, each of the 15 criteria of the rubric was substantiated by citations from the literature rather than personal judgment; second, expert consultation was carried out and the rubric was further constructed based on that feedback. Researchers' triangulation was also achieved by having two raters quantify the data numerically. Short written comments were provided for each of the materials evaluated, along with numerical ratings. These comments placed the ratings in context, especially for subjective metrics, and allowed for the gathering of information that numerical data might overlook.

2.2. Section Two: Data Analysis

This section is devoted to the analysis of the obtained data of the current study.

2.2.1. Data Obtained from the Content Analysis

The following table provides an overview of the content analysis conducted on various teaching materials used in courses in Specialized ESP, it is a useful tool in understanding how

current teaching material enhances pedagogical best practice and where improvement is required.

Table 2.2

Content Analysis of ESP Materials

Material	**RATERS**	1. Relevance to Nursing Profession	2. Coverage of Medical Terminology	3. Focus on Clinical Communication	4. Integration of Language Skills	5. Reading Comprehension Development	6. Writing Skill Development	7. Listening Comprehension & Professional Speech	8. Speaking & Pronunciation	9. Authenticity & Real-World Application	10. Clarity & Accessibility of	11. Cultural & Professional	12. Academic English Support (Research Articles, Presentations.	13. Effectiveness of Assessment & Evaluation Methods	14. Engagement & Interactive Learning	15. Digital & Technological Integration (If	**Total**
A. Handout 1 : Medical Terminology Radiology specialty 2nd year.	R1	4	3	2	2	3	2	1	1	3	4	3	2	3	2	1	
	R2	3	2	1	1	2	1	1	2	2	3	2	1	2.5	2.5	2	
	M	3.5	2.5	1.5	1.5	2.5	1.5	1	1.5	2.5	3.5	2.5	1.5	2.75	2.25	1.5	32
		Notes 1: The lesson introduces the medical terminology of Radiology speciality with ESP content, hence it lacks the integration of communication, scaffolding, multimedia .Also it does not support all the language skills such as speaking, listening, and writing. Notes 2: superficial, incomplete in term information mean as content to their specialty.															
B. Quiz : Stickly to the handout	R1	3	5	2	2	3	1	1	1	3	3	3	2	4	2	1	
	R2	2	4	1	1	2	1	1	2	2	2	4	1	3	2	1.5	

Radiology specialty 2nd year.	M	2.5	4.5	1.5	1.5	2.5	1	1	1.5	2.5	2.5	3.5	1.5	3.5	2	1.25	32.75
	Notes 1: the final quiz covers strongly the medical terminology with the contribution of assessment tools to test the learners' understanding of medical vocabulary,but iIt lacks the engagement of the learners ,real-world tasks ,limits the learners' productivity. Notes 2: suitable as a small quiz stickly at the final of the handout even though there are lacks but generally good (qcm as a choise)																
C. Test: Final Radiology specialty 2nd year.	R1	3	4	4	3	2	3	2	2	3	3	4	3	4	2	1	
	R2	2	3	3	2	1	2	1	2	2	2	3	3	3	1	1	
	M	2.5	3.5	3.5	2.5	1.5	2.5	1.5	2	2.5	2.5	3.5	3	3.5	1.5	1	37
	Notes 1: the used anatomical medical vocabulary is strongly reinforced which can improve the learners' clinical communication and engagement with focusing on Listening /speaking exercises. Notes 2: Noticed mistakes at the level of designing the exam paper (eg forgetting the task question in exercise one), same type of a three tasks . Puzzle in the exam is a kinda difficult as a choice or an option for the students because it needs much more time.																
D. Slide/ course' presentation exercise 1 and 2	R1	5	5	3	4	3	2	1	1	5	3	5	3	3	3	2	
	R2	4.5	5	2	3	2	1	1	2	4	2	5	2	2	3	3	
	M	4.75	5	2.5	3.5	2.5	1.5	1	1.5	4.5	2.5	5	2.5	2.5	3	2.5	44.75

Radiology specialty 2nd year.		Notes 1: the documents lack some interactive explanations and discussions and digital elements to enhance learning effectiveness. Notes 2: Some how diversified, precise concise, missing more examples or famous case studies, not that much focus in the work place communication.															
E. Presentation/ slide :Obstetrics Midwifery specialty Master	R1	5	5	5	5	5	4	4	5	4	5	5	4	4	3	4	
	R2	5	5	5	4	5	4	5	4	5	5	5	4	5	4	5	
	M	5	5	5	4.5	5	4	4.5	4.5	4.5	5	5	4	4.5	3.5	4.5	68.5
		Notes 1: the presentation lacks some assessment tools and interactive role-play to make this type of learning more effective. Notes 2: the course object at the beginning good way (if the student at the end of the session cannot get the points or the course it would be easy to the teacher to know exactly what to repeat) .precise and concise at the level needed eg :how the definitions and the titles are linked with illustrative images that representing and conveying the context .variety (in using diagrams whenever the section need to simplified the complex information)to make it easier for students to remember . everything is explained very well especially the " let's review" between the section it aims to refresh and make sure that the everything is clear .also the test at the end of the course questions as a dialogue (very good idea)															
F. Slide / handout Nursing care	R1	5	5	5	4	5	4	3	5	5	5	5	4	3	4	4.5	
	R2	5	5	4	5	5	3	4	5	5	5	5	4	4	5	5	

hospital and medicine vocabulary.Midwifery specialty master1	M	5	5	4.5	4.5	5	3.5	3.5	5	5	5	5	4	3.5	4.5	4.75	67.75
	Notes 1: the presentation covers a good medical content for ESP learners. It lacks audio-based hospitals interactions and engagements that may affect on the effectiveness. Notes 2:Highlighted the most important technical terms that any midwife should minimally knows .mostly covers the necessary (basics) vocabulary needed in general .the content of the lesson was presented in a light and appealing manner, making it accessible and enjoyable for learners.																
G. Presentation / slide: General anatomy midwifery specialty Master1.	R1	4	5	4	2	3	3	1	2	4	5	5	4	2	4	4	
	R2	3	4	4	1	2	2	1	2	3	5	5	4	1	3	5	
	M	3.5	4.5	4	1.5	2.5	2.5	1	2	3.5	5	5	4	1.5	3.5	4.5	48.5
	Notes 1: the presentation provides a relevant and structured foundation for ESP learners in nursing and clinical education by covering the internal and the external, reproductive system, and other anatomical terms. Notes 2: A representative explanation of each element in the lesson .A concise, comprehensive explanation (not boring, not overloaded with difficult details) that perfectly matches the title of the lesson.																
H. Audio to listen	R1	5	4	5	4	2	3	5	5	5	5	5	3	3	5	1	
	R2	5	5	5	3	2	2	5	5	5	5	5	4	4	4	1	
	M	5	4.5	5	3.5	2	2.5	5	5	5	5	5	3.5	3.5	4.5	1	60

Midwifery specialty Master 1		Notes 1: the clip is well efficient in clinical and hospital context by showing how a structured patient professional should be. Notes 2:A dialogue between a midwife and the patient (Ms omed) .realistic situation stating by :the reason of visiting the midwife's office discussing the situation by explaining and then giving solutions like advices or medicine .Vocational training for the work place communication .best option to test student's listening skill															
I. Final test / examination of the midwifery specialty master	R1	5	4	2	2	3	1	1	1	3	4	4	2	4	2	1	
	R2	3	5	1	1	1	3	1	3	3	5	5	4	4	3	1	
	M	4	4.5	1.5	1.5	2	2	1	2	3	4.5	4.5	3	4	2.5	1	41
		Notes 1 : the test is well-structured the paramedical English students to assess their comprehension ,medical vocabulary,,, the language used is very basic relevant to Clinical terminology ,but it does not serve toward the learners productive skills. Notes 2: diverse in term of questions' types :QCM ,true false and naming the body parts .Accessible to all levels of students .Suitable to their specialty															
J. Handout 1:Health care technology digital	R1	5	5	4	3	5	3	1	1	5	5	5	4	2	2	5	
	R2	3.5	5	2.5	1	4	1	1	1.5	4.5	4	5	1	1	1	2	
	M	4.25	5	3.25	2	4.5	2	1	1.25	4.75	4.5	5	2.5	1.5	1.5	3.5	46.5

health ISP specialit y 1st year.		Notes 1: the integration of digital tools and methods in the presentation and covering medical terminology make the content highly relevant to ESP learners. Notes 2: highlighted with ESP nursing content especially the Modern contemporary topic. The content provided is only theoretical and does not contain some exercises where students can practice. The course is rather long with an appropriate amount of information accompanied by pictures/ illustrations and brief explanatory tables. Overall, the response is good despite the shortcoming / the lacks.															
K. Handout 2: Nursing care plans ISP specialty 1st year.	R1	5	5	5	4	5	3	1	2	5	5	5	4	3	2	3	
	R2	5	4	4	1	4.5	5	1	1	5	4	5	2.5	1.5	1.5	1	
	M	5	4.5	4.5	2.5	4.75	4	1	1.5	5	4.5	5	3.25	2.25	1.75	2	51.5
		Notes 1: the presentation is relevant and well covering the medical terminology and also it contains some medical documentation that serve the ESP content for Learners. Notes 2: relevance to nursing profession. Including the basics terminology .The course is rather long (somehow) and contains a detailed explanation of the writing steps. Providing models and examples of the nursing care plan under the section needed is a very good idea Lack of exercises of any kind was noted.															

L. Final test ISP specialty 1st year.	R1	5	3	5	5	3	3	3	3	4	4	4	3	3	4	1	
	R2	5	4	4	5	3	3	1	1	4.5	5	5	3	5	1.5	1	
	M	5	3.5	4.5	5	3	3	2	2	4.25	4.5	4.5	3	4	2.75	1	52
		Notes 1: The document is a well structured assessment tool which aims to test the student of National institute of higher paramedical training prior knowledge in their Medical field. Notes 2 Notes: The exam is diverse in terms of question types eg “fill in the blanks, choose the correct answer, realistic situation in a certain task where the student put himself in his job (in the future) and how will act Providing relatively easy questions with a text like the one presented demonstrates good thinking on the part of the test maker .The exam may be somehow lengthy, but it is very appropriate for their specialization. Overall, the exam is a very successful choice.																
M. Scripts of the role-plays Midwifery	R1	4	5	5	4	3	3	5	5	5	4	4	3.5	5	5	1	
	R2	5	5	5	5	4	4	4	5	5	4.5	5	5	3	5		
	M	4.5	5	5	4.5	3.5	3.5	4.5	5	5	4.25	4.5	4.5	3.25	5	1	60.5

specialty Master 1		Notes 1: here we have different role-plays with different titles such as: Not ready for this pregnancy, a pregnancy with IUD , sex reveal ... They are structured,clear,and organized at many levels like : The characters: they played the roles in a fairly well; focusing on various topics related to the relationship between spouses and childbearing, in addition to semi-sensitive topics that our societies still ignore the importance of raising them. The body language: their body language is a very effective way to communicate their ideas to us and make us interested in the message contained in their plays like when the mommy convinced finally of the grace and when she knew that this fetus really needs her. The content: is very important in covering several topics that are still considered shameful and shouldn't be brought up ,such as men wearing condoms ,especially since men must accept it for the sake of women's health and for their goals. Notes 2: titles of their works (not ready for this pregnancy , a pregnancy with IUD ,consultation of the third trimester ,conflict between a couple about contraception ,unexpected news , understanding contraception , dialogue between a wife and midwife about choosing the baby's sex) Amazing work at all the levels characters " patient (or sometimes the couples) and the midwife or a journalist and the midwife or a doctor Scenes : very realistic scenes , Correct and logical	

general notes about the previous materials (radiology)		Notes 2:The focus on the theoretical part rather than the practical (there is no a good balance between the two) .too short in terms of information (being precisely& concisely in a not sufficient way) .no variety , limited. Unbalanced in term of integrating between language skills (this leads to a neglect which leads to students who are not experienced in the language skills) . If the focus is only on providing small information according to the specialty (without the va Poor riety of methods and exercises that play a very important role), then there will be no focus on speaking the language as a whole for their future. Direct questions and direct answers There is no space for students to think more and produce, and these results in a view that the language is boring, but the opposite should be the case in order for them to love the language.	
notes about all the previous materials in midwifery specialty master1		Notes 2: This semester, the students received a good, intensive, and varied study program that suited different academic levels, with all of them being active and participating. The learning method followed by the professor was successful.	
General notes about the previous materials		Notes 2: Lack in integration between the language skills (There is no balance between them). Needs of more assessments or tasks and testing methods.	

		The lack of variety in tasks is an obstacle for student that does not allow or does not give them chance to practice and use language This means that the content should be varied or balanced between theoretical and practical.	

2.2.2. Inter-rater Reliability Analyses

1. ICC Explanation. The Intraclass Correlation Coefficient (ICC) is a statistical measure used to assess inter-rater reliability for continuous or ordinal rating scales. It evaluates consistency by comparing variability in ratings of the same subjects to total variability across all ratings and subjects. According to Koo and Li (2016), ICC values are interpreted as follows:

−Below 0.50: **Poor reliability**

−0.50–0.75: **Moderate reliability**

−0.75–0.90: **Good reliability**

−Above 0.90: **Excellent reliability**

A higher ICC (closer to 1) indicates stronger agreement between raters, while a lower ICC (closer to 0) suggests weaker agreement (Koo & Li, 2016).

Table 2.3

A. Handout 1: Medical Terminology Radiology specialty 2nd year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.605[a]	.154	.847	4.061	14	14	.007
Average Measures	.754[c]	.266	.917	4.061	14	14	.007

The current ICC analysis for: *Handout one Medical Terminology* (Radiology specialty, 2nd year) measures the reliability between the two raters for this specific material. The results showed a moderate level of agreement between the two raters, with a Single Measures ICC of 0.605. When the ratings were averaged, reliability improved to a good level, with an Average Measures ICC of 0.754. The results were statistically significant

(p = .007), indicating significant agreement between the raters and moderate overall reliability.

Table 2.4

B. Quiz: Stickly to the handout Radiology specialty 2nd year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.751[a]	.404	.909	7.024	14	14	.000
Average Measures	.858[c]	.576	.952	7.024	14	14	.000

The current ICC analysis for: *Quiz stickly to the handout (Radiology specialty, 2nd year*) reveals good inter-rater reliability for single measures (ICC = 0.751), which improved to good reliability for average measures (ICC = 0.858). The significant p-value (p < .001) confirms strong agreement between raters, suggesting consistent scoring for this quiz material.

Table 2.5

C. Test: Final Radiology specialty 2nd year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.884[a]	.690	.959	16.222	14	14	.000
Average Measures	.938[c]	.816	.979	16.222	14	14	.000

For *Test: Final (Radiology specialty, 2nd year)*, the Single Measures ICC of 0.884 indicates good reliability, while the Average Measures ICC of 0.938 demonstrates excellent reliability. The significant result (p < .001) reflects highly consistent ratings, validating robust agreement between raters for this final assessment.

