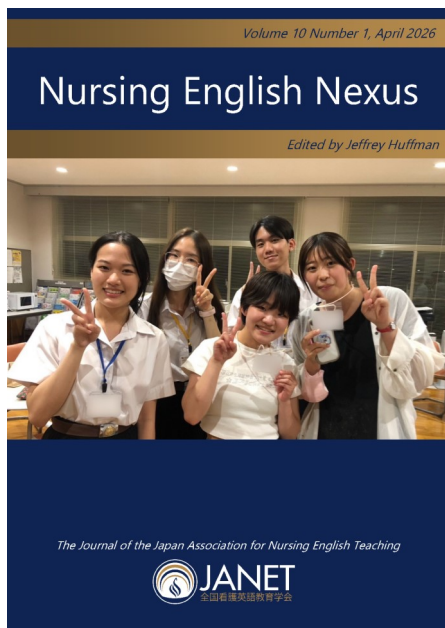


Revisiting the Lexical Demands of Nursing English: Insights from a Medical Drama Corpus

Nathan Kitamura

Temple University (doctoral student)



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Revisiting the Lexical Demands of Nursing English: Insights from a Medical Drama

Corpus

Nathan Kitamura (ngkitamura@gmail.com)

Temple University (doctoral student)

Abstract: *Research on English for nursing has emphasized communicative competence in clinical settings, yet comparatively little attention has been paid to the lexical characteristics of this communication. This study addressed this gap through a frequency-based corpus analysis of nurse dialogue in scripted medical dramas. Using transcripts from nursing-focused television series, the study examined the overall lexical characteristics of nurse interaction and compared vocabulary use in patient-directed versus interprofessional (nurse-staff) communication. Results indicated that both interaction types are predominantly composed of high-frequency general English. Patient-facing dialogue achieved slightly higher coverage with higher frequency vocabulary, though differences between interaction types were incremental rather than categorical. Examples from the corpus are provided to illustrate how nurses reformulate technical terminology using accessible, high-frequency language. The findings align with needs analyses and observational research on real-world nursing communication and suggest pedagogical value in emphasizing high-frequency vocabulary and reformulation skills in medical English instruction.*

Keywords: corpus linguistics, English for nursing purposes, lexical profiling, nurse-patient communication, vocabulary instruction

About the Author: Nathan is a PhD student in Applied Linguistics at Temple University. He teaches academic writing to undergraduate nursing students and has professional experience in English for nursing contexts. His research interests include L2 writing development and the effects of AI-assisted writing on language learning.

As healthcare systems have become increasingly globalized, the need for English in medical settings has grown, a trend that in Japan has been intensified by the post-COVID tourism boom and the resulting rise in encounters with foreign patients. This surge in international patient contact has placed greater communicative demands on nurses. Indeed, among healthcare providers, nurses may shoulder the heaviest interactional burden given the frequency and intimacy of their encounters with patients (Mori & Suzuki, 2018). To facilitate smoother interactions, many nurses and nursing students have expressed a desire to improve their English (e.g., Lu, 2018; Miyake & Tremarco, 2005; Mori & Suzuki, 2018). Closer examination of this perceived need reveals that it is not primarily technical vocabulary which poses the greatest challenge, but rather the ability to communicate at an everyday level. Most patients, after all, have a limited understanding of medical jargon, making it essential for nurses to

be able to convey information using lay vocabulary. However, while the aforementioned studies have documented this perceived need for daily English communication skills, little research has examined the lexical characteristics of English used in medical interactions themselves. Addressing this gap, the current study analyzes two types of interactions—nurse-patient and interprofessional—in popular English-language medical dramas to provide insight into the types of vocabulary commonly used in medical settings.

