

ALIGNMENT OF OUTCOME-BASED NURSING CURRICULUM WITH THE LANGUAGE NEEDS IN THE HEALTH SECTOR IN INDONESIA

Ahmad KAILANI*¹

Emi EMILIA²

Gin Gin GUSTINE³

Rojab Siti RODLIYAH⁴

¹Universitas Muhammadiyah Banjarmasin, Indonesia

^{2,3,4}Universitas Pendidikan Indonesia, Indonesia

¹ahmadikay@gmail.com

²emi.emilia.upi@gmail.com

³gustine@upi.edu

⁴bhs_ing_fpbs@upi.edu

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**Corresponding author*

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ABSTRACT

This study investigates the alignment of Outcome-Based English for Nursing curriculum with the language needs of healthcare settings in Indonesia. Despite national curriculum reforms and the increasing global demand for nursing professionals, there remains a gap in research examining whether current curricula adequately prepare students for English mediated clinical communication. This qualitative case study employed document analysis and semi-structured interviews with seven nursing alumni and three nurse managers. Guided by Tyler's (1949) curriculum rationale and Brown's (2016) needs analysis framework, the study explored curriculum structure, stakeholder expectations, and actual communicative needs in healthcare sector. Results revealed that while the curriculum supported foundational communication skills and aligned with national nursing competencies, it needed improvement in terms of materials authenticity, international relevance, and performance-based assessment. Key gaps included insufficient integration of discipline-specific vocabulary, limited instructional time, underutilisation of task-based learning, and minimal stakeholder involvement in course design. Speaking emerged as the most essential skill, yet participants emphasised inadequate practice and the need for structured, context-rich language support. The findings underscore the need for curriculum reform that embeds authentic clinical tasks, stakeholder-

driven content, and performance-based assessment. This study offers practical recommendations for enhancing English for Specific Purposes (ESP) in nursing education, particularly in multilingual and export-oriented healthcare contexts.

Keywords: nursing curriculum alignment; healthcare communication; English for Specific Purposes; outcome-based education; professional language skills; Indonesia

Introduction

Indonesia has adopted Outcome Based Education (OBE) in nursing to strengthen higher education quality and relevance. The OBE framework emphasises clear learning outcomes integrating knowledge, skills, and professional attitudes (D'Souza et al., 2021). The Bachelor of Nursing and Professional Nursing Education programmes define five competencies: care provider, communicator, educator, manager, and researcher (Faculty of Nursing and Health Sciences, 2022). The communicator role underscores the importance of English, as nurses mediate between doctors and patients (Kwame & Petrucka, 2021), interpret medical records, access international research, and deliver health education (Havery, 2024; Henry, 2023). Aligning English education with these competencies supports clinical and communicative development in global healthcare contexts (Lewis et al., 2022). Accordingly, this study analyses the English language curriculum within the nursing programme.

Despite the central role of the OBE framework in nursing curricula, limited research has examined its alignment with the language demands of Indonesian healthcare. These demands call for a competency based English curriculum that prioritises clinical communication and international standards. While prior studies recommend integrating General English and workplace communication into English for Nursing courses (Fadliah & Sugirin, 2019; Nashir et al., 2022; Nurakhir & Palupi, 2018; Saragih, 2014), most focus on foundational programmes and offer limited insight into curriculum wide integration (Sailsman, 2021; Schimböck et al., 2024). Consequently, non-native English speaking nurses face difficulties with medical terminology, patient interaction, and interdisciplinary collaboration (Tweedie & Johnson, 2022), often without structured English support (Rajasa, 2018). Evidence also links communication competence to care quality, including a Turkish study (Kirca & Bademli, 2019) reporting a moderate correlation ($r = .50$, $p < .01$) and a scoping review identifying language barriers as persistent risks to safe care (Gerchow et al., 2021). These findings highlight the need for targeted English instruction that integrates general and discipline specific competencies for global practice.

This study investigated the extent to which the OBE based English for nursing curriculum in Indonesia aligns with the English language needs of nursing students and healthcare employers. The research questions were:

1. How is English language instruction currently embedded within the OBE nursing curriculum in Indonesia?
2. What specific English language needs for nurses in Indonesian healthcare settings?

3. To what extent do stakeholders perceive the current OBE based English for nursing curriculum as adequately preparing students for English-mediated communication in professional practice?

This study makes three main contributions. First, it uses a dual framework combining Tyler's (1949) curriculum theory and Brown's (2016) stakeholder-based needs analysis to evaluate curriculum alignment, with relevance for other ESP contexts. Second, by incorporating alumni and employer perspectives, it examines the curriculum-to-workplace transition and how well curricular goals address professional language needs. Third, in light of Indonesia's position as a nurse-exporting country, the findings offer insights for other Global South contexts and draw on examples of English integration from settings such as the Philippines (Oducado et al., 2020), the United Kingdom, and Australia (Xu, 2011) to inform English-mediated healthcare education.