Table 2.6

D. Slide/course' presentation exercise 1 and 2 Radiology specialty 2nd year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.854[a]	.619	.948	12.677	14	14	.000
Average Measures	.921[c]	.765	.974	12.677	14	14	.000

The Single Measures ICC for *Slide/course presentation exercises 1 and 2 (Radiology specialty, 2nd year)* indicates good reliability (0.854), improving to excellent reliability (0.921) for average measures. The significant agreement ($p < .001$) demonstrates strong consistency in raters' evaluations of this material.

Table 2.7

E. Presentation/slide: Obstetrics Midwifery specialty Master

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.294[a]	-.238	.690	1.833	14	14	.134
Average Measures	.455[c]	-.625	.817	1.833	14	14	.134

This material *Presentation/slide: Obstetrics (Midwifery specialty, Master),* did not achieve sufficient reliability between raters. The Single Measures ICC was poor (0.294), and the Average Measures ICC remained poor (0.455). The non-significant p-value ($p = .134$) further supports the lack of consistent agreement, highlighting challenges in scoring alignment for this task.

Table 2.8

F. Slide/handout: Nursing care hospital and medicine vocabulary. Midwifery

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.552[a]	.076	.823	3.469	14	14	.013
Average Measures	.712[c]	.141	.903	3.469	14	14	.013

The current ICC analysis for *Slide/handout: Nursing care hospital and medicine vocabulary (Midwifery*) shows moderate reliability for single measures (ICC = 0.552), improving to good reliability (ICC = 0.712) for average measures. The significant p-value (p = .013) indicates moderate-to-good agreement, suggesting acceptable consistency in raters' assessments.

Table 2.9

G. Presentation/slide: General anatomy midwifery specialty Master1

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.889[a]	.703	.961	17.047	14	14	.000
Average Measures	.941[c]	.825	.980	17.047	14	14	.000

For *Presentation/slide: General anatomy (Midwifery specialty, Master1*), both Single Measures (ICC = 0.889) and Average Measures (ICC = 0.941) demonstrated excellent reliability. The significant result (p < .001) confirms exceptionally strong agreement between raters for this material.

Table 2.10

H. Audio to listen- Midwifery specialty M1

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.880[a]	.680	.958	15.667	14	14	.000
Average Measures	.936[c]	.810	.979	15.667	14	14	.000

The analysis for *Audio to listen (Midwifery specialty, M1)* showed good reliability for single measures (ICC = 0.880) and excellent reliability for average measures (ICC = 0.936). The significant p-value ($p < .001$) reflects highly consistent scoring between raters.

Table 2.11

I. Final test/examination of the midwifery specialty master

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.580[a]	.116	.836	3.759	14	14	.009
Average Measures	.734[c]	.208	.911	3.759	14	14	.009

The Final test/examination (Midwifery specialty, Master) a moderate Single Measures ICC (0.580) was observed, improving to good reliability (0.734) for average measures. The significant p-value ($p = .009$) indicates moderate-to-good agreement, suggesting acceptable but variable consistency.

Table 2.12

J. Handout 1: Healthcare technology digital health ISP specialty 1st year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.775[a]	.453	.919	7.907	14	14	.000
Average Measures	.874[c]	.623	.958	7.907	14	14	.000

The current ICC analysis for *Handout 1: Healthcare technology digital health (ISP specialty, 1st year)* indicates good reliability for single measures (ICC = 0.775), with the Average Measures ICC remaining good (0.874). The significant result ($p < .001$) confirms strong agreement between raters for this material.

Table 2.13

K. Handout 2: Nursing care plans ISP specialty 1st year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.738[a]	.379	.903	6.621	14	14	.001
Average Measures	.849[c]	.550	.949	6.621	14	14	.001

The analysis *of Handout 2: Nursing care plans (ISP specialty, 1st year) revealed* moderate-to-good reliability, with a Single Measures ICC of 0.738 And an Average Measures ICC of 0.849. The significant p-value ($p = .001$) indicates consistent scoring between raters.

Table 2.14

L. Final test ISP specialty 1st year

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.571[a]	.103	.832	3.663	14	14	.010
Average Measures	.727[c]	.187	.908	3.663	14	14	.010

For *the Final test (ISP specialty, 1st year)* a moderate Single Measures ICC (0.571) was observed, improving to good reliability (0.727) for average measures. The significant p-value (p = .010) suggests moderate-to-good agreement, though variability exists in individual ratings.

Table 2.15

M. Scripts of the role-plays Midwifery specialty Master 1

Intraclass Correlation Coefficient

		95% Confidence Interval		F Test with True Value 0			
	Intraclass Correlation[b]	Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.827[a]	.545	.941	10.563	13	13	.000
Average Measures	.905[c]	.705	.970	10.563	13	13	.000

For *Scripts of the role-plays (Midwifery specialty, Master 1) both* Single Measures (0.827) and Average Measures (0.905) ICCs demonstrated good-to-excellent reliability. The significant result (p < .001) indicates highly consistent agreement between raters.

Table 2.16

Total Scores across Materials

Intraclass Correlation Coefficient

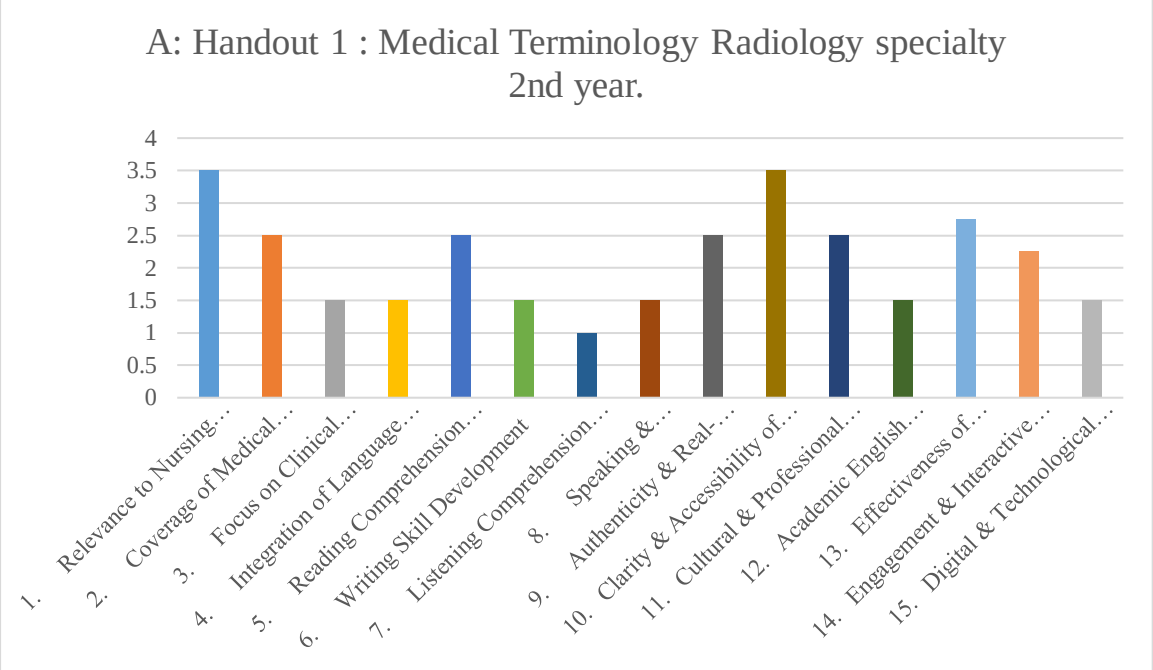
	Intraclass Correlation[b]	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.868[a]	.623	.958	14.121	12	12	.000
Average Measures	.929[c]	.768	.978	14.121	12	12	.000

The total scores analysis showed good reliability for single measures (ICC = 0.868) and excellent reliability for average measures (ICC = 0.929). The significant p-value (p <.001) confirms strong overall agreement between raters across all materials, validating the consistency of the scoring methodology.

2. Descriptive Statistics for Individual Questions:

Figure 2.2

A: Handout 1: Medical Terminology Radiology specialty 2nd year.



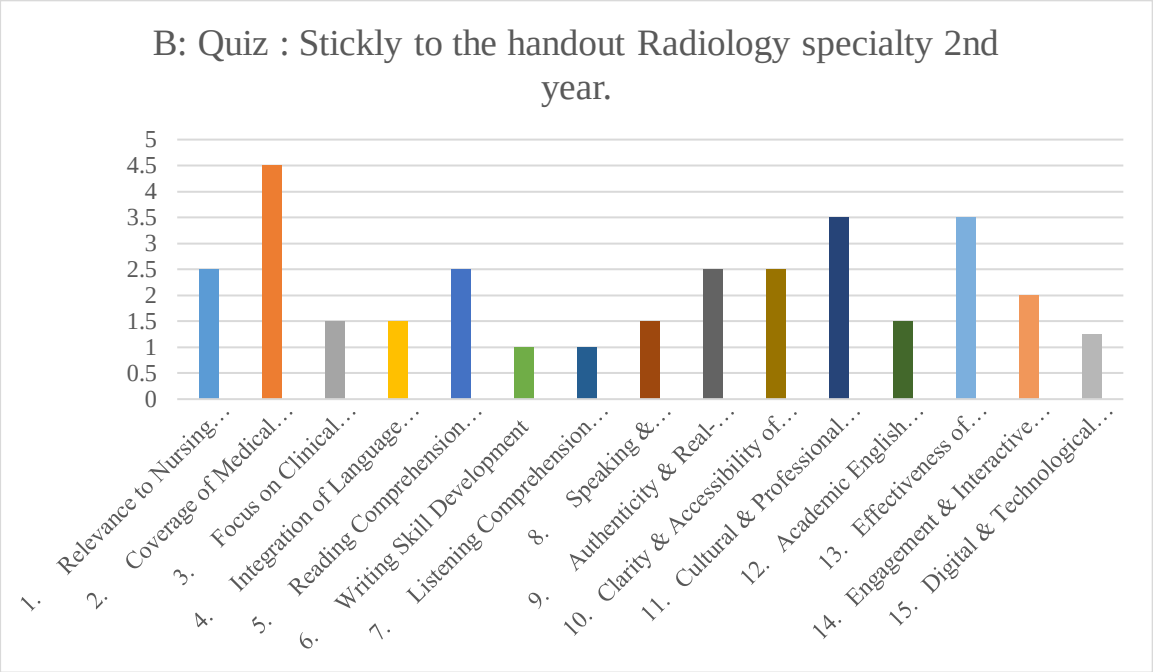
The clustered column graph for *Handout 1* illustrates ratings across 15 criteria, scored on a scale of 1–5 (with higher scores indicating stronger alignment). The material demonstrated variability in its performance across different pedagogical and professional dimensions. The highest scores were observed for Criterion 1 (Relevance to Nursing Profession) and Criterion 10 (Clarity & Accessibility of Language), both rated at 3.5. These scores suggest that the handout was perceived as moderately relevant to the nursing field and effectively communicated through clear, accessible language, which likely facilitated learner comprehension.

However, several areas revealed notable limitations. The material scored lowest in Criterion 7 (Listening Comprehension & Professional Speech Exposure), with a rating of 1.0, indicating a severe lack of content or activities to develop listening skills or expose learners to professional speech contexts, such as medical dialogues or lectures. Similarly, Criteria 3 (Focus on Clinical Communication) and 4 (Integration of Language Skills) both scored 1.5, reflecting minimal emphasis on clinical communication scenarios (e.g., patient interactions) and weak integration of the four core language skills (reading, writing, listening, speaking). These gaps suggest the material prioritizes theoretical knowledge over practical, skill-based application.

Moderate performance was observed in Criterion 2 (Coverage of Medical Terminology) and Criterion 5 (Reading Comprehension Development), both rated 2.5. While the handout included foundational terminology and reading exercises, the depth and variety of these elements appear limited. Additionally, Criterion 11 (Cultural & Professional Relevance) scored 2.5, indicating partial but inconsistent attention to cultural nuances or professional contexts relevant to healthcare settings.

Figure 2.3

B: Quiz: Stickly to the handout Radiology specialty 2nd year.



The clustered column graph for *Quiz: Stickly to the Handout* reveals a mixed performance across the 15 evaluation criteria, scored on a scale of 1–5. The quiz achieved its highest score in Criterion 2 (Coverage of Medical Terminology), rated 4.5, indicating exceptional alignment with the handout's terminology and strong emphasis on reinforcing medical vocabulary. This suggests the quiz successfully assessed learners' grasp of domain-specific terms. Additionally, Criterion 11 (Cultural & Professional Relevance) scored 3.5, reflecting moderate attention to contextualizing content within healthcare practices, though further integration of real-world scenarios could enhance this aspect.

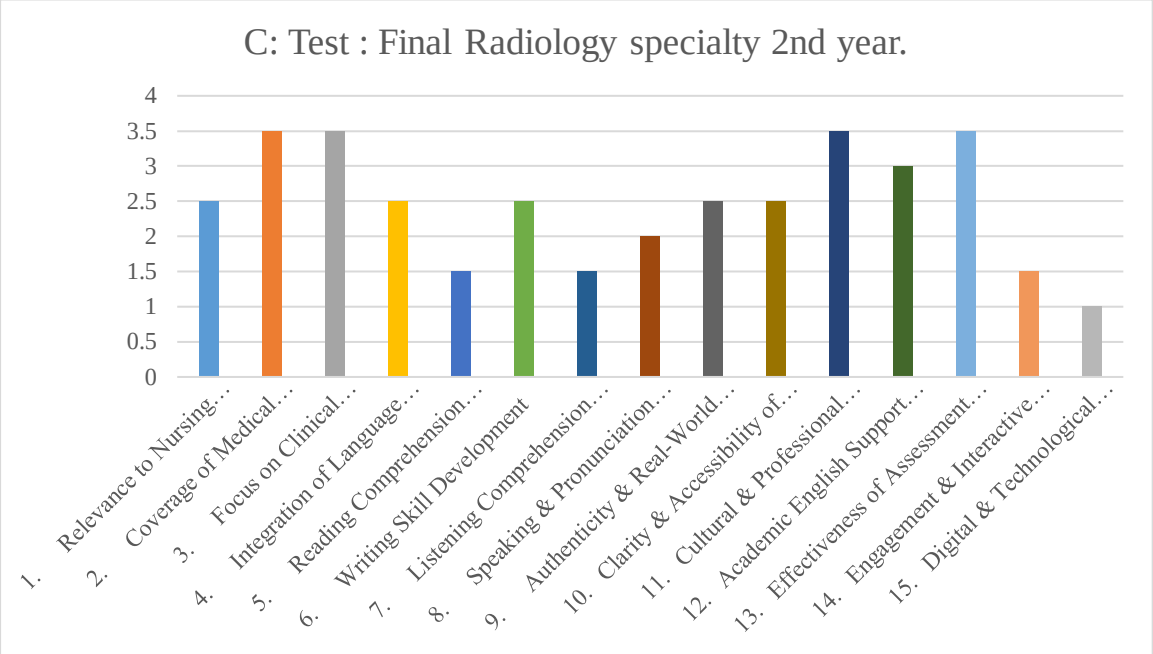
However, the quiz demonstrated significant weaknesses in practical skill development. Criterion 6 (Writing Skill Development) and Criterion 7 (Listening Comprehension & Professional Speech Exposure) both scored 1.0, highlighting a near-complete absence of activities targeting writing proficiency or listening practice. Similarly, Criterion 3 (Focus on Clinical Communication) and Criterion 4 (Integration of Language

Skills) scored 1.5, signalling minimal emphasis on clinical interaction scenarios (e.g., patient-provider dialogues) and poor integration of reading, writing, listening, and speaking tasks. These gaps suggest the quiz prioritizes rote memorization of terminology over applied, communicative language use.

