

THE IMPACT OF THE RELATIONSHIP BETWEEN MEDICAL STUDENTS' ENGLISH LANGUAGE SKILLS AND MEDICAL COMMUNICATION SKILLS IN YUNNAN PROVINCE

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ABSTRACT

This study investigates the relationship between English language proficiency and medical communication competence among medical students in Yunnan Province. The research aims to: explore the effect of Oral Expression on medical students' English language skills and clinical communication competence, Reading Ability influence medical students' English language skills and clinical communication ability, Medical English Terminology influence medical students' English language skills and clinical communication ability, and Language Environment influence medical students' English language skills and clinical communication ability. Our preliminary analyses, including independent t-tests and a one-way ANOVA for demographic differences, revealed significant gender differences in these competencies. Correlation analyses demonstrated statistically significant relationships ($r = 0.467-0.535$, $p < 0.01$) between clinical communication skills (CS) and the key independent variables: oral expression (OE), reading ability (RA), medical English terminology (MET), and language proficiency (LE). The findings underscore the critical need to enhance English language instruction in medical education, particularly through contextually relevant medical English training. This research provides valuable theoretical insights and practical recommendations for optimizing the medical education curriculum in Yunnan Province.

Keywords: Medical Education, Communication Skills, Language Proficiency, Patient Safety

INTRODUCTION

Medical communication skills and fluency in spoken language were scored during an Observed Structured Clinical Interview (OSCI) conducted by a standardized patient and a clinician. An association was found between language background, performance on the STAL and spoken language skill. Satisfactory performance in medical communication skills was not associated with language background or overall performance on the STAL (Chur-Hansen et al., 2009).

This study examines the relationship between medical students' English language skills and clinical communication ability. Communication skills curricula and pedagogy for medical students are often exported to non-English-speaking settings. It is assumed that after learning English communication skills, doctors will be able to communicate effectively with patients in their own language (Mirza & Hashim, 2010). It aims to reveal the important role of English language skills in the future communication of medical students in clinical work, to provide a reference basis for optimizing medical education and improving the comprehensive quality of medical students, and to help cultivate outstanding medical talents who can adapt to the international medical environment.

About 80% of doctors' work involves communication such as speaking, listening and writing. However, what we hear, like the tone of the voice, vocal clarity and expressiveness, conveys only 40% of the message. Facial expression, posture, eye contact, touch and gesture

can convey 50% of the message, while words can convey only 10%. So doctors have to prioritize their communication style according to the situation and the person. This can be achieved only by prior training (Ramesh R. et al., 2014). As an international common language, English plays a key role in information transfer, academic exchange and doctor-patient communication in the medical field. Good English language skills not only help medical students learn international, cutting-edge medical knowledge but are also closely related to their communication performance in clinical practice. It is the ability to explain and present your ideas in simple English to diverse audiences, using appropriate styles and approaches, and to understand the importance of non-verbal clues in oral communication. Oral communication requires the background skills of presenting, audience awareness, personal presentation and body language. (Ramesh R. et al., 2014). Analyzing the relationship between the two has far-reaching significance for improving medical education and strengthening medical students' vocational skills.

The relationship between English language skills and clinical communication skills is an increasingly important area of research in medical education. With the advancement of globalization and the internationalization of medical knowledge, English, as the common language in medicine, has become one of the core skills that medical students must master. Clinical communication skills, on the other hand, are the key to effective communication between doctors and patients, which not only affects diagnosis and treatment but also involves patients' trust, cooperation, and treatment outcomes. Therefore, it is of great significance to study the relationship between medical students' English language skills and their clinical communication abilities to improve the quality of medical education and cultivate high-quality medical talent.

Research Questions

How does the Oral Expression affect medical students' English language skills and clinical communication competence?

How does Reading Ability influence medical students' English language skills and clinical communication ability?

How does Medical English Terminology influence medical students' English language skills and clinical communication ability?

How does the language environment influence medical students' English language skills and clinical communication ability?

Research Hypothesis

H1: Oral Expression has a significant influence on Medical Communication Skill Effectiveness.

H2: Reading Ability has a significant influence on Medical Communication Skill Effectiveness.

