Conceptual Article

ENGLISH FOR NURSING PURPOSES (ENP): A LITERATURE REVIEW OF ITS CONCEPT, POSITION IN ESP, VOCABULARY, AND LANGUAGE SKILLS

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Abstract

Nursing is a profession of communication, and for Indonesian nurses English is increasingly needed to study nursing science, to care for international patients and to work abroad. Recent needs analyses show that nursing students need English for both academic and clinical purposes but still find speaking and writing difficult, yet the concept of English for Nursing Purposes (ENP) is seldom set out in a single framework that teachers can use for course design. This article aimed to describe the concept of ENP, locate it within established classifications of English for Specific Purposes (ESP), map its vocabulary, and identify the language skills it requires. A narrative literature review was conducted of foundational ESP works, research on specialised vocabulary and clinical communication, and recent needs analyses of nursing students, and the sources were analysed thematically. The review found that ENP can be defined as a needs-based branch of ESP characterised by its learners, purposes, nursing content, specific language and a strong interpersonal dimension of therapeutic communication. ENP belongs to English for Science and Technology and, more narrowly, to English for Medical Purposes, functioning as English for Academic Purposes for students and English for Occupational Purposes for nurses; it is a narrow-angle course. Its vocabulary combines high-frequency, academic, technical and sub-technical words and requires constant movement between medical and lay terms. All four skills are needed, with speaking and listening at the centre of nursing practice. The findings imply that ENP courses should be based on needs analysis, organised around nursing tasks, and taught through role-play and simulation.

Keywords: *English for Medical Purposes; English for Nursing Purposes; English for Specific Purposes; Language skills; Nursing vocabulary*

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INTRODUCTION

Nursing is, above all, a profession of communication. A nurse admits patients, asks about their symptoms, explains procedures, comforts frightened relatives, reports changes to doctors, records observations and hands over care to the next shift. Each of these acts depends on language. When language is clear and accurate, care is safe and humane; when it

fails, a misheard medication order, a misunderstood complaint of pain or an incomplete handover can put a patient at risk (Haig et al., 2006).

For nurses in countries such as Indonesia, English has become an increasingly important part of this communication. Nursing students read textbooks, guidelines and research articles written in English, hospitals serving international patients need nurses who can communicate with them, and many Indonesian nurses seek work abroad, where English is required for daily work and for professional examinations such as the Occupational English Test (OET) or IELTS. Recent studies confirm that Indonesian nursing students regard English as important for both their studies and their future careers (Fisma, 2024; Juliana et al., 2025), but they also show persistent weaknesses, particularly in speaking and writing (Juliana et al., 2025; Pramusita et al., 2025).

A nursing student may be able to talk about family or hobbies, yet still be unable to ask a patient to rate their pain, explain how to prepare for a blood test, or understand a colleague's handover report. This gap between general English and the communicative demands of nursing is the reason English for Nursing Purposes (ENP) exists as a field of teaching and learning. ENP belongs to English for Specific Purposes (ESP), whose central principle is that language teaching should begin from what learners actually need to do with the language (Hutchinson & Waters, 1987). For nurses, those needs are to study nursing science, to communicate with patients and families, to work with other health professionals, and to document care accurately.

Most recent research on English for nursing in Indonesia takes the form of needs analyses in particular institutions (Aflah & Negara, 2025; Juliana et al., 2025; Pramusita et al., 2025). These studies provide valuable data, but they rarely set out the underlying concept of ENP, its place in the ESP classification, or the vocabulary and skills it involves. Without such a conceptual framework, it is difficult for lecturers to interpret needs-analysis results and translate them into a coherent course. This article addresses this gap by synthesising foundational ESP theory, vocabulary research, work on clinical communication and recent needs analyses into an integrated account of ENP. It addresses four questions:

RQ1. How can English for Nursing Purposes be defined, and what distinguishes it from General English?

RQ2. Where does ENP belong in established classifications of ESP?

RQ3. What kinds of vocabulary does ENP involve, and how can they be learned?

RQ4. Which language skills does ENP require, and what tasks and language features characterise each skill?