Moderate scores were observed in Criterion 5 (Reading Comprehension Development) and Criterion 13 (Effectiveness of Assessment & Evaluation Methods), both rated 2.5 and 3.5, respectively. While the quiz included basic reading tasks aligned with the handout, the lack of higher-order comprehension questions (e.g., inference, analysis) limited its effectiveness. The relatively higher score for assessment methods (3.5) implies that the quiz format (e.g., multiple-choice, short answers) was structurally sound but not sufficiently diversified to evaluate multifaceted skills.

Figure 2.4

C: Test: Final Radiology specialty 2nd year.



The clustered column graph for the *Final Test* highlights a varied performance across the 15 evaluation criteria, scored on a scale of 1–5. The test demonstrated notable strengths in

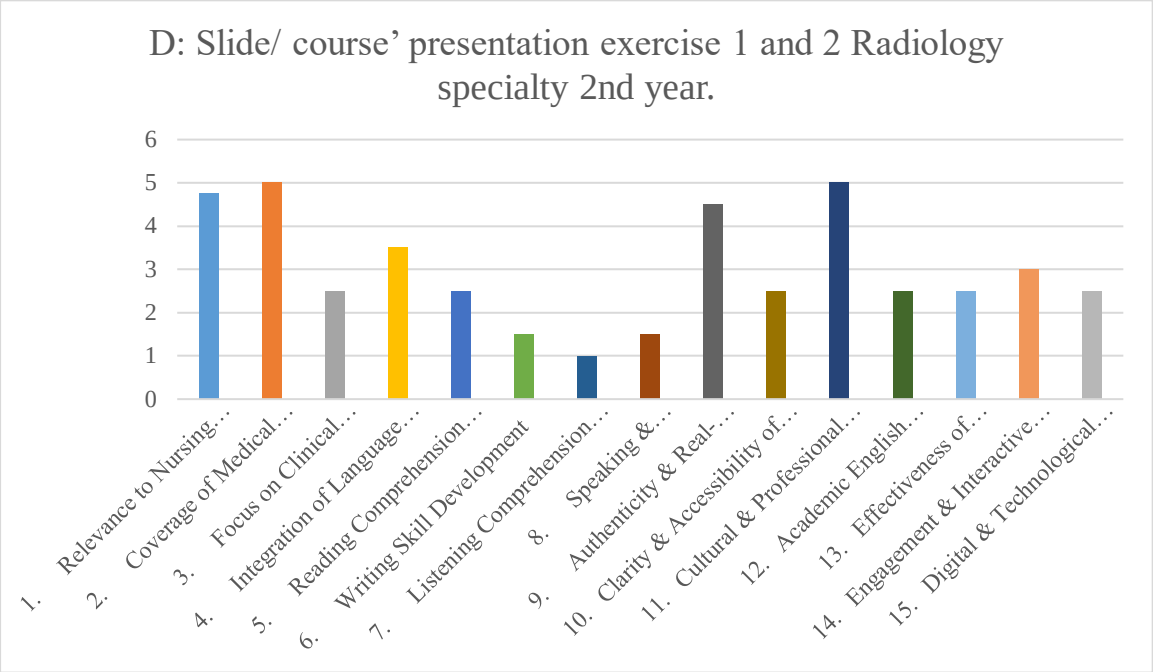
Criterion2 (Coverage of Medical Terminology) and Criterion3 (Focus on Clinical Communication), both rated 3.5, indicating robust alignment with domain-specific terminology and a meaningful emphasis on clinical communication scenarios, such as patient case analyses or diagnostic discussions. Additionally, Criterion11 (Cultural &Professional Relevance) scored an average of 3.5, reflecting strong contextualization of content with in healthcare practices and cultural sensitivity, which likely enhanced its applicability to real-world clinical settings.

However, significant gaps were evident in skill-based and interactive dimensions. The lowest scores were observed in Criterion 7 (Listening Comprehension &Professional Speech Exposure) and Criterion 15 (Digital &Technological Integration), rated 1.5and 1.0, respectively. These scores suggest minimal integration of listening exercises (e.g., interpreting medical dialogues, lectures) and a lack of technology-driven assessment methods, such as multimedia tasks or digital simulations. Furthermore, Criterion 14 (Engagement & Interactive Learning) scored1.5, indicating limited use of participatory activities or collaborative tasks, which may have reduced learner engagement and practical skill reinforcement.

Moderate performance was observed in Criterion 4 (Integration of Language Skills), rated 2.5, and Criterion 6 (Writing Skill Development), also rated 2.5. While the test incorporated basic writing tasks (e.g., short-answer responses) and partial integration of language skills, opportunities for holistic skill application—such as combining listening with note-taking or speaking with case presentations—were underdeveloped. Criterion 12 (Academic English Support) scored 3.0, indicating moderate alignment with academic formats (e.g., research summaries, presentations), though deeper emphasis on critical analysis or scholarly writing could strengthen this area.

Figure 2.5

D: Slide/ course' presentation exercise 1 and 2 Radiology specialty 2nd year.



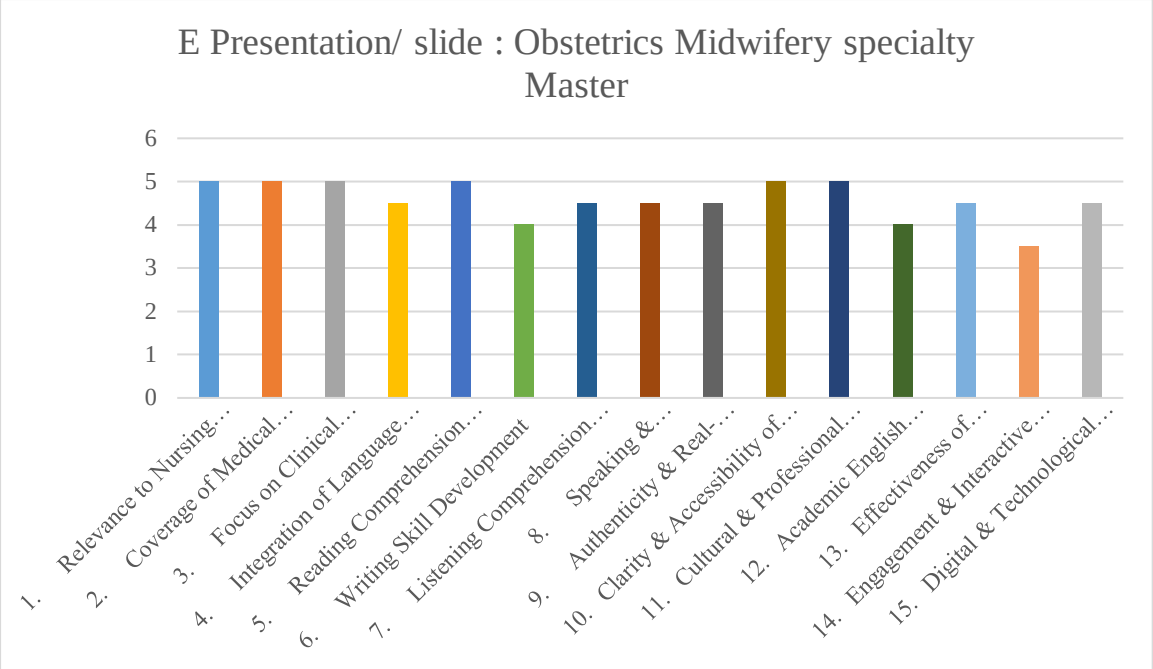
The clustered column graph for *Slide/Course Presentation Exercises* demonstrates a differentiated performance across the 15 criteria, with exceptional strengths in certain areas and Significant gaps in others, scored on a 1–5 scale. The material achieved perfect scores in Criterion 2 (Coverage of Medical Terminology) and Criterion 11 (Cultural & Professional Relevance), both rated 5.0, indicating unparalleled alignment with domain-specific terminology and deep integration of culturally sensitive, professionally contextualized content. This suggests the presentations thoroughly address the specialized lexicon of radiology while grounding concepts in real-world healthcare practices. Additionally, Criterion 1 (Relevance to Nursing Profession) scored 4.75, reflecting near-perfect alignment with nursing roles, and Criterion 9 (Authenticity & Real-World Application) scored 4.5, highlighting strong connections to clinical scenarios and practical workflows. However, the material underperformed in critical skill-based domains.

Criterion 7 (Listening Comprehension & Professional Speech Exposure) scored 1.0, signalling a near-total absence of activities to develop listening skills or expose learners to professional dialogues (e.g., radiologist-patient interactions, interdisciplinary team discussions). Similarly, Criterion 6 (Writing Skill Development) and Criterion 8 (Speaking & Pronunciation Practice) both scored 1.5, revealing minimal opportunities for writing tasks (e.g., report drafting) or structured speaking exercises (e.g., case presentations, pronunciation drills). These gaps suggest the presentations prioritize content delivery over active skill application, limiting their capacity to foster communicative competence.

Moderate performance was observed in Criterion 4 (Integration of Language Skills), rated 3.5, indicating partial success in combining reading, writing, listening, and speaking tasks, though opportunities for holistic skill integration remain underdeveloped. Criterion 14 (Engagement & Interactive Learning) scored 3.0, suggesting basic efforts to engage learners (e.g., visual aids, quizzes) but limited use of collaborative or participatory methods (e.g., group discussions, simulations). Criterion 10 (Clarity & Accessibility of Language) scored 2.5, pointing to occasional complexity in language or structure that may hinder comprehension for some learners.

Figure 2.6

E Presentation/ slide: Obstetrics Midwifery specialty Master.



The clustered column graph for the *Obstetrics Midwifery Presentation/Slide* reflects exceptional performance across nearly all 15 criteria, with scores predominantly at or near the maximum of 5 on a 1–5 scale. The material achieved perfect scores in Criterion 1 (Relevance to Nursing Profession), Criterion 2 (Coverage of Medical Terminology), Criterion 10 (Clarity & Accessibility of Language), and Criterion 11 (Cultural & Professional Relevance), all rated 5.0.

These results indicate that the presentation is meticulously aligned with the nursing profession's demands, employs precise and accessible language, and integrates culturally sensitive content tailored to obstetrics and midwifery contexts. The material's authenticity and real-world application (Criterion 9: 4.5) further underscore its practical relevance, likely through case studies, clinical scenarios, or simulations mirroring actual healthcare environments.

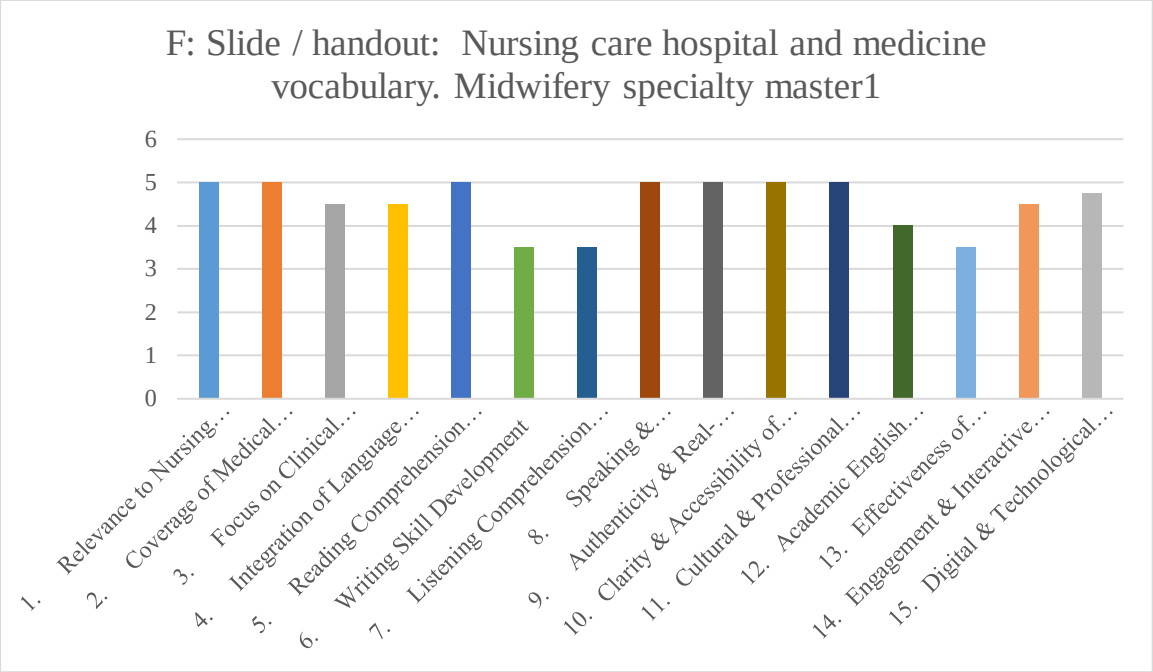
The presentation also excelled in fostering clinical communication (Criterion 3: 5.0) and language skill integration (Criterion 4: 4.5), demonstrating a strong emphasis on patient-provider interactions, interdisciplinary collaboration, and balanced development of reading,

writing, listening, and speaking competencies. For instance, speaking and pronunciation practice (Criterion 8: 4.5) and listening comprehension (Criterion 7: 4.5) suggest structured opportunities for learners to engage in dialogues, role-plays, or audio-based exercises relevant to maternal care. Similarly, writing skill development (Criterion 6: 4.0) and academic English support (Criterion 12: 4.0) indicate robust preparation for tasks such as drafting clinical reports or analyzing research articles, though slight room remains for advanced scholarly writing practice.

The material's weakest area, though still moderately strong, was Criterion 14 (Engagement & Interactive Learning), rated 3.5. This suggests that while the presentation includes interactive elements (e.g., quizzes, case discussions), there is potential to enhance participatory methods, such as collaborative problem-solving activities or peer feedback mechanisms. Additionally, Criterion 15 (Digital & Technological Integration), scored 4.5, highlights effective but not fully optimized use of digital tools (e.g., multimedia integration, virtual simulations), which could be expanded to include adaptive learning platforms or AI driven scenarios for greater immersion.

Figure 2.7

F: Slide / handout: Nursing care hospital and medicine vocabulary. Midwifery specialty master1.



