PSYCHOLOGICAL BARRIERS IN LEARNING ENGLISH FOR MEDICAL PURPOSES: EVIDENCE FROM INDONESIAN MIDWIFERY STUDENTS

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ABSTRACT

Psychological factors are increasingly recognized as important influences on students' success in English for Specific Purposes (ESP), particularly in healthcare education where effective communication is essential. This mixed-methods study investigated the affective and cognitive barriers experienced by midwifery students in learning English within an English for Medical Purposes (EMP) context. Questionnaire data were collected from 120 midwifery students, while twelve participants were purposively selected for semi-structured interviews to provide deeper insights into their learning experiences. The study was informed by perspectives from foreign language anxiety, self-efficacy, and cognitive load theories. The findings revealed that low self-confidence (62%), language anxiety (60%), and cognitive overload (58%) were the most frequently reported barriers. These factors were associated with reduced classroom participation, communication avoidance, difficulties in recalling specialized vocabulary, and lower confidence in performing speaking tasks. Qualitative findings further showed that fear of negative evaluation, perfectionism, and test anxiety often intensified students' reluctance to use English in academic and simulated clinical settings. The findings suggest that challenges in EMP learning extend beyond linguistic knowledge and are closely connected to students' emotional and cognitive experiences. Several pedagogical strategies emerged as particularly relevant, including simulation-based communication activities, scaffolded vocabulary instruction, collaborative learning tasks, and low-stakes assessment practices. By addressing both language development and psychological support, EMP instruction may better prepare midwifery students for professional communication in healthcare settings.

Keywords: English for Medical Purposes, psychological barriers, foreign language anxiety, self-efficacy, cognitive load, midwifery students

INTRODUCTION

English is a global lingua franca used in both spoken and written communication across diverse cultural, economic, and professional domains. In the current era of globalization, proficiency in English facilitates cross-cultural interaction, enhances access to knowledge, and opens opportunities in education, technology, healthcare, and international collaboration. In Indonesia, English is taught from early childhood through tertiary education, with compulsory instruction at junior high, senior high, and university levels. At the higher education stage, English is not only a general academic requirement but also a critical professional competency, particularly for fields that demand specialized communication skills.

One key branch of English instruction is English for Specific Purposes (ESP), which differs fundamentally from General English (GE) in both objectives and methodology. ESP focuses on equipping learners with language skills tailored to their academic discipline or professional field, thereby making instruction relevant and applicable (Dudley-Evans & St John, 1998). In midwifery and other healthcare professions, ESP, often referred to as *Medical English,* is designed to develop the ability to understand, interpret, and use domain-specific terminology in clinical and academic contexts. Such competence is essential for reading medical literature, documenting patient records, communicating with healthcare professionals, and, in some cases, interacting with non-Indonesian patients or participating in international training programs.

Despite the recognized importance of ESP, research has shown that its implementation in Indonesian higher education often remains limited in scope and effectiveness. Many instructors default to teaching GE-focused grammar and vocabulary, with minimal integration of discipline-specific content (Basturkmen, 2010; Widodo, 2017). This mismatch can lead to reduced learner engagement and inadequate preparation for professional communication. In midwifery programs, for example, students may receive English instruction that does not fully address the linguistic and communicative demands of antenatal care consultations, labor and delivery reporting, or postpartum care documentation.

Beyond curriculum design issues, a growing body of literature highlights psychological barriers as a significant

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factor influencing ESP learning outcomes (Horwitz et al., 1986; Teimouri et al., 2019). These barriers, such as language anxiety, fear of negative evaluation, low self-confidence, lack of motivation, shyness, learning boredom, cognitive overload, perfectionism, and test anxiety, can limit active participation, reduce retention of new terminology, and impair communicative performance. In healthcare-specific ESP contexts, such affective and cognitive constraints are particularly problematic, as they may prevent students from engaging in authentic, high-stakes language use, including clinical simulations and role-plays (S. Chan et al., 2022; L. Deng et al., 2022).