H3: Medical English Terminology has a significant influence on Medical Communication Skill Effectiveness.

H4: Language environment has a significant influence on Medical Communication Skill Effectiveness.

Research Objectives

1. To explore the Oral Expression of medical students' English language skills and clinical communication competence.
2. To explore the influence of medical students' English language skills and clinical communication ability.
3. To explore Medical English Terminology's influence on medical students' English language skills and clinical communication ability.
4. To explore the influence of the language environment on medical students' English language skills and clinical communication ability.

The protection of women's economic well-being within family law has gained increasing attention in global and national discourses (Saputra et al., 2024; UN Women, 2021). Studies consistently show that women face significant disparities in access, control, and ownership of economic assets, particularly in the context of marriage dissolution and widowhood. This phenomenon is shaped not only by legal frameworks but also by social, cultural, and economic structures that perpetuate gender inequality. Women's limited access to economic resources remains a primary factor weakening their long-term independence and well-being (Saputra et al., 2024). In Indonesia and Malaysia, the division of marital property termed *harta bersama* in Indonesia and *harta sepencarian* in Malaysia exhibits unique complexities due to legal pluralism. Both countries integrate Islamic law and state law, often leading to divergent interpretations and implementation challenges. Empirical evidence from Komnas Perempuan (2023) indicates that many women lose their economic rights due to weak legal standing, lack of administrative documentation, and limited legal literacy (Mahardhika, 2023).

Several previous studies have examined these issues from various perspectives. Sari and Putri (2022) found that women's access to marital property in Indonesia remains constrained by low legal literacy and power imbalances within households. Ahmad and Rahman (2020) in Malaysia showed that courts' recognition of women's non-economic contributions remains inconsistent, often undervaluing domestic work. Nasution, (2021) highlighted how legal pluralism in Indonesia creates uncertainty in family law implementation, leading to disparate outcomes. Mohd Tahir et al., (2021) analyzed the matrimonial property doctrine in Malaysia, emphasizing the need for clearer guidelines for judges. Anri, (2023) explored public perceptions of joint property in Indonesia, revealing a gap between normative provisions and community understanding. Ramayudha, (2023) examined joint property in mixed marriages, noting the particular vulnerability of foreign spouses. Jusoh Yusoff, (2024) reassessed the Islamic legal bases for matrimonial property in Malaysia, arguing for more explicit recognition of indirect contributions. Walusimbi, (2025) offered a comparative perspective from Uganda, highlighting common challenges in Muslim family law contexts.

Despite these valuable contributions, most prior research suffers from three significant limitations that constitute the research gap of this study. First, the majority of studies have adopted normative-juridical approaches, focusing on legal texts and doctrinal analysis, while lacking in-depth exploration of women's subjective experiences in navigating marital property disputes. This leaves the lived realities of women largely unexamined. Second, cross-country comparative studies between Indonesia and Malaysia are scarce, even though both countries share similar legal pluralism structures and face comparable challenges in protecting women's economic rights. Most studies examine each country in isolation, missing the opportunity for

mutual learning and policy transfer. Third, previous research tends to treat legal frameworks separately from the social and cultural contexts that shape their implementation, resulting in an incomplete picture of why legal protections fail to translate into practical justice.

The novelty of this study lies in its three distinctive features. First, it employs a qualitative comparative case study design that captures the voices and lived experiences of women themselves, providing rich, contextual data that normative legal analysis cannot access. Second, it systematically compares Indonesia and Malaysia using identical research protocols, enabling direct identification of similarities and differences in legal treatment and outcomes. Third, it integrates gender justice theory, legal pluralism, and legal protection theory into a coherent analytical framework, allowing for a multi-dimensional assessment of both legal norms and their implementation. By addressing these gaps, this study offers not only theoretical contributions to family law scholarship but also practical recommendations for policymakers and judicial training bodies in both countries. Thus, this study addresses the following research questions: (1) How do Indonesian and Malaysian laws protect women's economic rights through marital property concepts? (2) How effective are these concepts in practice during divorce or death of a spouse? (3) What socio-cultural (patriarchal) and technical (asset verification) barriers exist, and how can legal reforms ensure economic justice for women?

