Onerous OET:
An ESP-ELT Lens on Healthcare Industry's Toughest Subtest

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Abstract

The Occupational English Test (OET) is a high-stakes, ESP-based (English for Specific Purposes) international English language proficiency test for healthcare professionals. Many candidates from Kerala, however, face persistent challenges in meeting the required scores. Drawing on both ESP and ELT (English Language Teaching) approaches, this study follows Creswell's (2008) explanatory sequential mixed methods design-beginning with a survey to identify the most difficult OET subtest, followed by semi structured interviews to explore the underlying reasons behind. Quantitative findings indicate that reading poses the greatest challenge, followed by listening. Qualitative interviews uncover the difficulties related to time management, comprehension of technical passages, and understanding accented speech under timed conditions. These insights underscore the need for tailored, ESP-ELT-informed learner-focused strategies to enhance reading and listening skills among OET candidates. This research offers practical implications for ELT practitioners working with healthcare professionals preparing for the OET.

Keywords: ESP; OET; ELT; Healthcare Communication

INTRODUCTION

The Occupational English Test (OET), rooted in healthcare communication, integrates principles of English for Specific Purposes (ESP) and English Language Teaching (ELT), necessitating instructional methods that reflect authentic clinical interactions. Effective communication is vital for fostering trust, ensuring clinical safety, and promoting optimal recovery. The OET evaluates the English language proficiency of healthcare practitioners, focussing on listening, speaking, reading, and writing skills in a medical context. Thus, it emerges as a key entry point for internationally qualified healthcare workers – particularly non-native English-speaking nurses – pursuing careers in the UK, Australia, and the Middle East. Nurses from Kerala represent a notable segment of this workforce, burdened by mounting expectations to clear the OET. Despite diligent preparation, many face difficulties meeting OET standards, with certain subtests posing significant challenges. This situation underscores the importance of test-taker readiness, pedagogical effectiveness, and barriers to global career development. Although existing studies have explored overall trends in OET research, there is limited focus on the specific subtests that challenge nurses from Kerala. Addressing this gap is vital, as poor communication in healthcare can negatively impact patient outcomes and hinder professional integration overseas.

Using a mixed-methods approach, this study aims to identify the OET subtest that test-takers from Kerala perceive as most daunting. Grounded in ELT and ESP frameworks, the study emphasizes the need for targeted, learner-centered strategies to enhance OET preparedness and support Kerala nurses in developing effective global communication skills.

RESEARCH PROBLEM AND QUESTION

Nurses from Kerala make up a significant segment of the global healthcare workforce but frequently struggle to pass the OET, a key prerequisite for international employment. However, limited research has explored which specific OET subtests this group finds most difficult. This investigation aims to answer the following research question: Which of the four OET subtests (Listening, Reading, Writing, Speaking) do the candidates find most

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challenging? The findings will help develop customized ELT resources to enhance English proficiency and boost OET success.

LITERATURE REVIEW

Since proficiency in English is essential in the healthcare sector for effective communication, OET has emerged as a well-established tool for assessing the language skills of healthcare professionals. Therefore, understanding the challenges faced by candidates in this test is crucial, and this literature review examines existing research on language proficiency barriers focussing writing and speaking and highlights the importance of exploring obstacles in other OET subtests. Data from the OET website in 2023 shows that nurses account for 70.44% of test takers, medical professionals comprise 28.31%, and candidates from other healthcare fields represent 1.23%.

Table:1: *Distribution of Candidates by profession*

Profession	Candidature
Nursing	70.44%
Medicine	28.31%
Others	1.23%

Note: Data adapted from the Occupational English Test website (www.occupationalenglishtest.org).

Recent investigations highlight the significance of English proficiency in advancing research and practices in occupational health across non-native English-speaking countries. (Guennoun & EL Kholti, 2024). For nursing students especially those in emergency care, English proficiency is essential. SB (2023) emphasized the need to tailor English instruction to address the specific linguistic challenges faced by students enrolled in non-English-medium programmes. This highlights the centrality of English within the OET framework, which serves to ensure effective communication between healthcare professionals and patients, thereby upholding patient safety and care standards.

