VELES JOURNAL

Vol. 9, No. 2; August 2025
E-ISSN 2579-7484
Pages 258-268
DOI: http://dx.doi.org/10.29408/veles.v9i2.30306

Exploring the Correlation Between Speaking Anxiety and English Oral Performance Among Nursing Students Using a Genre-Based Approach

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Submission History:
Submitted: May 15, 2025
Revised: July 19, 2025
Accepted: August 8, 2025

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Abstract

Speaking anxiety can impair nursing students' ability to communicate effectively in English, especially in academic and clinical settings. This study examines the relationship between speaking anxiety levels and speaking performance among nursing students within a genre-based framework. The research was conducted at a private university in West Sumatra, Indonesia, involving all 33 third-year nursing students through total sampling. Using a quantitative one-group pretest–posttest design, data were collected with the Foreign Language Classroom Anxiety Scale (FLCAS) and speaking performance tests, then analyzed using Pearson's product-moment correlation via SPSS 21. The results showed a weak positive but non-significant correlation between speaking performance and overall anxiety levels ($r = 0.196$, $p = 0.309$). Further analysis by anxiety categories revealed: (1) a very weak, non-significant correlation among students with high anxiety ($r = 0.094$, $p = 0.772$; $n = 12$); (2) a very weak, negative, non-significant correlation among students with moderate anxiety ($r = -0.141$, $p = 0.698$; $n = 10$); and (3) a moderate, but non-significant, positive correlation among students with low anxiety ($r = 0.549$, $p = 0.202$; $n = 7$). These findings suggest that, although some patterns are identifiable, speaking anxiety does not consistently or significantly impact students' speaking performance. The study emphasizes the importance of considering individual differences in anxiety when developing genre-based speaking instruction for nursing education.

Keywords: ESP students, anxiety level, genre-based approach, speaking performance.

INTRODUCTION

Communicating effectively in English has become indispensable for healthcare professionals, including nursing students, particularly in today's increasingly globalized medical environment. As frontline healthcare providers, nurses are frequently required to interact not only with patients but also with physicians and international colleagues, making oral communication a crucial component of their professional competence (O'Neill, 2011; Corrizzato & Goracci, 2013; Lum et al., 2014; Lu, 2018; Philip et al., 2019). In many non-English-speaking countries, English serves as the lingua franca of medicine, making mastery

of spoken English essential for professional practice (Mićić, 2013; Sujana et al., 2020; Tweedie & Johnson, 2022). Proficiency in spoken English is vital for participating in clinical discussions, delivering patient education, and engaging in professional collaborations (Gunawan & Aungsuroch, 2015; Schkinder, 2024). For nursing students, oral proficiency in English extends beyond academic requirements, as it directly relates to their future ability to ensure accurate information exchange and provide quality patient care. However, developing oral communication skills in English poses significant challenges for students in English as a Foreign Language (EFL) or English for Specific Purposes (ESP) contexts, where exposure to authentic medical interactions is often limited (Finch, 2013; Rajasa, 2018; Fadliah & Sugirin, 2019; Farahian & Rajabi, 2022). Therefore, strengthening English oral performance among nursing students is not merely a matter of linguistic competence but a professional necessity that directly affects the quality of healthcare delivery.

Despite the growing need for oral proficiency, many nursing students in EFL and ESP contexts struggle with speaking anxiety, which has been widely recognized as one of the most significant affective barriers to successful oral communication in a foreign language (Khan, 2015; Aichhorn & Puck, 2017; Palaleo & Srikrajang, 2018; Al-Khotaba et al., 2019). Speaking anxiety, often conceptualized within the framework of Foreign Language Classroom Anxiety (FLCA) by Horwitz et al. (1986), refers to the apprehension and nervousness experienced when using a second or foreign language, particularly in evaluative or communicative situations. This anxiety can manifest through physiological symptoms, such as increased heart rate, and psychological symptoms, such as fear of negative evaluation, communication apprehension, and test anxiety, all of which hinder spontaneous and accurate language production (Ismail et al., 2022; Marpaung & Fithriani, 2023; Akaraphattanawong et al., 2024). In nursing education, such anxiety is further intensified by the high-stakes nature of medical communication, where students fear misusing medical terminology, making errors that could distort meaning, or failing to meet professional standards (Reynolds et al., 2023). Previous studies consistently show a negative correlation between speaking anxiety and oral performance, suggesting that heightened anxiety levels lead to reduced fluency, limited vocabulary use, and frequent pauses during speech (Yalçın & İnceçay, 2014; Castillejo, 2018; Chou, 2018; Aubrey, 2022; Tsang, 2022). Therefore, implementing effective strategies to enhance oral performance in ESP nursing contexts is essential to improve academic outcomes and equip students with the confidence and competence required to communicate effectively in real-world healthcare settings.