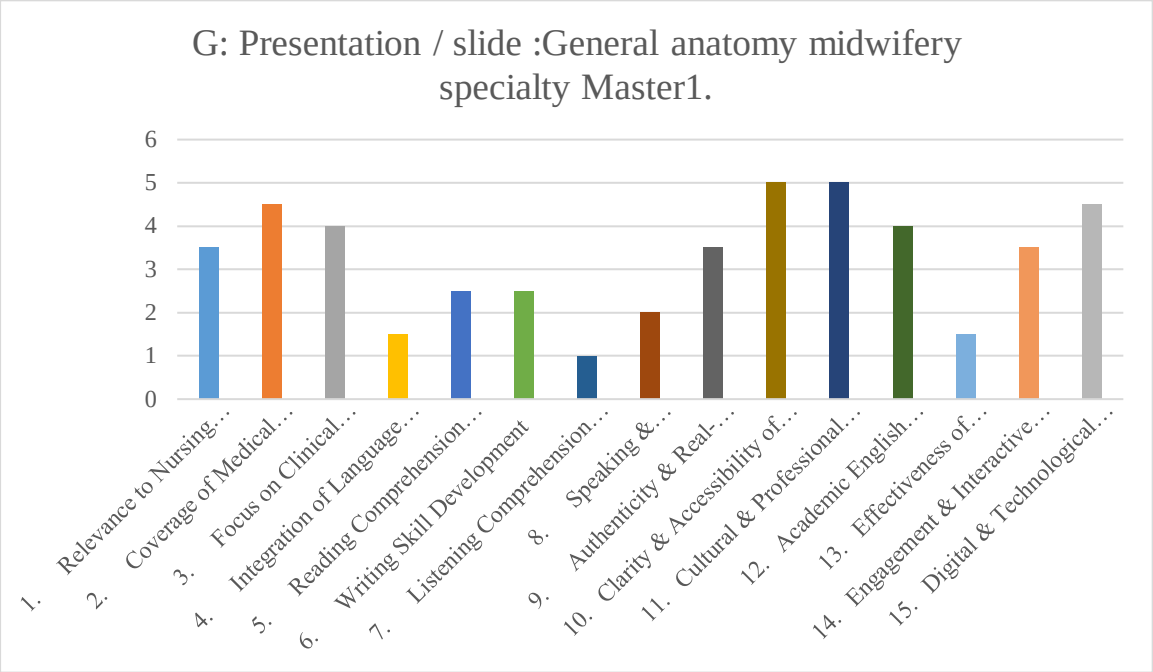
The clustered column graph for *Nursing Care Hospital and Medicine Vocabulary Slide/Handout* reflects outstanding performance across most criteria, with near-perfect alignment to pedagogical and professional objectives, as scored on a 1–5 scale. The material achieved maximum scores in Criterion 1 (Relevance to Nursing Profession), Criterion 2 (Coverage of Medical Terminology), Criterion 5 (Reading Comprehension Development), Criterion 8 (Speaking & Pronunciation Practice), Criterion 9 (Authenticity & Real-World Application), Criterion 10 (Clarity & Accessibility of Language), and Criterion 11 (Cultural & Professional Relevance), all rated 5.0. These results underscore the material's exceptional ability to address core nursing competencies, deliver precise medical vocabulary, and contextualize content within culturally sensitive, real-world healthcare scenarios. For instance, the focus on speaking and pronunciation practice (Criterion 8: 5.0) suggests robust integration of activities like clinical role-plays or patient interaction simulations, which are critical for midwifery practice.

The material also demonstrated strong performance in Criterion 3 (Focus on Clinical Communication), scored 4.5, and Criterion 4 (Integration of Language Skills), rated 4.5, indicating effective emphasis on patient-provider communication and balanced development of reading, writing, listening, and speaking skills. However, moderate scores in Criterion 6 (Writing Skill Development: 3.5) and Criterion 7 (Listening Comprehension & Professional Speech Exposure: 3.5) highlight areas for refinement. While the material includes foundational writing tasks (e.g., vocabulary exercises), opportunities for advanced writing practice (e.g., drafting care plans, reflective journals) appear limited. Similarly, listening activities, such as interpreting patient histories or medical briefings, could be expanded to match the rigor of other skill areas. Criterion 12 (Academic English Support), scored 4.0, reflects adequate preparation for academic tasks like research article analysis or presentation drafting, though deeper engagement with scholarly writing or evidence-based practice frameworks could further strengthen this dimension. Criterion 13 (Effectiveness of Assessment & Evaluation Methods), rated 3.5, suggests that while assessments align with learning objectives (e.g., terminology quizzes), diversifying formats (e.g., case-based evaluations, peer reviews) might better capture holistic competency development.

The material's technological integration (Criterion 15: 4.75) and engagement strategies (Criterion 14: 4.5) are notable strengths, indicating effective use of digital tools (e.g., interactive glossaries, multimedia resources) and participatory activities. However, the slight gap in Criterion 15 leaves room for innovations like virtual reality simulations or AI-driven pronunciation feedback tools to fully modernize the learning experience.

Figure 2.8

G: Presentation / slide: General anatomy midwifery specialty Master1.



The clustered column graph for *General Anatomy Midwifery Presentation/Slide* reveals a material with pronounced strengths in certain areas but significant gaps in others, as reflected in its 1–5 scale scores. The material excels in Criterion 10 (Clarity & Accessibility of Language) and Criterion 11 (Cultural & Professional Relevance), both rated 5.0, indicating that the content is communicated with exceptional clarity and is deeply rooted in culturally sensitive, profession specific contexts. Additionally, Criterion 2 (Coverage of Medical Terminology) scored 4.5, demonstrating thorough inclusion of anatomical terminology critical to midwifery practice, while Criterion 3 (Focus on Clinical Communication) scored 4.0, suggesting a reasonable emphasis on clinical scenarios such as patient education or interdisciplinary consultations.

However, the material underperforms in key skill-based domains. Criterion 7 (Listening Comprehension & Professional Speech Exposure) scored 1.0, reflecting a near absence of activities to develop listening skills (e.g., interpreting patient histories, medical

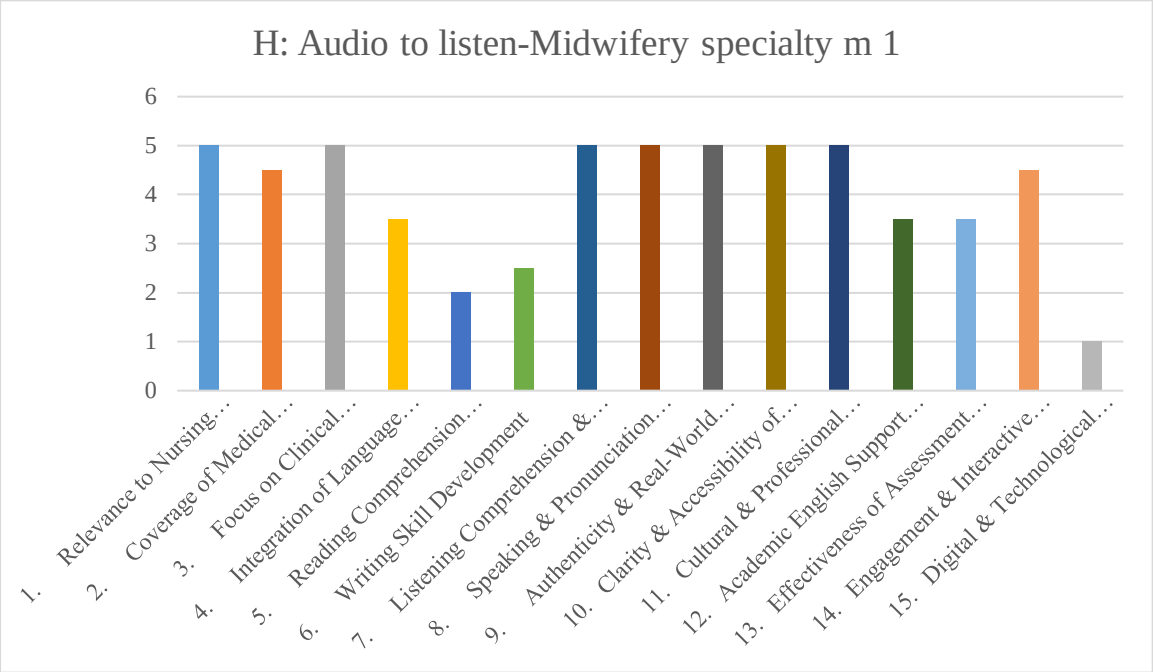
briefings) or exposure to professional dialogues. Similarly, Criterion 4 (Integration of Language Skills) scored 1.5, indicating minimal integration of reading, writing, listening, and speaking tasks, which limits opportunities for holistic language development. Criterion 6 (Writing Skill Development) and Criterion 8 (Speaking & Pronunciation Practice) scored 2.5 and 2.0, respectively, pointing to insufficient structured writing exercises (e.g., case reports, care plans) and speaking activities (e.g., role-plays, pronunciation drills). These gaps suggest the material prioritizes anatomical knowledge over communicative competence.

Moderate performance is observed in Criterion 1 (Relevance to Nursing Profession), rated 3.5 and Criterion 5 (Reading Comprehension Development), and scored 2.5. While the presentation aligns moderately with nursing roles, its reading components (e.g., anatomical diagrams, text-based explanations) lack depth in critical analysis or application. Criterion 14 (Engagement & Interactive Learning), scored 3.5, suggests basic interactive elements (e.g., quizzes, visual aids) but limited use of collaborative or problem-based tasks that could enhance learner participation.

Notably, Criterion 15 (Digital & Technological Integration) scored 4.5, highlighting effective use of digital tools (e.g., 3D anatomical models, interactive slides), though these resources are not leveraged to address the material's skill-based weaknesses. Conversely, Criterion 13 (Effectiveness of Assessment & Evaluation Methods) scored 1.5, indicating a reliance on superficial assessment formats (e.g., memorization-based quizzes) rather than competency-driven evaluations (e.g., case simulations, practical demonstrations).

Figure 2.9

H: Audio to listen-Midwifery specialty m 1.



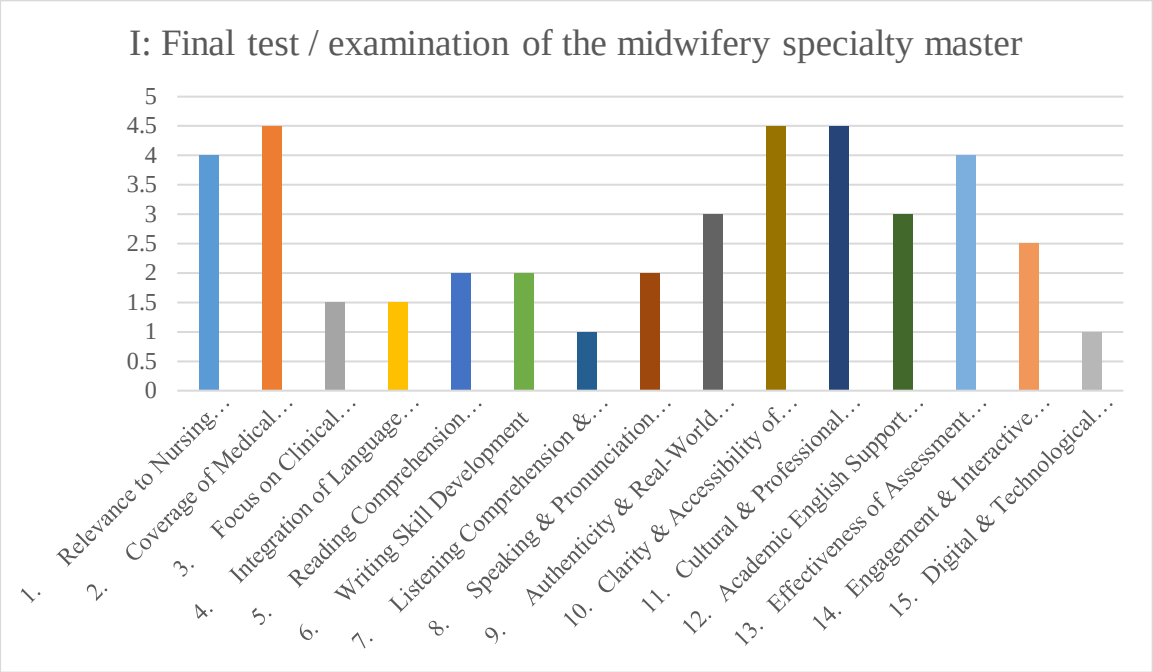
The clustered column graph for *Midwifery Specialty M1 Audio Material* highlights a resource with exceptional strengths in practical, communication-focused domains but notable gaps in academic and technological integration, as scored on a 1–5 scale. The material achieved perfect scores in Criterion 1 (Relevance to Nursing Profession), Criterion 3 (Focus on Clinical Communication), Criterion 7 (Listening Comprehension & Professional Speech Exposure), Criterion 8 (Speaking & Pronunciation Practice), Criterion 9 (Authenticity & Real-World Application), Criterion 10 (Clarity & Accessibility of Language), and Criterion 11 (Cultural & Professional Relevance), all rated 5.0. These results underscore the audio material's outstanding ability to simulate real-world clinical environments, foster active listening through exposure to professional dialogues (e.g., patient consultations, team briefings), and refine speaking skills via pronunciation drills or scenario-based interactions critical to midwifery practice. The material also performed strongly in Criterion 2 (Coverage of Medical Terminology: 4.5) and Criterion 14 (Engagement & Interactive Learning: 4.5), indicating thorough inclusion of domain-specific vocabulary and effective use of immersive

audio exercises that engage learners. However, weaknesses emerged in Criterion 15 (Digital & Technological Integration: 1.0), reflecting a stark lack of digital tools or platforms (e.g., interactive transcripts, mobile app integration) that could enhance accessibility or provide supplementary learning aids. Additionally, Criterion 5 (Reading Comprehension Development: 2.0) and Criterion 6 (Writing Skill Development: 2.5) scored poorly, suggesting minimal emphasis on text-based analysis or written tasks (e.g., reflective journals, care plan drafting), which limits opportunities to reinforce literacy skills alongside auditory learning.

Moderate scores in Criterion 4 (Integration of Language Skills: 3.5) and Criterion 12 (Academic English Support: 3.5) reveal partial success in balancing listening and speaking with reading and writing activities, as well as basic preparation for academic tasks like research interpretation. While Criterion 13 (Effectiveness of Assessment & Evaluation Methods: 3.5) indicates reasonable alignment of audio-based assessments (e.g., oral quizzes, scenario responses), diversifying evaluation formats to include written or collaborative components could provide a more holistic measure of competency.

Figure 2.10

I: Final test / examination of the midwifery specialty master.



The clustered column graph for the *Final Test/Examination* reveals a material with notable strengths in theoretical and structural components but significant deficiencies in practical, communicative, and technological domains, as scored on a 1–5 scale. The test excelled in Criterion 2 (Coverage of Medical Terminology: 4.5), Criterion 10 (Clarity & Accessibility of Language: 4.5), and Criterion 11 (Cultural & Professional Relevance: 4.5), demonstrating robust alignment with specialized terminology, clear communication of content, and culturally sensitive contextualization within midwifery practice. Additionally, Criterion 13 (Effectiveness of Assessment & Evaluation Methods: 4.0) indicates well-structured evaluation formats, such as multiple-choice or scenario-based questions, that reliably assess theoretical knowledge.

