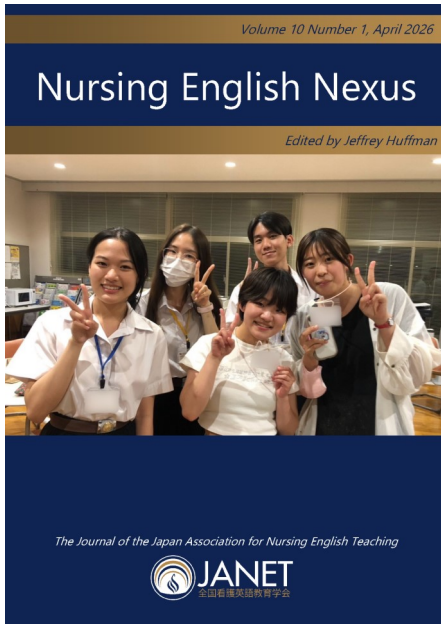


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Investigating Japanese Nursing Students' Attitudes Toward Speaking Assessments

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Abstract: *Speaking tests are an important part of assessment in ESP programmes for nursing students. This paper presents two formats of speaking assessment undertaken by third-year students in a Japanese university: a memorized conversation performed in pairs in front of the class, and an unscripted role-play carried out in a private setting with the class instructor. A questionnaire administered at the end of the academic year investigated students' attitudes toward these speaking tests. As well as highlighting the importance of receiving targeted feedback from students, this research revealed that although students found the more authentic, on-the-spot test format to be more difficult, they also found it more worthwhile and more aligned with their future needs. Additionally, students generally reported feeling less nervous in a one-to-one test setting than when performing in front of the whole class. These findings support the move to more meaningful assessment, while also offering some insight into causes of student anxiety.*

Keywords: speaking assessment, test authenticity, test anxiety, English for nursing

About the Author: Diane Aoto has been teaching English in Japan for over 20 years and is now a lecturer in the Faculty of Medicine at Tottori University. Her research interests include curriculum and assessment design, student motivation, and extensive reading.

Communication with patients is one of the fundamentals of nursing care. With the growth of inbound tourism and immigration in Japan, the need for medical care for patients who do not speak Japanese is also growing, making English skills increasingly necessary for nurses. Within an ESP programme for nursing students, research (Willey et al., 2016; Mori & Suzuki, 2018; Yamanaka & Parker, 2005) suggests that nurse-patient conversations should be a key focus of English classes in order to provide students with the communicative skills they will need in their professional lives. Accordingly, testing conversational skills should be incorporated into student evaluation. By examining students' attitudes toward speaking assessments, we can attempt to identify and mitigate barriers to successful performance, such as test anxiety. In addition, knowledge of nursing students' understanding of their English language needs helps us to design tests that they will find relevant and motivating (Bachman & Palmer, 1996). This report presents two formats of speaking assessment used in an ESP programme for nursing students and

investigates students' opinions about them.

Context

This report concerns third-year nursing students in a national university in Japan. The cohort of about 80 students is divided into two groups for a weekly medical English class. The class focuses on nurse-patient interaction and medical vocabulary.

At the end of each semester, students undertake a speaking assessment as well as a written final test. In the first semester of the year concerned, pairs of students wrote, practiced, and presented a nurse-patient conversation based on one of the situations covered during the course. Students presented their conversation in front of the class and were graded by the instructor on the content (English accuracy and appropriacy, and whether the content followed the assignment instructions) and presentation (clarity, fluency, memorization).

This format allowed the whole group to be evaluated in one class period, gave the students an opportunity to be creative, and provided some information about the students' English ability. However, it lacked the unpredictability and

spontaneity that characterize natural conversation. It did not match the goal of the class, which was to prepare students to talk with patients in their role as nurses. To be seen as authentic, a test task should directly reflect the real-life language usage being evaluated (Bachman & Palmer, 1996; Hughes, 2003). These presentations failed to assess students' abilities to understand and interact with another speaker in an unscripted setting, and so cannot be considered an authentic task aligned with class goals. This lack of authenticity also affected the test validity, since a valid test should accurately measure what it intends to measure (Hughes, 2003). Therefore, a new speaking assessment format was designed with the goal of increasing authenticity and validity and providing greater educational value for the students. This new format was implemented for only one of the two class groups, which at the end of the second semester comprised 36 students.