One pedagogical approach that has shown promise in improving oral performance in ESP contexts is the Genre-Based Approach (GBA). Grounded in Systemic Functional Linguistics (SFL), GBA emphasizes the explicit teaching of language through genres, structured, goal-oriented forms of communication that occur in specific social and professional contexts (Abbaszadeh, 2013; Hyon, 2017; Putra, 2019). In nursing education, genres such as patient consultations, case presentations, and health education talks are essential for developing professional oral communication skills, as they provide students with clear models of how language is functionally organized to achieve specific communicative purposes. By guiding students through stages such as building knowledge of the field, modeling, joint construction, and independent construction (Herazo Rivera, 2012; Triastuti et al., 2022), GBA enables learners to understand not only the linguistic features but also the contextual and functional aspects of oral discourse (Khatibi, 2014;

Kusumaningrum, 2015). Moreover, GBA's focus on purposeful, meaning-driven communication makes it particularly relevant for nursing students, who must deliver information accurately, persuasively, and empathetically in real-life healthcare interactions.

The Genre-Based Approach (GBA) is widely recognized for its potential to improve oral communication by offering structured, meaningful, and genre-specific practice. However, its implementation and results differ across various contexts. Triastuti et al. (2022) developed a modified genre-based teaching (GBT) model to match the Indonesian EFL curriculum, focusing on a systematic instructional framework that integrates mandatory content and enhances students' language skills. Nonetheless, studies in Indonesian classrooms reveal ongoing challenges in GBA implementation; Putra (2019) found that teachers struggled with correctly applying GBA stages, while students had trouble understanding the grammatical structures and social functions of texts. Suharyadi et al. (2021) reported that most teachers possessed only superficial pedagogical content knowledge of GBA, emphasizing the need for a stronger theoretical foundation. Conversely, research from other settings shows GBA's positive effect on speaking performance. Khatibi (2014) demonstrated that genre-based awareness-raising tasks significantly boosted EFL learners' speaking skills across various genres, while Herazo Rivera (2012) argued that GBA encourages meaning-focused, realistic oral practice and gradually helps learners gain control over oral discourse through explicit teaching and awareness of metalanguage. In ESP contexts, Dvořáčková (2024) combined GBA with the SPIKES protocol for teaching clinical communication, finding that students recognized the importance of effective oral communication in healthcare despite hesitations caused by limited clinical experience.

Despite growing evidence that the Genre-Based Approach (GBA) improves speaking skills, most studies have focused on curriculum design, teacher practices, or general EFL contexts, providing limited empirical insight into its effectiveness in enhancing learners' oral performance. Research rarely investigates how GBA interacts with affective factors such as speaking anxiety, which greatly impacts the quality of oral communication. This gap is even more apparent in healthcare-related ESP contexts, where nursing students' professional success heavily relies on effective oral communication. To address this, the present study explores the relationship between speaking anxiety and oral performance among nursing students engaged in genre-based speaking tasks within an Indonesian higher education setting. By linking GBA with both linguistic and psychological aspects of oral communication, this study offers a new perspective that directly connects teaching methods to the professional communication needs of nursing education.

METHOD

This study used a quantitative pre-experimental design, specifically a One-Group Pretest-Posttest Design, to explore the link between speaking anxiety and speaking performance and to observe performance changes after the intervention. This design was selected because it enables researchers to measure participants' performance before and after the treatment, making it suitable for assessing the potential effects of instructional techniques without random assignment (Creswell & Creswell, 2018). The research was conducted at a private university in West Sumatra, Indonesia, within the nursing study program. It involved 71 third-year nursing students (42 in Class B and 29 in Class A). A total

sampling method was employed, as the entire population was accessible and considered representative of the group under study (Etikan et al., 2016).

Two instruments were used: a speaking anxiety questionnaire and a speaking performance test, administered as both pre-test and post-test. Speaking anxiety was assessed with an adapted version of the Foreign Language Classroom Anxiety Scale (FLCAS) developed by Horwitz et al. (1986), which is well-known for measuring language anxiety (Aida, 1994). The original 33 items were piloted and refined to 26 after expert validation and reliability testing, achieving a Cronbach's Alpha above 0.7, which indicates acceptable internal consistency (Taber, 2017; Hajjar, 2018). The final questionnaire was administered via Google Forms, using a five-point Likert scale with reversed scoring for negatively worded items, as recommended by Horwitz et al. (1986). Anxiety levels were categorized as low, moderate, or high based on a quartile-based scoring system adapted from Krinis (2007) and Alrabai (2014), where scores from 1.00–36.49 indicated low anxiety, 36.50–52.99 indicated moderate anxiety, and 53.00–71.00 reflected high anxiety.