Carr (2021) noted a growing preference of OET over International English Language Testing System-IELTS for medical professionals due to its pertinence to medical field making it more useful for language acquisition and patient consultation.

The OET comprises four subtests (Listening, Reading, Writing, and Speaking) with individual scores for each, referred to as subscores (Haberman et al., 2009). Research shows that these subtests evaluate distinct yet complementary communication skills necessary in medical settings (Lumley, 1993). A candidate's abilities and challenges across various competencies can be identified using subs cores which makes it a valuable tool in the education of healthcare professions. Hence, a sole overall score provides partial insight into a learners' abilities and this emphasises the need for a comprehensive assessment like sub scores. However, there is uncertainty that remain regarding their reliability (Park et al., 2019).

Some earlier studies also have raised questions about their reliability, based on statistical analysis. According to Longabach et al., (2015) when compared to overall scores, subscores frequently exhibit lower reliability limiting their application in educational evaluations. The advantage of reporting subscores in assessments has been disagreed by some researchers because they don't add much value beyond the total test score (Sinharay et al., 2007). Moreover, Haberman et al. (2009) suggested that subscores are most effective in settings with large sample sizes and when based on a broad set of assessment items.

Nevertheless, many practitioners still consider these individual scores as valuable and apply them to make diagnostic decisions (Reimann et al., 2012). According to Yao and Boughton (2007) if the various parts of a test (subscore) are connected strongly, they can reflect specific skill proficiency. In a similar vein, Varley (1995) stated that subscores play a key role in the process of clinical credentialing because they provide specific and focussed feedback. Haladyna and Kramer in 2004 highlighted the fact that subscores help unsuccessful candidates to identify the areas needed for improvement and support training institutions to adjust the curricula accordingly.

A study by Banafi (2023) highlighted that medical professionals like doctors and nurses require specific English language training, focussed on medical terminology and writing to enhance confidence and competence. Additionally, individual differences in professional experience, linguistic competence, and exposure to English language are the factors associated with disparities in performance. Jebunnesa and Ibrahim (2013) identified writing as the most daunting subtest for Malaysian nurses, primarily due to grammatical difficulties. Their findings support OET's validity in assessing language competence

for nurses, and highlight the link between language proficiency and optimal patient care. Jebunnesa along with Othman (2013) in a related study specified that the nurses believed that referral letter within a word limit of 180 to 200 on clinical case note is the most challenging part of writing subtest. Many studies underscore the significance of incorporating English language training into nursing programs to equip students for the linguistic demands of clinical environments.

Apart from writing difficulties, healthcare communication is often disrupted by several real-world challenges. Gilligan, Brubacher and Powell (2021) identified eight challenges namely time constraints, rapport building, patient characteristics, reluctance, omissions, assumptions, decision making and keeping conversations focussed that pose as a hinderance in an effective communication. In a complementary finding, Tambunan et al. (2018) reported that fear of making mistakes discourages participation in speaking tasks, while limited vocabulary adversely affects both listening comprehension and speaking fluency.

Over the years, scholars have long concentrated on identifying, applying and evaluating techniques that explore a broad range of teaching methodologies and linguistic tools targeting the overall improvement of language proficiency. However, these studies neither investigate which specific subtest candidates perceive as the most difficult nor identify the specific hardships that the candidates encounter. This unexplored area highlights the need for further study into how candidates perceive individual subtest- gaining insights that could lead to customised and effective teaching strategies.