Literature Review

Research in English for Nursing Purposes (ENP) has often revealed a disparity between the language prioritized in ENP classrooms and by nursing students, on the one hand, and the language practicing nurses report using, on the other. Seeking to identify the core learning needs of Taiwanese nursing students, Chien (2019) administered a questionnaire to preprofessionals (i.e., nursing students) and in-service nurses, both

enrolled in an optional ENP course. The questionnaire examined the types of English-language learning exercises participants regularly engaged in. Results indicated that, whereas the in-service nurses most frequently studied by watching authentic English content, the nursing students primarily focused on building medical vocabulary. Similarly, Nata (2025), in a survey of 42 nursing students at a university in Indonesia, found that students favored nursing-related English over general English, with the vast majority rating medical terminology as important or very important. In a mixed-methods study incorporating questionnaires, class observations, and interviews, Setiyani et al. (2023) likewise reported that nursing students responded positively to ENP materials that emphasized nursing-related discourse, particularly medical terminology and clinical communication.

Shifting from the classroom to the hospital—or more precisely, from a focus on nursing students' perceived needs to those of practicing nurses—a different picture of nursing communication emerges. By drawing directly on nurses' accounts, these studies shed light on both the extent to which English is required and the types of English nurses perceive as necessary in their work. Mori and Suzuki (2018) administered a questionnaire to Japanese nurses focusing on two main areas: 1) the specific circumstances in which nurses need English and 2) the types of vocabulary required to care for English-speaking patients. A total of 1,271 nurses from two large hospitals completed the survey. Results indicated a high demand for English in situations requiring verbal communication to explain patients' conditions and treatments. These situations included explaining operation procedures, engaging in bedside conversation, instructing patients about medication use, and explaining tests, treatments, and admission procedures. Regarding vocabulary, the findings pointed to a greater need for general rather than technical

English, a pattern reflected in the highest-rated categories—symptoms, body parts, and diseases—which are not necessarily unique to nursing or medicine, but instead consist largely of words used by laypeople in everyday discussions about health.

The focus on general communicative ability is not limited to Japanese nurses; similar patterns have been observed in other cultural contexts. To better understand Taiwanese nurses' English-language needs and challenges, Lu (2018) interviewed and observed nurses from various wards in a large hospital in Taiwan. Analysis of transcripts and observation field notes revealed two primary uses for English: interactions with medical staff and interactions with foreign patients. The former consisted largely of the use of English acronyms (e.g., B/C [blood culture], GOT [glutamic oxaloacetic transaminase]) as a means of speeding up shift reports among nurses. In contrast, when communicating with foreign patients, nurses attempted to reformulate this specialist language into lay alternatives to facilitate understanding. However, many nurses were unable to produce these vernacular equivalents, reinforcing the idea that nurses' difficulties stem less from technical word knowledge than from limitations in general communicative ability.

Taken together, needs analyses and observational studies tell us about when and why nurses use English. Less clear, however, is how that English is realized linguistically—an issue that discourse-analytic studies of nurse communication have sought to address. Guest and Nambu (2011), in an effort to inform the development of more authentic ESP materials for Japanese nurses, drew on observations of authentic nursing workplace discourse from hospitals in Singapore, the United States, and the Philippines, to examine how nurses manage English in professional interaction. They found that nurses' language use was highly economical, often forgoing complete and

grammatical sentences in favor of ellipsis (i.e., the omission of words understood from context), a pattern suggesting that communication depended less on linguistic accuracy than on discursive strategies (e.g., turn-taking, confirmation checks) and shared pragmatic routines. However, because the researchers were primarily concerned with identifying broad discourse frames, they did not compile a spoken corpus, instead relying on observation and field notes. As a result, questions regarding the lexical characteristics of English used in nurses' interactions remain largely unexplored. Moreover, the data focused mainly on communication between nurses, leaving nurse-patient communication underrepresented.

In contrast to studies focusing primarily on nurse-nurse interaction, Barrere (2007) conducted a discourse analysis of audio-recorded nurse-patient interactions in two community hospitals in the United States. The analysis of 140 recorded interactions identified 11 recurrent modes of discourse such as teaching/information sharing, personal self-disclosure, and reassurance, highlighting both symmetrical and, more frequently, asymmetrical patterns of interactions between nurses and patients. Building on this focus, Porter's (2025) spoken corpus of culturally and linguistically diverse (CALD) patients highlights the communicative and intercultural challenges encountered in Japanese clinical settings.