METHOD

Design. This study is a narrative literature review. A literature review is appropriate when the aim is to synthesise existing knowledge, map a field and develop a conceptual framework rather than to test a hypothesis (Snyder, 2019). A narrative, integrative approach was chosen because the relevant literature consists of different kinds of sources, from theoretical works on ESP to empirical needs analyses, which cannot be combined statistically.

Sources. The sources were selected purposively for their relevance to the four review questions and fall into four groups. The first comprises foundational works on ESP and its classification (Carver, 1983; Dudley-Evans & St John, 1998; Hutchinson & Waters, 1987; Jordan, 1997; Robinson, 1991; Strevens, 1988; Widdowson, 1983), together with works on needs analysis and ESP course design (Basturkmen, 2010; Long, 2005) and on English for Medical Purposes (Ferguson, 2013). The second comprises research on vocabulary in specialised texts (Chung & Nation, 2003; Coxhead, 2000; Nation, 2013). The third comprises work on nursing and clinical communication (Bosher & Smalkoski, 2002; Haig et al., 2006). The fourth comprises recent needs analyses and reviews of the English needs of nursing students, mainly in the Indonesian context (Aflah & Negara, 2025; Fisma, 2024; Juliana et al., 2025; Pramusita et al., 2025).

Analysis. The sources were read closely and analysed thematically. Relevant concepts and findings were extracted and grouped under four themes corresponding to the review questions: definition, classification, vocabulary and language skills. ESP concepts were then applied to nursing tasks, and illustrative examples were drawn from typical nursing situations such as admission, pain assessment, handover and reporting to doctors. The results are presented descriptively and summarised in tables and a figure.

FINDINGS AND DISCUSSION

The Concept of English for Nursing Purposes

The concept of ENP rests on the concept of ESP. Hutchinson and Waters (1987, p. 19) describe ESP as an *approach* to language teaching in which all decisions about content and method are based on the learner's reason for learning; ESP is therefore not a separate kind of English with its own grammar, but a way of teaching English that starts from learners' needs. Strevens (1988) described ESP as designed to meet the specified needs of the learner, related in content to particular disciplines and occupations, and focused on the language appropriate to those activities. Dudley-Evans and St John (1998, pp. 4–5) refined this description into absolute characteristics (ESP meets the specific needs of the learner, makes use of the underlying methodology and activities of the discipline it serves, and is centred on the

language, skills, discourse and genres appropriate to these activities) and variable characteristics (it may be designed for specific disciplines, may use a methodology different from General English, is likely to be designed for adult learners, and is generally designed for intermediate or advanced students). All of these characteristics can be observed in English courses for nursing students and nurses.

On this basis, English for Nursing Purposes can be defined as a branch of English for Specific Purposes that prepares nursing students and nurses to understand and use English accurately, appropriately and empathetically in the academic and clinical contexts of nursing. These contexts include studying nursing science, assessing and caring for patients, communicating with families and other health professionals, and documenting nursing care.

The definition contains five key elements. The learners are nursing students at diploma, bachelor and professional (Ners) level and practising nurses in hospitals, clinics, community health centres and nursing homes, including nurses preparing to work abroad. The purpose is the ability to perform nursing tasks in English, such as taking a patient's history, explaining a procedure or giving a handover report. The content comes from nursing itself: hospital settings, the body and its systems, vital signs, symptoms and diseases, nursing procedures, medication, patient safety and health education. The language is the vocabulary, grammatical patterns, text types and communication strategies typical of nursing. Finally, the interpersonal dimension gives special attention to therapeutic communication: showing empathy, reassuring patients, and adjusting language to patients of different ages, cultures and levels of understanding (Bosher & Smalkoski, 2002).

The fifth element most clearly distinguishes ENP from other ESP fields. Nurses spend more time in direct contact with patients than most other health professionals, so their English must be not only correct and technical but also warm, polite and easy for laypeople to understand. The difference between ENP and General English therefore lies in focus and selection rather than in a separate grammar, as summarised in Table 1.