Previous studies in medical and nursing education have reported that psychological barriers often outweigh purely linguistic challenges (Novak Lađarević, 2021; Šafranj et al., 2022). For example, students may have sufficient vocabulary knowledge but fail to use it due to anxiety or fear of making mistakes in front of peers. Rabadi & Rabadi (2020) identified high levels of writing anxiety among medical students, with anxiety primarily triggered by affective factors such as low self-confidence and fear of making mistakes, rather than simply vocabulary deficiencies. Similarly, J. Deng et al., (2022) found that language anxiety is domain-specific, with certain medical terms, such as "episiotomy" or "preeclampsia," causing heightened anxiety. In midwifery, where professional communication often involves sensitive topics, cultural considerations, and precise medical terminology, such barriers can be particularly pronounced. Additionally, Song et al., (2023) emphasized the role of self-esteem and self-efficacy in reducing writing anxiety, indicating that non-linguistic factors such as psychosocial conditions and technology use contribute significantly to students' anxiety, further supporting the need for pedagogical strategies that address affective components of language learning.

Given these gaps, this study aims to investigate the psychological barriers that midwifery students face in learning English for Specific Purposes (ESP) within an EFL context. More specifically, the study seeks to identify the dominant affective and cognitive challenges that influence students' engagement and performance across different language skills, including listening, speaking, reading, writing, vocabulary, and grammar. In addition, the study explores how these barriers shape students' experiences in learning English for medical and clinical communication. To obtain a more comprehensive

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understanding of the phenomenon, the research employs both quantitative and qualitative approaches through questionnaires, classroom observations, and semi-structured interviews. Ultimately, this study intends to contribute to the development of more psychologically responsive and pedagogically relevant ESP instruction for midwifery students in Indonesia and comparable EFL settings.

REVIEW OF RELATED LITERATURES

2.1. Conceptual Foundations of ESP and Medical English

English for Specific Purposes (ESP) is widely recognized as a needs-based approach to language teaching in which instructional goals, materials, and learning activities are designed according to learners' academic or professional demands (Dudley-Evans & St John, 1998; Hutchinson & Waters, 1987). Unlike General English (GE), which emphasizes broad communicative competence, ESP focuses on the development of discipline-specific language skills, specialized vocabulary, and contextualized communicative practices relevant to particular fields (Basturkmen, 2024)..

Within healthcare education, English for Medical Purposes (EMP) represents a specialized branch of ESP that prepares students for communication in medical and clinical environments. EMP instruction, therefore, extends beyond general linguistic competence to include understanding medical terminology, interpreting clinical information, documenting patient records, presenting cases, and engaging with scientific literature (Cao et al., 2022; A. Williams et al., 2024a). Effective EMP learning also requires sensitivity to professional discourse, patient interaction, and culturally appropriate communication practices in healthcare settings (Alhamami, 2024; C. S. C. Chan et al., 2022)..

For midwifery students, these competencies are particularly important because professional communication often involves sensitive patient interaction, accurate clinical explanation, and precise use of medical terminology. Consequently, EMP learning in midwifery education cannot be separated from the communicative realities of maternal and reproductive healthcare practice.

2.2. EMP in EFL Contexts and Challenges in Midwifery Education

Despite the growing importance of EMP, its implementation in many English-

as-a-Foreign-Language (EFL) contexts remains challenging. Previous studies have identified several constraints, including limited exposure to authentic medical English, insufficient discipline-specific materials, and limited familiarity among language instructors with healthcare discourse (Basturkmen, 2010; Cao et al., 2022). In many cases, EMP courses continue to rely heavily on general grammar instruction with minimal integration of authentic clinical communication.

These limitations are particularly evident in midwifery education. Midwifery students are expected to communicate about antenatal care, childbirth procedures, postpartum care, and reproductive health issues using accurate, professional language. However, many students experience difficulty understanding technical terminology, explaining medical procedures fluently, and producing coherent clinical reports in English (S. Chan et al., 2022).

The situation becomes more complex in EFL environments where English is rarely used during clinical placements or workplace training. As a result, opportunities for authentic interaction remain limited, reducing students' confidence and communicative readiness. To address these challenges, previous research has recommended several pedagogical approaches, including simulation-based learning, scaffolded clinical communication tasks, and collaboration between language instructors and healthcare specialists (Dudley-Evans & St John, 1998; D. Williams et al., 2024). Such approaches are considered important for narrowing the gap between classroom learning and professional practice.

2.3. Psychological Barriers in Medical and Midwifery EMP

Beyond linguistic competence, psychological factors have been increasingly recognized as important determinants of language learning outcomes. Research in second and foreign language learning consistently shows that learners' emotional and cognitive conditions significantly influence classroom participation, willingness to communicate, and academic performance (Horwitz et al., 1986; MacIntyre & Gregersen, 2012; Teimouri et al., 2019).