Discourse-analytic studies such as Barrere (2007) and Guest and Nambu (2011) offer important insights into how nurses manage communication in clinical settings, both with colleagues and with patients. Porter's (2025) corpus-based study provides valuable patient-centered and intercultural perspectives, which can help prepare students for the challenges of communicating with CALD patients. At the same time, this research has focused either on communicative functions and strategies (Barrere, 2007; Guest & Nambu, 2011) or the compilation

and pedagogical use of patient narratives (Porter, 2025), leaving the lexical profile of nursing-related communication largely unexplored.

To address this gap, the present study adopts a frequency-based approach to vocabulary analysis, an approach put forward by Laufer and Nation (1995), who proposed that categorizing language output into frequency bands (e.g., the most frequent 1,000 words, the second most frequent 1,000) could be used to estimate a learner's productive vocabulary and overall language proficiency. Since then, the word lists underlying this approach have been refined and expanded using larger, more representative corpora, including the British National Corpus (BNC) and the Corpus of Contemporary American English (COCA), culminating in updated frequency-based word family lists such as Nation's (2017) BNC/COCA 25,000-word family lists. The present study employs the online Lextutor tools (Cobb, 2019), which draw on Nation's (2017) frequency-based word family lists.

Research on lexical coverage has further demonstrated that comprehension of both written and spoken texts depends heavily on the proportion of words known by the reader or listener. In a widely cited study, Nation (2006) reported that approximately 98% lexical coverage is needed for comfortable comprehension of authentic texts. In spoken discourse, this level of coverage is typically achieved with knowledge of approximately 6,000 to 7,000 of the most frequent word families. Webb and Rogers (2009), investigating the vocabulary demands of TV programs, found that knowledge of the 3,000 most frequent word families, in addition to proper nouns, provided approximately 95% coverage—a level commonly regarded as the minimum threshold for adequate comprehension, though later work has suggested that closer to 98% coverage may be ideal for more complete and unassisted understanding (Nation, 2022; Webb & Nation, 2017).

Examining the frequency-based lexical characteristics of nursing care-related interaction—an area that has received comparatively limited attention—may therefore provide useful insight into the types of vocabulary relied upon by nurses in everyday professional communication.

Against this backdrop, the present study is a frequency-based analysis of the lexical characteristics of English used in nurse interactions, drawing on a corpus of nursing television drama transcripts. While fictional, transcripts from these dramas are treated here as mediated clinical discourse that reflects the kind of interactions commonly seen in healthcare settings. This study is guided by two research questions:

RQ1: What are the lexical profiles of English used in clinical interactions in nursing drama transcripts?

RQ2: To what extent does the vocabulary used in professional interaction (nurse to healthcare professional) differ from that used in patient-directed interaction?

Methods

Data Sources

The corpus was compiled from three English-language medical drama television series: *Nurse Jackie*, *Virgin River*, and *Hawthorne*. Four episodes were selected from *Nurse Jackie* and three episodes each from *Virgin River* and *Hawthorne*, resulting in a corpus of 11,937 words. These series were selected because each features a nurse as the primary protagonist. Specifically, *Nurse Jackie* centers on an emergency nurse, *Virgin River* on a nurse practitioner and midwife, and *Hawthorne* on a chief nursing officer. The three series therefore represent a variety of nursing contexts.

Corpus Construction

Episode transcripts were obtained from the publicly available transcript archive Springfield!

(<https://www.springfieldspringfield.co.uk>). Transcripts were manually reviewed and screened prior to analysis, during which all dialogue not directly related to medical care was removed from the corpus. This included exchanges focused on character development, humor, interpersonal relationships, or other non-clinical topics. Only dialogue pertaining to patient care, clinical decision making, or professional medical interaction was retained.