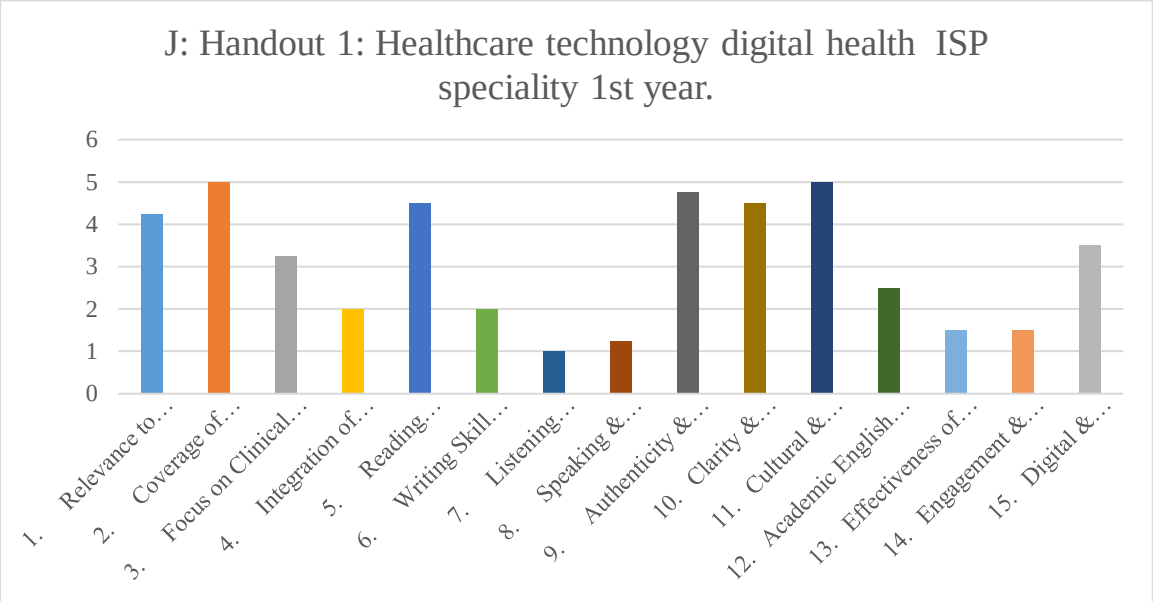
However, the test exhibited critical weaknesses in applied skill development. Criterion 7 (Listening Comprehension & Professional Speech Exposure: 1.0) and Criterion 3 (Focus on Clinical Communication: 1.5) reflect a near absence of listening tasks (e.g.,

interpreting patient dialogues, medical briefings) and minimal emphasis on clinical interaction scenarios, such as patient counselling or interdisciplinary collaboration. Similarly, Criterion 4 (Integration of Language Skills: 1.5) and Criterion 15 (Digital & Technological Integration: 1.0) highlight poor integration of reading, writing, listening, and speaking tasks, as well as a lack of digital tools (e.g., audio simulations, online platforms), which limits the test's ability to evaluate holistic competency or modern healthcare practices.

Moderate scores in Criterion 1 (Relevance to Nursing Profession: 4.0) and Criterion 9 (Authenticity & Real-World Application: 3.0) suggest the test partially aligns with professional demands but lacks immersive, practical applications like case-based assessments. Criterion 5 (Reading Comprehension Development: 2.0) and Criterion 6 (Writing Skill Development: 2.0) indicate underdeveloped tasks for critical analysis or written communication (e.g., care plans, reflective essays), while Criterion 14 (Engagement & Interactive Learning: 2.5) points to limited use of interactive methods (e.g., peer reviews, simulations) that could enhance learner envolement.

Figure 2.11

J: Handout 1: Healthcare technology digital health ISP speciality 1st year.



The clustered column graph for *Healthcare Technology Digital Health Handout* reveals a material with strong theoretical and content-driven strengths but significant gaps in skill-based and interactive learning domains, as scored on a 1–5 scale. The handout achieved perfect scores in Criterion 2 (Coverage of Medical Terminology: 5.0) and Criterion 11 (Cultural & Professional Relevance: 5.0), reflecting exceptional alignment with specialized terminology and deep integration of culturally contextualized, profession-specific content relevant to digital health. Additionally, Criterion 9 (Authenticity & Real-World Application: 4.75) and Criterion 10 (Clarity & Accessibility of Language: 4.5) underscore the material's practical relevance to healthcare technology workflows and its clear, accessible presentation of complex concepts, which likely enhances learner comprehension.

However, the material underperformed critically in applied language skill development. Criterion 7 (Listening Comprehension & Professional Speech Exposure: 1.0) and Criterion 8 (Speaking & Pronunciation Practice: 1.25) indicate a near-total absence of activities to develop listening skills (e.g., interpreting digital health briefings, patient data discussions) or structured speaking tasks (e.g., explaining technology use in clinical settings). Similarly, Criterion 4 (Integration of Language Skills: 2.0) highlights poor synergy between reading, writing, listening, and speaking, suggesting the material prioritizes passive knowledge acquisition over active skill application.

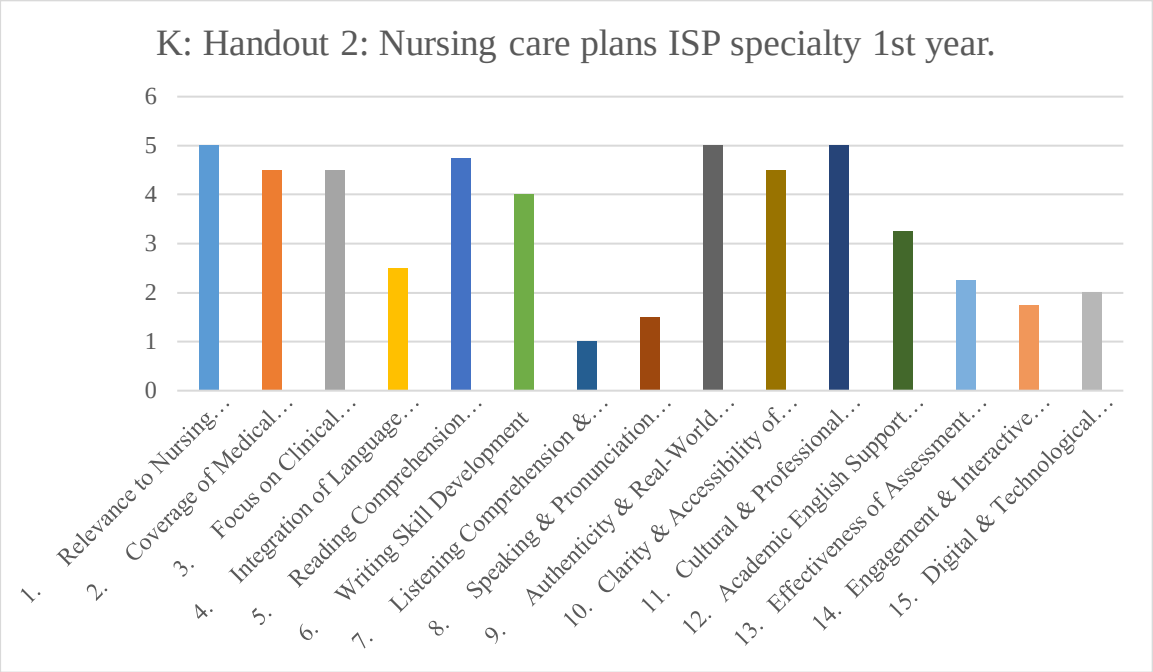
These gaps are particularly notable given the handout's focus on digital health, which inherently demands interdisciplinary communication and technical literacy. Moderate performance was observed in Criterion 5 (Reading Comprehension Development: 4.5), indicating strong foundational reading tasks (e.g., analyzing technical manuals, research abstracts) but limited emphasis on critical analysis or inferential reasoning. Criterion 12 (Academic English Support: 2.5) reflects basic preparation for academic formats like

presentations or reports but lacks advanced scholarly engagement (e.g., critiquing peer reviewed studies on digital health ethics).

Surprisingly, Criterion 15 (Digital & Technological Integration: 3.5) scored modestly despite the material's thematic focus, suggesting underutilization of interactive tools (e.g., virtual simulations, AI-driven diagnostics) that could bridge theory and practice. The material's weakest areas include Criterion 13 (Effectiveness of Assessment & Evaluation Methods: 1.5) and Criterion 14 (Engagement & Interactive Learning: 1.5), which signal reliance on traditional assessment formats (e.g., quizzes on terminology) and minimal use of participatory or technology-enhanced activities (e.g., collaborative case-solving platforms).These limitations reduce opportunities for learners to apply knowledge dynamically or engage with digital health innovations in simulated environments.

Figure 2.12

K: Handout 2: Nursing care plans ISP specialty 1st year.



The clustered column graph for *Nursing Care Plans Handout* demonstrates a material with exceptional strengths in content relevance and foundational knowledge but notable deficiencies in interactive, skill-based, and technological domains, as scored on a 1–5 scale. The handout achieved perfect scores in Criterion 1 (Relevance to Nursing Profession: 5.0), Criterion 9 (Authenticity & Real-World Application: 5.0), and Criterion 11 (Cultural & Professional Relevance: 5.0), indicating a robust alignment with nursing practice, culturally sensitive content, and practical applicability to clinical care planning. Additionally, Criterion 2 (Coverage of Medical Terminology: 4.5) and Criterion 3 (Focus on Clinical Communication: 4.5) reflect thorough inclusion of specialized terminology and emphasis on patient-centred communication, such as care coordination or family education scenarios.

However, the material underperformed significantly in Criterion 7 (Listening Comprehension & Professional Speech Exposure: 1.0) and Criterion 8 (Speaking &Pronunciation Practice: 1.5), revealing a critical lack of activities to develop listening skills

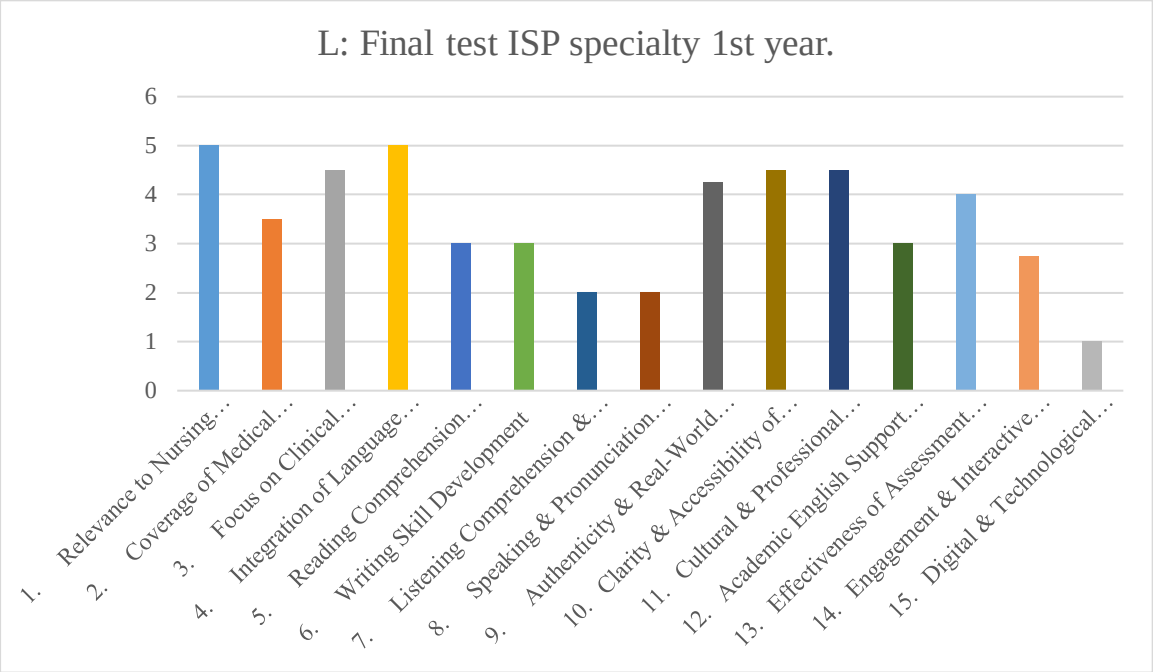
(e.g., interpreting patient handoffs, team briefings) or structured speaking tasks (e.g., presenting care plans, role-playing nurse-patient interactions). Similarly, Criterion 4 (Integration of Language Skills: 2.5) highlights poor synergy between reading, writing, listening, and speaking, suggesting the handout prioritizes theoretical knowledge over applied language competency. These gaps are particularly concerning given the material's focus on care plans, which inherently require interdisciplinary communication.

The material excelled in Criterion 5 (Reading Comprehension Development: 4.75) and Criterion 6 (Writing Skill Development: 4.0), indicating strong reading tasks (e.g., analyzing care protocols) and foundational writing exercises (e.g., drafting care plans). However, Criterion 12 (Academic English Support: 3.25) suggests limited preparation for advanced scholarly tasks, such as evidence-based practice reports or research critiques, which are vital for professional growth. Criterion 15 (Digital & Technological Integration: 2.0) scored poorly, reflecting minimal use of digital tools (e.g., electronic health record simulations, interactive care plan platforms) that could modernize learning and mirror real-world healthcare technology.

Weaknesses in Criterion 13 (Effectiveness of Assessment & Evaluation Methods: 2.25) and Criterion 14 (Engagement & Interactive Learning: 1.75) further underscore reliance on traditional assessments (e.g., written care plan submissions) and passive learning methods, with limited opportunities for collaborative problem-solving or technology-driven engagement.

Figure 2.13

L: Final test ISP specialty 1st year.



The clustered column graph for the *Final Test* highlights a material with pronounced strengths in theoretical and communicative domains but significant gaps in technological integration and interactive skill development, as scored on a 1–5 scale. The test achieved perfect scores in Criterion 1 (Relevance to Nursing Profession: 5.0) and Criterion 4 (Integration of Language Skills: 5.0), reflecting exceptional alignment with nursing practice and seamless integration of reading, writing, listening, and speaking tasks. This suggests the test effectively evaluates holistic language competency, such as synthesizing patient data reports or communicating care plans. Additionally, Criterion 3 (Focus on Clinical Communication: 4.5) and Criterion 11 (Cultural & Professional Relevance: 4.5) underscore strong emphasis on patient centred interactions and culturally sensitive scenarios, which are vital for nursing practice in diverse healthcare settings.

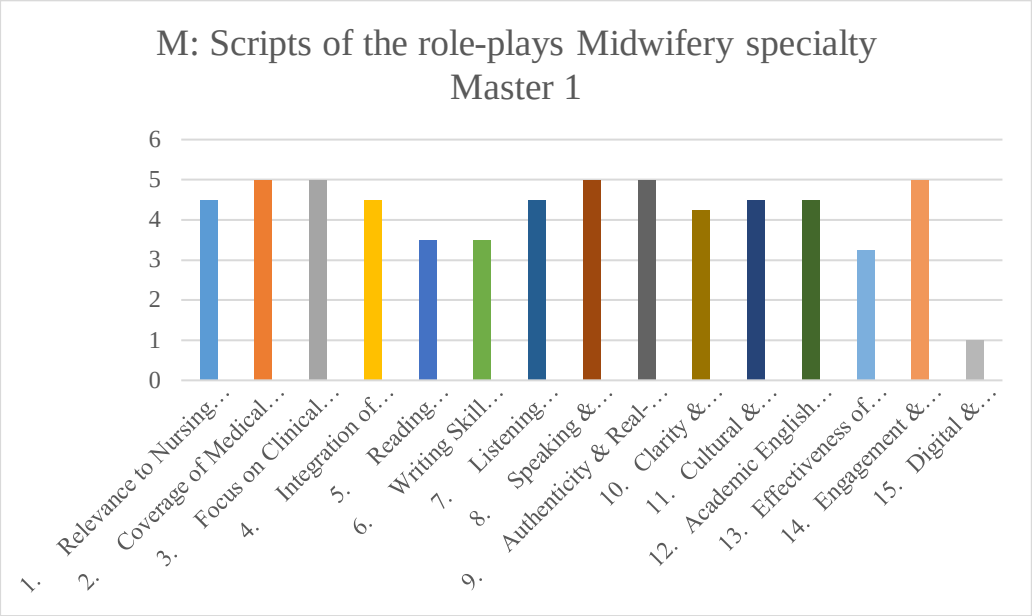
However, the test underperformed critically in Criterion 15 (Digital & Technological Integration: 1.0), indicating a stark absence of digital tools or simulations (e.g., virtual patient

management platforms, tele health scenarios) that mirror modern healthcare environments. This gap is compounded by low scores in Criterion 7 (Listening Comprehension & Professional Speech Exposure: 2.0) and Criterion 8 (Speaking & Pronunciation Practice: 2.0), which reveal insufficient opportunities for learners to engage with auditory medical dialogues (e.g., handoff reports, patient histories) or structured speaking tasks (e.g., case presentations, pronunciation drills). These weaknesses suggest the test prioritizes written and theoretical competencies over dynamic, real-world communication and technological fluency.