Several psychological barriers have been identified in EMP learning contexts, including language anxiety, fear of negative evaluation, low self-confidence, lack of motivation, cognitive overload, perfectionism, learning fatigue, and test

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anxiety. These barriers may discourage learners from participating actively in speaking tasks, clinical simulations, and English-mediated discussions. In healthcare-related learning environments, the impact of such barriers can become more pronounced because communication is closely associated with professional competence and patient safety (Alshareef et al., 2024).

Students who fear making mistakes may avoid volunteering during presentations, rely excessively on peers, or prefer using their first language during classroom interaction (L. Deng et al., 2022; Novak Lađarević, 2021). In midwifery education, these challenges are particularly important because students are often required to discuss sensitive topics while maintaining professional accuracy and emotional sensitivity in communication.

2.4. Empirical Evidence: Anxiety, Motivation, and Self-Efficacy in EMP

Among the various psychological factors discussed in the literature, foreign language anxiety has received substantial scholarly attention. Previous studies have demonstrated that anxiety negatively affects learners' speaking performance, listening comprehension, vocabulary acquisition, and writing quality (Rabadi & Rabadi, 2020; Teimouri et al., 2019). In medical English settings, anxiety may emerge when students encounter unfamiliar terminology, participate in oral case discussions, or perform under evaluative conditions.

However, anxiety does not operate independently. Self-efficacy, defined as learners' belief in their capability to accomplish specific tasks, also plays an important role in shaping learning behavior and performance. Students with stronger self-efficacy are generally more willing to participate in communicative tasks and more resilient when facing linguistic difficulties. In contrast, low self-efficacy tends to increase avoidance behavior and writing anxiety, particularly in clinical documentation tasks (Song et al., 2023).

Motivation similarly contributes to students' engagement in EMP learning. Dörnyei & Ushioda (2021) argue that learners are more persistent when they perceive language learning as directly relevant to their future professional identity. In healthcare education, students who recognize the practical value of English for clinical communication are more likely to maintain participation despite learning difficulties.

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Taken together, these studies indicate that psychological barriers in EMP are multidimensional and interconnected. Anxiety, self-efficacy, and motivation should therefore be understood not as isolated variables but as interacting affective factors that shape students' engagement and communicative performance.

2.5. Pedagogical Strategies to Reduce Psychological Barriers

Given the influence of psychological barriers on EMP learning, researchers have proposed several pedagogical strategies aimed at creating more supportive and confidence-building learning environments. One commonly recommended approach is the development of low-anxiety classrooms through gradual task progression, constructive feedback, and non-threatening assessment practices (Horwitz et al., 1986; MacIntyre & Gregersen, 2012).

Simulation-based learning and role-play activities have also been widely emphasized in EMP instruction because they provide opportunities for authentic yet controlled communication practice. Through repeated exposure to clinical scenarios, students can gradually develop confidence and communicative fluency while minimizing fear of evaluation (Arundell et al., 2024; D. Williams et al., 2024).

Collaborative learning further contributes to psychological support by encouraging peer interaction, mutual feedback, and shared problem-solving. Scaffolded instruction, particularly in clinical writing tasks, may also reduce cognitive overload and help learners manage the complexity of medical discourse (Rabadi & Rabadi, 2020; Song et al., 2023). In addition, technology-enhanced learning tools such as recorded role-plays, reflective playback, and digital storytelling provide opportunities for repeated practice and self-monitoring, allowing learners to improve both accuracy and confidence over time (Alcalde-Peñalver & Santamaría-Urbieta, 2021; Cao et al., 2022).

2.6. Rationale for the Present Study

Although previous studies have examined psychological barriers in learning medical English, most research has focused on general medical or nursing students. Comparatively little attention has been given to midwifery students, whose communicative responsibilities entail distinctive professional demands, including maternal health consultation,

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reproductive health communication, and emotionally sensitive patient interactions.

Moreover, existing EMP studies in EFL settings have tended to emphasize linguistic competence while giving less attention to the affective and cognitive dimensions of learning. As a result, there remains insufficient understanding of how psychological barriers influence midwifery students' engagement and performance in EMP classrooms.

To address this gap, the present study investigates the psychological barriers experienced by midwifery students in learning English for Medical Purposes within an Indonesian EFL context. By integrating quantitative and qualitative data, the study seeks to provide a more comprehensive understanding of the affective and cognitive challenges that shape students' learning experiences. The findings are expected to contribute to the development of more psychologically responsive and pedagogically relevant EMP instruction for midwifery education.