LITERATURE REVIEW

Related Theories

This study investigated the English needs of students at a medical vocational college in Kunming to better understand the importance of English in medical students' studies and future careers, and to gain a clear picture of these students' English situation. This chapter reviews the literature on English language (EL), English for Specific Purposes (ESP), and English for Medical Purposes (EMP), as well as previous studies related to the study's focus.

English Language Theory

The importance of English language (EL) skills in medical education is demonstrated by the enrollment of students from multilingual backgrounds in international medical programmes (IMPs) (Brouwer et al., 2020). It is well known that English is the global language of science, technology, business and medicine. The widespread use of English facilitates cross-cultural communication and international collaboration, facilitating the exchange of ideas, research and medical innovation. English language skills are essential for professionals across all disciplines, including medicine, to remain competitive and well-informed in a rapidly evolving global landscape. In the medical field, accurate communication is also key to ensuring patient safety and providing quality care. There is also information about the patient's medical history, symptoms, and treatment options that need to be clearly communicated and understood. With the increasing number of international patients and medical professionals, having a common language such as English can lower language barriers and help prevent misunderstandings and errors. English language skills can facilitate effective doctor-patient interactions and promote patient-centered care, thereby improving care outcomes.

EL serves as a prerequisite for enrolment in IMPs, which include assessments such as the International English Language Testing System (IELTS) or its equivalent, the Test of English as a Foreign Language (TOEFL). Originally, EL assessments were intended to assess the

language abilities of candidates who need to study or work where English is the language of communication. Nonetheless, higher education institutions in Anglophone countries seem to have broadened the use of these assessments to gauge students' academic performance (Al-Malki, 2014). Good English skills can track cutting-edge medical research. Today, most high-quality medical research results, cutting-edge academic papers, and the latest medical discoveries worldwide are published in English. Medical students with strong English skills can read and understand these materials directly, thereby gaining access to the latest trends in medical research, disease treatment methods and drug development progress at the earliest. This helps them stay at the forefront of international medical development, broaden their academic horizons, and access the latest ideas and theoretical foundations for their professional learning and research.

At the same time, they can also participate in international academic exchanges. International academic conferences are an important platform for experts and scholars in the medical field to exchange the latest research results and academic ideas. Medical students with excellent English skills can actively participate in international academic conferences and engage in face-to-face exchanges and discussions with peers from around the world. They can not only present their research results at the conference, but also establish connections with internationally renowned experts and scholars to obtain valuable guidance and advice. Stern (1983) defines language skill as a learner's actual performance in a given language. It includes the mastery of (a) the forms, (b) the linguistic, cognitive, affective and sociocultural meanings of those forms, (c) the capacity to use the language with focus chiefly on communication and minimum attention to form and (d) the creativity in language use.

English for Specific Purposes Theory (ESP)

A key component of the present study is the ESP subtype, English for Medical Purposes (EMP). Students in the medical faculty need to be proficient in English, as all medical material is written in English. Furthermore, reading textbooks and online information is mostly in English, aside from the meetings, conferences, and research publications they participate in (Hidayati & Meisani, 2023). In the present study, English for Medical Purposes covers the English lessons given to students of Medicine, Midwifery, and Pharmacy. This is different from the research conducted. (Lodhi et al. 2018).

In summary, to ensure continuity between the needs of the EMP course and learning activities, this study aims to examine the impact of medical students' language skills on communication skills. The results are expected to support decisions to update and improve medical English courses in the study sites. In addition, this study may help medical education departments strengthen curricula so that students can better adapt to English expression across different environments and enhance their communication skills.