The material demonstrated moderate performance in Criterion 5 (Reading Comprehension Development: 3.0) and Criterion 6 (Writing Skill Development: 3.0), indicating foundational but limited tasks for critical analysis or advanced writing (e.g., evidence-based care proposals). Criterion 14 (Engagement & Interactive Learning: 2.75) further highlights a lack of participatory methods, such as collaborative problem-solving or scenario-based simulations, which could enhance learner motivation and practical application. While Criterion 9 (Authenticity & Real-World Application: 4.25) and Criterion 10 (Clarity & Accessibility of Language: 4.5) reflect strong alignment with clinical workflows and clear content delivery, Criterion 12 (Academic English Support: 3.0) suggests limited preparation for scholarly tasks like research critique or academic presentations.

Figure 2.14

M: Scripts of the role-plays Midwifery specialty Master 1.



The clustered column graph for the *Role-Play Scripts* demonstrates outstanding performance across most criteria, achieving a near-perfect balance between theoretical rigor, practical skill development, and cultural relevance, as scored on a 1–5 scale. The material achieved maximum scores in Criterion 2 (Coverage of Medical Terminology: 5.0), Criterion 3 (Focus on Clinical Communication: 5.0), Criterion 8 (Speaking & Pronunciation Practice: 5.0), Criterion 9 (Authenticity & Real-World Application: 5.0), and Criterion 14 (Engagement & Interactive Learning: 5.0). These results highlight the scripts' exceptional ability to immerse learners in clinically authentic scenarios (e.g., patient consultations, emergency simulations), refine speaking proficiency through structured dialogues, and foster active participation, which is critical for midwifery practice.

The material also excelled in Criterion 4 (Integration of Language Skills: 4.5) and Criterion 7 (Listening Comprehension & Professional Speech Exposure: 4.5), indicating effective synthesis of reading, writing, listening, and speaking tasks within role-play contexts. For example, learners may interpret patient histories (listening), draft care plans (writing),

and articulate clinical decisions (speaking), mirroring real-world interdisciplinary workflows. Criterion 11 (Cultural & Professional Relevance: 4.5) further underscores culturally sensitive scenarios, such as addressing diverse patient backgrounds or navigating ethical dilemmas, enhancing learners' preparedness for global healthcare settings.

Despite these strengths, the material's sole significant weakness lies in Criterion 15 (Digital & Technological Integration: 1.0), reflecting a lack of digital tools (e.g., virtual reality simulations, AI-driven feedback platforms) that could modernize role-play delivery and accessibility. Additionally, Criterion 5 (Reading Comprehension Development: 3.5) and Criterion 6 (Writing Skill Development: 3.5) suggest limited emphasis on advanced literacy tasks, such as analyzing peer-reviewed protocols or composing evidence-based care reports, which are essential for scholarly growth. Criterion 13 (Effectiveness of Assessment & Evaluation Methods: 3.25) indicates room for diversifying evaluations beyond observational rubrics, such as incorporating peer reviews or digital self-assessment tools.

3. Descriptive Statistics by Rubric Criterion (All Materials)

Table: Mean scores (and SD) for each of the15 rubric elements across all materials.

Table 2.17

Mean Score for Each Material

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Relevance to Nursing	13	2.50	5.00	4.1923	.93069
Coverage Terminology	13	2.50	5.00	4.3846	.76795
Focus on Clinical Comm	13	1.50	5.00	3.5577	1.38502
Integration Lge Skills	13	1.50	5.00	2.9615	1.34570
Reading Dev	13	1.50	5.00	3.1731	1.23905

Writing Dev	13	1.00	4.00	2.5769	.97567
Listening Comp	13	1.00	5.00	2.1538	1.59928
Speaking Dev	13	1.25	5.00	2.6731	1.55250
Authentic Real world	13	2.50	5.00	4.0000	1.04583
Clarity of Language	13	2.50	5.00	4.0962	.99759
Culture Relevance	13	2.50	5.00	4.4615	.80264
Academic English Support	13	1.50	4.50	3.0962	.93284
Effectiveness Of Evaluation	13	1.50	4.50	3.0962	.93841
Engagement Interactive	13	1.50	5.00	2.9423	1.18653
Digital Tech Integration	13	1.00	4.75	2.2692	1.51197
Total	13	32.00	68.50	49.4423	12.19082
Valid N (list wise)	13				

The analysis of 15 rubric criteria across 13 educational materials reveals distinct patterns in their alignment with pedagogical and professional objectives. The highest-performing criteria were Cultural & Professional Relevance (Mean = 4.46) and Coverage of Medical Terminology (Mean = 4.38), indicating that materials consistently prioritized culturally sensitive content and domain-specific vocabulary, which are critical for preparing learners to navigate diverse healthcare environments. Relevance to Nursing Profession (Mean = 4.19) also scored highly, though its slightly larger standard deviation (SD = 0.93) suggests variability in how closely materials aligned with specific nursing roles. These strengths reflect a strong foundation in theoretical and contextual knowledge.

Moderate performance was observed in criteria such as Authenticity & Real-World Application (Mean = 4.00) and Clarity of Language (Mean = 4.10), suggesting that while many materials incorporated practical scenarios and clear communication, opportunities for

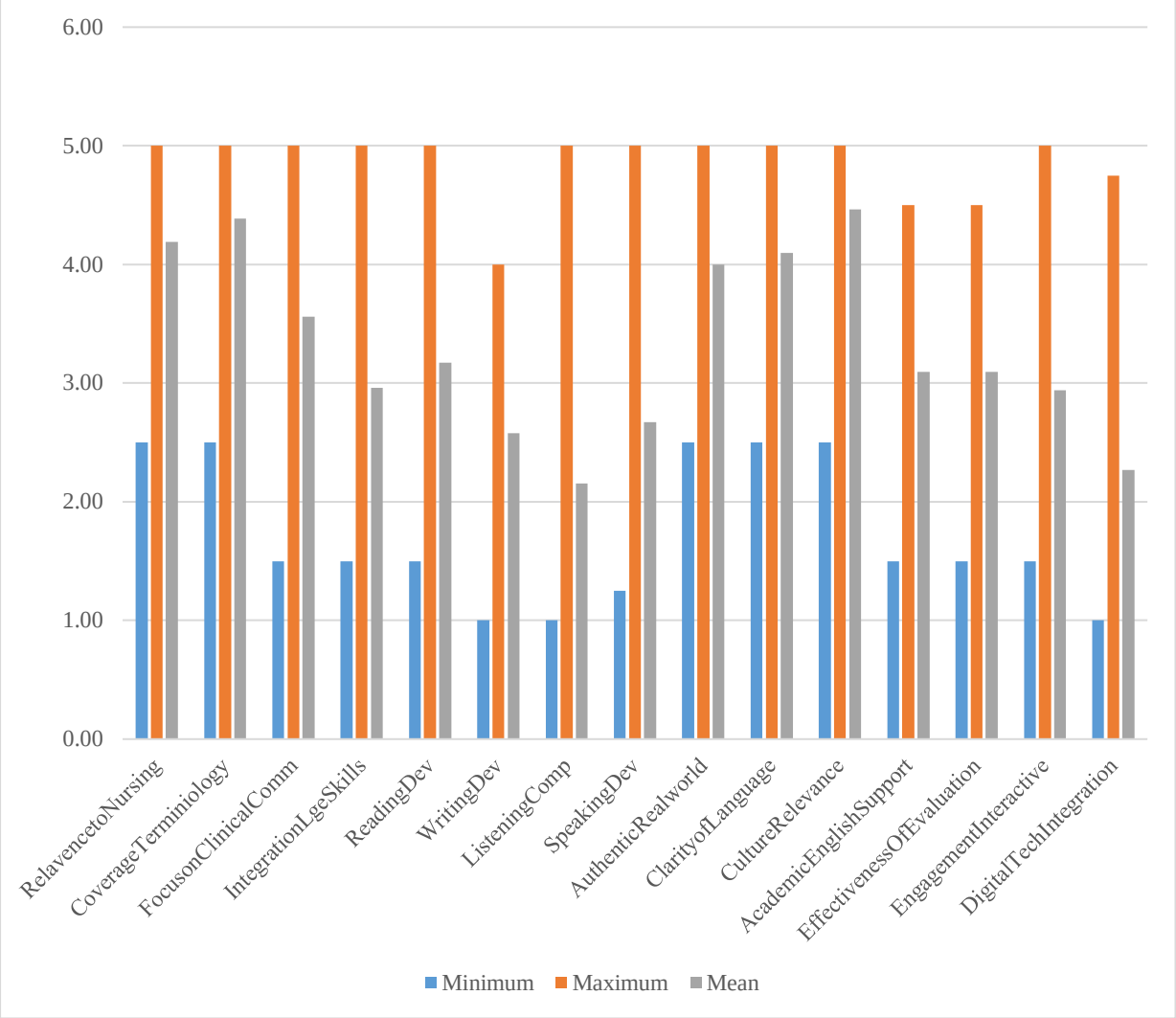
deeper immersion in clinical workflows or advanced language tasks were inconsistent. Academic English Support (Mean = 3.10) and Effectiveness of Assessment Methods (Mean = 3.10) scored lower within this tier, highlighting a systemic gap in preparing learners for scholarly writing or dynamic evaluations beyond traditional formats like quizzes.

The most significant deficiencies emerged in Listening Comprehension & Professional Speech Exposure (Mean = 2.15) and Digital & Technological Integration (Mean = 2.27), both of which had the lowest scores and the highest variability (SD = 1.60 and 1.51, respectively). These results underscore a critical neglect of auditory skill development—such as interpreting patient dialogues or medical briefings—and a failure to leverage modern tools like virtual simulations or interactive platforms. Similarly, Integration of Language Skills (Mean = 2.96) and Writing Skill Development (Mean = 2.58) scored poorly, indicating that materials often isolated reading/writing from listening/speaking tasks, limiting holistic competency development.

- The figure below is a visual representation of the same results as the table.

Figure 2.15

Visual Representation= The Same Results as the Table



The above visual representation of these results (clustered columns) emphasizes the stark contrast between high-performing criteria (e.g., cultural relevance as tall bars) and underdeveloped areas (e.g., listening and digital integration as short bars). Wide error bars for criteria like Listening Comprehension and Speaking Development would visually reinforce the inconsistency across materials, where some resources excelled while others entirely over looked these domains.

Overall Effectiveness of Each Material

- Table: Mean score for each material (average of all 15 rubric elements).

Table 2.18

Descriptive Statistics by Rubric Criterion (All Materials)

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
A	16	1.00	32.00	4.0000	7.50389
B	16	1.00	32.75	4.0938	7.70599
C	16	1.00	37.00	4.6250	8.67083
D	16	1.00	44.75	5.5938	10.51660
E	16	3.50	68.50	8.5625	15.98945
F	16	3.50	67.75	8.4688	15.81900
G	16	1.00	48.50	6.0625	11.38841
H	16	1.00	60.00	7.5000	14.05584
I	16	1	41	5.13	9.648
J	16	1.00	46.50	5.8125	10.94513
K	16	1.00	51.50	6.4375	12.09873
L	16	1.00	52.00	6.5000	12.18913
M	16	1.00	60.50	7.7187	14.11231
Average Total Materials	13	32.00	68.50	49.4423	12.19082
Valid N (list Wise)	13				

The evaluation of 13 educational materials, based on their mean scores across 15 rubric criteria, reveals significant differences in their overall effectiveness. The highest-performing materials were E: Presentation/Slide (Obstetrics Midwifery) (Mean = 8.56) and F:

Slide/Handout (Nursing Care Hospital Vocabulary) (Mean = 8.47). These resources excelled due to their strong alignment with *Cultural & Professional Relevance*, *Authenticity & Real-World Application*, and *Clinical Communication*, criteria that consistently scored highly across the rubric. For example, both materials integrated realistic clinical scenarios and pronunciation drills, addressing gaps in listening and speaking skills observed in other resources. Their success also stemmed from balanced language skill integration and engagement strategies, though they still exhibited minor weaknesses in *Digital Integration* and *Academic English Support*.

Moderate-performing materials included M: Scripts of Role-Plays (Midwifery) (Mean = 7.72), H: Audio (Midwifery) (Mean = 7.50), and L: Final Test (ISP) (Mean = 6.50). These resources demonstrated strengths in *Speaking & Pronunciation Practice* and *Authentic Application* but faced challenges in areas like *Reading Comprehension* (e.g., H) or *Technological Integration* (e.g., M). For instance, the role-play scripts (M) scored perfectly in engagement and clinical communication but lacked digital tools to modernize simulations. Similarly, G: Presentation/Slide (General Anatomy Midwifery) (Mean = 6.06) and K: Handout 2 (Nursing Care Plans) (Mean = 6.44) showed moderate effectiveness, balancing robust terminology coverage with underdeveloped listening and writing tasks.