.METHODS

3.1 Research Design

This study employed a convergent mixed-methods design, in which quantitative and qualitative data were collected during the same period, analyzed separately, and then integrated to develop a more comprehensive understanding of midwifery students' psychological barriers in learning English for Medical Purposes. A convergent mixed-methods design allows both numerical patterns and participants' lived experiences to be examined in parallel, thereby strengthening the interpretation of the research problem (Ellermeijer et al., 2025). This design was considered appropriate because psychological barriers involve both measurable tendencies, such as anxiety levels, and subjective experiences that require deeper exploration.

3.2 Participants

The participants were undergraduate midwifery students enrolled in an English for Specific Purposes course at a public health sciences institution in Indonesia. A total of 90 students participated in the quantitative phase of the study, while twelve students voluntarily participated in the semi-structured interviews. Purposive sampling was employed to select participants with recent

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or ongoing experience in English-related academic activities and clinical practice situations where English communication occasionally occurred.

All participants were female students, reflecting the demographic composition commonly found in Indonesian midwifery education programs. The participants ranged in age from 19 to 23 years old. Most participants were 21-22 years old (40%), followed by those aged 22–23 years (33%) and 19–20 years (27%). In terms of academic level, the participants were evenly distributed across the second, third, and fourth years of study, with each group representing 33.33% of the total sample. At the time of data collection, all participants had completed at least one English course and had experienced introductory clinical learning activities.

Participation in the study was voluntary, and no personal identifiers were collected to ensure confidentiality and ethical protection of the participants. Table 1 presents the demographic profile of the participants.

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Variable	Category	n	%
Gender	Female	90	100
Age	19–20	24	26
	21–22	36	51
	22-23	30	33
Year of Study	Second Year	30	33.33
	Third Year	30	33.33

3.3 Instruments

3.3.1 Quantitative Instruments

Two instruments were used in the quantitative phase:

1. **Adapted Foreign Language Classroom Anxiety Scale (FLCAS).**

The first was an adapted version of the Foreign Language Classroom Anxiety Scale (FLCAS). The study used a 20-item

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subset drawn from the original FLCAS, with emphasis on communication apprehension, fear of negative evaluation, and test-related anxiety. The items were reviewed by two ESP specialists and a midwifery educator to ensure contextual appropriateness. Minor wording adjustments were made to reflect clinical and medical communication situations. A pilot test involving 30 students was conducted before the main data collection to examine internal consistency, and the instrument yielded a Cronbach's alpha of 0.84, indicating good reliability.

Researcher - Developed English Proficiency Task.

The second instrument was a researcher-developed English proficiency task. To assess students' functional English ability in clinical communication, the task consisted of a reading passage based on an antenatal case, followed by comprehension and vocabulary questions. Content validity was established through expert review by two midwifery lecturers and one ESP instructor. Scoring reliability was checked by two independent raters, and Cohen's kappa produced an agreement coefficient of 0.87.

Descriptive statistics, including mean, standard deviation, and distribution patterns, were calculated for the quantitative data. Where relevant, correlations were examined to explore relationships between psychological barriers and proficiency indicators.

3.4 Qualitative Component

3.4.1 Data Collection

Semi-structured interviews were conducted with twelve volunteer participants to gain deeper insights into the sources and manifestations of psychological barriers. Questions explored students' emotional responses during English classes, reactions to medical terminology, interactional experiences with lecturers and peers, and perceived challenges related to clinical English tasks.

3.4.2 Data Analysis

The interview data were analyzed using thematic analysis following the six-step procedure proposed by Braun and Clarke. Two researchers independently coded the transcripts during the initial phase of open coding. Codes with similar meanings were then grouped into categories, which informed the development of broader themes. Any discrepancies in coding were discussed until consensus was reached.

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Intercoder agreement was calculated at 85%, indicating satisfactory consistency. To enhance transparency and rigor, an audit trail was maintained to document coding decisions, category refinement, and theme development.

3.5 Integration of Quantitative and Qualitative Findings

After the separate analyses were completed, the two datasets were integrated during the interpretation stage using a side-by-side comparison. A joint display table was prepared to align quantitative trends, such as anxiety score patterns, with qualitative themes, such as fear of miscommunication in clinical simulations and discomfort with unfamiliar medical terminology. This integration helped explain the numerical patterns more fully and allowed the quantitative findings to contextualize the qualitative insights across the wider sample.