The new speaking test took the format of a role-play between a nurse (student) and patient (instructor), in a private, one-to-one setting. At the time of the test, the student was given one of four cards, randomly selected, which described the situation and listed five communication tasks (see Appendix). The cards were written in Japanese to ensure students' comprehension of the task and to prevent them from simply reading the information on the card aloud. The students were told the basic situations in advance, but not the details of what would be on each card, and a fifth situation, not used in the test, was used as a practice sample test in class to demonstrate the format. The instructor used a basic script to ensure conformity, but reacted naturally to what the students said. For each of the five tasks, scores of "completed well", "completed with difficulty", or "unable to complete" were given. An additional score was given for general communication skills, including eye contact, willingness to communicate, and overall attitude.

When this new format was first introduced to the students in class, many expressed surprise and worry that the test would be more difficult than the presentations of the first semester. Despite assurances that the test would only cover content studied in class, and that active participation in class would go a long way towards preparing them for the test, students remained concerned. However, the majority of the students taking this speaking test performed very well. Overall, they had clearly practiced and studied hard to prepare for the assessment, and their efforts to communicate were impressive. In many cases, the students themselves seemed surprised at how well they were able to complete the task. Given the initial lack of enthusiasm for this format of speaking test, it was decided to investigate the students' opinions of the two different speaking assessments that they had experienced.

Questionnaire

After the end of the academic year, the 36 students were invited to respond to an online questionnaire concerning their opinions of the speaking assessments. Students were no longer taking any English classes at this point. Participation was voluntary and anonymous. Students were informed of the purpose of the questionnaire, and it was administered in Japanese. Twenty-three responses were received, a response rate of about 64%.

The questionnaire was divided into two sections, one for each of the speaking assessment formats, each containing the following five items:

1. This task was difficult.
2. Doing this task improved my English-speaking skills.
3. This task was helpful in preparing for using English in medical settings.
4. I felt nervous during this task.
5. Comments regarding this task.

Questions one to four used a 5-point Likert

scale ranging (*strongly disagree* to *strongly agree*). Students responded to the fifth, open-ended question in Japanese, and all answers quoted here are my translations.

Results

As expected, students generally found Format B (unscripted role-play with the instructor) more difficult than Format A (memorized conversation with a classmate). If the two positive and two negative categories are combined, the majority of students reported that Format A was not difficult (12 students, 52%) and that Format B was difficult (17 students, 74%).

However, students seem to have realized that this increased difficulty was perhaps worthwhile. Although both formats received generally positive responses to the statement "Doing this task improved my English speaking skills", the results were more clearly positive for Format B. Responses to the statement "This task was helpful in preparing for using English in medical settings" further support the idea that students considered Format B to be more useful for them. Almost all students (91%) responded positively to this statement for Format B, with just two neutral responses. Again, the same statement for Format A was slightly less positive, with more neutral responses (30%) and 1 (4%) who disagreed.

Considering comments made in class about the new test format, I had expected that students would have been more nervous undertaking Format B than Format A. The results of the

questionnaire, however, show a broadly similar attitude to each of the formats regarding nerves. It seems that any form of speaking assessment is likely to make students nervous.

To gain a better understanding of the students' attitudes to these speaking assessments, I next considered their comments. Since students wrote just one comment for each test format, this information can also be presented as quantitative data. Many students commented about the difficulty of the tasks, but often in conjunction with the perceived value of the task. Regarding Format A, 7 students (30%) expressed opinions which could be summarized as "not difficult but also not very useful". For example, one respondent wrote: *It was easy because I could do it once I'd memorized it, but I didn't really feel like it had sunk in.* Conversely, only 1 student commented that Format A was difficult, and nobody commented that they found it useful. Regarding Format B, 12 students (52%) commented on the practical usefulness of the task, such as: *It was difficult, but having to come up with the conversation on the spot felt more realistic,* while no students commented negatively on its usefulness. These comments, and others like them, support the conclusion drawn from the Likert-scale data that although Format B was considered more difficult, it was also considered to be a more beneficial exercise.