Table 1. English for Nursing Purposes compared with General English

Aspect	General English	English for Nursing Purposes
Starting point	General syllabus of structures, functions and themes	Analysis of nursing learners' academic and clinical needs
Learners	Any learner, often without a defined purpose	Nursing students and nurses
Topics	Daily life: family, travel, hobbies, shopping	Admission, body systems, vital signs, pain, procedures, medication, discharge
Vocabulary	High-frequency everyday words	Everyday words, medical terms and lay equivalents used with patients
Texts and situations	Stories, short dialogues, general articles	Patient interviews, handovers, care plans, charts, nursing notes, guidelines
Communication style	Mostly neutral social interaction	Therapeutic, empathetic talk with patients; concise, structured talk with colleagues
Accuracy	Minor errors often tolerated	Errors in numbers, times, doses or instructions can harm patients

The scope of ENP follows the scope of nursing work and can be described in three domains. The academic domain covers attending lectures, reading textbooks and research articles, writing assignments, case reports and theses, and giving presentations. The clinical (nurse–patient) domain covers admitting patients, taking histories, assessing pain and other symptoms, explaining procedures, giving health education, and comforting patients and families. The professional (nurse–colleague) domain covers receiving and giving handovers, reporting to doctors in person or by telephone, and reading and writing charts, care plans, incident reports and discharge summaries. Recent studies in Indonesia confirm the relevance of all three domains: lecturers identify clinical communication, academic English and field-specific terminology as the main areas of need (Aflah & Negara, 2025), while students report using English mainly for academic purposes but recognise its importance for their careers (Fisma, 2024; Juliana et al., 2025).

The Position of English for Nursing Purposes in the ESP Classification

Hutchinson and Waters (1987, p. 17) pictured English Language Teaching (ELT) as a tree. ELT divides into English as a Mother Tongue, English as a Foreign Language and English as a Second Language; EFL and ESL branch into General English and ESP; and ESP divides by subject area into English for Science and Technology (EST), English for Business and Economics (EBE) and English for Social Sciences (ESS). Each branch splits again into English for Academic Purposes (EAP), for study, and English for Occupational Purposes (EOP), for work. Nursing is a health science grounded in biology, anatomy, physiology and medicine, so ENP falls under the EST branch. For students in nursing schools and faculties it is EAP, English for nursing studies; for nurses working in hospitals and other health services it is EOP, English for nursing practice. Figure 1 traces this path.