RESULTS AND DISCUSSION

This section presents the findings on students' psychological barriers in learning English for Specific Purposes (ESP) within the midwifery program. Data were collected through classroom observations, language-skill tests, and semi-structured interviews. The barriers were categorized into nine main psychological constructs (Table 1), which reflect both affective and cognitive challenges affecting performance across language skills.

Table 1. Psychological Barriers in Learning English for Specific Purposes (ESP)

No	Psychological Barrier	Manifestations in ESP Learning	Related Language Skills/Components
1	Language Anxiety	Nervousness and fear of making mistakes during speaking; physical symptoms (sweaty palms, trembling voice); avoidance of speaking tasks	Speaking, Listening
2	Fear of Negative Evaluation	Reluctance to participate in class discussions; hesitation to answer questions; minimal voluntary responses	Speaking and reading aloud

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3	Low Self-Confidence / Self-Efficacy	Belief that one's English ability is inadequate; easily discouraged by mistakes; unwillingness to try challenging tasks	Speaking, Writing, Listening
4	Lack of Motivation	Limited effort to engage in learning activities; reliance on translation tools instead of independent comprehension	Reading, Vocabulary development
5	Shyness / Introversion	Avoiding group work or presentations, minimal eye contact, preference for silent participation	Speaking, Group discussion
6	Learning Boredom	Perceived repetitiveness of learning tasks; lack of enthusiasm during lessons	Listening, Reading
7	Cognitive Overload	Difficulty processing information when too many new terms or complex grammar rules are introduced at once	Vocabulary, Grammar, Reading
8	Perfectionism	Excessive focus on avoiding errors, leading to slow writing or speaking performance	Writing, Speaking
9	Test Anxiety	Stress and nervousness before and during assessments; blanking out despite preparation	All skills

As shown in Table 1, this study identified a range of psychological barriers within the ESP learning context. To make the numerical findings easier to compare, Table 2 summarizes the questionnaire data, while the following sections interpret each barrier using the observation, interview, and survey evidence.

Table 2. Summary of Questionnaire Findings on Psychological Barriers in ESP Learning

Rank	Psychological Barrier	Percentage (%)
1	Low Self-Confidence / Self-Efficacy	62
2	Language Anxiety	60

3	Cognitive Overload	58
4	Fear of Negative Evaluation	55
5	Shyness / Introversion	54
6	Test Anxiety	52
7	Lack of Motivation	48
8	Perfectionism	46
9	Learning Boredom	35

As shown in Table 2 and Figure 1, low self-confidence/self-efficacy (62%), language anxiety (60%), and cognitive overload (58%) were the most frequently reported barriers. These findings indicate that midwifery students' difficulties in ESP learning are shaped not only by linguistic limitations but also by affective and cognitive pressures. The following sections discuss each barrier in relation to classroom observations, interview data, and questionnaire responses.

4.1. Language Anxiety

The findings from classroom observations revealed that language anxiety frequently emerged during speaking and listening tasks, especially when students were required to use technical midwifery-related terms such as *episiotomy*, *postpartum hemorrhage*, or *gestational diabetes* in oral presentations or discussions. Several students avoided eye contact and looked down at their notes when called to answer questions, often giving one- or two-word responses rather than complete sentences. For instance, when asked to explain the procedure for *measuring fundal height* in English, a student paused for a long time, whispered to a peer, and then replied, *"Check… baby… height"* by omitting key medical vocabulary and showing visible discomfort.

Interview data confirmed these observations. Several students admitted feeling apprehensive about speaking in front of classmates, fearing that their peers would laugh if they mispronounced terms such as *colostrum* or *perineum*. One participant explained, *"I understand the term in Indonesian, but when I say it in English, I'm afraid my friends will think my pronunciation is wrong, so I prefer to stay silent."*

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The questionnaire data supported the classroom observations and interview findings, indicating that anxiety was a recurring challenge when students were required to communicate using English in midwifery-related contexts. Many participants reported feeling nervous when explaining procedures in English, while others noted that anxiety sometimes interfered with their ability to recall previously learned vocabulary. These findings suggest that language anxiety influences both students' participation and their ability to access linguistic knowledge during communication.