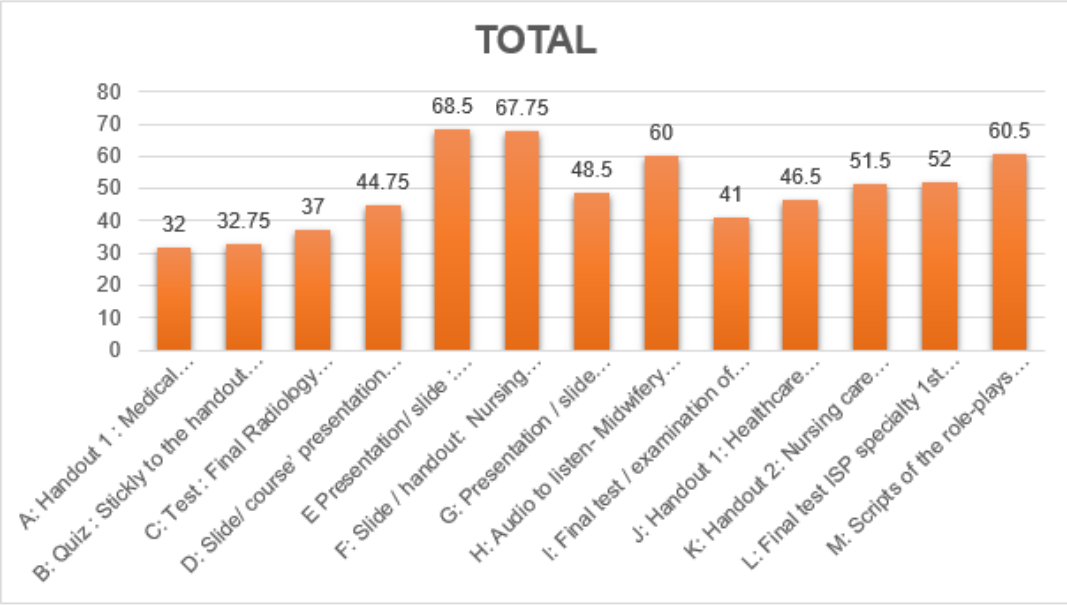
The lowest-performing materials, such as A: Handout 1 (Medical Terminology Radiology) (Mean = 4.00), B: Quiz (Stickly to Handout Radiology) (Mean = 4.09), and I: Final Test (Midwifery) (Mean = 5.13), struggled due to systemic neglect of *Listening Comprehension* and *Digital Integration*. These materials relied heavily on passive learning methods, such as terminology memorization, while failing to incorporate interactive or technology-driven activities. For example, D: Slide/Course Presentation (Radiology) (Mean = 5.59) and J: Handout1 (Healthcare Technology) (Mean = 5.81) scored lower due to poor

integration of language skills and limited use of digital tools, despite their thematic focus on modern healthcare technology.

- Figure: Ranking or bar chart of materials.

Figure 2.16

Bar Chart of Materials



The previous bar chart shows the "Mean Total Scores" of each ESP materials which were calculated by taking the average of total scores from two raters for all 15 criteria. This provides an overall measure of each materials addresses the language and pedagogical objectives included in the rubric. The results indicate considerable variance across materials, with some well performing, e.g., E: Obstetrics Midwifery Presentation (Mean = 8.56) and F: Nursing Care Vocabulary Slide (Mean = 8.47), and some performing much more poorly, e.g., A: Radiology Handout (Mean = 4.00) and B: Radiology Quiz (Mean = 4.09). The findings of such measurement indicate that some materials successfully integrate clinical communication, cultural relevance, and real-world application, while others lean toward passive learning practices and minimal listening, speaking, and technological integration skills development.

Qualitative notes

Qualitative Analysis of Gaps in ESP Materials for Algerian Nursing Students

The qualitative analysis, combined with prior quantitative findings, reveals specific gaps in the ESP materials that hinder their ability to fully support Algerian nursing students. These gaps align with the weaknesses identified in the rubric criteria (e.g., low scores in *Listening Comprehension*, *Digital Integration*, and *Skill Integration*) and are further contextualized by the raters' notes. Below is a synthesis of the key issues:

1. Neglect of Integrated Language Skills

Raters' Notes: "The content provided is only theoretical and does not contain some exercises where students can practice."

While materials like E (Obstetrics Midwifery Presentation) and F (Nursing Care Vocabulary Slide) scored highly overall, qualitative notes highlight persistent gaps in holistic language skill development. For example, A (Medical Terminology Handout) and B (Radiology Quiz) were criticized for isolating vocabulary memorization from communicative tasks, with raters noting a lack of "scaffolding" and "integration of speaking, listening, and writing." This aligns with the quantitative data, where *Integration of Language Skills* had the third - lowest mean score (2.96) across all materials. Similarly, J (Healthcare Technology Handout) and K (Nursing Care Plans) emphasized theoretical knowledge but lacked exercises for applied writing or speaking, reinforcing the quantitative finding that *Writing Skill Development* (Mean = 2.58) and *Speaking Practice* (Mean = 2.67) were underdeveloped.

2. Insufficient Focus on Listening and Speaking

Raters' Notes: "It lacks audio-based hospital interactions and engagements that may affect effectiveness."

The raters' notes consistently flagged a lack of listening and speaking activities, particularly in materials for radiology specialties (A, B, C, D). For instance, C (Final Radiology Test) included anatomical terminology but provided minimal "listening/speaking exercises," despite its high score in *Medical Terminology Coverage* (3.5). This mirrors the quantitative results, where *Listening Comprehension* had the lowest mean score (2.15) and highest variability (SD = 1.60). Even high - performing materials like H (Midwifery Audio) - praised for its "realistic patient dialogue" - received notes urging "more audio - based interactions" to sustain engagement. These gaps reflect a systemic issue where materials prioritize passive learning overactive communication, limiting students' readiness for clinical environments.

3. Limited Digital and Technological Integration

Raters' Notes: "Lacks interactive explanations and digital elements."

Despite the healthcare sector's reliance on technology, most materials lacked digital tools to enhance learning. For example, D (Radiology Presentation) was noted to "lack interactive explanations and digital elements," while G (General Anatomy Slide) missed opportunities to use "multimedia resources" despite its focus on complex anatomical systems. This aligns with the quantitative data, where *Digital & Technological Integration* scored second - lowest (Mean = 2.27). Even E (Obstetrics Midwifery Presentation), which scored highly overall, was critiqued for missing "interactive role - play tools," highlighting a disconnect between content quality and technological innovation.

4. Inconsistent Engagement and Real - World Application

Raters' Notes: "Too short in terms of information… no variety, limited… unbalanced in integrating language skills".

While E and F excelled in *Authenticity & Real - World Application* (Mean = 4.00), materials like I (Midwifery Final Test) and J (Healthcare Technology Handout) were criticized for being "theoretical" and lacking "exercises for practical application." Raters noted that I's exam design (e.g., "puzzle tasks") was "time - consuming" and failed to assess productive skills, reflecting the low quantitative score for *Engagement & Interactive Learning* (Mean = 2.94). Similarly, K (Nursing Care Plans) included "models and examples" but lacked "exercises," underscoring a broader trend of prioritizing content delivery over learner participation.

5. Assessment and Feedback Gaps

Raters' Notes: "Repetitive tasks… poorly structured exam questions… same type of three tasks."

Qualitative notes emphasized shortcomings in assessment design. For example, C (Final Radiology Test) included "repetitive tasks" and "poorly structured exam questions," while E (Obstetrics Midwifery) lacked "diverse assessment tools." These observations align with the moderate quantitative score for *Effectiveness of Assessment Methods* (Mean = 3.10), suggesting assessments often fail to evaluate dynamic competencies like critical thinking or real - time communication.

2.3. Section Three: Discussion of the Results

This section presents the main findings from the collected data through content analysis. The section interprets and merges the main findings obtained from data of the qualitative data of content analysis. Data will be discussed in the light of the research

questions. This study aimed to assesses the effectiveness of ESP course materials in addressing the current and future language needs of Algerian nursing students. It emphasized whether these materials are adequate to equip the students for academic success, clinical communication, and future opportunities in English-speaking environments.

- The addressed research questions are: To what extent do current EMP materials at the National Institute of Higher Paramedical Training meet the target language needs (TSA) of nursing students? . How do discrepancies between present student proficiency (PSA) and EMP material design hinder the development of task-based competencies (e.g., patient handoffs, medical documentation)?

It has been found those while some of the criteria like Relevance to Nursing Profession and Coverage of Medical Terminology, have been addressed to some moderate extent; the majority of other important areas have been left with insufficient coverage. Particularly, important educational and clinical skills like Writing Skill Development, Listening Comprehension & Professional Speech Exposure, Academic English Support, and Speaking & Pronunciation Practice have either been underdeveloped or added in an insufficient way.

In addition, aspects like Authenticity & Real-World Application, Digital & Technological Integration, and Effectiveness of Assessment & Evaluation Methods are not necessarily included in the materials. This is aligned with the problems attained in the background of the study, where existing ESP courses in Algeria are described as non-specialized, basic teaching, and incompatible with real communicative demands in nursing The quantitative data derived from the evaluation rubric thus indicates that the current ESP materials used in Algerian nursing education are only partly effective. While they provide some generic language support, they don’t adequately equip students with the whole scope of

language skills necessary for academic success and professional readiness within healthcare settings. This calls for the need for a more systematic, needs-based approach to ESP course design, tailored to the actual communicative tasks and problems encountered in the nursing profession.

2.3.1. Discussion of Content Analysis

Answering the First Research Question: To what extent do current EMP materials at the National Institute of Higher Paramedical Training meet the target language needs (TSA) of nursing students?

Effectiveness of ESP Materials:

The analysis of ESP materials for Algerian nursing students revealed a mixed effectiveness profile, characterized by strengths in theoretical knowledge and critical gaps in practical language skills. Quantitatively, materials scored highest in Coverage of Medical Terminology (Mean = 4.38) and Cultural & Professional Relevance (Mean = 4.46), indicating strong alignment with domain-specific vocabulary and contextualized healthcare scenarios. For instance, materials like E (Obstetrics Midwifery Presentation) and F (Nursing Care Vocabulary Slide) excelled in these areas, as noted qualitatively for their “precise definitions” and “culturally sensitive case studies.” However, materials performed poorly in Listening Comprehension (Mean = 2.15), Speaking & Pronunciation Practice (Mean = 2.67), and Digital & Technological Integration (Mean = 2.27). These findings suggest that while students may acquire foundational terminology, they are inadequately prepared for real-world clinical communication or technology-driven tasks, such as interpreting patient dialogues or using digital health platforms.

The classroom implications are significant. High scores in terminology and cultural relevance reflect content familiarity, which aligns with Abdelouahab Boumaza’s (2022)

advocacy for content-based instruction in Algerian medical education. However, weak performance in writing and listening skills - evident in materials like A (Medical Terminology Handout) and I (Midwifery Final Test) - implies students may struggle with academic tasks (e.g., drafting care plans) or workplace interactions (e.g., patient consultations). This resonates with Talha Boualem's (2022) identification of "low proficiency" and "heterogeneity" as barriers, as students with varied language levels may find skill gaps exacerbated by materials that prioritize rote learning over applied practice.

While Benmouhoub (2021) reported positive outcomes from existing EMI courses, the current study highlights systemic weaknesses in skill integration, corroborating Elbah 's (2021) observation that courses often misalign with students' practical needs. For example, raters noted that C (Final Radiology Test) included "repetitive tasks" and lacked "listening exercises," mirroring Lakhrif's (2020) critique of EMP course design. Qualitative comments reinforced quantitative results: materials like D (Radiology Presentation) were criticized for lacking "interactive explanations," directly reflecting low scores in *Engagement & Interactive Learning* (Mean = 2.94). Similarly, the absence of "audio-based interactions" in F (Nursing Care Vocabulary Slide), despite its high overall score, underscores the disconnect between content depth and pedagogical innovation. The implications of these findings are twofold. First, the emphasis on terminology and cultural relevance aligns with Algerian studies advocating content-based approaches (BENYAMINA & BOUKAHLA, 2023). However, the neglect of practical skills and technology reflects a broader systemic issue: materials are not evolving with global healthcare demands, such as digital literacy or interdisciplinary communication. This gap risks leaving graduates unprepared for modern clinical environments, where verbal communication and technological fluency are paramount.

In conclusion, while Algerian ESP materials effectively deliver theoretical knowledge, they fall short in fostering the dynamic competencies required for academic and professional success. These results validate the need for comprehensive needs analyses - as urged by Romane (2022) - to redesign materials that bridge theory and practice, ensuring alignment with both local educational contexts and global nursing standards. Future efforts must prioritize skill integration, digital tools, and interactive assessments to address the identified gaps and enhance student readiness for real-world healthcare challenges.

Answering the Second Research Question: How do discrepancies between present student proficiency (PSA) and EMP material design hinder the development of task-based competencies (e.g., patient handoffs, medical documentation)?

The analysis of ESP materials for Algerian nursing students uncovered critical gaps that hinder both academic and professional preparedness. The most significant weaknesses include neglect of listening and speaking skills, limited digital and technological integration, insufficient academic English support, poor engagement strategies, and inadequate assessment design. These gaps, supported by both quantitative and qualitative findings, have profound implications for student success in academic settings and beyond.

1. Deficiencies in Listening and Speaking Skills

Quantitatively, *Listening Comprehension* (Mean = 2.15) and *Speaking & Pronunciation Practice* (Mean = 2.67) scored the lowest across all criteria. Qualitatively, raters noted materials like A (Medical Terminology Handout) and B (Radiology Quiz) lacked "audio-based interactions" or "role-plays," reducing opportunities for clinical dialogue practice. For instance, C (Final Radiology Test) focused on terminology but excluded "listening exercises," leaving students unprepared for real-world scenarios like patient consultations. This aligns with Talha's (2022) identification of "low proficiency" in

communicative skills among Algerian medical students, which he attributes to materials that prioritize passive learning. Without structured speaking tasks, students are in risk to struggle in clinical environments where verbal communication is critical for patient safety and interdisciplinary collaboration.

2. Lack of Digital and Technological Integration

Digital & Technological Integration (Mean = 2.27) was consistently underdeveloped, even in high-scoring materials like E (Obstetrics Midwifery Presentation), which lacked "interactive role-play tools." Raters criticized D (Radiology Presentation) for missing "multimedia explanations," limiting students' exposure to digital tools like virtual simulations or electronic health records. This gap mirrors Lakhrif's (2020) call for integrating technology to combat "common issues in the education system." In an era where healthcare relies on tele medicine and AI-driven diagnostics, graduates unfamiliar with digital platforms may face barriers in adapting to modern clinical workflows.

3. Weak Academic English Support

Despite moderate scores in *Academic English Support* (Mean = 3.10), materials like J (Healthcare Technology Handout) and K (Nursing Care Plans) were critiqued for lacking "exercises for scholarly writing." This deficiency aligns with ELBAH's (2021) finding that ESP courses often misalign with students' academic needs. For example, I (Midwifery Final Test) emphasized basic terminology but excluded tasks like research critiques or evidence-based reports, limiting students' ability to engage with global medical literature or contribute to academic discourse. Such gaps may hinder academic success, particularly for students pursuing higher education or research roles.

4. Passive Engagement and Outdated Assessments

Engagement & Interactive Learning (Mean = 2.94) and *Effectiveness of Assessment Methods* (Mean = 3.10) revealed systemic issues in pedagogical design. Materials like G (General Anatomy Slide) relied on "static explanations" rather than collaborative tasks, while C (Final Radiology Test) used "repetitive exam formats" (e.g., puzzles) that failed to assess critical thinking. These findings echo BENYAMINA and BOUKAHLA's (2023) critique of "heterogeneous learner needs" being unmet by rigid methodologies. Passive learning approaches not only reduce motivation but also fail to cultivate problem-solving skills essential for clinical decision-making.

These gaps have far-reaching consequences. Academically, students may struggle with writing research papers or participating in international conferences due to weak academic English (Romane, 2022). Professionally, poor listening/speaking skills could lead to miscommunication in high-stakes clinical settings, while limited digital literacy may delay adoption of emerging healthcare technologies. Furthermore, outdated assessments fail to prepare students for competency-based evaluations in licensure exams or workplace training.