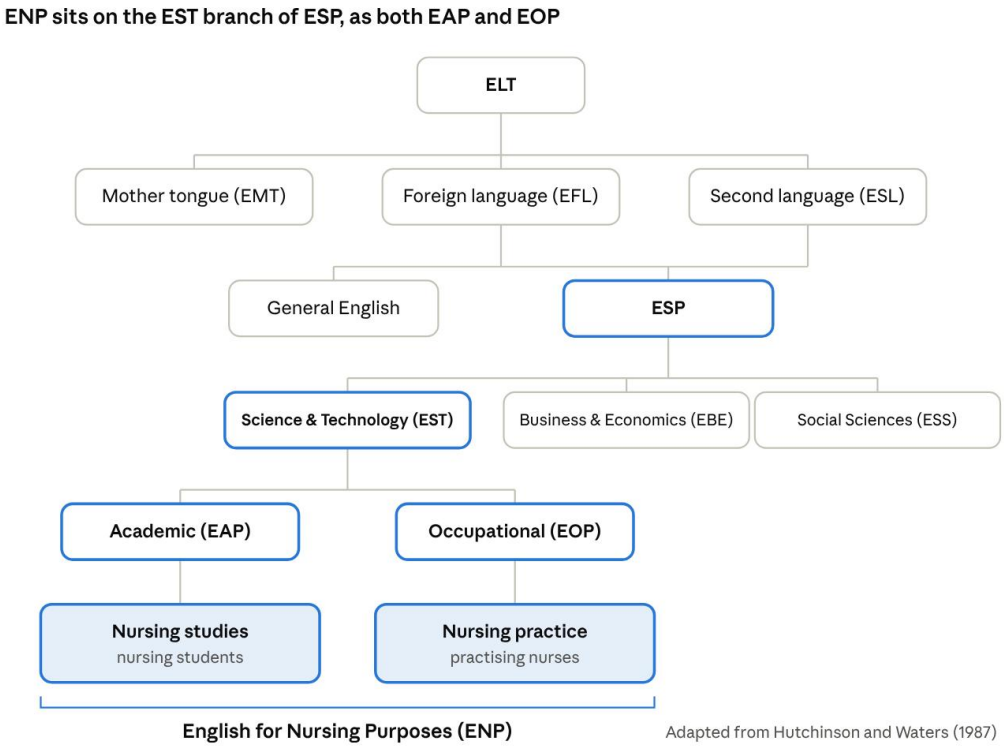


Figure 1. The position of English for Nursing Purposes in the ELT tree (adapted from Hutchinson & Waters, 1987, p. 17)

Dudley-Evans and St John (1998, p. 6) divided ESP directly into English for Academic Purposes, including English for Science and Technology, English for Medical Purposes, English for Legal Purposes, and English for Management, Finance and Economics, and English for Occupational Purposes, divided into English for Professional Purposes (including English for Medical Purposes and English for Business Purposes) and English for Vocational Purposes. English for Medical Purposes appears in this model twice: under EAP for students of the health sciences, and under English for Professional Purposes for practitioners. ENP occupies exactly this double position. A nursing undergraduate reading an anatomy textbook is engaged in English for Medical Purposes as EAP, whereas a registered nurse assessing a patient or giving a handover is engaged in it as English for Professional Purposes. Courses for nursing assistants and caregivers, which are more practical and task-based, can be placed under English for Vocational Purposes.

Within English for Medical Purposes, ENP is one of several sister fields, alongside English for Medicine, Pharmacy, Midwifery and Dentistry (Ferguson, 2013). They share a core of medical vocabulary, but each has its own typical tasks and texts. For nurses, the distinctive tasks are bedside communication, continuous observation and documentation, and handover.

Other classifications confirm this placement. Carver (1983) identified English as a restricted language, English for academic and occupational purposes, and English with

specific topics. ENP belongs mainly to the second type but also contains restricted-language elements, such as standard chart abbreviations (*BP, NBM, PRN*), fixed safety phrases (*Can you tell me your full name and date of birth?*) and structured reporting formats such as SBAR. Robinson (1991, pp. 3–4) classified EAP courses as pre-study, in-study or post-study and EOP courses as pre-experience, simultaneous (in-service) or post-experience. In Indonesian nursing education, ENP is most often taught as in-study EAP, while post-experience EOP courses are common in programmes that prepare nurses for overseas placement. In terms of specificity, Widdowson (1983) distinguished wide-angle courses for broad groups from narrow-angle courses for specific groups, and Jordan (1997) distinguished English for General Academic Purposes from English for Specific Academic Purposes (ESAP). ENP is a narrow-angle, ESAP-type course; it is narrower than English for Health Sciences and can be narrowed further, for example to English for Intensive Care Nursing or English for Elderly Care. Table 2 summarises the placement.

Table 2. The position of English for Nursing Purposes in ESP classifications

Classification	Category for English for Nursing Purposes
Hutchinson and Waters (1987)	ESP → EST → EAP (nursing studies) and EOP (nursing practice)
Dudley-Evans and St John (1998)	English for Medical Purposes, under both EAP and English for Professional Purposes; vocational English for caregivers
Carver (1983)	Mainly English for academic and occupational purposes, with restricted-language elements
Robinson (1991)	Usually in-study EAP; also pre-experience, in-service and post-experience EOP (e.g. OET/IELTS preparation for work abroad)
Specificity (Widdowson, 1983; Jordan, 1997)	Narrow-angle course; English for Specific Academic Purposes

Because ENP is an ESP course, its syllabus should start from an analysis of learners' needs (Basturkmen, 2010; Long, 2005), as Bosher and Smalkoski (2002) did when designing a health-care communication course for nursing students. Recent Indonesian studies show why this matters. Juliana et al. (2025) found that most of the 202 nursing students they surveyed used English mainly for academic purposes and that only about a third preferred English for Specific Purposes to General English, which led them to recommend a blended curriculum that moves gradually from General English to ENP. Needs, in other words, vary across institutions and levels, and ENP courses must be adjusted to them rather than imported unchanged.