Overall, these findings indicate that language anxiety is a significant barrier to ESP learning among midwifery students, particularly when they are required to communicate using specialized medical terminology. Consistent with previous research, anxiety may reduce learners' willingness to participate and interfere with real-time language processing, especially in speaking and listening activities that demand immediate retrieval of technical vocabulary (Deng et al., 2022; Horwitz et al., 1986; Teimouri et al., 2019). In the present study, anxiety appeared to limit both oral participation and comprehension, indicating that emotional factors can influence students' ability to use English effectively in professional learning contexts.

4.2. Fear of Negative Evaluation

Fear of negative evaluation emerged as a prominent psychological barrier in midwifery ESP classes, particularly in speaking tasks and reading aloud medical scenarios. Classroom observations showed that during a role-play of antenatal care, one student deliberately avoided taking the midwife's role that requiring more English speaking and instead chose to act as the patient, which involved minimal verbal output. When prompted to describe signs of *preeclampsia*, she glanced nervously at classmates, stumbled over the phrase *high blood pressure*, and stopped mid-sentence.

Interview data supported these observations. Several students cited embarrassment as their main reason for remaining silent. One participant said, *"If I say 'contraction' wrong, they will laugh. Better I don't speak."* Another noted, *"Sometimes my mind goes blank because I don't want to make a mistake in front of the lecturer."*

Questionnaire responses further supported these findings. Many participants reported hesitating to answer in English when they were uncertain about the accuracy of their responses, largely because

they were concerned about being judged negatively by their classmates. Such concerns appeared to reduce classroom interaction and discouraged students from participating in more demanding ESP activities.

These findings suggest that fear of negative evaluation remains a substantial barrier to active participation in ESP learning. Consistent with previous research, learners who anticipate criticism or embarrassment are more likely to avoid communicative tasks, particularly those requiring spontaneous language production (Chan et al., 2022; Novak Lađarević, 2021; Young, 1991). In the present study, students' concerns about making mistakes when using midwifery-related terminology appeared to limit both their confidence and their willingness to engage in classroom communication.

4.3. Low Self-Confidence / Self-Efficacy

Low self-confidence was frequently observed among students when performing midwifery-related tasks in English, even after repeated practice. During practical sessions, many switched to Indonesian when explaining procedures such as cutting the umbilical cord or conducting neonatal resuscitation. When encouraged to continue in English, several students looked down, avoided eye contact, or deferred responses to peers.

Interview findings reinforced these observations. One student admitted, *"I know the steps in Indonesian, but when I translate to English, I feel like it's wrong and I'm not capable."* Another said she feared *"wasting time"* trying to speak English when she could explain faster in Indonesian.

The questionnaire findings reinforced the observation that low self-confidence remained a recurring challenge in ESP learning. Many students reported doubting their ability to explain midwifery cases effectively in English, even when they had prepared for classroom activities. Such doubts often reduced their willingness to participate in discussions, presentations, and role-play tasks.

These findings indicate that low self-confidence may reduce students' willingness to participate in communicative ESP activities. Drawing on self-efficacy theory, learners who perceive themselves as less capable are more likely to avoid challenging tasks and limit their engagement in language use (Bandura, 1997). Similar patterns have been reported in ESP and healthcare-related settings, where low self-confidence is associated with reduced participation and

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communication performance (Liu, 2022; Mirzakhani & Shorab, 2015; Šafranj et al., 2022). In this study, repeated experiences of making linguistic errors appeared to reinforce avoidance behaviours and restrict opportunities for language development.

4.4. Lack of Motivation

Lack of motivation emerged as a recurrent psychological barrier, often tied to students' perception that English tasks were not directly relevant to their immediate midwifery practice. Classroom observations showed that during reading activities on WHO guidelines for antenatal care, several students skimmed the text without marking or underlining key terms, instead waiting for the lecturer to summarize the content in Indonesian.

In interviews, one student stated, *"We don't use English with our patients here, so I feel lazy to learn the vocabulary."* Another commented that she preferred memorizing only the most common terms because *"I don't think I'll use all of them."*

Questionnaire responses indicated that some students showed limited enthusiasm for learning specialized English terminology, particularly when they perceived it as having little relevance to their immediate academic or professional needs. This tendency was also reflected in students' reliance on translation tools rather than attempting to interpret technical vocabulary independently.