Theoretical Framework

This study draws on two theoretical frameworks to examine how an outcome-based English for Nursing curriculum aligns with workplace communication needs: Tyler's Rationale (1949) and Brown's (2016) Needs Analysis Framework. Tyler's (1949) model, with its focus on objectives, learning experiences, organisation, and evaluation, guided the document analysis of curricular content and structure through his four central questions on educational purposes, experiences, organisation, and attainment. Brown's (2016) framework provided a complementary lens on language needs by incorporating democratic (learner), discrepancy (current versus desired competence), analytic (requirements for success), and diagnostic (barriers to achievement) perspectives. It informed the design of interview protocols and analysis of stakeholder responses, which enables triangulation with the curriculum analysis.

Previous research on English for Nursing highlights the complex linguistic and cultural challenges facing non-native English-speaking students. Crawford and Candlin (2013) reported that EFL/EAL students struggle with fast-paced academic instruction and medical vocabulary, while Chien (2019) found that Taiwanese nursing students require strong academic reading skills, technical vocabulary, and grammatical accuracy. Similarly, Onovo (2019) documented difficulties among ESL nursing students in the United States with reading comprehension and oral interaction in clinical settings, with implications for patient care and workplace integration. Cultural factors also shape learning. Choi (2021) showed that Korean students preferred bilingual instruction and localised content, and Lu (2018) described Taiwanese nurses' coping strategies for pronunciation, vocabulary, and communication challenges, indicating misalignment in ESP coursework. In Australia, nursing programmes require students to demonstrate proficiency in English, Mathematics, and Science (Ralph et al., 2019). Evidence from international studies further reinforces the importance of language competence: academic English fluency has been shown to support students' academic success (Salamonson et al., 2021), whereas low English proficiency has been linked to ongoing difficulties in writing, listening, and patient communication (Sudusinghe & Gamage, 2023).

In Indonesia, several studies have indicated the primacy of speaking for effective nursing practice (Fadliah & Sugirin, 2019; Nashir et al., 2022; Nurakhir & Palupi, 2018), with communication for patient education, collaboration, and empathy shown to be central to clinical performance (Susandi, 2023). However, persistent gaps have been reported in medical vocabulary, grammar, and authentic language exposure (Susandi & Krishnawati, 2016), and some authors argue that a General English foundation is needed before introducing nursing-specific content (Nurakhir & Palupi, 2018). Recent literature also conceptualises ESP needs analysis as a dynamic, context-sensitive process shaped by sociocultural and professional demands (Robinson, 1991; Widodo, 2017), while Saragih (2022) proposes integrating present, target, and strategy needs. More specifically, Wibowo (2021) highlighted learner priorities in speaking, vocabulary, and grammar, and Cahyadin (2023) recommended cooperative and task-based approaches such as role plays and group work, supporting a task-based, communicative curriculum grounded in learner needs and workplace authenticity.

Together, these theoretical models and empirical studies informed the design of the research instruments, including curriculum evaluation checklists and semi-structured interview guides. They also guided the analysis process by framing the evaluation of objectives, materials, tasks, and assessments, and by structuring stakeholder input into themes that reflect practical, professional language needs.

Methodology

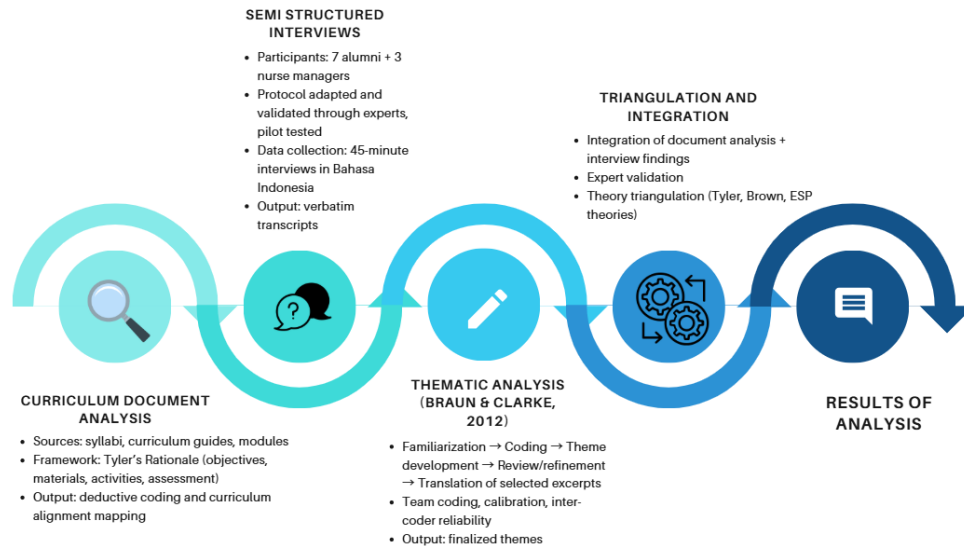
A qualitative case study grounded in constructivist and interpretivist paradigms was conducted to analyse the alignment between the outcome-based English for a nursing curriculum and the communicative needs in Indonesian healthcare settings. This approach enabled in-depth exploration of curriculum documents and stakeholder experiences, combining textual analysis with thematic interpretation.