Vocabulary in English for Nursing Purposes

Vocabulary in ENP has a double character. Nurses must understand the technical medical terms used in textbooks, charts and conversations with doctors, but they must also express the same ideas in simple everyday words when talking to patients. A nurse who reads

dyspnoea in a chart must ask the patient, *Are you finding it hard to breathe?* Moving between these two registers is one of the core vocabulary skills of ENP, and lecturers in Indonesia identify mastery of field-specific terminology as essential for interacting with patients and collaborating with other professionals (Aflah & Negara, 2025).

Nation (2013) divides the vocabulary of specialised texts into four groups, which are applied to nursing in Table 3. Coxhead's (2000) Academic Word List is especially useful for nursing students reading textbooks and research: words such as *assess, evaluate, identify, implement, maintain, monitor, procedure, respond* and *strategy* appear throughout the nursing literature, particularly in descriptions of the nursing process of assessment, diagnosis, planning, implementation and evaluation.

Table 3. Types of vocabulary in nursing texts

Vocabulary type	Description	Nursing examples
High-frequency words	The most common 2,000–3,000 word families of English	*pain, bed, sleep, eat, help, feel, wash*
Academic words	Words common across academic disciplines	*assess, monitor, procedure, intervention, indicate, significant*
Technical words	Words specific to nursing and medicine	*catheter, tachycardia, pressure ulcer, sphygmomanometer, oedema*
Low-frequency words	Rare words that appear occasionally	*commode, sputum, bedsore, emesis*

Chung and Nation (2003) showed that technical vocabulary varies in degree. Some terms are fully technical, such as *thrombophlebitis*, while others are everyday words with a special nursing meaning. These sub-technical words can confuse learners because they appear familiar (Table 4).

Table 4. Everyday words with special meanings in nursing

Word	General meaning	Nursing meaning
chart	a diagram or graph	the patient's record of observations and care
drip	water falling in drops	an intravenous infusion
theatre	a place for plays	an operating room
dressing	clothing; sauce for salad	a covering applied to a wound
discharge	release; firing a gun	(1) sending a patient home; (2) fluid from a wound or body opening
observations (obs)	things noticed	routine measurements of vital signs
round	circular; a series	a regular visit to patients on a ward

Because nurses talk to patients constantly, they need what is in effect a bilingual vocabulary within English: medical terms for colleagues and documents, and lay terms for patients and families. Table 5 gives common pairs.

Table 5. Medical terms and their lay equivalents

Medical term (colleagues, charts)	Lay term (patients, families)
hypertension	high blood pressure
pyrexia	fever, high temperature
dyspnoea	shortness of breath, difficulty breathing
nausea / emesis	feeling sick / being sick, throwing up
micturition / urinate	pass water, wee
syncope	fainting, passing out
pruritus	itching
oedema	swelling
haemorrhage	heavy bleeding
fracture	broken bone

Thematically, nursing vocabulary can be organised into fields that match typical course units: the hospital and its people (ward, emergency department, intensive care unit, operating theatre, charge nurse, physiotherapist, dietitian); equipment (stethoscope, sphygmomanometer, pulse oximeter, cannula, infusion pump, urinary catheter, bedpan, glucometer); the body and its systems (cardiovascular, respiratory, gastrointestinal, urinary, nervous, musculoskeletal, integumentary, endocrine); vital signs and observations (temperature, pulse, respiratory rate, blood pressure, oxygen saturation, level of consciousness, fluid balance); symptoms and pain, including descriptive words (sharp, dull, throbbing, burning, stabbing), words for pattern and intensity (constant, intermittent, mild, moderate, severe) and the 0–10 pain scale; nursing procedures (admission, giving an injection, inserting a cannula, changing a dressing, catheterisation, repositioning, discharge planning); and medication (dose, route, oral, intravenous, intramuscular, subcutaneous, side effect, allergy, and the "rights" of medication administration).