The second largest category of comments concerned nerves. Seven students (30%) reported feeling nervous when presenting in Format A,

Table 1
Student Responses to the Questionnaire

(N=23)	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Format A					
This task was difficult.	0	6	5	9	3
Doing this task improved my English speaking skills.	1	11	8	3	0
This task was helpful in preparing for using English in medical settings.	2	13	7	1	0
I felt nervous during this task.	7	11	1	4	0
Format B					
This task was difficult.	4	13	4	2	0
Doing this task improved my English speaking skills.	3	15	5	0	0
This task was helpful in preparing for using English in medical settings.	3	18	2	0	0
I felt nervous during this task.	10	10	0	3	0

writing, for example, "I was very nervous because it was in front of a large group." Eight students (35%) described feeling nervous in the Format B test but for different reasons, such as: *I was very nervous because I didn't know what I would be asked until the day of the test*, while 4 students (17%) specifically commented that the one-on-one format made them less nervous.

A more surprising grouping of comments discussed enjoyment. Five students (22%) expressed enjoyment of Format A, writing, for example, "It was fun to see the other pairs' presentations." Five students (22%) made similar comments about Format B, writing, for example, "The atmosphere was easy to talk in and enjoyable."

Discussion

Considering the data from the Likert scale questions and the open-ended comments, several themes emerge. As expected, students generally found the Format B speaking test more difficult, since it was more unpredictable and entailed real-time reaction. Overall, however, students reacted more positively to this format regarding how much it improved their English and how useful it would be to them in their professional future. They understood that the very elements which made the task more difficult also made it more worthwhile, reflecting Bachman and Palmer's (1996) assertion that a more authentic test is perceived as more valuable by test takers. Without this questionnaire, it would have been easy to assume that students preferred the easier Format A if the only feedback had been the immediate in-class pushback when the new format was introduced. This reinforces the importance of obtaining meaningful feedback from students, and also warns us not to underestimate students' understanding of their own EFL needs (Mori & Suzuki, 2018). Nursing students may have clearer language goals than many general students of English, which can

improve motivation and, as in this case, increase receptivity to more challenging tasks if they are perceived as valuable. Teacher awareness of this, through targeted, specific student feedback, can lead to a more appropriate assessment design.

Another surprising theme to emerge from the comments was about the students' nerves. I had expected students to find Format B much more stressful than Format A, for the same reasons that they found it more difficult. However, the question about feeling nervous yielded very similar results across formats, with only a slight weighting towards Format B, which caused more nerves. The comments revealed that although students often felt less nervous because of the pre-planned nature of Format A, performing the conversation in front of the class was nerve-racking for many, demonstrating the reluctance to stand out often observed in Japanese classrooms (Brown, 2004). Conversely, while Format B made students nervous because they did not know exactly what they would have to do until the moment of the test, several students commented that talking one-on-one with the teacher made them feel more comfortable.

To conclude, surveying my students revealed some attitudes and opinions that may have been overlooked without specifically seeking out feedback. Although this was a very small study and cannot necessarily be extended to larger student populations, the results do at least highlight several points to consider in future syllabus and assessment design. In particular, students seem to appreciate the benefits of more realistic, on-the-spot speaking activities even if they find them more difficult, supporting the move to more valid and educationally meaningful assessment. In addition, these students seem to generally prefer one-on-one tests to whole class presentations, so the new format may allow them to perform better with less anxiety.

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Appendix

Sample of test card for Format B (originally in Japanese):

Caring for Inpatients – Talk to the patient about her operation tomorrow.

1. Ask her how she's feeling today
2. Tell her tomorrow's schedule: surgery at 10:00; you'll come for her at 09:45
3. Tell her she cannot eat or drink anything after 20:00 tonight
4. Answer her questions

Patient's questions (not given to students):

1. When can my husband come and see me?
2. When can I leave hospital?