Overcoming English Language Barriers in Healthcare in Saudi Arabia Through Phonics and Grammar Awareness: A Linguistic Approach to Enhancing Communication among ESL Professionals

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ABSTRACT

Background: Effective communication is a cornerstone of quality healthcare delivery. In the Kingdom of Saudi Arabia (KSA), where the healthcare system is highly multicultural and multilingual, English serves as the primary medium for professional interaction. However, many healthcare providers are non-native English speakers, which introduces a persistent language barrier that can jeopardize patient safety and interdisciplinary collaboration. This study investigates the impact of phonics and grammar instruction on improving communication effectiveness among English as a Second Language (ESL) healthcare professionals in KSA.

Method: The study employed a quasi-experimental mixed-methods design involving 60 non-native English-speaking healthcare professionals from two major hospitals in Riyadh and Jeddah. Participants were divided into control and experimental groups. The experimental group received targeted phonics and grammar training over a four-week period. Data were collected using pre- and post-tests, structured observations, and semi-structured interviews.

Results: Statistical analysis revealed significant improvement in both grammar accuracy and pronunciation clarity among the experimental group. Mean grammar scores increased from 60.8 to 84.5, while pronunciation scores rose from 58.2 to 81.7. Observational data indicated a 66% reduction in communication breakdowns. Interview themes highlighted enhanced communicative confidence, clarity in patient education, and improved professional assertiveness.

Conclusion: The findings underscore the necessity of integrating phonics and grammar training into English for Specific Purposes (ESP) programs within healthcare. Such training not only improves linguistic competence but also strengthens professional identity and patient safety. Policymakers and institutions are encouraged to view language instruction as a clinical imperative rather than an optional supplement.

Keywords: ESL, healthcare, communication, phonics, grammar, Saudi Arabia.

INTRODUCTION

In today's increasingly globalized healthcare systems, effective communication is not simply a desirable skill—it is a clinical necessity. Miscommunication among healthcare staff can lead to misdiagnoses, delayed treatments, and even life-threatening errors [1]. In the KSA, the reliance on a multinational workforce in hospitals and clinics makes language competence a matter of public health concern. While English is the de facto language of communication in most clinical environments, a large portion of the medical staff consists of non-native English speakers who acquired the language through varying levels of instruction. These professionals often face challenges related to pronunciation, grammar, syntax, and situational appropriateness of language use, which can create confusion and compromise the delivery of safe, effective patient care [2].

Saudi Arabia's Vision 2030 outlines a roadmap for improving the healthcare system, including workforce development and service quality [3]. Yet, while technical training and continuing medical education are emphasized, linguistic competence remains an undervalued domain. Most existing English for Specific Purposes (ESP) courses within healthcare institutions emphasize medical vocabulary acquisition but overlook core linguistic skills such as phonics (the sound-symbol relationships of English) and grammar (rules governing sentence structure). This limited focus leaves many professionals ill-equipped to engage confidently in patient consultations, interdisciplinary briefings, and documentation tasks [4].

Phonics and grammar form the backbone of effective language use. Phonics instruction enables speakers to pronounce complex terms such as "tachycardia" or "bronchodilator" with clarity, while grammatical accuracy ensures messages are logically and temporally coherent. Errors such as "She give insulin before dinner" or "Patient feeling dizzy yesterday night" are not only ungrammatical but potentially misleading. Moreover, poor pronunciation can result in dangerous misunderstandings of drug names or dosage instructions. When combined, deficiencies in phonics and grammar create a compounded barrier to effective communication, professionalism, and patient trust [5].

Theoretical frameworks in applied linguistics provide critical insights into why these issues persist and how they can be addressed. **Krashen**'s [6] Input Hypothesis suggests that learners acquire language best through exposure to comprehensible input that is slightly beyond their current level. **Schmidt**'s [7] Noticing Hypothesis argues that conscious attention to linguistic forms is a prerequisite for language acquisition. Additionally, Sociolinguistic Theory underscores the importance of language as a social practice, influenced by power relations and institutional norms. These frameworks support the premise that targeted instruction in foundational language skills—especially within the context of clinical interaction—can yield meaningful improvements in communication [8].