Analytical Procedures

Corpus analysis was conducted using the VocabProfile tool on Lextutor (Cobb, 2019; <https://www.lextutor.ca>). This tool automatically classifies vocabulary items according to frequency bands and reports the proportion of words at each level. It also allows for comparison across multiple texts by identifying lexical overlap in terms of tokens (individual word occurrences), types (unique word forms), lemmas (base forms plus inflected variants), and word families (headwords plus their inflected and derivationally related forms). While the choice of lexical unit (e.g., lemma vs. word family) remains a subject of ongoing debate in vocabulary research, the present study adopts the word family as the unit of analysis, consistent with BNC/COCA frequency lists that underlie VocabProfile.

To address RQ1, patient-directed and professional healthcare interactions from the three dramas were combined and then submitted to Lextutor's VocabProfile function to generate an overall lexical profile of clinical dialogue. To address RQ2, the corpus was then divided into subcorpora based on interaction type: Nurse-Professional Interaction, comprising professional exchanges between nurses and other healthcare staff, and Nurse-Patient Interaction, comprising patient-directed dialogue. Lexical profiles for each subcorpus were then calculated separately and compared across frequency bands. Proper nouns for all corpora analysis were categorized under

the K-1 frequency band, which is Lextutor’s default classification.

Results

Lexical Profile of Clinical Dialogue (RQ1)

Table 1 presents the distribution of vocabulary across frequency bands in the combined clinical dialogue corpus. The K-3 frequency band (i.e., the 3,000 most frequently used word families) accounted for 96.1% of the vocabulary. Approximately 98% of lexical coverage was reached by the K-6 frequency band. Off-list items (i.e., lexical items that do not appear in the frequency lists) accounted for a small percentage of tokens (0.38%).

Lexical Profile of Nurse-Professional Interaction and Nurse-Patient Interaction (RQ2)

Table 2 presents the frequency-based lexical distribution of the Nurse-Professional Interaction subcorpus. The K-3 band accounted for 95% of the vocabulary. Approximately 98% of lexical coverage was reached by the K-8 frequency band.

Table 3 shows the frequency-band distribution of the Nurse-Patient Interaction subcorpus. Compared with the Nurse-Professional Interaction, the patient-directed dialogue exhibited higher coverage within the most frequent 1,000–2,000 word families (96.1%) and approximately 98% coverage achieved within the most frequent 4,000–5,000 word families.

Comparison of the two subcorpora revealed noticeable differences in frequency-band distribution. In patient-directed exchanges, lexical coverage was concentrated more heavily within the most

Table 1
Lexical Profile of the Combined Clinical Dialogue Corpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	10,997	91.1
K-2	403	94.5
K-3	193	96.1
K-4	124	97.1
K-5	81	97.8
K-6	46	98.2
K-7—K-25	169	99.6
Off-List	51	99.98

Table 2
Lexical Profile of Nurse-Professional Interaction Subcorpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	5136	88.5
K-2	244	92.7
K-3	135	95.0
K-4	75	96.3
K-5	41	97.0
K-6	25	97.4
K-7	18	97.7
K-8	25	98.2
K-9—K-25	75	99.5
Off-List	29	99.96

Table 3
Lexical Profile of Nurse-Patient Interaction Subcorpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	5858	93.6
K-2	159	96.1
K-3	58	97.0
K-4	49	97.8
K-5	40	98.5
K-6—K-25	72	99.6
Off-List	25	100.00

frequent 3,000 word families than in professional conversations between nurses and other medical staff. Nonetheless, both types of interactions were characterized by a substantial reliance on high-frequency general English vocabulary.