This study involved seven alumni and three nurse managers, consistent with qualitative case study designs that prioritise depth over sample size (Creswell & Poth, 2018). Participants were purposefully selected and data collection continued until thematic saturation. Alumni met three criteria: graduated between 2017 and 2019, employed in healthcare, and willing to join a 45-minute Zoom interview, four to six years of experience, and familiarity with the curriculum.

Recruitment occurred through Facebook alumni groups using snowball sampling. To reduce bias, eligibility was screened via a bilingual Google Form and job roles were confirmed during interviews. Nurse managers were included to provide perspectives on English use in clinical settings. All participants gave informed consent, pseudonyms were assigned, and the study was conducted in the Nursing Department of a private Indonesian university with a strong nursing programme and English provision, whose alumni work in domestic and international healthcare settings.

Data were collected through the analysis of English for nursing curriculum and semi-structured interviews. Figure 1 illustrates how the data collection and analysis procedures undertaken in this study.

Figure 1
Overview of Data Collection and Analysis Procedures



Curriculum materials, activities, and assessments were reviewed using documents such as syllabi, curriculum guides, and modules. The review was conducted by the researchers with input from an ESP instructor and a nursing lecturer to ensure validity. Analysis was guided by Tyler's (1949) Rationale and Brown's (2016) needs analysis model to examine curriculum structure and alignment with stakeholder needs. Documents were deductively coded and assessed for alignment with real world language demands. A draft summary was reviewed by ESP and nursing education experts, and findings were triangulated with interview data from alumni and nurse managers.

Semi structured interviews were conducted to evaluate curriculum relevance and effectiveness. Interview protocols were adapted from Alfahaid (2011) and Vu Thi (2022), validated through expert consultation, and pilot tested. Interviews were conducted in Bahasa Indonesia, lasted about 45 minutes, and were held online with alumni and in person with nurse managers. Alumni discussed workplace English needs and curriculum alignment, while nurse managers addressed clinical English use and future demands. Data were analysed using Braun and Clarke's (2012, 2020) reflexive thematic analysis (see Appendix 1), following the six-phase process and guided by their critical questions. Adopting a constructionist and interpretivist stance (Byrne, 2021), analysis involved repeated coding, memo writing, and team discussion. Coding was conducted in Indonesian and translated into English. Four researchers coded independently, followed by calibration and expert review to enhance credibility. A sample of interview analysis is shown in Appendix 2.

Results and Discussion

The document and needs analysis revealed both alignment and misalignment

between the English for Nursing curriculum and the communicative demands of clinical practice, based on triangulated interpretation using Tyler's (1949) Rationale and Brown's (2016) Needs Analysis Framework. Although the curriculum followed the Outcome Based Education framework and supported national graduate profiles, particularly the communicator role, its objectives remained narrowly contextual and did not address global or interdisciplinary communication demands.

Alignment of the Objective With National Standards but not With Global Readiness

The English for Nursing curriculum was aligned with Indonesia's Outcome Based Education framework by supporting the communicator role in national nursing graduate profiles (Faculty of Nursing and Health Sciences, 2022). This role encompasses documentation, instruction, empathic patient interaction, and interdisciplinary collaboration. In Tyler's (1949) terms, this indicates alignment with the first fundamental question on educational objectives. Course documentation stated that English for Nursing supports the communicator role by focusing on communication and documentation skills for clinical and academic contexts, which is consistent with institutional aims. Table 1 summarises the nursing graduate profiles under the OBE curriculum framework.