English for Medical Purposes Theory (EMP)

English for Medical Purposes (EMP) has established its place by meeting the specific English-language needs of medical students and professionals. The process of globalization and the internationalization of higher education has stimulated an ever-increasing demand for EMP courses in China to meet medical students' specific English communication needs in the future workplace. (Liu et al., 2023). The EMP course designed for nursing students focuses on medical content (e.g., wound care and patient admission) and skills (e.g., writing a medical

paper or giving a medical conference presentation), thereby facilitating their acquisition of specialized medical terms and discipline-specific literacy practices (Maher, 1986). Medical English is a subcategory of English for Specific Purposes and has its own language and grammar. The need for medical English communication extends beyond hospital staff to patients as well. Therefore, a wide range of EMP courses and teaching materials is needed to cover the very specialised medical English. Medical English is a branch of ESP or English for Specific Purposes. ESP has developed into an umbrella for courses targeting specific areas of study or professions. As people realise that professional vocabulary is important, they understand that different words convey different meanings, and misinterpretation can have very serious consequences.

English has increasingly been used in medical science as one of the most common languages of communication in China. Despite the development and provision of many English for Medical Purposes (EMP) courses at Chinese universities, growing concerns have emerged about physicians' ability to use English effectively in medical settings. (Liang; 2024)

EMP (English for Medical Purposes) covers the English that healthcare professionals need to practice safely and confidently. Safe practice issues related to language skills in EMP are common in other ESP courses, such as Aviation English or English for the Oil and Gas Industry. This is obvious because in these areas of work, even minor misunderstandings of the language can have serious consequences.

Despite these all-around development objectives, there has been a tendency in EMP teaching in China to focus more on translating medical terminology and teaching students to read and write, while neglecting students' verbal communication competence in clinical settings (Lu, 2020). The difference between this study and previous studies is that this study investigated clinical nurses' overall satisfaction with their own nurse-patient communication skills and their evaluation of their English grammar, sociolinguistics and strategic communication skills in clinical nursing situations, explored the correlation among the three, proposed the communication tasks and skills required for nurse-patient communication in target situations, and developed and constructed an EMP teaching model aimed at improving nurse-patient clinical communication skills.

Related Studies

Oral Expression

Stephanie (2010) stated that "When you think about public speaking, you probably focus on the act of delivering a speech. However, a speaking course gives you a chance to develop many other communication skills, such as critically analyzing a topic, managing nervousness, listening effectively, adapting to an audience, building your credibility, finding and using many different types of information, organizing ideas, and presenting ideas and information".

Rahmawati states that, "to solve the problem of speaking English, students must understand the importance of English as a foreign language. They also need to be motivated in order to avoid shyness and fear of speaking in public. (Rahamwati,2017). When they want to solve a problem, they need to recognize that it is very important. When they realize the importance of speaking, they will try their best to solve the problem. If they start from their own subjective ideas, they can achieve more success.

Reading Ability

Reading plays an essential role in our lives. It is so much a part of everyday life that one can hardly imagine managing without it. Reading is also unique and flexible. Without reading, it will be difficult for students to pursue higher-level education. (Ven. Punnyananda, 2019). Reading ability helps cultivate cross-cultural communication skills. Learning English reading is not only about mastering a language skill but also about opening a window into different cultures. By reading English literary works, history books, cultural introductions and other materials, medical students can be exposed to the cultures, histories, customs and habits of different countries and regions and cultivate their cross-cultural communication skills. In clinical practice, cross-cultural communication skills can help medical students better understand and respect patients' needs and concepts from different cultural backgrounds, and avoid communication barriers and medical disputes caused by cultural differences.

Gokce (2005) states that "reading is one of the most complicated skills which a person deals with throughout his lifetime. It takes a lot of practice and experience to understand written text and its message. The issue becomes more difficult when the text appears in a foreign language that the reader is not proficient in. Reading ability can improve thinking and learning ability: reading English medical literature and materials requires the use of a variety of thinking abilities, such as logical, critical and creative thinking.

Medical English Terminology

In the medical field, effective communication is essential for accurate diagnosis, treatment, and patient care. Medical professionals need to understand and convey complex medical information to patients, collaborate with colleagues from diverse cultural backgrounds, and stay up to date with the latest medical research published in English. Medical students face unique challenges in learning English because of the specialized nature of medical terminology. Medical vocabulary consists of numerous technical terms, Latin and Greek roots, and complex anatomical and physiological concepts. (Ergashevna, 2024).