Overview of OET

The OET, developed under the principles of ESP, is currently administered by Cambridge Boxhill Language Assessment (CBLA). Pioneered by Mc Namara in 1980 to assess the English language proficiency of twelve healthcare professions, the test is now offered 24 times a year at over 120 venues across more than 40 countries. The test incorporates four aspects: Listening (Understanding spoken medical English), Reading (analysis of written clinical texts), Writing (developing formal letters from case notes), and Speaking (role-plays simulating patient interactions). Performance is graded from A to E,

with a B typically required for professional acceptance.

METHODOLOGY

Research Design

This study adopts a mixed-methods approach to identify the most challenging OET subtests for nurses from Kerala. The quantitative component involved a cross-sectional survey with 32 repeat test-takers [nursing] from two Kerala-based OET institutes, using a structured questionnaire to gather data on perceived difficulties across Listening, Reading, Writing, and Speaking subtests. This ensured objective analysis and generalizable insights.

To complement these findings, qualitative data were collected through semi-structured interviews, following Creswell's (2008) model, to explore deeper challenges in areas like fluency, pronunciation, and coherence. This combination of methods provides both breadth and depth, offering practical insights for tailored instructional strategies.

Participants

Participants with firsthand experience in OET preparation were selected through purposive sampling. The quantitative phase included 32 OET nursing candidates (27 females, 5 male) from two OET institutes in Kerala, representing diverse linguistic backgrounds such as Bengali, Hindi, Malayalam, Tamil, and Telugu, with most holding BSc Nursing degrees. Participants' ages ranged from under 25 to over 40, and most had attempted the OET at least once, providing valuable insights into recurring challenges. The qualitative phase involved eight experienced OET trainers (6 females, 2 male) from the same institutions, whose instructional expertise offered critical perspectives on candidate difficulties and effective teaching strategies.

Data Collection

Quantitative data were collected through a self-administered questionnaire, validated for reliability by the institution's statistics department. Participants rated the difficulty of the four OET subtests (Listening, Reading, Writing, Speaking) using a four-point Likert scale. For the qualitative phase, semi-structured interviews with trainers (10–42 minutes) were conducted in neutral settings, audio-recorded with consent, and manually transcribed. Transcripts were verified

using TurboScribe and Taguette. Institutional approval was obtained, and verbal informed consent was secured from all participants.

DATA ANALYSIS

This section explains the methods used to analyse participants' perceptions of the most difficult subtest, covering both quantitative and qualitative data. Descriptive statistics—such as frequency, percentage, and cumulative percentage—were applied to summarize and interpret the quantitative responses. Frequency analysis showed how many participants found each subtest difficult, percentage analysis enabled comparisons between subtests, and cumulative frequency revealed overarching trends. These findings provided a basis for identifying key challenges and informing teaching approaches.

Braun and Clarke's (2006) six-phase thematic analysis was applied to manually transcribed trainer interviews, with TurboScribe and Taguette used for verification. This process identified key themes on challenges, strategies, and teaching needs. Combined with statistical analysis, these insights support developing a hybrid model to improve participants' English language skills.

FINDINGS

Quantitative Phase

1. Listening

Majority [46.9%] of the respondents find Listening to be moderately difficult whereas a significant proportion [28.1 %] of nurses feel that listening is extremely difficult. However, a smaller proportion [25%] of them find listening to be slightly difficult.

Table 2: *Distribution of Participants' Listening Scores*

Listening		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	8	25	25	25
	3	15	46.9	46.9	71.9
	4	9	28.1	28.1	100
	Total	32	100	100	

2. Reading

56.3% of the participants find reading to be extremely difficult whereas 34.4% that is a significant portion of the respondents report that reading is moderately difficult for them. However,

it is also evident from the table that a smaller portion of respondents [9.4%] feel reading as slightly difficult.

Table 3: *Distribution of Participants' Reading Scores*

Reading		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	9.4	9.4	9.4
	3	11	34.4	34.4	43.8
	4	18	56.3	56.3	100
	Total	32	100	100	

3. Writing

Writing is reported to be slightly difficult by 24 respondents constituting 75% of the total responses. Six respondents find writing as moderately difficult representing 18.8% whereas 6.3% of the total respondents [2 respondents] reported writing to be not at all difficult, however it is interesting to note that none of the respondents felt writing as extremely difficult.