Speaking performance was evaluated through pre-test and post-test tasks designed using a genre-based speaking approach, aligning with recommendations for authentic and contextually relevant assessment in English for Specific Purposes (Hyland, 2007). In both tests, students chose a topic relevant to their nursing field and delivered a short oral presentation recorded on video. Performances were rated by two trained raters using a modified version of Brown's (2004) speaking performance rubric, which assessed pronunciation, fluency, accuracy, vocabulary, and coherence on a four-point scale (0 = poor, 1 = average, 2 = good, 3 = excellent). Inter-rater reliability was established through rater training and agreement checks, following best practices for performance-based language assessment (Luoma, 2004).

The data collection process included four stages: instrument validation, pre-test administration, intervention, and post-test administration. The FLCAS was piloted at a similar institution to ensure its validity, while the speaking test tasks were reviewed by an ESP expert for relevance. Students first completed the FLCAS questionnaire and the pre-test, then participated in the instructional intervention. After the intervention, the post-test was administered using similar procedures to maintain consistency. Ethical considerations were strictly followed, ensuring voluntary participation, informed consent, and confidentiality, as recommended in educational research (Cohen et al., 2018).

Additionally, data were analyzed using both descriptive and inferential statistics. Descriptive statistics (mean, standard deviation, and frequency distribution) summarized levels of speaking anxiety and pre/post speaking performance. Normality and homogeneity tests checked the assumptions for statistical analysis. Because the data met parametric assumptions, a Pearson product-moment correlation examined the relationship between speaking anxiety and speaking performance, while a paired-samples t-test evaluated whether there was a significant difference between pre-test and post-test speaking scores. The significance level was set at $p < 0.05$, consistent with standard practices in quantitative research (Field, 2013).

FINDINGS

This study aimed to explore the relationship between nursing students' speaking performance and their level of speaking anxiety after implementing genre-based instruction.

The analysis included both overall and subgroup correlations, categorized by anxiety levels (high, moderate, and low). Before conducting the correlation analysis, assumption tests were performed to verify the appropriateness of parametric statistical methods. The Shapiro–Wilk test was used to check the normality of speaking performance and anxiety scores, resulting in $p = .216$ for speaking scores and $p = .188$ for anxiety scores, indicating both variables were approximately normally distributed ($p > .05$). Additionally, Levene's test assessed the homogeneity of variances across anxiety subgroups, with $p = .269$, satisfying the assumption of equal variances. These findings supported the use of Pearson's product-moment correlation as the main analytical method. Table 1 shows the correlation coefficients (r), significance levels (p), sample sizes (N), and interpretations for each anxiety group.

Table 1. Correlation between speaking performance and anxiety levels

Anxiety Level	N	Pearson r	Sig. (2-tailed)	Interpretation
Overall	29	0.196	0.309	Very weak positive (not significant)
High	12	0.094	0.772	Very weak positive (not significant)
Moderate	10	–0.141	0.698	Very weak negative (not significant)
Low	7	0.549	0.202	Moderate positive (not significant)

As shown in Table 1, the overall correlation between students' speaking performance and their combined anxiety scores was very weak ($r = 0.196$, $p = .309$, $N = 29$) and not statistically significant ($p > .05$). Although the positive direction indicates a slight tendency for higher speaking scores to be associated with higher anxiety levels, the effect size is minimal and unlikely to have practical or pedagogical significance. The non-significant result suggests that this relationship may be due to random variation rather than a meaningful pattern within the sample.

Subgroup analyses based on anxiety levels showed similar results. Among students with high anxiety ($N = 12$), the correlation was very weak ($r = 0.094$, $p = .772$), indicating no clear link between anxiety and performance. The moderate-anxiety group ($N = 10$) displayed a slight negative correlation ($r = –0.141$, $p = .698$), hinting that higher anxiety might be associated with lower speaking performance; however, this was not statistically significant, and the effect was minimal. Interestingly, the low-anxiety group ($N = 7$) showed the strongest correlation, a moderate positive relationship ($r = 0.549$, $p = .202$). This suggests that students with lower anxiety tended to perform better in speaking tasks, consistent with the idea that decreasing anxiety can improve oral performance. Still, the lack of significance, likely due to the small sample size, limits certainty in this finding and raises the possibility of a Type II error (i.e., failing to detect a real effect).

The correlations among all groups were weak to moderate and not statistically significant, suggesting that speaking anxiety alone may not be a reliable predictor of speaking performance during the short duration of the instructional intervention. Other factors, such as previous English proficiency, familiarity with the topic, clarity of instruction, or self-confidence, may influence or interact with anxiety's effects. Further research with larger samples and multivariate analysis is recommended to understand better the complex relationship between emotional factors and oral performance in genre-based instructional settings.