Medical and nursing terms are largely built from Greek and Latin elements, so knowing common elements helps learners understand new terms. For example, *tachycardia* = *tachy-* (fast) + *cardi-* (heart) + *-ia* (condition), a fast heart rate. The most productive elements are listed in Table 6.

Table 6. Common word elements in nursing terminology

Element	Meaning	Examples
brady- / *tachy-*	slow / fast	bradycardia, tachypnoea
hyper- / *hypo-*	above / below normal	hyperglycaemia, hypothermia
dys-	difficult, abnormal	dysphagia, dyspnoea
a- / *an-*	without	apnoea, anuria
cardi(o)-	heart	cardiology, cardiac arrest
pulmon(o)- / *pneum(o)-*	lung	pulmonary, pneumonia
gastr(o)-	stomach	gastritis, gastrostomy

-itis	inflammation	appendicitis, phlebitis
-ectomy / *-ostomy*	surgical removal / opening	appendectomy, colostomy
-scopy	looking inside	endoscopy, colonoscopy
-algia	pain	myalgia, neuralgia

Nursing documentation also relies on abbreviations, such as *BP/HR/RR* (blood pressure, heart rate, respiratory rate), *SpO_2* (oxygen saturation), *IV/IM/SC* (intravenous, intramuscular, subcutaneous), *NBM* (nil by mouth), *PRN* (as needed), *I&O* (intake and output), *c/o* (complains of) and *DNR* (do not resuscitate). Learners must recognise them while following their institution's approved list, since unclear abbreviations are a known cause of errors. In speech, patients use many phrasal verbs, such as *throw up, pass out, swell up* and *keep down* (food), and nurses use them to sound natural and friendly. Common collocations, such as *take a patient's temperature, admit or discharge a patient, change a dressing, set up a drip, record observations* and *relieve pain*, are best learned as units.

The literature suggests several strategies for learning this vocabulary: learning medical–lay pairs together; analysing word parts to infer the meaning of long terms; grouping words by theme with labelled pictures and mind maps; learning vocabulary through situations such as admission role-plays; practising pronunciation and word stress, which matter for intelligibility (*diaBEtes, hypoglyCAEmia*); and keeping a personal glossary with the term, pronunciation, lay equivalent, example sentence and Indonesian translation, and using the words actively in speaking and writing (Nation, 2013).

Language Skills in English for Nursing Purposes

ENP develops the four skills of listening, speaking, reading and writing, but each skill is defined by nursing tasks. Needs analyses of nursing learners have consistently shown that oral communication with patients and colleagues is the area of greatest need and greatest difficulty (Bosher & Smalkoski, 2002). Recent Indonesian studies point in the same direction: students rate their reading and listening above their speaking and writing (Juliana et al., 2025; Pramusita et al., 2025), and a systematic review of 14 studies concluded that nursing students need stronger core language skills and prefer interactive, hands-on methods (Fisma, 2024). For this reason, speaking and listening usually receive more weight in ENP than in many other ESP courses, while reading and writing remain essential for study and documentation.

Speaking

Speaking is the core skill of nursing practice. Typical speaking tasks include greeting patients and confirming their identity; admitting a patient and taking a nursing history; asking about symptoms, especially the location, type, intensity and duration of pain; explaining

procedures and asking for consent; giving instructions and health education; reassuring anxious patients; and giving and receiving handovers. Talk with patients is therapeutic communication: the nurse uses open questions, active listening, empathy and simple language, and prefers polite indirect forms (*Could you roll onto your side for me, please?*) to bare imperatives (*Turn over*). A pain assessment, for example, moves from identity checking to empathy and a structured scale:

> Nurse: Thank you. I can see you're uncomfortable. Where does it hurt? … What does the pain feel like? Is it sharp, dull or burning? … On a scale of zero to ten, where zero is no pain and ten is the worst pain you can imagine, how would you rate it now?