The findings validate prior studies on Algerian ESP challenges. Talha's (2022) emphasis on "thorough needs analysis" is reinforced by the disconnect between materials and real-world communication needs, as seen in H (Midwifery Audio), which included dialogues but lacked follow-up exercises. Similarly, Lakhrif's (2020) advocacy for "physician training integration" is contradicted by materials like K (Nursing Care Plans), which excluded practical simulations. Conversely, BENMOUHOUB's (2021) positive outcomes highlight that improvements are achievable if gaps are addressed through targeted reforms.

The identified gaps underscore a systemic misalignment between current ESP materials and the demands of modern nursing education. Addressing these weaknesses - through enhanced skill integration, digital innovation, and interactive pedagogy - is critical to

ensuring Algerian nursing students meet both academic benchmarks and global healthcare standards. As Romane (2022) urged, a "needs-based redesign" of materials is imperative to bridge theory and practice, fostering graduates who are linguistically, technologically, and clinically competent.

The most surprising result was the high performance in the cultural and professional relevance (Mean = 4.46) in the context of extensive weaknesses in other practical skill areas. Presentation materials such as E (Obstetrics Midwifery Presentation) and F (Nursing Care Vocabulary Slide) were particularly highly rated in this domain, with qualitative comments terming them "culturally sensitive case studies" and containing embedded scenarios. This is notable because it opposes sharply to the low rating in speaking, listening, and digital integration - and suggests that while content designers are receiving cultural awareness in successfully embedded, they are leaving out essential communicative and technological skills.

There was an unexpected result in the near-total digital integration absence with all materials. Even those with comparatively high rates in other parts, like E (Obstetrics Midwifery Presentation), lacked any form of interactive resources or multimedia enhancement. Raters even went so far as to indicate this deficiency explicitly, one of them made a remark on D (Radiology Presentation): "No audio, no interactive explanation - just static slides." Given the increasing support on digital health systems worldwide, failing to observe digital exposure on these materials is a significant disparity with modern healthcare practices. Across specialties, the consistent pattern appeared: high content relevance but weak skills usage. For example, nursing and midwifery content (e.g., A, E, I) was high in Coverage of Medical Terminology and Cultural & Professional Relevance, reflecting good fit with specialty-specific content. However, radiology content like C (Final Radiology Test) and D (Radiology Presentation) were also on the same trail of weak Speaking,

Listening, and Engagement scores. This cross-specialty approach reflects a structured issue in Algerian ESP materials in which theoretical competence is given priority while communicative and digital competence is undervalued in spite of the scope.

There were several examples of strong consistency between raters' qualitative comments and quantitative ratings, supporting the validity of the findings. For example, low scores in Listening Comprehension (Mean = 2.15) were accompanied by notes such as "no audio input" or "missing role-plays." Similarly, the Engagement & Interactive Learning criterion (Mean = 2.94) was consistently supported by reviews of "static explanations" or "repetitive activities," especially in materials G (General Anatomy Slide) and C (Final Radiology Test). There was pair of inconsistencies, however. One of these was material F, which scored well in terms of overall quantitative scores but some of the raters found weakness with it being non-interactive and not blending skills-speaking of a lack of consistency between topics covered and pedagogically effect. This inconsistency reveals to a weakness in the evaluation rubric's ability to capture deep qualitative errors that cannot affect numbers significantly but still effect educational value.

2.3.2 Implications of the Study

Pedagogical Implications and Curriculum or Policy Implications

Material developers should integrate a learner-centered and profession-specific approach. The assessment reveals that technical vocabulary is treated comprehensively in materials, but skill integration, especially speaking, listening, and interaction, is neglected. Developers should implement needs analysis with both learners and instructors to determine what language skills are actually needed in each medical specialization. They should also incorporate authentic, scenarios-based tasks (e.g., patient interaction, report writing, shift handover), writing exercises and integrate digital technologies (videos, simulations, voice

recordings) to better reflect real-professional contexts as emphasized by Romane (2022) and Boualem (2022).

Instructors should supplement existing materials to adjust for their limitations. In light of existing materials' exaggeration focus on theoretical knowledge and insufficient practical skills, instructors can integrate external resources such as podcasts for listening practice, online discussion platforms for speaking improvement, and online applications like Padlet or Quizlet for interactive learning. This aligns with Lakhrif 's (2020) suggestion that teacher intervention is necessary to support systemic gaps in course design. Yet, while supplementation is a short-term solution, long-term change requires systemic enhancement in material development.

The assessment clearly revealed that one-size-fit-all of ESP material is unable to meet the sophisticated language demands of specialties like nursing, radiology, and midwifery. General medical English serves as a good basis, but materials must include the unique models of communication, content documentation standards, and patient interactions typical of each specialty. Specialty-specific improves content enhances relevance, motivation, and performance, particularly in high-stakes settings like clinical training. Designing tailored materials will increase relevance and make students acquire discipline-specific linguistic and communicative skills, as argued by BENYAMINA & BOUKAHLA (2023).

Institutions should redesign ESP curricula to reflect recent healthcare demands. Current materials are not based on both global trends and local requirements, especially in the areas of digital competence, clinical communication, and academic writing. A revised curriculum should have competency-based outcomes first, including skill-based modules and formative assessments that foster active learning. This aligns with ELBAH's (2021)

call for a shift from content-centered teaching to learner-centered, skills-based practice to prepare students for real-world challenges.

Clearly, ESP material development requires collaboration between healthcare professionals and language instructors. Subject-matter experts provide insight into real-life needs, which the language teachers interpret into pedagogically justified activities. The collaboration confirms authenticity and linguistic accessibility. For example, radiology educators can provide real patient reports, which are changed into structured reading and writing practice by the language teachers. Without collaboration, ESP materials become over-generalized or technically too complex.

2.3.3. Limitations of the Study

1. Small or unbalanced sample:

One of the main limitations is the limited number and non-inconsistent distribution of materials evaluated. While a number of specialties were covered, the dataset appears to be biased in the direction of nursing materials with fewer samples from other specialties like radiology or midwifery. This is sure to affect representativeness of findings and limit conclusions concerning specialty-specific needs. Furthermore, the sample size (N = 13 materials rated across several domains) is small, thus reducing the statistical power of the analysis and limiting generalizability.

2. Only materials were evaluated - not student outcomes:

The study exclusive dealt with the evaluation of ESP teaching materials, not with whether they are effective in terms of student performance or learning outcomes. While this provides a comprehension into material quality, it does not confirm whether the shortcomings determined (e.g., lack of interactive exercises or pronunciation practice)

actually delay students' language development or professional readiness. Future studies should include learner feedback, classroom observation, or pre- and post-tests to be able to link material quality and educational effectiveness.

3. Scarcity of materials:

There is evidence of a lack of local ESP materials prepared and tailored to the Algerian paramedical students' needs. The majority of the materials in question prove to be instructor-made presentations or handouts rather than professionally published ones. The lack of such materials refers a support structure and curriculum moderation lack for the education of English in the health sciences.

4. Generalizability of materials was mostly local:

Since most of the materials had been developed in the local context, findings will not generalize very far from the Algerian setting or to more universal or internationally centered ESP materials. While such localized strategy is valuable in guiding national reform, it might be restrictive to general academic analysis unless explicity explicitly described as such in terms of comparable regional contexts.

2.3.4. Recommendations for Further Research

This study has given a thorough evaluation of current ESP course materials used in Algerian nursing education, emphasizing both their strengths and major shortcomings. To further build on these findings, future research must examine the way these materials function in real classroom or clinical settings through an involvement of learners in the assessment process. This might be done by observing students using the materials, gathering their comments on clarity, relevance, and usefulness, or measuring their performance in language activities embedded in course content. This learner-centered evaluation would provide better

evidence of the success of the materials in facilitating language development and communication skills in authentic contexts. Additionally, future studies need to incorporate the student and teacher perspectives since they can enrich the assessment and guide materials revisions to be not only pedagogically appropriate but also user-friendly and grounded in classroom settings. Additionally, a comparative study of ESP courses in public and private institutions would also be very welcome since research up to now has focused exclusively on public sector materials. Such a comparison could reveal differences in curriculum design, teaching methods, technology integration, and sensitivity to the professional needs of nursing students. This would allow best practices, particularly from the private sector, to be identified and used for informing improvements in public sector courses. In addition, there is a need for developing and piloting a revised ESP material prototype that would be specifically tailored to the Algerian nursing context. This prototype should address those weaknesses that have been identified with more authentic texts, interactive tasks, multimedia materials, and skill-based activities that are incorporated. Piloting this material with nursing students would enable researchers to determine the effectiveness in enhancing language proficiency as well as clinical communication and contribute meaningfully to the development of ESP teaching in nursing education.

Conclusion

In conclusion, this discussion has interpreted the findings of the study into the broader context of ESP studies and nursing education in Algeria. The analysis of ESP course materials revealed critical gaps in the integration of language skills - primarily listening and speaking - and lack of sufficient real-world authentic tasks and digital content. While professionally relevant and covering required terms, materials generally are not supportive of active, learner-centered involvement or of engage students for communicative challenges in clinical environments. There were marked patterns by specialty, indicating that these issues

are not specific to one specialty but represent underlying systemic problems in material designing and course construction. While rater comments were largely consistent with quantitative ratings, mismatch suggests the need for more evaluative criteria for future work. Additionally, the limitations such as the small and unbalanced sample size, the focus on the materials rather than student outcomes, and the local nature of the resources examined must be considered when interpreting the findings. Lastly, the discussion opens up the possibility of meaningful revision in how English is being taught to paramedical and nursing students, facilitating a move from rigid content-focused instruction to flexible practice-oriented, technology supporting learning experiences.

General Conclusion

To conclude, the current study set out to evaluate the effectiveness of current ESP materials used in Algerian nursing programs in addressing the specific language needs of students in radiology, midwifery, and general nursing. The findings indicate that while certain criteria, such as Relevance to the Nursing Profession and Coverage of Medical Terminology, are moderately addressed, the majority of critical communicative skills remain underrepresented or insufficiently developed.

Key areas such as Writing Skill Development, Listening Comprehension and Professional Speech Exposure, Speaking and Pronunciation Practice, and Academic English Support were found to lack sufficient integration. Furthermore, components like Authenticity and Real-World Application, Digital and Technological Integration, and Assessment and Evaluation Methods were largely absent from the materials examined. These results confirm prior concerns raised in the literature about the general lack of specialization and practical alignment in Algerian ESP courses for healthcare education. The quantitative rubric-based analysis shows that existing ESP materials only partially meet the academic and professional English needs of nursing students. This highlights a pressing need for a more context-sensitive and communicatively oriented ESP course design, one that aligns more closely with the realities of clinical communication and the demands of an increasingly English-oriented healthcare sector in Algeria.

As Algeria expands the use of English in higher education and the medical sector, the findings of this study offer relevant insights into the current limitations of ESP instruction in paramedical training. They highlight areas where materials require enhancement to better support students' ability to engage with academic and professional communication in English.

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Résume

Ces dernières années, l'enseignement de l'anglais à des fins spécifiques (ESP) a suscité un intérêt croissant, notamment dans le domaine de la santé, en raison de l'utilisation de l'anglais comme langue internationale dans les sciences et la médecine. Cette étude examine l'efficacité des supports de cours actuels en ESP à répondre aux besoins linguistiques et communicationnels des étudiants en soins infirmiers en Algérie dans différents domaines, y compris les soins infirmiers généraux, la maïeutique et la radiologie. Elle vise à évaluer si les supports EMP actuellement utilisés répondent efficacement aux besoins linguistiques spécifiques des étudiants en soins infirmiers algériens. Il existe une nécessité évidente d'un enseignement ESP pertinent ; en Algérie, ce changement est particulièrement visible, car l'anglais remplace progressivement le français dans des secteurs clés comme l'enseignement supérieur et les services médicaux. Cette recherche a été conçue pour répondre à deux questions principales : dans quelle mesure les supports actuels sont-ils efficaces pour doter les étudiants en soins infirmiers algériens des compétences linguistiques nécessaires à leurs études académiques dans leur spécialité ? Et existe-t-il des lacunes spécifiques dans ces supports qu'il conviendrait de combler pour mieux les soutenir ? L'étude a été menée selon une approche méthodologique mixte combinant analyse de contenu quantitative et discussion qualitative ; les données ont été collectées à travers des échanges avec des étudiants du secteur paramédical de différentes spécialités (soins infirmiers, maïeutique, radiologie). Les résultats montrent que les supports actuels sont modérément alignés avec le vocabulaire et les connaissances propres au domaine infirmier, mais qu'ils intègrent insuffisamment les quatre compétences linguistiques (lecture, écriture, écoute, expression orale) ainsi que la communication authentique en situation réelle. L'étude recommande de développer des supports d'apprentissage intégrant les compétences, orientés vers le contexte, et des tâches pédagogiques centrées sur les compétences.

Mots-clés : ESP, compétences linguistiques, supports, paramédical, spécialités

الملخص

في السنوات الأخيرة، ازداد الاهتمام بتدريس اللغة الإنجليزية لأغراض خاصة (ESP) ، ولا سيما في المجال الصحي، وذلك بسبب استخدام اللغة الإنجليزية كلغة دولية في مجالي العلوم والطب. تهدف هذه الدراسة إلى التحقيق في مدى فعالية المواد التعليمية الحالية للغة الإنجليزية لأغراض طبية (EMP) في تلبية الاحتياجات اللغوية والتواصلية لطلبة التمريض الجزائريين في تخصصات مختلفة، مثل التمريض العام، القبالة، والأشعة. كما تسعى إلى تقييم مدى قدرة هذه المواد على تلبية تلك الاحتياجات بشكل فعّال. هناك حاجة ماسة إلى تعليم ESP ملائم؛ ويظهر هذا التحول بوضوح في الجزائر، حيث تحل اللغة الإنجليزية تدريجياً محل اللغة الفرنسية في قطاعات رئيسية مثل التعليم العالي والخدمات الطبية. وقد صُممت هذه الدراسة للإجابة على سؤالين رئيسيين: ما مدى فعالية المواد الحالية في تمكين طلبة التمريض الجزائريين من اكتساب المهارات اللغوية الإنجليزية اللازمة لدراستهم الأكاديمية ضمن تخصصاتهم؟ وهل توجد فجوات محددة في هذه المواد يجب معالجتها لدعم الطلبة بشكل أفضل؟ وقد أُجريت الدراسة باستخدام منهج مختلط يجمع بين تحليل المحتوى الكمي والمناقشة النوعية؛ وتم جمع البيانات من خلال النقاش مع طلاب المعاهد شبه الطبية في تخصصات مختلفة (التمريض العام، القبالة، الأشعة). أظهرت النتائج أن المواد الحالية تتماشى بشكل معتدل مع مفردات وتخصصات التمريض، لكنها تفتقر إلى دمج متكامل للمهارات اللغوية الأربع (القراءة، الكتابة، الاستماع، التحدث) والتواصل الواقعي في مواقف الحياة الحقيقية. وتوصي الدراسة بتطوير مواد تعليمية تدمج المهارات اللغوية بشكل فعّال، ومهام تعليمية تركّز على الكفاءة ضمن السياق المهني.

الكلمات المفتاحية: المهارات اللغوية، المواد التعليمية، شبه الطبي، التخصصات، ESP