Language Environment

Harmer notes that adolescents are at a stage of life when they are more likely to feel less motivated by the fear of embarrassment in front of peers than in front of teachers. Furthermore, Harmer states that a teacher must create an environment in which students feel their peers are assets in their learning rather than critics. (Harmer,1993). Learning a language is inseparable from the language environment. Many factors influence second language learning, including learner personal factors, learning process factors and environmental factors. These variables influence and interact with each other, so second language learning is a relatively complex and changeable process.

Communication Skill Effectiveness

Parker stated that good communication skills are essential for successful personal and business relationships, as they help people share ideas and feelings in ways that are easily understood. It is an exchange of useful messages that serve the reader's needs, making their exact meaning clear and enabling them to share a momentous end. (Parker,1997)

RESEARCH METHODOLOGY

This study used a quantitative research design to explore the relationship between English language skills and clinical communication ability of medical students from a medical vocational college. The research design focused on evaluating the relationship between independent variables, such as Oral Expression, Reading Ability, Medical English Terminology, and Language Environment and dependent variables such as communication ability.

Descriptive and correlational methods were used to evaluate how these variables interact quantitatively and to provide empirical evidence for achieving the research objectives. The target population included students majoring in medical imaging technology from various medical vocational colleges, with a sample size of 400. A structured questionnaire (including closed-ended Likert-scale items) was used as the main data collection tool.

Data analysis was conducted using descriptive statistics, multiple linear regression, and correlation analysis. Descriptive statistics outlined the participants' demographic characteristics and the overall trends in the dataset. Multiple linear regression analysis was used to evaluate the impact of independent variables on the dependent variable, providing insight into the size and direction of these relationships. In addition, correlation analysis was used to examine the strength of association between variables. This rigorous approach ensures that the research results are both valid and reliable, providing valuable insights into how to effectively integrate humanistic education into vocational training programs. Quantitative designs focus on numerical data and statistical analysis, which can identify important trends and relationships and provide actionable recommendations for improvements in medical teaching.

Samples and Sample Size

This study uses sampling from 385 medical students at Kunming Medical Vocational College. The main students are second- and third-year students with professional knowledge and majoring in medical fields. The study population consisted of medical students at vocational schools, totaling about 10,000. This group was chosen because vocational educational institutions play a key role in preparing students for technical careers, and their curricula should address not only the language skills needed in the field, but also the necessary patient-centered situations.

Data Collection

Step 1: Data Collection

Firstly, the collection method: data are collected in accordance with the methods specified in the research design. For questionnaires, ensure the distribution scope and the number of returned questionnaires meet the study's requirements.

Secondly, ensure data diversity: collect data from as many sources as possible to improve data reliability and comprehensiveness.

The last is the control of data quality: during data collection, attention should be paid to ensure data quality, avoiding missing data, errors or bias.

Step 2: Data Analysis

The first step is data cleaning and preprocessing: clean the collected data, remove invalid or duplicate data, and perform preprocessing operations such as coding and conversion to facilitate subsequent analysis.

The second is selecting analysis methods: based on the type of data and the requirements of the research problem, choose the appropriate methods. For quantitative data, descriptive statistical analysis, correlation analysis, regression analysis and other methods can be used.

Finally, the results are interpreted and presented: the analysis reveals hidden patterns and relationships in the data and answers the research questions. Present the analysis results clearly in charts, tables, text and other formats so that others can easily understand and accept them.

Step 3: Conclusion and Discussion

First, conclude: summarize the main findings of the study based on the results of the data analysis, answer the research questions, and clarify the conclusions of the study. The conclusion should be concise and accurately reflect the study's results.

Secondly, discuss and prospect: discuss the study's results, analyze their significance and value, compare them with existing research, and explore the study's innovations and shortcomings. At the same time, suggestions and future research directions are put forward to provide a reference for follow-up research.