Table 1

Graduate Profiles of Nursing Undergraduate Programme

Graduate profile	
Care provider	Provide comprehensive nursing care in clinical, family, and community settings to meet the basic needs of individuals, families, groups, and communities which are comprehensively founded on Islamic values and evidence.
Communicator	Use a comprehensive nursing strategy based on Islamic values to effectively communicate with clients and collaborate with teams for optimal health outcomes.
Educator	Help patients attain independence in self-care, conduct education and promotion in the client system using a holistic nursing strategy based on Islamic values.
Manager and leader	Analyse comprehensive care with a focus on health and adherence to Islamic principles to achieve client goals.
Researcher	Use a scientific, comprehensive approach to nursing that aligns with Islamic belief resolving health problems

Source: Curriculum guide of outcome-based learning education for Bachelor of Nursing and professional nursing education programmes (Faculty of Nursing and Health Sciences, 2022).

Brown's (2016) discrepancy and democratic perspectives stress that objectives should reflect both institutional goals and stakeholder needs. The needs analysis showed that while the curriculum addressed basic communication, it lacked

orientation toward international nursing demands such as intercultural communication, global clinical terminology, and engagement with English language research. As one alumnus noted, “Communication is the most essential skill for a nurse. We need to collaborate with colleagues, doctors, and patients’ families” (NN), consistent with Lewis et al. (2022) and Kwame and Petrucka (2021). This limited international focus also restricted access to research, professional mobility, and patient safety standards (Gerchow et al., 2021; Henry, 2023). Although suitable for local contexts, the emphasis on general English was insufficient for Indonesia’s global nurse workforce, especially compared with the Philippines (Oducado et al., 2020). Table 2 shows that the course integrates the four language skills and lexicogrammar into nursing specific contexts.

Table 2

Course Profile of English for Nursing

Course description	Learning outcomes
This course discusses the integration of four basic English language skills, namely, speaking, listening, reading, and writing including aspects of grammar and vocabulary into the scope of nursing care both in clinical attachment/nursing community contexts and in classroom/laboratory settings.	<ol style="list-style-type: none"> 1. Read and explain medical and/or healthcare team instructions related to medical records of patient written English. 2. Identify commands/instructions in an English conversation in class or a simulated health care setting 3. Write/document reports of nursing care activities provided to patients. 4. Communicate in English actively in classroom setting and in simulated health services contexts.

Source: Curriculum guide of outcome-based learning education for Bachelor of Nursing and professional nursing education programmes (Faculty of Nursing and Health Sciences, 2022).

Based on the course profile, The English for Nursing course aimed to enhance students’ English proficiency in clinical contexts by integrating grammar and vocabulary with practical skills. Key outcomes included interpreting medical instructions, understanding English commands, writing care reports, and engaging in spoken communication. These objectives aligned with the nursing curriculum’s emphasis on the communicator role between patients and healthcare professionals.

Insufficient Authenticity and Transferability of Learning Materials

The content of the English for Nursing course centred on themes such as “Our Body,” “Nursing Instruments and Supplies” and “Vital Signs,” which reflected clinical relevance for entry-level nursing communication. Tyler’s (1949) principle of selecting experiences that contribute directly to achieving objectives was partially fulfilled. However, in both document analysis and needs analysis, it was noted that these

materials needed exposure to internationally accepted terminology, authentic genres, and evidence-based content. The absence of those elements hindered learners' ability to function in multilingual clinical settings or engage with international guidelines, research, and patient education tools. Table 3 provides the content of syllabus of English for nursing as mentioned in this discussion.

Table 3*Syllabus of Nursing English*

Learning materials	Learning activities	Learning approach	Evaluation
1. Our Body	1. Role play	1. Task based	1. Formative:
2. Nursing Instruments and Supply	2. Speaking practice	language teaching	role play, writing
3. The Hospital Team	3. Grammar exercise	2. Structured learning	exercise, grammar exercise
4. In and around the Hospital	4. Reading comprehension	3. Independent learning	2. Summative : quiz, midterm and final exams
5. Hospital Admission	5. Writing task		
6. Dimensions of Symptom			
7. Pain			
8. Vital Sign			
9. Medication			

Source: Curriculum guide of outcome-based learning education for Bachelor of Nursing and professional nursing education programmes (Faculty of Nursing and Health Sciences, 2022).

On the other hand, Advanced English course offers proficiency in business communication and medical contexts, covering presentations, business English, advanced nursing topics, and TOEFL preparation. Table 4 illustrates syllabus of the course.

Table 4*Syllabus of Advanced English*

Learning materials	Learning activities	Learning approach	Evaluation
1. Presentation techniques	Role play,	Task	1. Formative:
2. English for business	Simulation,	based	role play,
3. Physical examination	Quiz	language teaching	writing exercise, grammar exercise
4. Medical procedure			
5. Diagnostic test			
6. Nursing problem			
7. Nursing intervention & order			2. Summative: quiz, midterm
8. Type of therapy			

9. Nursing Implementation	and	final
10. Nursing Evaluation	exams	
11. TOEFL training		

Source: Curriculum guide of outcome-based learning education for Bachelor of Nursing and professional nursing education programmes (Faculty of Nursing and Health Sciences, 2022).