Discussion

Discussion of RQ1: Lexical Profile of Clinical Dialogue

The first research question examined the lexical profile of clinical dialogue, encompassing interactions between nurses and patients as well as exchanges between nurses and other healthcare professionals. The results indicate that approximately 96% of the vocabulary was accounted for by the most frequent 3,000 word families. This prominence of high-frequency vocabulary aligns with the findings of Mori and Suzuki (2018) and Lu (2018), whose needs analyses identified nurses’ reliance on general English skills in professional communication. In addition, Webb and Rogers (2009) reported that approximately 95% lexical coverage can be achieved with knowledge of the most frequent 3,000 word families. The present findings suggest

that the healthcare-related interaction of nurses—often assumed to be lexically dense or highly technical—relies heavily on a relatively limited range of high-frequency vocabulary.

One explanation for the dominance of high-frequency vocabulary may lie in the functional demands of clinical dialogue across interaction types. These demands include explaining procedures, eliciting information, providing reassurance in patient-facing talk, as well as reporting patient status, coordinating care, and clarifying clinical decisions among nurses and other healthcare professionals—functions that are largely realized through general English rather than specialized terminology.

While previous research has linked frequency-based coverage with comprehension (e.g., Nation, 2006), the present findings are not intended to suggest that clinical dialogue is inherently easy to understand, nor that knowing 95 to 98% of the words in an interaction concerning a patient's well-being is sufficient. Rather, the results suggest that clinical interaction makes efficient use of a relatively small set of high-frequency words, both in patient-facing communication as well as in exchanges between healthcare professionals. Furthermore, it should be acknowledged that some vocabulary items within the mid-frequency bands (e.g., K-4 to K-6) can nonetheless present difficulties for L2 learners, who might perceive them as domain-specific despite their relatively high frequency in general English. At the same time, while lower-frequency and off-list items represent a small portion of tokens, they may refer to diagnoses, medications, or procedures—terms that carry disproportionate communicative importance, particularly in nurse-professional interaction where accuracy has direct implications for patient safety.

Discussion of RQ2: Lexical Profile of Nurse-Professional Interaction and Nurse-Patient Interaction

The second research question concerned variation across interaction types within clinical dialogue. The results indicate that interaction between nurses and patients draws more heavily on a small core of highly frequent words than interaction between nurses and other healthcare professionals, suggesting that much of the communicative work in patient-facing talk is carried by common, everyday vocabulary. This pattern is consistent with the functional demands of nurse-patient exchanges, which commonly involve explaining procedures, discussing tests and treatments, providing medication-related instructions, and engaging in routine bedside communication, all of which tend to rely on general English vocabulary (Lu, 2018; Mori & Suzuki, 2018).

Perhaps unsurprisingly, professional interaction between nurses and other healthcare staff consisted of a greater proportion of lower-frequency vocabulary, reflecting the inclusion of a range of procedural, institutional, and role-specific terms. Importantly, however, both interaction types were largely composed of high-frequency general English, and the observed differences were incremental rather than categorical. Together, these findings suggest that, while interaction type influences lexical choice within clinical discourse, high-frequency vocabulary plays a prominent role across both patient-directed and professional communication.

Illustrative Examples of Lexical Simplification in Nurse-Patient Interaction

Given the prominence of high-frequency vocabulary, it is worth examining how this language functions in context. The following excerpts illustrate recurring strategies through which nurses made clinical information accessible, including the use of simplified definitions,

paraphrasing, and reassurance when addressing patients and their family members.

In patient-facing interactions, medical jargon was frequently reformulated using high-frequency, accessible language. In some cases, nurses immediately reframed medical terminology using simplified definitions. For example:

Nurse: He has a cerebral aneurysm, which is a weakened blood vessel in the brain.

Here, in explaining a patient's condition to a family member, the nurse immediately provides a definition of a cerebral aneurysm using high-frequency vocabulary, rendering a complex diagnosis more accessible.

In other instances, rather than defining a technical term, nurses replaced it altogether with a more readily-understandable expression.

Nurse: You're just having some Braxton Hicks.

Patient: Oh.

Nurse: False labor pains.

In this exchange, the medical term Braxton Hicks is reformulated as false labor pains, a semantically equivalent phrase that relies on everyday vocabulary.