This study proposes and tests a structured phonics and grammar training program tailored for ESL healthcare professionals in Saudi Arabia. Using a quasi-experimental design, the study examines the impact of this training on participants' communicative competence in real-world clinical settings. Through a combination of quantitative assessments and qualitative interviews, the research evaluates gains in pronunciation accuracy, grammatical precision, and professional confidence. Ultimately, the study seeks to inform institutional policy, curriculum design, and workforce development strategies in healthcare settings across the KSA and beyond.

Literature Review

Language plays a pivotal role in the delivery of safe, effective, and compassionate healthcare. In multilingual environments such as Saudi Arabia, where English functions as the lingua franca in hospitals and clinics, language barriers have been widely documented as a critical obstacle to patient care [2]. Scholars have emphasized that while English proficiency among healthcare workers has improved over the years, core competencies in pronunciation (phonics), grammar, and pragmatic usage remain inconsistent, especially among non-native speakers [4]. These deficiencies can lead to errors in medication administration, poor interdisciplinary communication, and compromised patient satisfaction. This literature review explores the existing research on phonics and grammar instruction in English for Specific Purposes (ESP), particularly within healthcare contexts, and highlights the theoretical frameworks that support targeted linguistic training

Language Barriers in Healthcare: Global and Saudi Contexts

Numerous international studies have confirmed that language barriers hinder quality healthcare delivery. **Flores** [9] identified language discordance as a predictor of misdiagnoses, poor medication adherence, and higher readmission rates. Similarly, **Karliner et al.** [10] found that non-native English-speaking healthcare professionals were more likely to experience communication breakdowns, particularly in high-stakes environments such as emergency care or surgery. These problems are amplified when patients themselves are also ESL speakers, creating a dual-layered challenge in establishing mutual understanding.

In Saudi Arabia, the issue is further compounded by the multinational composition of the medical workforce. **Almutairi et al.** [11] reported that linguistic and cultural mismatches are common across the country's hospitals, with English serving as the only shared communication medium among staff from the Philippines, India, Egypt, and elsewhere. However, English is rarely the first language for either healthcare workers or many patients, particularly in non-urban areas. This results in a reliance on "broken" or simplified English, often filled with grammatical errors and inconsistent pronunciation, which reduces the clarity and reliability of clinical information.

Despite these challenges, the national healthcare strategy has yet to institutionalize structured language training for frontline professionals. According to **Alharbi** [12], existing ESP programs tend to focus on medical vocabulary memorization rather than equipping learners with the functional grammar or phonetic skills needed to navigate real-world interactions.

The Role of Phonics and Pronunciation in Professional Communication

Pronunciation is not merely a matter of accent or aesthetics; it is central to intelligibility—the degree to which a speaker can be understood. **Derwing and Munro** [13] argue that intelligibility should be the primary goal of pronunciation instruction, especially in workplace settings where misinterpretation can have severe consequences. In healthcare, this is particularly crucial. Mispronouncing a drug name such as "metoprolol" or confusing similar-sounding words like "hypotension" and "hypertension" can lead to dangerous outcomes.

Phonics instruction helps address these challenges by explicitly teaching the relationship between sounds and spelling patterns. According to **Gilakjani and Sabouri** [14], adult learners benefit significantly from phonics instruction that focuses on stress patterns, intonation, syllable segmentation, and minimal pairs. These elements are frequently absent from traditional ESP curricula but are vital for improving clarity in spoken communication.

In Saudi healthcare settings, where professionals must communicate under time pressure and across

linguistic boundaries, accurate pronunciation enhances both patient trust and peer collaboration. Yet, studies indicate that most phonics instruction, if it exists at all, is delivered informally or left to the initiative of individual learners. **Mahmoud and El-Komi** [15] note that few institutions in Saudi Arabia employ trained phonetics instructors or include pronunciation modules in their ESP syllabi, resulting in ad hoc and often ineffective training approaches.