From Brown's (2016) analytic perspective, curriculum content should reflect workplace genres, lexis, and functions. Although the Nursing English and Advanced English syllabi included nursing terminology, alumni reported a gap between classroom content and workplace needs, as noted by one alumnus: "We want to be taught more about nursing vocabulary and more language practice in class" (RF). This lack of specificity weakens ESP authenticity, which requires materials to be derived from target discourse (Dudley-Evans & St John, 1998). Similar findings in Taiwan showed that limited exposure to authentic clinical content hindered communicative competence (Chien, 2019; Lu, 2018). This support concerns that general English underprepares non-native nurses (Sailsman, 2021; Tweedie & Johnson, 2022) and reinforces the need for ESP aligned with international documentation standards (Mitchell, 2018; Schimböck et al., 2024). In Indonesia, studies also emphasise early integration of speaking and documentation through professional genres (Fadliah & Sugirin, 2019; Nurakhir & Palupi, 2018).

Need More Actual Learning Activities Implementation

The learning activities in the syllabi, including task-based exercises, role plays, and independent study, reflected an initial attempt to apply communicative methodologies consistent with TBLT. From Tyler's (1949) perspective on organising experiences to meet objectives, these activities appeared logically sequenced. However, their pedagogical value was weakened by limited authenticity, particularly in Advanced English, where TOEFL preparation displaced clinically relevant communication tasks. Although TOEFL training supported general academic skills, it did not meet core nursing demands such as patient interaction, interdisciplinary collaboration, and documentation, creating a misalignment between curricular input and workplace output. From Brown's (2016) diagnostic view, which emphasises addressing learners' actual performance needs, this gap is problematic. As one stakeholder noted, "the learning materials fulfilled what I wanted, but the practice was lacking" (NN), echoing Onovo's (2019) finding that ESL nursing students struggle to transfer classroom language skills to clinical performance when content is abstract or decontextualised.

These findings suggest that, without grounding activities in realistic clinical scenarios, the curriculum will continue to fall short in preparing students for the communicative complexity of nursing practice. In response, Cahyadin (2023) advocates systematic use of TBLT adapted to nursing contexts, while Widodo (2017) calls for ESP curricula that address linguistic, sociocultural, and institutional demands. To foster functional communicative competence, nursing English curricula therefore need to move beyond decontextualised, general English tasks toward

experiential, performance-oriented pedagogy based on authentic healthcare communication.

Limited Performance-Based Assessment

Although the curriculum used varied assessments, including formative role plays and summative tests, the lack of standardised rubrics and performance-based measures created a serious gap. Tyler's (1949) fourth principle requires assessment to capture whether outcomes are achieved, yet the absence of structured tasks targeting clinical communication (such as patient interviews, handovers, or oral case reports) meant workplace competence was rarely evaluated. This echoes Brown's (2016) analytic and diagnostic views that ESP evaluation should be grounded in profession specific tasks, since generic or grammar focused tests can misrepresent communicative ability in high stakes settings like healthcare. One participant remarked, "Speaking and listening, as well as role play, need improvement; more role plays should be included in the classroom" (DH), signalling a mismatch between evaluation practices and practical needs. Without authentic, task-based assessment, students may graduate without essential communicative skills for safe nursing care.

Mitchell (2018) and Chetsadanuwat (2024) argue that simulation-based assessment and oral clinical reports better indicate readiness in ESP nursing contexts, while Biggs's (1996) constructive alignment framework reinforces that assessment should mirror intended learning outcomes and instruction, a coherence that appears weak in the current curriculum. Therefore, it can be inferred that reforming the curriculum's assessment approach is not merely a pedagogical improvement but a professional imperative. Embedding performance-based assessments that simulate the linguistic and pragmatic demands of real clinical interactions would enhance both the reliability of evaluations and the communicative preparedness of nursing graduates.

Inadequate Time Allocation

A recurring concern among participants was the insufficient time allocated for English instruction, with the English for Nursing course assigned only two credit units. From Tyler's (1949) perspective, this reflects misalignment between the complexity of communicative objectives and the limited instructional time. Brown's (2016) diagnostic view similarly frames this as a systemic constraint, as inadequate time restricts proficiency development regardless of content quality. One participant noted, "two credit units for the course was not enough to cover everything. I need basic speaking skill and listening" (DH). Research also confirms that professional language acquisition requires sustained and scaffolded exposure (Habók et al., 2019; Khoram & Zhang, 2019; Namaziandost et al., 2020).