These findings indicate that motivation in ESP learning is strongly influenced by learners' perceptions of relevance and future usefulness. Students were more likely to engage with learning activities when they recognized a clear connection between English proficiency and their prospective professional responsibilities. Consistent with previous ESP research, perceived value and career-related goals appear to be important factors in sustaining learner motivation and effort (Chan et al., 2022; Dörnyei & Ushioda, 2021; Vafaee & Suzuki, 2020). In this study, limited motivation appeared to constrain students' engagement with specialized vocabulary and communicative tasks, thereby reducing opportunities for meaningful language development.

4.5. Shyness / Introversion

Shyness and introversion were evident in multiple classroom situations, particularly during pair and group speaking tasks. Observation revealed that some students consistently chose seats at the back of the room and avoided initiating conversations in English, even when encouraged by the lecturer. During a simulated postpartum care consultation, several students spoke in very low voices,

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with limited eye contact, and often relied on their partner to complete sentences.

In interviews, students described themselves as *pemalu* (shy) and expressed discomfort with being the center of attention. One participant shared, *"When everyone is looking at me, I can't think of the English words. My mind just goes blank."* Another said, *"I prefer to listen rather than speak because I'm not confident people will understand me."*

The questionnaire findings confirmed that personal dispositions such as shyness influenced classroom participation. Many students reported feeling uncomfortable speaking in front of their peers, which reduced their involvement in role-play, discussion, and presentation activities. As a result, opportunities to develop oral communication skills in authentic ESP situations became more limited.

These findings indicate that shyness and introversion may reduce students' willingness to engage in communicative ESP activities, particularly those requiring public speaking or role-play. Previous studies consistently show that learners with introverted tendencies often participate less actively in oral interactions, thereby limiting opportunities to develop fluency and professional communication skills (Hild et al., 2021; Lee & Chiu, 2023; Wang & Zhang, 2021). In this study, shyness frequently co-occurred with anxiety and low self-confidence, suggesting that these barriers may reinforce one another and further restrict classroom participation.

4.6. Learning Boredom

Learning boredom was identified as a psychological barrier when students disengaged during repetitive translation drills of midwifery vocabulary. Classroom observations showed that during a matching exercise on postpartum care terms, several students became distracted such as chatting about unrelated topics, scrolling through their phones or leaving the classroom after completing only a few items.

In interviews, one student remarked, *"We already learned these terms last meeting; it's boring to repeat them."* Others expressed a preference for case-based discussions over textbook-based vocabulary drills. Questionnaire responses reflected similar perceptions, indicating that repetitive classroom activities sometimes reduced students' interest and engagement. These findings highlight the importance of varied and meaningful learning tasks in maintaining student motivation.

The finding that boredom affected a smaller proportion of students still matters

pedagogically, because repetitive tasks can weaken attention and reduce engagement. This pattern fits Pekrun's Control-Value Theory: boredom tends to appear when tasks feel low in value or insufficiently challenging. In ESP classes, authentic and problem-based activities are often more engaging than repetitive translation drills, and case-based learning may help sustain attention by connecting language practice to realistic professional situations (Alhamami, 2024; Koller et al., 2024; Pekrun et al., 2010; Varma et al., 2025).

4.7. Cognitive Overload

Cognitive overload was evident when students were introduced to a large set of unfamiliar terms in a single lesson. Classroom observations recorded that when presented with a glossary of 25 obstetric complications, several students stopped taking notes halfway through and whispered to each other, *"Too many… cannot remember."*

In interviews, students admitted forgetting earlier terms by the time the lecturer finished explaining the last ones. One commented, *"If we learn too many medical words at once, I get confused and can't remember the meaning."* Questionnaire findings echoed this experience, suggesting that students often struggled when large amounts of new terminology were introduced within a single session. This pattern indicates that excessive information load may hinder comprehension, retention, and active participation in ESP learning.

These findings are consistent with Sweller's Cognitive Load Theory, which explains that learning becomes difficult when instructional input exceeds working memory capacity. In ESP settings, presenting too many unfamiliar terms at once can overwhelm learners and reduce retention. Studies in healthcare English suggest that smaller thematic sets, visual support, and contextualized practice improve recall and application (Li et al., 2024; Williams et al., 2024).

4.8. Perfectionism

Perfectionism was identified as a psychological barrier when students delayed speaking or writing until they felt their English was "perfect." Observations during a writing task on birth plan documentation revealed that some students spent excessive time checking spelling and grammar before writing complete sentences, resulting in incomplete submissions.