Grammar and Communicative Accuracy in ESP Contexts

While pronunciation is key to being understood, grammar is essential for expressing meaning with precision and nuance. Errors in verb tense, word order, and modality can drastically alter the intended message. For instance, the sentence "You must not eat before surgery" differs significantly from "You may eat before surgery". Grammar errors can thus undermine clinical safety and compromise patient outcomes.

Despite this, grammar instruction is frequently sidelined in ESP programs. **Basturkmen H** [16] criticizes this oversight, arguing that vocabulary-centered instruction falsely assumes that learners will internalize grammar incidentally. However, empirical research suggests the opposite. **Ellis** [17] **and Spada** [18] both emphasize the importance of form-focused instruction, which explicitly draws learners' attention to grammatical rules and their application in context.

In the Saudi context, **Ibrahim** [19] conducted a study on nurse-patient communication and found that grammatical inaccuracies were responsible for a significant percentage of patient misunderstandings, particularly when instructions were time-sensitive or related to medication. For example, ambiguous phrases such as "Take pill morning" or "He no eat yet" caused delays and required follow-up clarification, wasting valuable clinical time and affecting patient compliance.

These findings are supported by **Schmidt's** [7] Noticing Hypothesis, which posits that conscious awareness of linguistic forms is a prerequisite for acquisition. When learners are guided to notice patterns and receive corrective feedback, they are more likely to integrate accurate grammar into their speech and writing.

Sociolinguistic Perspectives: Power, Hierarchy, and Pragmatic Competence

Language use in healthcare settings is not only a cognitive or technical skill but also a social practice shaped by institutional norms and power dynamics. **Holmes and Stubbe** [20] explore how language reflects professional hierarchy and can either empower or marginalize non-native speakers. ESL healthcare professionals often experience difficulty asserting themselves in discussions with senior colleagues or

during interdisciplinary meetings—not necessarily due to a lack of medical knowledge, but because of limited control over pragmatic language features such as politeness strategies, hedging, and indirectness.

Spencer-Oatey [21] emphasizes that pragmatic competence is as important as grammatical accuracy in workplace communication. For example, requesting help from a supervisor requires not just the right words but the right tone and level of formality. Without adequate training, ESL professionals may come across as either overly deferential or inappropriately assertive, affecting both teamwork and professional perception.

In Saudi hospitals, where respect for hierarchy is culturally entrenched, the sociolinguistic stakes are particularly high. **Mahmoud and El-Komi** [15] found that many ESL professionals avoid speaking up in team meetings or patient consultations due to fear of embarrassment or negative evaluation. This silence can be misinterpreted as lack of knowledge or disengagement, when in fact it reflects a lack of linguistic preparation.

Integrating sociolinguistic training—such as role-plays, simulations, and discourse analysis—into ESP curricula can help bridge this gap. Such training empowers learners to navigate workplace hierarchies more effectively and to express themselves with clarity, confidence, and cultural appropriateness.

Gaps in Current Training Models

Despite the growing body of literature affirming the importance of phonics and grammar, many training programs—particularly in the Gulf region—continue to emphasize lexical proficiency over structural competence. Most ESP textbooks focus on terminology and reading comprehension exercises rather than real-life clinical communication. Moreover, assessments rarely evaluate speaking or listening skills in authentic contexts, perpetuating a false sense of fluency among learners.

Mahmoud and El-Komi [15] argue for a paradigm shift in ESP course design, recommending the integration of phonological awareness, form-focused grammar instruction, and pragmatic training. **Alharbi** [12] similarly advocates for workplace-based language programs that are co-developed with healthcare practitioners, ensuring relevance and practical application.

The absence of institutional support also hinders progress. While some hospitals offer in-service training or continuing education courses in English, these are often elective, underfunded, or poorly attended [18]. Without systemic integration into professional development frameworks, language training remains an afterthought rather than a strategic investment in patient safety and quality care [4].

Theoretical Framework

This study draws upon three foundational theories in applied linguistics to conceptualize how ESL healthcare professionals acquire and apply language skills in clinical contexts: **Krashen**'s [6] Input Hypothesis, **Schmidt's** [7] Noticing Hypothesis, and Sociolinguistic Theory. Together, these frameworks provide a multidimensional lens for understanding the acquisition of phonological and grammatical competence and their practical deployment in healthcare settings.