In contrast, ESP programmes in Australia and the Philippines allocate multiple semesters to English for Nursing and integrate clinical communication across the curriculum (Oducado et al., 2020; Xu, 2011). The limited course duration in Indonesia therefore signals a structural weakness. These findings indicate that curriculum redesign should prioritise increased credit allocation and longitudinal integration, as

improvements in materials or pedagogy alone will have limited impact without sufficient instructional time.

Need for Enhanced Language Support Programmes

The exclusion of informal learning initiatives such as English Day, summer camps, and international internships from the formal English for Nursing curriculum represents a missed opportunity to build communicative competence through authentic, low stakes interaction. Although these activities were non-credited, stakeholders viewed them as highly beneficial. As one participant noted, “Summer Camp helped us a lot” (ER), while another recommended “more structured speaking practice, maybe like role plays and English Day” (DH). Under Brown’s (2016) democratic and analytic approaches, such learner identified practices should inform curriculum revision, and from Tyler’s (1949) perspective, out-of-class experiences can legitimately contribute to achieving stated objectives.

Yet the curriculum treated these opportunities as peripheral rather than integral, thereby undervaluing strategies that support real world communication in culturally diverse clinical settings. Research similarly advocates institutionalising informal learning: Choi and Brochu (2022) highlight the value of extracurricular immersion for intercultural competence and pragmatic fluency, and Widodo (2017) argues that socio pragmatic development in ESP is best fostered in context rich, real-world settings. These environments promote spontaneous dialogue, turn taking, and negotiation of meaning, all essential for healthcare communication. Consequently, such programmes should be repositioned as core components of ESP course design, formally embedded to strengthen fluency, confidence, and the capacity to manage complex interpersonal and intercultural encounters.

Stakeholder Involvement in Curriculum Design

The absence of alumni and nurse managers in curriculum development represents a critical gap in aligning the English for Nursing course with communicative needs in clinical practice. Brown’s (2016) democratic model highlights stakeholder involvement as essential for relevance, shared ownership, and accountability in ESP design. Excluding those with field experience has contributed to a curriculum misaligned with the communicative demands faced by graduates in local and international settings. As one nurse manager stated, “To adapt more easily to local and international environments, nursing students must improve their communication skills” (EK). Consistent with this, Saragih (2022) and Susandi (2023) argue for participatory curriculum development in ESP for healthcare professionals, where communication directly affects patient care and safety. The findings suggest that, despite well-intentioned objectives, the current curriculum reinforces a top down, institution centred model with limited practical input, weakening its relevance and students’ readiness for real-world practice.

Stakeholder exclusion also reduces responsiveness to emerging communicative needs in globalised, interdisciplinary healthcare contexts. Involving alumni and clinical educators would enable continuous feedback and integration of

up-to-date language practices in patient interaction, teamwork, and documentation. Their participation would enhance curricular legitimacy and alignment between academic instruction and professional expectations. In this sense, stakeholder engagement is a structural necessity rather than an optional addition. Embedding participatory processes would help the curriculum evolve with professional realities, narrow the academic–practice gap, and better prepare graduates with context-sensitive communication skills. Without such alignment, the programme risks producing linguistically underprepared nurses in a profession where communication functions as both a clinical tool and a safety mechanism.

Stakeholder-Driven Proposals for Curriculum Improvement

Proposals from alumni and nurse managers emphasising nursing specific vocabulary, interactive speaking tasks, small group learning, and audio-visual materials indicate a strong need to reposition the English for Nursing course toward a more participatory and professionally relevant design. These suggestions align with Brown’s (2016) analytic perspective, which requires ESP instruction to be grounded in learners’ real tasks and priorities. Participant comments such as “We want to be taught more about nursing vocabulary. The lecturers should have sufficient English proficiency” (RF) and “The learning should be more interactive ... small group work would be more engaging” (NS) reflect a demand for dynamic, practice-oriented pedagogy beyond grammar translation. Cahyadin (2023) similarly advocates interactive, context based speaking activities, while Fleischer et al. (2009) support multimodal approaches to enhance retention and skill transfer. Collectively, these reforms signal a shift from language as content to language as practice within experiential, learner centred ESP pedagogy.

To consolidate these findings, Table 5 presents a triangulated framework of Tyler’s and Brown’s (2016) models, mapping curriculum alignment with workplace English needs across objectives, content, activities, and assessment. Stakeholder input informs identified gaps based on Brown’s (2016) categories of necessities, lacks, and wants.