DISCUSSION

This study examined the relationship between nursing students' speaking performance and their speaking anxiety within a genre-based instructional framework in an ESP context. The findings revealed a very weak and statistically non-significant overall correlation (r = 0.196, p = .309), indicating that speaking anxiety did not strongly influence students' oral performance in this setting. This contrasts with findings from general EFL contexts, where speaking anxiety has been shown to hinder oral communication substantially. Aichhorn and Puck (2017) reported that anxiety often leads to avoidance and withdrawal from communication, while Khan (2015) and Malik et al. (2021) found that high anxiety levels are closely associated with reduced fluency, limited vocabulary, and frequent pauses due to cognitive, linguistic, and socio-cultural pressures.

Unlike those contexts, the nursing students in this study performed oral tasks within a structured and professionally relevant framework, which reduced typical anxiety-provoking factors. The predictable stages of genre-based instruction and the use of familiar medical content minimized uncertainty and fear of negative evaluation often reported in EFL studies, explaining why speaking anxiety had little impact on performance in this ESP setting (Khatibi, 2014; Megria, 2020; Zhang et al., 2023). Furthermore, the nature of nursing communication itself contributes to this difference: oral interactions in nursing are professional, goal-oriented, and context-specific, requiring accuracy in medical terminology and structured information delivery (Tachom, 2014; Alqurashi, 2016). These characteristics align closely with the principles of genre-based instruction, allowing students to focus on delivering content accurately rather than improvising spontaneously, thereby reducing the influence of anxiety on their speaking performance.

The professional relevance of the speaking tasks also contributes to lower anxiety levels. Because the genre-based tasks are directly related to medical topics familiar to the students (León Pérez & Martín-Martín, 2016), they rely on their existing nursing knowledge to construct meaning, fostering greater confidence and reducing fear of making errors. Previous research in ESP contexts supports this interpretation, reporting that learners are generally more confident and motivated when tasks are directly tied to their field of expertise (Peters & Fernández, 2013; Hafner & Miller, 2019). Furthermore, the subgroup analysis provides further insights into the relationship between anxiety levels and speaking performance. Students with low anxiety levels demonstrated a moderate positive correlation with speaking performance (r = 0.549, p = .202), indicating that when affective barriers are minimal, learners effectively utilize genre-based instruction's structural and linguistic support to enhance their oral performance. In contrast, students with moderate and high anxiety levels showed very weak and non-significant correlations (r = –0.141 and r = 0.094, respectively), indicating that structural scaffolding alone does not offset higher levels of emotional inhibition, such as fear of negative evaluation, self-doubt, or concerns about using professional medical terminology inaccurately—affective barriers that are particularly salient in medical communication training (Chan et al., 2022; Tweedie & Johnson, 2022; Reynolds et al., 2023). While cognitive and performance-related anxiety appear to be reduced by the predictable and structured nature of genre-based tasks, affective anxiety remains more resistant, as it is strongly tied to students' emotional responses and self-perception, factors that are less influenced by instructional organization.

The relatively weak correlations across all groups indicate that this study was limited in its capacity to fully understand the complex factors affecting speaking performance in ESP nursing settings. Variables such as previous English proficiency, familiarity with medical topics, and exposure to professional discourse were not controlled, even though they probably significantly influenced students' oral performance. Moreover, the small sample size, especially in the low-anxiety subgroup, reduced statistical power and limited how broadly the findings can be applied. The use of genre-based tasks, which closely aligned with professional functions, may have further restricted variability in students' performance by focusing more on content than form. These limitations suggest that the weak impact of speaking anxiety seen in this study should be interpreted with caution.

Future research should include larger and more diverse samples to verify whether genre-based instruction reliably enhances oral performance across various anxiety profiles in nursing education. Longitudinal or mixed-method studies should examine how emotional factors like anxiety interact with genre knowledge over time. Adding measures of other possible influencing variables, such as prior English proficiency, self-efficacy, and familiarity with medical discourse, would offer a broader understanding of what determines oral performance in ESP settings. Additionally, comparative research between ESP and general EFL learners could determine if the lower impact of anxiety is specific to structured, profession-focused tasks or if it applies to other teaching contexts.

CONCLUSION

Effective oral communication in English is vital for nursing students as future healthcare professionals, especially in ESP contexts where precise and organized information sharing is essential. However, speaking anxiety is widely recognized in EFL settings as a major obstacle to spoken performance, often causing decreased fluency and limited vocabulary. In this study, conducted within a genre-based instructional framework, the connection between speaking anxiety and speaking performance among nursing students was explored. The results show that speaking anxiety did not significantly impact students' oral performance. The structured stages of genre-based instruction and the professional relevance of the tasks provided clear discourse patterns and aligned with students' medical knowledge, reducing the typical anxiety effects reported in general EFL studies. These findings emphasize that in ESP nursing contexts, factors like topic familiarity and professional discourse knowledge seem to have a more significant influence on oral performance than anxiety levels.

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