With colleagues, speaking is more concise and structured. Many hospitals use the SBAR format (Situation, Background, Assessment, Recommendation) to make handovers and calls to doctors clear and complete (Haig et al., 2006). In an SBAR call, the nurse identifies the patient and the problem, gives the relevant background, reports the assessment (for example falling blood pressure, rising heart rate and a blood-soaked dressing) and makes a clear request (*Could you come and see him now?*).

Listening

Listening in ENP occurs in academic settings, such as lectures and videos of procedures, and above all in clinical settings: listening to patients and families, to handover reports, to doctors' verbal orders and to telephone calls. Clinical listening is demanding because patients use lay language, regional accents, idioms and phrasal verbs (*I've been feeling a bit off; my ankle has swollen up*), speech on a busy ward is fast and often interrupted, and numbers, times, drug names and doses must be heard exactly. Nurses therefore need to practise listening for specific information, listening for gist and listening for feelings, together with the strategy of checking and clarifying (*Sorry, did you say fifteen or fifty milligrams?*). Useful classroom activities include completing an observation chart while listening to a recorded handover and noting a doctor's telephone order and reading it back.

Reading

Reading supports both study and practice. Nursing students read textbooks of anatomy, physiology, medical-surgical nursing and pharmacology, as well as research articles for evidence-based practice; lecturers stress the importance of critically reading scholarly sources to ground care in research (Aflah & Negara, 2025). In clinical work, nurses read patient notes, observation charts, care plans, medication charts, hospital policies and equipment instructions. Scanning helps a nurse find the latest blood pressure on a chart, skimming helps a student decide whether an article is relevant, and intensive reading is

needed for policies and procedures. Nurses must also read non-verbal and abbreviated information, such as graphs of vital signs, fluid balance charts and condensed notes (e.g. *Pt c/o SOB and chest discomfort. T 38.4°C, HR 108, SpO_2 91% on room air. O_2 via nasal cannula commenced. Dr informed.*).

Writing

Writing in ENP includes academic texts (assignments, case studies, reflective journals, nursing care plans, research proposals and theses) and clinical texts (nursing progress notes, admission and assessment forms, incident reports, handover sheets, discharge instructions and patient education leaflets). Clinical documentation should be accurate, objective, concise, chronological and legible; it records what was observed and done, usually in the past tense or note form, with the date, time and signature. Subjective judgements such as *the patient was difficult* should be replaced by factual descriptions, such as *Patient refused medication at 08:00 and stated, "I don't want any more tablets."* Patient education materials require the opposite style: plain language, short sentences, direct address and no jargon.

Grammar and the integration of skills

Grammar in ENP serves these skills rather than being taught in isolation, and each nursing function is associated with recurrent grammatical patterns (Table 7).

Table 7. Grammar in service of nursing functions

Function	Typical grammar	Example
Asking about symptoms and history	Present perfect, past simple, question forms	*How long have you had this pain? When did it start?*
Giving polite instructions	Imperatives with *please*; *Could you…?*	*Could you take a deep breath for me, please?*
Explaining procedures	*going to*, present simple, sequencers	*First, I'm going to clean the area. Then you'll feel a small scratch.*
Giving advice	Modals *should, need to, must*	*You should keep the dressing dry.*
Expressing possibility	*may, might, could*	*You might feel a little dizzy afterwards.*
Giving conditions and warnings	Conditionals	*If the pain gets worse, press the call bell.*
Reassuring and showing empathy	Softening expressions	*I understand this is worrying for you.*
Documenting care	Past simple, passive, note form	*Dressing changed. Wound clean, no signs of infection.*

In real nursing work, the skills are used together. When admitting a patient, a nurse reads the referral letter, listens and speaks during the interview and writes the admission assessment. When a patient's condition changes, the nurse reads the observation chart, speaks to the doctor using SBAR, listens to the orders, reads them back and documents them (Table

8). Integrated tasks such as simulations and role-plays in a skills laboratory are therefore among the most suitable activities for ENP, because they reproduce the communicative demands of the ward; lecturers report that such activities build students' confidence and fluency in clinical communication (Aflah & Negara, 2025).