Table 5

Curriculum Alignment Map: English for Nursing Course

Tyler’s Domain	Curriculum Documented	as	Brown’s (2016) Needs Analysis	Alignment of the Curriculum with the Needs of Health Sector
Objectives	Supports the <i>communicator</i> role based on OBE (e.g., documentation, basic communication).	the	Stakeholders wanted international communication skills, cultural competence, and ability to collaborate in multilingual teams.	Partial – National outcomes met, but international readiness missing.

Materials	Modules include “Our Body,” “Vital Signs,” “Instruments” – contextually relevant but general and locally oriented.	Stakeholders needed exposure to authentic clinical genres (e.g., care plans, shift reports, health promotion) and international standards.	Weak – Contextually relevant but not discipline-specific or internationally benchmarked.
Activities	Role plays and task-based learning were used. Advanced English included TOEFL prep, unrelated to nursing communication.	Stakeholders wanted immersive, simulation-based, student-centred activities tailored to clinical tasks.	Weak to Partial – Some methods appropriate, but key components missing (e.g., patient interviews, case presentations, intercultural simulation).
Assessment	Formative and summative assessments existed (e.g., quizzes, midterm, final). Needed rubrics and performance-based assessment	Stakeholders wanted structured evaluations of speaking, interaction, and documentation skills.	Weak – Evaluations were present but not aligned with course objectives or real-world communication.

Conclusion

This study examined the alignment between an Outcome-Based English for Nursing curriculum in Indonesia and the English language needs of clinical practice, using document analysis and stakeholder interviews guided by Tyler’s (1949) and Brown’s (2016) frameworks. While the curriculum supported national outcomes and foundational communication skills, it lacked international orientation, authentic speaking practice, performance-based assessment, and adequate instructional time. These misalignments suggested that the curriculum, though well-intentioned, underprepared students for the communicative demands of global and multilingual healthcare settings. Stakeholders emphasised the need for interactive, context-rich instruction and stronger integration of real-world tasks and informal language support. The study was limited to a single institution and sample size; future research should involve broader, multi-site investigations and explore longitudinal impacts of curricular reforms. To enhance its relevance and effectiveness, nursing English curriculum should embed authentic, stakeholder-informed content, expand instructional time, and adopt task-based, performance-focused approaches. Doing so is not only pedagogically sound—it is essential for producing linguistically competent nurses capable of delivering safe, effective care in today’s global health landscape.

Ethics Approval

This study received ethical clearance from the Research Ethics Committee of the Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Banjarmasin, Indonesia, number 154/KE/III/2024. All participants provided informed consent, and confidentiality was ensured throughout the research process.

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Appendix 1


Braun and Clarke's (2020) Twenty Critical Questions for Evaluating TA Research Quality

1	Do the authors explain why they are using thematic analysis (TA), even if only briefly?	Method justification
2	Do the authors clearly specify and justify which type of TA they are using?	Method specification
3	Is the use and justification of the specific type of TA consistent with the research questions or aims?	Method–aims alignment
4	Is there a good <i>fit</i> between the theoretical and conceptual underpinnings of the research and the specific type of TA (i.e. conceptual coherence)?	Theoretical coherence
5	Is there a good <i>fit</i> between the methods of data collection and the specific type of TA?	Methodological coherence
6	Is the specified type of TA consistently enacted throughout the paper?	Consistency in application
7	Is there evidence of problematic assumptions or practices around TA (e.g., treating TA as one homogenous method, combining incompatible approaches, confusing topics with themes, applying grounded theory procedures, assuming TA is atheoretical or purely descriptive)?	Awareness of methodological integrity
8	Are any supplementary procedures or methods justified and necessary, or could the same results have been achieved simply by using TA more effectively?	Justification for supplementary methods
9	Are the theoretical underpinnings of the use of TA clearly specified (e.g., ontological, epistemological assumptions, guiding frameworks), even when using TA inductively?	Theoretical transparency
10	Do the researchers strive to “own their perspectives”—their personal and social standpoint and positioning?	Researcher reflexivity
11	Are the analytic procedures clearly outlined and described in terms of what the authors actually did, rather than generic procedures?	Clarity of analytic process
12	Is there evidence of conceptual or procedural confusion (e.g., claiming reflexive TA but using codebooks, consensus coding, inter-rater	Conceptual clarity