In interviews, one student shared, *"If I'm not sure my sentence is correct, I'd rather not say it at all."* Another explained that she often deleted and rewrote her

answers multiple times in online quizzes, which consumed too much time and reduced her ability to finish the task. Questionnaire responses supported these observations, showing that many students were reluctant to use English unless they felt confident that their language production would be error-free. While accuracy is important, excessive concern about making mistakes appeared to limit opportunities for language practice and development.

These findings indicate that perfectionism can support accuracy but also slow production when students become overly focused on avoiding mistakes. This is consistent with work by Flett & Hewitt, (2022) and research showing that perfectionist tendencies may increase writing anxiety and reduce communicative risk-taking in ESP contexts (Amengual-Pizarro, 2018; Song et al., 2023; Xu, 2023). In this study, students' over-editing and hesitation appeared to reduce fluency and task completion, suggesting the need for activities that balance accuracy with timely communication.

4.9. Test Anxiety

Test anxiety was observed in both oral and written ESP assessments. During speaking tests, several students paused for long stretches, repeatedly said *"sorry,"* and asked the examiner to repeat questions. This hesitation often disrupted the flow of their responses and led to incomplete answers.

In interviews, one student explained, *"Even when I study, my mind goes blank when the test starts."* Others described physical symptoms such as sweaty palms and rapid heartbeat before assessments, particularly oral exams. Questionnaire findings supported these accounts, indicating that anxiety before ESP assessments often affected students' performance. The problem was particularly evident in speaking assessments, where time pressure and immediate language production appeared to intensify stress.

These findings suggest that test anxiety can hinder students' ability to retrieve previously learned vocabulary, grammatical structures, and content knowledge, even when they have adequately prepared for an assessment. Consistent with previous research, anxiety may place additional demands on working memory and create cognitive interference that disrupts language performance, particularly in speaking assessments that require immediate processing and real-time language production (Amengual-Pizarro, 2018; Putwain et al., 2023; Rabadi & Rabadi, 2020; Rood & de Jong, 2023; Song et al., 2023). In the present study, several

students reported experiencing mental blocks during assessments despite being familiar with the tested material, indicating that emotional factors may impede access to linguistic knowledge under performance pressure. From a pedagogical perspective, incorporating low-stakes assessment opportunities and providing gradual exposure to testing situations may help learners develop greater confidence and demonstrate their language abilities more consistently (Alazemi et al., 2023; Almalki, 2023).

CONCLUSIONS

This study explored the psychological barriers experienced by midwifery students in learning English for Specific Purposes (ESP) within a healthcare-oriented EFL context. The findings indicate that students' challenges in learning English were shaped not only by linguistic factors but also by a range of interconnected affective and cognitive influences, including language anxiety, fear of negative evaluation, low self-confidence, lack of motivation, shyness, learning boredom, cognitive overload, perfectionism, and test anxiety. These factors affected students' participation in classroom activities, their willingness to use English, and their ability to engage in communication tasks related to midwifery practice.

The findings further suggest that psychological barriers rarely operate in isolation. Anxiety, low self-confidence, and fear of negative evaluation often contributed to communication avoidance, whereas cognitive overload and learning boredom tended to reduce engagement with learning tasks and specialized vocabulary. As a result, difficulties in ESP learning cannot be understood solely as limitations in grammar or vocabulary knowledge. Emotional and motivational factors also play an important role in shaping how students use and develop language in professional learning contexts.

The study highlights the value of instructional approaches that address both linguistic and psychological dimensions of learning. Based on the barriers identified, several strategies appear particularly relevant for midwifery ESP instruction. Simulation-based activities and role-play can provide opportunities for authentic communication practice while reducing fear of making mistakes. Scaffolded learning tasks may help students manage complex medical terminology more effectively, whereas collaborative activities can encourage participation among learners who are reluctant to speak in larger groups. In addition, low-stakes assessment and constructive formative feedback may help reduce performance-related anxiety while gradually strengthening students' confidence in using English for professional purposes. Embedding language learning within realistic midwifery scenarios may also enhance

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motivation by making learning experiences more meaningful and professionally relevant.

This study contributes to the growing body of research on English for healthcare professions by providing evidence from the relatively underexplored context of midwifery education. It also adds to current discussions on the role of psychological factors in ESP learning, particularly in disciplines where effective communication is closely linked to professional practice. As the study was conducted within a single institutional setting, future research may investigate similar issues across different educational contexts or examine the effectiveness of targeted pedagogical interventions designed to reduce psychological barriers and support communicative development over time.

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