Krashen's Input Hypothesis

Stephen Krashen's [20] Input Hypothesis posits that language acquisition occurs most effectively when learners are exposed to "comprehensible input" — that is, language input slightly above their current level of proficiency (i+1). The implication for ESL training is that instruction should not rely solely on isolated vocabulary or grammar drills, but rather embed these elements within authentic communicative experiences. In the context of healthcare, this means integrating pronunciation and grammar instruction into clinically relevant scenarios such as patient consultations, ward handovers, and interdisciplinary briefings.

In this study, the phonics and grammar training was designed to provide participants with input that is both understandable and challenging. For instance, pronunciation drills focused on medical terminology commonly encountered in hospital settings (e.g., "anaphylaxis," "hypoglycemia"), while grammar instruction addressed functional structures used in giving instructions, asking clarifying questions, and reporting patient symptoms. This aligns with **Krashen**'s assertion that language acquisition is facilitated when form and function are presented simultaneously in meaningful ways [22].

Schmidt's Noticing Hypothesis

Richard Schmidt's [5] Noticing Hypothesis (1990) provides a complementary view, arguing that learners must consciously "notice" linguistic forms in order to acquire them. Implicit exposure alone is insufficient; learners must actively attend to and reflect on the structures they encounter. This theory supports explicit instruction in both phonological features and grammatical rules, particularly for adult learners who may have fossilized errors or gaps in formal education.

In the present study, training activities were designed to prompt awareness. For phonics, this involved minimal pairs (e.g., "bed" vs. "bad"), stress placement exercises, and real-time feedback on pronunciation. Grammar modules incorporated error correction tasks, sentence reconstruction, and role-play scenarios requiring appropriate use of tenses, modals, and passive constructions. Participants were encouraged to reflect on

their usage and track their own progress, thereby enhancing metalinguistic awareness and retention.

Sociolinguistic Theory

Language is not used in a vacuum; it is embedded within social relationships and institutional hierarchies. Sociolinguistic Theory, particularly as articulated by **Holmes and Stubbe** [20], emphasizes the importance of pragmatic competence — the ability to use language appropriately in various social contexts. In healthcare, this includes knowing how to phrase a recommendation to a senior colleague, deliver bad news to a patient, or clarify a misunderstanding without causing offense.

ESL professionals often struggle not only with pronunciation and grammar but also with the sociolinguistic norms of the workplace. A lack of pragmatic competence can lead to misunderstandings, professional isolation, and reduced participation in team decision-making. By embedding phonics and grammar instruction within realistic clinical interactions, this study sought to promote not only linguistic accuracy but also communicative appropriateness. Simulated dialogues, reflective journaling, and peer feedback were used to encourage context-sensitive language use [23].

METHODOLOGY

This study adopted a quasi-experimental mixed-methods design to evaluate the impact of structured phonics and grammar instruction on the communicative performance of ESL healthcare professionals. The research was conducted in two major government hospitals in Riyadh and Jeddah over a six-week period. The mixed-methods approach enabled the triangulation of quantitative test scores with qualitative insights from observations and interviews.

Participants

A total of 60 healthcare professionals were recruited for the study using purposive sampling. Inclusion criteria required that participants be non-native English speakers, currently employed in a clinical role, and possess intermediate English proficiency based on internal hospital assessments. The sample was balanced in terms of gender, job function (e.g., nurses, junior doctors, technicians), and department. Participants were divided equally into experimental (n=30) and control (n=30) groups.

Instruments

Three instruments were used to collect data:

Pre- and Post-Tests: These assessments measured grammar accuracy and pronunciation clarity. The grammar test included multiple-choice questions and short-answer items covering verb tenses, modals, and conditionals. The pronunciation test involved reading

aloud a standardized passage and a list of medical terms, which were recorded and evaluated using a rubric focused on intelligibility, stress, and intonation.

Observation Checklist: A structured observation protocol was developed to assess real-time communication during patient interactions, shift handovers, and interdepartmental meetings. Criteria included clarity of speech, accuracy of grammar, ability to clarify misunderstandings, and appropriateness of register.