In addition to explicit reformulation, nurses sometimes avoided technical explanations completely, instead emphasizing function and reassurance. For example:

Nurse: I know these tubes seem really scary, but they're helpful. So you gotta trust me.

Rather than naming and describing the medical purpose of the tubes, the nurse employs high-frequency reassuring and trust-building language to reduce anxiety and establish rapport, further illustrating how patient-facing communication prioritizes accessibility over technical precision.

Pedagogical Implications

While dialogue from scripted medical dramas cannot be taken as a direct stand-in for real-world clinical communication, the present findings nonetheless align with needs analyses and observational studies indicating the centrality of general English in nursing practice. From a pedagogical perspective, this suggests that instructional materials may benefit from prioritizing high-frequency vocabulary alongside, rather than secondary to, specialized terminology.

Emphasizing high-frequency vocabulary does not diminish the role of specialized medical terminology; rather, the two are inherently connected. Effective patient-facing communication requires nurses to command technical terms well enough to reformulate them into language that patients can readily understand, as illustrated in the excerpts above. From this perspective, instructional materials might also benefit from emphasizing functional language, including skills related to explaining, paraphrasing, and simplifying information in communication with patients. These observations inform several practical considerations for materials development, outlined below.

One pedagogical implication involves scripted role-play activities designed to limit learners' lexical choices to high-frequency vocabulary bands. Role-play has been recognized as an effective means of simulating clinical interaction in nursing education (e.g., Lai, 2024), and can be adapted to prioritize lexical control. For example, students might be provided with role-play scripts or guided prompts that restrict language use to the most frequent 2,000 to 3,000 word families, with technical terms introduced only when necessary. Such activities would encourage learners to rely only on common lexical resources to explain procedures, give instructions, and respond to patient concerns, reflecting the lexical efficiency observed in the corpus.

A second activity focuses explicitly on

reformulation. Students might be provided with short excerpts containing technical medical terms and asked to paraphrase them using high-frequency vocabulary accessible to patients. This could be implemented as a writing or oral task, or a role-play in which one student assumes the role of a patient unfamiliar with medical terminology.

Finally, listening or viewing activities, such as clips from nursing television dramas, can be used to raise learners' awareness of how medical information is simplified in interaction. Students might be asked to note instances in which technical language is followed by paraphrases or definitions, and to note how meaning is re-expressed using high-frequency vocabulary. This type of task could help learners recognize that technical terms—particularly when directed at patients—rarely appear in isolation but are instead accompanied by reformulations that facilitate understanding.

Limitations

The present study is not without its limitations. Perhaps the most salient limitation concerns its reliance on scripted dialogues drawn from fictional nursing dramas. It bears emphasizing, however, that the aim is not to use fictional transcripts to draw novel claims about the nature of nurses' professional communication. Rather, the findings from this corpus analysis are intended to complement and lend support to insights reported in previous research on the interactions of real-world nurses. Nevertheless, future corpus-based analyses of nurses' authentic interactions—both patient-facing and interprofessional—would help to more clearly identify the linguistic demands nurses encounter in clinical practice, an issue that is not easily captured through self-reports or field notes alone.

A second limitation relates to the size of the corpus on which the present analysis is based. A larger and more diverse corpus would likely reveal additional patterns and provide a more nuanced

picture of the lexical and interactional resources relied upon by nurses across contexts.

Conclusion

This study examined lexical characteristics of nurse interactions as portrayed in nursing dramas, using a frequency-based corpus analysis to compare patient-directed and professional communication. The findings indicate that, across interaction types, nurses' speech was predominantly composed of high-frequency general English. Excerpts further illustrated how technical terminology was often reframed for patients using accessible language.

Future research drawing on larger corpora of authentic clinical interactions would allow for a more in-depth examination of the lexical choices that nurses make across different contexts. From a pedagogical standpoint, the present findings support instructional approaches that integrate technical terminology with training in reformulation and functional language use, reflecting the genuine linguistic challenges nurses face in their daily practice.

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