	reliability, or treating themes as analytic inputs)?	
13	Do the authors demonstrate full and coherent understanding of their claimed approach to TA?	Methodological competence
14	Is it clear what and where the themes are in the report? Would the manuscript benefit from a list, table, or thematic map?	Clarity in theme presentation
15	Are the reported themes topic summaries rather than fully realised themes (patterns of shared meaning underpinned by a central organising concept)? If so, is this appropriate and justified?	Depth of analysis
16	Is non-thematic contextualising information presented as a theme, and if so, should it be treated as contextual information instead?	Structural coherence
17	In applied research, do the reported themes have potential to yield actionable outcomes?	Practical relevance
18	Are there conceptual clashes (e.g., claiming constructionism but invoking positivist coding reliability)?	Paradigmatic coherence
19	Is there evidence of weak or unconvincing analysis (too many/few themes, confusion between codes and themes, mismatch between data and claims, overlap between themes)?	Analytical rigour
20	Do the authors make problematic statements about the lack of generalisability of their results, or implicitly treat generalisability as statistical probabilistic generalisability?	Appropriate understanding of qualitative generalisability

Appendix 2

Sample of Interview Data Analysis Process



Step 1	Step 2	Step 3	Step 4
Theme (Aligned with Results & Discussion)	Sub-themes / Illustrative Data Example Codes	Extracts	Reflexive Notes (Analyst Interpretation & Development)
1. Alignment of Objectives with National Standards but Not with Global Readiness	<ul style="list-style-type: none"> Curriculum supports “communicator” role Limited focus on international communication Emphasis on national values 	“Communication is the most essential skill for a nurse. We need to collaborate with colleagues, doctors, and patients’ families.” (NN)	Early coding around <i>communication skills</i> evolved into a theme on <i>global readiness</i> . Researcher reflections noted tension between local curriculum goals and global professional demands, echoing Byrne (2021)’s recommendation to examine contextual positioning.
2. Insufficient Authenticity and Transferability of Learning Materials	<ul style="list-style-type: none"> Locally oriented topics Absence of international genres/terminology Desire for authentic exposure 	“We want to be taught more about nursing vocabulary and more language practice in class.” (RF)	Semantic codes such as <i>nursing vocabulary</i> and <i>authentic content</i> were later interpreted as indicators of <i>contextual transferability</i> . Reflexive memos documented recognition of how authenticity shapes learner identity and perceived relevance.
3. Limited Implementation of Task-Based	<ul style="list-style-type: none"> Role plays and simulations rarely applied 	“The learning materials fulfilled what I	Initially framed as <i>lack of practice</i> , iterative analysis

and Experiential Learning Activities	<ul style="list-style-type: none"> • TOEFL focus over clinical tasks • Desire for interactive and practice-based learning 	wanted, but the practice was lacking.” (NN)	re-contextualised it as <i>pedagogical misalignment</i> . Following Braun & Clarke (2020), the analytic stance shifted from description to interpretation of underlying institutional priorities.
4. Lack of Performance-Based Assessment and Constructive Alignment	<ul style="list-style-type: none"> • Grammar-oriented testing • Few authentic performances task • Absence of standardized rubrics 	“Speaking and listening, as well as role play, need improvement; more role plays should be included in the classroom.” (DH)	Coding memos revealed that participants equated <i>assessment</i> with <i>learning</i> . Reflexive questioning prompted recognition that the issue lay not only in task type but in the <i>conceptualisation of competence</i> within the curriculum.
5. Inadequate Time Allocation for English Instruction	<ul style="list-style-type: none"> • Only two credit units • Limited exposure to English • Insufficient scaffolding 	“Two credit units for the course was not enough to cover everything. I need basic speaking skill and listening.” (DH)	Through recursive analysis, the sub-theme moved from <i>time issue</i> to <i>systemic constraint</i> . Analyst reflection noted how structural limitations perpetuate surface learning—a latent theme emerging across multiple interviews.
6. Need for Enhanced Language Support and Informal	<ul style="list-style-type: none"> • English Day, summer camps, internships • Student-initiated learning 	“Summer Camp helped us a lot... We need more structured speaking	Reflexive engagement recognised these informal settings as <i>sites of agency</i> .

Learning Opportunities	<ul style="list-style-type: none"> • Authentic communicative exposure 	practice, maybe like role plays and English Day.” (ER)	Following Byrne (2021), analytic notes emphasized participants as co-constructors of pedagogical innovation, not passive recipients.
7. Limited Stakeholder Involvement in Curriculum Design	<ul style="list-style-type: none"> • Absence of alumni/manager input • Top-down institutional planning • Desire for participatory reform 	“To adapt more easily to local and international environments, nursing students must improve their communication skills.” (EK)	Researcher memoing identified this theme as the connective thread linking other gaps. Collaborative analysis reinterpreted <i>stakeholder feedback</i> as a latent call for democratisation of curriculum processes (Brown 2016 framework integrated).