Semi-Structured Interviews: Conducted with 10 randomly selected members of the experimental group after the intervention, these interviews explored participants' experiences with the training, perceived improvements, and ongoing challenges.

Procedure

The intervention group received 12 training sessions over four weeks, with each session lasting 90 minutes. The program was delivered by qualified ESL instructors with experience in medical English. The curriculum included:

Phonics Modules: Focused on stress patterns, syllable segmentation, consonant clusters, and common mispronunciations in medical terminology.

Grammar Modules: Covered verb tense consistency, use of modal verbs in giving advice or expressing necessity, passive voice in describing procedures, and conditional statements.

Simulation Activities: Role-plays and dialogues set in clinical contexts were used to reinforce instruction and promote transfer of learning.

The control group did not receive any additional language instruction during the study period but continued their routine clinical duties. Both groups completed the pre- and post-tests in the same timeframe.

Data Analysis

The SPSS version 22 was used for analysis of the current study. Paired-sample t-tests were used to assess within-group changes, and independent-sample t-tests compared the experimental and control groups. Effect sizes were calculated to determine the magnitude of improvement. A **P** value of **≤ 0.05** was considered statistically significant.

Qualitative data from observations and interviews were transcribed and analyzed thematically using NVivo. Codes were generated inductively, and themes were identified through iterative review. Triangulation across data sources was employed to ensure reliability and depth of interpretation.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Boards (IRBs) of both participating hospitals. All participants provided informed consent and were assured of confidentiality and the voluntary nature of participation. Data were anonymized and stored securely, and participants were given the option to withdraw from the study at any time without consequence. This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans.

RESULTS

The data collected from pre- and post-tests, observational checklists, and semi-structured interviews provided both quantitative and qualitative evidence of the impact of phonics and grammar instruction on the communicative competence of ESL healthcare professionals in Saudi Arabia. The findings are presented in two parts: (1) quantitative test results, and (2) thematic analysis from qualitative data.

Quantitative Findings

Statistical analysis revealed significant improvements in both grammar and pronunciation scores among the experimental group following the intervention. The grammar test scores for this group increased from a pre-intervention mean of 60.8 (SD = 8.4) to a post-intervention mean of 84.5 (SD = 6.7), indicating a mean gain of 23.7 points. A paired-sample t-test confirmed that this improvement was statistically significant, $p < 0.001$, Cohen's d = 1.38), reflecting a large effect size.

Similarly, the pronunciation scores improved markedly, with the average score increasing from 58.2 (SD = 9.2) to 81.7 (SD = 7.4). The results were again statistically significant, $p < 0.001$, Cohen's d = 1.52). The pronunciation rubric evaluated three core components: syllable stress, clarity of vowel and consonant sounds, and overall intelligibility in a clinical context.

In contrast, the control group's scores remained relatively stable. Their grammar scores increased marginally from 61.4 to 64.2 ($p = 0.21$), and pronunciation scores rose from 59.3 to 61.1 ($p = 0.18$). These changes were not statistically significant, suggesting that the observed improvements in the experimental group were attributable to the intervention rather than extraneous variables.

Observational Insights

Observations were conducted during real-time clinical activities such as patient consultations, shift handovers, and interdisciplinary meetings. A structured checklist was used to monitor elements such as fluency, grammatical accuracy, pronunciation clarity, and communication confidence.

Before the intervention, the experimental group averaged 3.2 communication breakdowns per session (e.g., needing to repeat information, being misunderstood,

or pausing for extended periods to formulate sentences). After the training, this number dropped to 1.1 breakdowns per session—a 66% reduction. Notably, participants demonstrated increased fluency and were more likely to self-correct minor errors in pronunciation or grammar during real-time speech.

Observers also reported improvements in non-verbal confidence indicators, such as eye contact, voice projection, and turn-taking behavior during group discussions. In contrast, the control group's performance remained relatively unchanged across these indicators.