Research Instrument

The research instrument was a structured questionnaire designed to collect data for the study. The questionnaire was structured into 2 parts: the first part consisted of demographic questions, and the second part consisted of Likert-scale questions (30 items). It consisted of demographic questions and Likert scale items tailored to each variable to measure participants' perceptions and behaviors. The Likert scale (1–5) used for all variable-related items: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Interpret Average

Quantitative data are analyzed by means $\bar{x}$ and S.D, and the mean value of the suitability score of expert opinions is calculated and compared with the following criteria:

A mean score of 4.51- 5.00 means "Highest" (interpreted as very high)

A mean score of 3.51- 4.50 means "High" (interpreted as high)

A mean score of 3.01-3.50 means "Moderate" (interpreted as moderate)

A mean score of 1.51-3.00 means "Less" (interpreted as low)

A Mean score of 1.00 - 1.50 means "Least" (interpreted as very low)

Descriptive Statistics

The research data included frequencies and percentages, as well as the mean, standard deviation, and frequency distributions of each research variable, multiple linear regression, and correlation analysis.

Inferential Statistics

Independent Samples t-test, One-Way ANOVA, and Multiple Linear Regression Analysis.

FINDINGS

The samples in this paper are composed of administrators selected by universities, and a total of 385 samples were selected. Based on advanced statistical procedures, the data analysis in this study is mainly divided into two categories: descriptive statistics and inferential statistics. The descriptive statistics presented in this chapter include absolute frequency,

percentage frequency, arithmetic mean, and standard deviation. In Inferential Statistics, based on hypothesis testing, a large number of statistics are used, including the Independent-Samples t-test, One-Way ANOVA, and Multiple Linear Regression.

Table 1 : Descriptive Analysis of Gender

		t	df	p	Cohen's d
CS	Male	0.38	383	.70	0.04
	Female	0.39	204.86	.69	0.04

From Table 1, the p-value for the adoption rate by gender is about 0.70, which is much higher than the 0.05 critical value. Therefore, the null hypothesis (H0) cannot be rejected, implying that gender differences do not affect adoption rates.

Table 2: Hypothesis Testing Result

	CS	OE	RA	MET	LE
CS	1				
OE	0.51**	1			
RA	0.47**	0.49**	1		
MET	0.47**	0.32**	0.39**	1	
LE	0.54**	0.48**	0.43**	0.36**	1

We summarized the correlation coefficient between the independent and Dependent Variables.

From Table 2, the result is that: Medical Communication Skill and Oral Expression (0.51**): Moderate positive correlation.

Medical Communication Skill and Reading Ability (0.47**): Moderate positive correlation.

Medical Communication Skill and Medical English Terminology (0.47**): Moderate positive correlation.

Medical Communication Skill and Language Environment (0.54**): Moderate positive correlation.

Interpretation: Medical Communication Skills (CS) are moderately correlated with all other variables. This suggests that as clinical skills improve, other variables (e.g., objective evaluation and research ability) tend to improve as well. The results confirm that the correlation coefficients for Medical Communication Skill with Oral Expression, Reading Ability, Medical English Terminology and Language Environment range from 0.47 to 0.54 and are significant ($p < 0.01$).

**Table 3: Regression Analysis
Model Summary**

Model	R	R Square	Adjusted R-Square	Std. Error of the Estimate
1	0.66 ^a	0.44	0.44	0.53

a. Predictors: (Constant), LE, MET, RA, OE

**Table 4: ANOVA
ANOVA^a**

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	83.71	4	20.93	75.54	0.000 ^b
Residual	105.28	380	0.28		
Total	188.99	384			

a. Dependent Variable: CS

b. Predictors: (Constant), LE, MET, RA, OE

**Table 5: Coefficients
Coefficients^a**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.40	0.16		8.54	0.000		
	OE	0.19	0.04	0.23	4.80	0.000	0.67	1.49
	RA	0.12	0.04	0.15	3.15	0.002	0.67	1.48
	MET	0.20	0.04	0.24	5.55	0.000	0.80	1.26
	LE	0.24	0.04	0.28	6.10	0.000	0.70	1.44

a. Dependent Variable: CS

Multiple regression was conducted, yielding an R² of 0.44, indicating that the Dependent Variable was explained by 44.3%. Therefore, this clearly shows that the model is generally fit. The table shows a p-value of 0.000, which is less than 0.05. Therefore means the statistical significance of the model.

The VIF values for all 5 factors are less than 10, indicating slight multicollinearity.

Oral Expression has a positive and significant influence on the dependent variable, Medical Communication Skill ($\beta > 0$, p-value < 0.05).