Table 4: *Distribution of Participants' Writing Scores*

Writing		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	6.3	6.3	6.3
	2	24	75	75	81.3
	3	6	18.8	18.8	100
	Total	32	100	100	

4. Speaking

Table 5: *Distribution of Participants' Speaking Scores*

Speaking		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	6.3	6.3	6.3
	2	18	56.3	56.3	62.5
	3	8	25	25	87.5
	4	4	12.5	12.5	100
	Total	32	100	100	

Speaking is reported to be slightly difficult by 18 respondents [56.3%] however, 8 respondents [25%] felt speaking to be moderately difficult. 4

OET nursing candidates [12.5%] reported speaking to be extremely difficult and only 2 respondents [6.3%] felt that speaking is not at all difficult for them. This clearly indicates that majority find speaking to be slightly difficult.

From the above tables, the following conclusions can be drawn that for the respondents:
- Reading is extremely difficult.
- Listening is moderately difficult.
- Writing is slightly difficult.
- Speaking is slightly difficult.

Qualitative Phase

Thematic analysis of trainer interviews led to the identification of seven key themes that shed light on the difficulties faced by OET candidates. Notably, under the first theme, Challenges in Language Proficiency, it became evident that Reading and Listening subtests posed the greatest challenges for majority. Trainers reported that difficulties in grammar, vocabulary, and pronunciation hindered candidates' ability to comprehend written texts and audio recordings effectively. Additionally, mother tongue interference, especially Malayalam, impacted both pronunciation and overall understanding, making the Reading and Listening sections particularly demanding.

The other six themes offer further context for these challenges:
- **Contextual and Educational Backgrounds**: Many candidates came from Malayalam-medium schools, resulting in limited early exposure to English and struggle to meet the language demands of the OET.
- **Exam-Centric Motivation** Most nurses considered the OET mainly as a means to obtain employment overseas, resulting in an emphasis on exam outcomes rather than on the long-term acquisition of critical Reading and Listening competencies.
- **Confidence and Fluency Barriers:** A lack of confidence in using English—especially under test conditions—adversely affected performance. Anxiety and hesitation extended to reading comprehension and listening accuracy, where quick thinking and comfort with English are essential.
- **Need for Structured Instruction**: Trainers highlighted the absence of a well-designed instructional framework that combines linguistic skills with clinical communication.

They advocated for a multimodal, tech-supported approach that better supports comprehension and language use in realistic scenarios.
- **Time Constraints and Limited Practice:** Many nurses were unable to dedicate sufficient time to language practice due to demanding work and personal schedules. Additionally, their progress in acquiring strong receptive skills like listening and reading was hindered by the lack of exposure to English language.
- **Insufficient Learning Resources**: OET candidates found the existing instructional tools insufficient to address their specific needs, and instructors also called for tailored resources that cater to receptive skills.

DISCUSSIONS

Aiming to explore the determinants of the difficulty, this research investigates which OET subtest Malayalam-speaking nurses perceive as the most challenging. According to the quantitative findings, Reading emerged as the most challenging skill, with 56.3% of the respondents reporting it as extremely difficult. Additionally, 46.9% of the participants reported Listening as moderately difficult and 28.1% found it extremely difficult, making it the next area of concern whereas Speaking and Writing were perceived as slightly difficult. This contradicts the findings of Jebunnesa and Ibrahim (2013) where writing emerged as the most difficult subtest among Malaysian OET candidates.

Acknowledging the challenges in reading and listening skills, these revelations advocate for a reform of the current OET preparation practices. Viewed through the lens of ESP, they highlight a mismatch between what learners require and what is being taught, emphasising needs analysis, suitable for ESP course design- an approach strongly advocated by Hutchinson and Waters (1987). Limited exposure to English, lack of familiarity with complex healthcare-related texts, and challenges understanding varied accents under time constraints are among the factors contributing to reading and listening difficulties.