Interview Themes
Interviews conducted with ten participants from the experimental group yielded rich qualitative data. Three dominant themes emerged:

- **Theme 1: Increased Communicative Confidence**
  Participants described feeling more secure in their language use, particularly in stressful or high-stakes situations. One nurse stated, "Now I don't hesitate to speak during rounds. Before, I was afraid of making grammar mistakes and being corrected in front of others."

- **Theme 2: Improved Clarity in Patient Education**
  Several respondents noted that patients understood instructions more easily and required fewer repetitions. A general practitioner mentioned, "I used to avoid long explanations. Now I feel I can explain clearly and the patients respond better."

- **Theme 3: Professional Empowerment**
  Participants expressed that improved communication skills enhanced their professional standing. One participant shared, "My supervisor said my reports are clearer now. I also speak more confidently during team discussions."

DISCUSSION
The results of this study support the central hypothesis: structured instruction in phonics and grammar leads to measurable improvements in communicative effectiveness among ESL healthcare professionals. These findings have both theoretical significance and practical implications for language instruction in clinical contexts.

Theoretical Integration
The observed improvements in grammar and pronunciation align with **Krashen's** [6] Input Hypothesis, which emphasizes the importance of exposure to comprehensible input that is slightly beyond the learner's current level. The training provided participants with clinically relevant language input embedded within realistic scenarios, which facilitated meaningful learning and transfer to workplace settings.

Moreover, the effectiveness of explicit instruction and feedback supports **Schmidt's** [7] Noticing Hypothesis. Learners benefited from drawing conscious attention to linguistic forms and correcting errors in real-time. The interview responses and self-reported reflections confirm that learners became more aware of their language use, leading to both cognitive and behavioral changes.

From a sociolinguistic perspective, the increased communicative confidence and professional assertiveness observed in the experimental group validate the importance of pragmatic competence. Participants not only improved their formal language accuracy but also gained skills in navigating the power dynamics of hospital communication. This reflects **Holmes and Stubbe's** [20] view that language training must account for institutional hierarchies and interpersonal relationships.

Implications for ESP and Healthcare Policy
The results highlight several shortcomings in existing ESP programs for healthcare workers in Saudi Arabia. Most curricula emphasize vocabulary and reading comprehension while neglecting the foundational elements of pronunciation and grammar. This study demonstrates that these elements are not only teachable but crucial to effective communication.

Healthcare institutions should prioritize language training as a core component of professional development, not merely as optional continuing education. Structured modules in phonics and grammar should be integrated into orientation programs for new hires, as well as offered periodically to support career progression and performance improvement.

From a policy standpoint, the Ministry of Health and other regulatory bodies should consider mandating language proficiency benchmarks that go beyond standardized test scores. These benchmarks should include components on oral communication and practical language use in clinical scenarios.

PRACTICAL RECOMMENDATIONS
Based on the findings, the following recommendations are proposed:

Curriculum Reform: ESP courses should incorporate structured phonics and grammar training using real-life medical scenarios, case simulations, and interactive feedback.

Faculty Development: Instructors in medical English should receive training in phonology and grammar pedagogy tailored to healthcare contexts.

Assessment Diversification: Language assessments for healthcare workers should include oral proficiency and real-time clinical communication tasks.

Digital Tools: Mobile apps and e-learning platforms can be leveraged to provide on-the-go training in

pronunciation and grammar, making instruction more accessible.

LIMITATIONS AND FUTURE RESEARCH

While the results are promising, this study had limitations. The sample size was relatively small and limited to two hospitals, which may affect generalizability. The duration of the intervention—four weeks—was sufficient to show short-term gains, but long-term retention was not evaluated.

Future research should examine the longitudinal effects of such training and explore its scalability across different regions and healthcare systems. Comparative studies involving digital vs. in-person instruction would also offer valuable insights into optimizing language support for busy professionals.

CONCLUSION

The findings of the present study align with second language acquisition theories, notably Krashen's Input Hypothesis and Schmidt's Noticing Hypothesis, and underscore the sociolinguistic demands of healthcare contexts. The results highlight the pedagogical and clinical necessity of integrating foundational language skills into ESP curricula. Future research should examine skill retention, digital implementation, and transferability across high-stakes professions.

Conflict of Interest: The authors declare no conflict of interest.

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