Table 8. Integration of skills in typical nursing tasks

Nursing task	Skills involved
Admitting a patient	Reading (referral) → Speaking and listening (interview) → Writing (admission form)
Shift handover	Reading (notes, charts) → Speaking and listening (handover) → Writing (handover sheet)
Reporting deterioration	Reading (observation chart) → Speaking (SBAR call) → Listening (orders) → Writing (notes)
Discharge education	Reading (discharge plan) → Speaking and listening (teaching, teach-back) → Writing (instructions)
Case study assignment	Reading (literature, patient record) → Writing (case study) → Speaking (presentation)

Implications for ENP Course Design

The four themes together point to several implications. First, ENP courses should begin with a needs analysis of the particular learners, distinguishing the academic needs of students from the occupational needs of practising nurses and nurses preparing to work abroad (Basturkmen, 2010; Long, 2005). Recent Indonesian findings show that these needs differ between institutions, so a blended progression from General English to ENP may suit learners with weaker general proficiency (Juliana et al., 2025). Second, the syllabus can be organised around nursing tasks, such as admission, pain assessment, medication, handover and discharge, with vocabulary, grammar and skills introduced as they are needed for each task. Third, vocabulary teaching should systematically pair medical and lay terms and build word-analysis skills. Fourth, because students consistently report weaker speaking and writing (Juliana et al., 2025; Pramusita et al., 2025), these skills deserve particular attention through role-play, simulation and structured formats such as SBAR. Finally, assessment should focus on the ability to perform nursing tasks in English, safely and empathetically, rather than on isolated knowledge of grammar or vocabulary.

CONCLUSION

This review set out to define English for Nursing Purposes, locate it in the ESP classification, and describe its vocabulary and language skills. In answer to the first question, ENP is a branch of ESP that prepares nursing students and nurses to use English accurately, appropriately and empathetically in academic and clinical nursing contexts; it is defined by

its learners, its needs-based purposes, its nursing content, its specific language and its strong interpersonal dimension of therapeutic communication. In answer to the second, ENP belongs to English for Science and Technology and, more precisely, to English for Medical Purposes, which appears under both EAP and English for Professional Purposes; it is a narrow-angle course, taught as in-study EAP in most Indonesian nursing programmes and as EOP for practising nurses and those preparing to work abroad.

In answer to the third question, ENP vocabulary combines high-frequency, academic, technical and sub-technical words, and its distinctive feature is the need to move between medical and lay terms; it is organised in thematic fields and draws on Greek and Latin word elements, abbreviations, phrasal verbs and collocations. In answer to the fourth, all four skills are needed, with speaking and listening at the centre of nursing practice, reading supporting study and evidence-based care, and writing ensuring accurate documentation. Because communication failures can harm patients, accuracy, clarity and empathy are central values across all skills.

This review is limited by its narrative design and by its focus on conceptual sources and a small number of recent needs analyses, mainly from Indonesia. Future research could build corpora of nursing texts and clinical interactions to identify their characteristic vocabulary and genres, compare the needs of nursing students and practising nurses, and evaluate the effectiveness of simulation-based ENP courses on students' clinical communication.

AI USE AND DISCLOSURE

Generative AI (Claude, Anthropic) was used to help restructure the source material into article form, edit the language and format the manuscript according to the journal template. The author reviewed and verified all content and takes full responsibility for the article. Please confirm or revise this statement.

ETHICAL STATEMENT AND INFORMED CONSENT

This study is a literature review based solely on published sources and did not involve human participants; ethical approval and informed consent were therefore not required.

CRediT AUTHORSHIP CONTRIBUTION STATEMENT

Sitti Nurpahmi: Conceptualization, Methodology, Investigation, Writing – original draft, Writing – review & editing.

CONFLICT OF INTEREST

The author declares that she has no known competing financial interests or personal relationships that could have influenced the work reported in this article.

DATA AVAILABILITY

No new data were generated or analysed in this study. All sources reviewed are listed in the references.

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