Reading Ability has a positive and significant influence on the dependent variable, Medical Communication Skill (beta > 0 , p-value < 0.05).

Medical English Terminology has a positive and significant influence on the dependent variable, Medical Communication Skill ($\beta > 0$, p-value < 0.05).

Language Environment has a positive and significant influence on the dependent variable, Medical Communication Skill (beta > 0 , p-value < 0.05).

Equation

$$CS = 1.40 + 0.19 \times OE + 0.12 \times RA + 0.20 \times MET + 0.24 \times LE$$

CONCLUSION

A survey of demographic characteristics revealed that the sample was more evenly divided between men and women, but with a higher proportion of women. In terms of the academic year level, the second and third academic years had the largest number of people and accounted for a larger proportion. After the t-test for independent samples and the one-way ANOVA for demographic differences, gender differences were found to be significant. We summarized the correlation coefficients between the independent and dependent variables. The results showed that the correlation coefficients between CS and OE, RA, MET, and LE ranged from 0.467 to 0.535 and were significantly positive.

DISCUSSION

Language carries a rich cultural connotation. From a macro perspective, culture describes a country or nation's overall culture; from a micro perspective, it can also describe the specific culture of a group. Because of the inseparable and close relationship among language, knowledge and culture, language is not only a tool for expression and communication, but also an experience for learners to construct their own values, their relationships with the social environment, and to explore their prospects in the process of learning knowledge and culture. English teaching based on medical humanities content demonstrates the basic connotation (i.e., humanitarianism, benevolence, humanism, public welfare, and tolerance) and essential characteristics (i.e., humanity is the most important thing, life is the most important thing, health is the most important thing, personality is the most important thing, and harmony is the most important thing) of medical culture for medical students by means of language teaching and learning, to encourage them to understand in advance the requirements of their future professionalism and to form an ethical view of their profession. Some medical educators believe that only by fostering a positive atmosphere in medical education can we effectively develop students' English-language skills in medicine.

The results of the multiple linear regression analyses indicated that students were more concerned with oral proficiency and linguistic environment in studies on medical communication skills. Spoken English is not only a combination of vocabulary and grammar, but also a communication tool. Medical students need to communicate effectively with patients and colleagues from different cultural backgrounds in their daily studies and future careers. Therefore, it is especially important to master the terminology and doctor-patient communication skills in medical English. Medical English involves not only terminology, but also cross-cultural communication skills. Understanding communication styles across cultures can help medical students build more trusting relationships with patients and improve the quality of medical care. Students need a deep understanding of the context in which the language is used, and different contexts call for different expressions. The language

environment can quickly improve students' ability to express themselves and get used to thinking in English. Medical students can effectively improve their English-speaking skills and lay a solid foundation for future clinical practice and research collaboration. Students also hope to make more progress on the path of English learning and open more career opportunities.

English is one of the common languages in today's international society, many research documents, medical devices, drugs and testing instruments are produced abroad, if English is not good enough to understand these English documents, only medical students to increase the content of medical English, to meet the needs of medical students to learn English, to improve their own business ability, communicative ability to learn, to achieve the purpose of improving the overall quality of medical students. To improve medical students' core competencies, the importance of English instruction is particularly significant.

The best medical doctors in the world are certainly abroad; the latest technology, the most cutting-edge technological development, the most complete and in-depth scientific research, and so on are all carried by medical English to circulate through a large network and other carriers. As long as one has mastery of medical English, one can be in the medical peer group far away from the same level of competitors, half a street away, since the competition is more likely to obtain the favor of the superiors. To become a good doctor, one cannot be separated from medical English and the latest medical technology. If a doctor does not know English, how can grasp the essence of the latest Western medical technology, if you rely on the translation of the document to see others, can be translated after the expression of the content and the original content has a certain gap, the most important thing may be that you have to understand the place is not translated accurately and missed opportunities, so if you want to mix in the hospital to be excellent, one step ahead of others, the level of English must be more than first class to look at the foreign medicine. If you want to be in the hospital and be one step ahead of others, your English level must be above the first class, and you can read foreign medical works at the level of reading Chinese.

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