Insights drawn from trainer interviews qualitatively strengthened the understanding of these challenges. Trainers frequently noted that challenges in grammar, vocabulary, and pronunciation hindered candidates' comprehension. Furthermore, mother tongue

interference (Malayalam) impeded learners' efficiency in processing English and speaking clearly.

Poor performance is considered to be the result of the following institutional and lexical factors:

- **Educational Backgrounds:** Due to limited exposure to the English language, learners from Malayalam-medium schools were not adequately prepared to use the clinical and formal language required in healthcare settings.
- **Test-Oriented Goals:** A predominant focus on passing the test rather than developing lasting language skills led to superficial preparation, particularly in reading and listening.
- **Confidence and Time Constraints:** Test anxiety and hesitation impeded candidates' ability to process information quickly and accurately whereas work and personal commitments restricted consistent language practice and exposure.

The absence of scaffolded, context-rich instruction hindered candidates' ability to apply language effectively in clinical scenarios.

Enhancing receptive skills is not merely a test readiness challenge but a key factor in patient safety. Educators should integrate exam techniques with language skills training, strengthen learner confidence, offer diverse accent exposure, and promote consistent practice to improve test outcomes and clinical communication. This gap between what is taught and what learners actually need can be bridged through a hybrid ESP-ELT approach that aligns language teaching with real- world application.

PEDAGOGICAL IMPLICATIONS AND FUTURE DIRECTIONS

This study emphasizes the need to recalibrate OET preparation for Malayalam-speaking nurses by strengthening receptive skills (Reading and Listening) through authentic clinical materials. To promote learner-centered strategies:

1. **Pedagogical Training:** Teachers should be trained in pedagogy based on ESP focussing on guided tasks that mirror real -life clinical communication.
2. **Learning materials and Delivery:** The learning materials should be modular and blended in nature and must include multiple accents and specialised healthcare texts.
3. **Educational institutions and policymakers:** should implement inclusive support to address

regional language challenges, enhancing candidates' readiness for international healthcare settings.

To bridge the gap between learning content and learner needs, a hybrid ESP-ELT integrated model is essential. Therefore, learner-centered curriculum will be proposed (as a practical extension of this research) embedding real-world healthcare tasks, delivered through modular and blended models and guided learning frameworks to better meet the needs of the learners.

LIMITATIONS OF THE STUDY

The limitations include the restricted generalisability of the study due to its region-specific sample, along with the potential bias in self-reports and trainer feedback. To gain more robust insights, future research should include a broader and more diverse sample.

CONCLUSION

The findings reveal that Reading is the most difficult OET subtest for Malayalam-speaking candidates, closely followed by Listening. Contrary to common perceptions that prioritize Speaking as the main challenge, the results point to greater struggles with receptive skills, which appear to be influenced by a range of linguistic, educational, and contextual factors.

Challenges in these areas are largely attributed to limited English language exposure, particularly among candidates educated in Malayalam-medium schools, and to test-oriented preparation that prioritizes outcomes over deep skill development. Issues such as native language interference, restricted time for regular practice, and the lack of relevant learning materials further hinder candidate progress.

To improve outcomes, the study calls for instructional approaches grounded in ESP-informed ELT practices that combine language proficiency with clinical communication. This includes specialized materials for Reading and Listening, authentic real-world input in training, and strategies that boost learner confidence and autonomy. By shifting the focus to include receptive language development alongside speaking and writing, OET preparation programs can offer more balanced and effective support.

Future research should broaden its scope to include nurses from diverse linguistic

backgrounds, enabling a more comprehensive understanding of the challenges faced by ESL candidates and facilitating the development of inclusive teaching practices for medical professionals through an ESP-ELT lens.

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