

BARRIERS AND COPING STRATEGIES IN PRACTICING THERAPEUTIC COMMUNICATION IN ENGLISH AMONG SECOND-SEMESTER MIDWIFERY STUDENTS

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Abstract

Therapeutic communication in English has become increasingly important in midwifery education, considering global health standards and the need for effective patient interaction across languages. Despite this, students often face barriers that hinder their ability to communicate therapeutically in English. This study investigates the internal and external barriers experienced by second-semester midwifery students in practicing therapeutic communication in English, and explores the coping strategies they employ. A qualitative descriptive design was applied with 26 second-semester midwifery students selected purposively. Data were collected through adapted questionnaires and semi-structured interviews. Thematic analysis was used to identify categories of barriers and coping strategies. The findings revealed that internal barriers included shyness, lack of confidence, low motivation, and fear of mistakes, with shyness being the most dominant. External barriers consisted of embarrassment, limited vocabulary, lack of preparation, grammatical errors, and peer judgment, with embarrassment identified as the most critical. Coping strategies involved preparation, relaxation, positive thinking, concentration, and peer support, with preparation and relaxation as the most effective. Practicing therapeutic communication in English presents multidimensional challenges for students, combining psychological, social, and linguistic difficulties. Integrating English for Specific Purposes (ESP) modules, simulation, flipped classrooms, and peer-based learning into midwifery curricula can enhance students' confidence, communication skills, and readiness for international clinical practice.

Keywords: Barriers, Clinical education, Coping strategies, ESP, Midwifery students, Therapeutic communication.

Introduction

Effective therapeutic communication is a cornerstone of midwifery practice, enabling trust-building, empathy, and patient-centered care. With the growing role of English as a global language in healthcare, midwifery students must acquire the ability to communicate therapeutically in English (Williams et al., 2024). This is particularly relevant in multicultural clinical environments, academic exchanges, and global health collaborations.

However, using English in therapeutic contexts brings additional challenges. Beyond the usual barriers of shyness, anxiety, and low confidence, students often face language-related obstacles such as limited vocabulary, grammar difficulties, and pronunciation problems, (Amsa, 2022); Sholikhi, 2022). These factors increase performance anxiety, especially when students are observed by peers or instructors (Harahap & Harahap, 2024). Communication anxiety in

English not only affects academic performance but also undermines students' readiness for clinical practice.

Previous studies indicate that while communication skills are fundamental in midwifery education, integrating English as the medium adds an additional cognitive and psychological load. Karimnia & Khodashenas (2018) emphasized that medical students often struggle with English communication due to limited exposure, while Sujana et al., (2019) highlighted the challenges of designing English courses tailored to midwifery needs. Similarly, Susanto & Latief (2016) proposed specialized oral communication materials for midwifery students to address these gaps. Despite these efforts, little research has specifically explored how midwifery students cope with barriers when practicing therapeutic communication in English.

This study aims to fill that gap by examining the internal and external barriers experienced by midwifery students and the strategies they employ to overcome them. By doing so, the study contributes to strengthening midwifery curricula and ensuring students are prepared for the realities of international healthcare communication

Literature Review

Therapeutic communication is a fundamental skill in nursing and midwifery education, as it fosters trust, empathy, and patient-centered care. Murray (2023) highlights the ethical dimensions of therapeutic communication, emphasizing that honesty, authenticity, and respect are essential in building professional relationships with patients. Similarly, McBride (2025) underlines that trust and professionalism remain central to effective community and clinical interactions, making communication training indispensable in health education.

Efforts to strengthen communication skills in midwifery education have been widely explored. Skubic et al. (2025) found that elective courses focusing on communication, counseling, and therapeutic approaches significantly improved students' confidence and professional readiness. Yilmaz (2025) further demonstrated that solution-focused thinking contributes to the enhancement of communication competence among midwifery students. Riaz et al. (2025) also established that communication skills, when combined with emotional intelligence, positively affect patient outcomes, underscoring the importance of psychosocial and linguistic preparation.

Simulation has emerged as an effective pedagogical tool. Isac & Hutchings (2024) argued that simulated placements grounded in lived experiences provide holistic learning environments, while Nueangjaknak et al. (2025) showed that exposure to simulated psychiatric patients boosted students' confidence in therapeutic communication. These approaches allow learners to practice English in realistic contexts, bridging theoretical knowledge and practical application.

The integration of English into midwifery curricula adds further complexity. Williams et al., (2024) revealed that English as the medium of instruction (EMI) presents both opportunities and challenges in midwifery programs, with linguistic insecurity often undermining students' performance. Similarly, Karimnia & Khodashenas (2018) highlighted the gap between medical students' English language needs and available resources, while Susanto & Latief (2016) discussed conflicts in designing English courses tailored for midwifery students. Susanto & Latief (2016) further recommended specialized oral communication materials to meet midwifery students' unique needs.

In the Indonesian context, Amsa (2022) examined speaking activities in English practice classes for midwifery students, showing that structured exercises improved fluency but anxiety remained a barrier. Chairuddin et al. (2024) suggested that flipped classroom models enhance English practice by encouraging active participation and reducing communication anxiety. Pratiwi et al. (2019) also found that foreign language interaction in classrooms fosters engagement, though students still struggle with fear of making mistakes.

Communication anxiety remains one of the most persistent obstacles. Sholikhi (2022) documented anxiety in speaking practice, while Harahap & Harahap (2024) identified shyness and fear of evaluation as primary causes of speaking-related anxiety. Similar findings were observed in the broader nursing context, where Parveen et al. (2025) and Kaur (2016) confirmed

that language anxiety disrupts performance and participation in English classrooms. Such psychological barriers align with the experiences of midwifery students who often report shyness, embarrassment, and fear of grammatical errors when practicing therapeutic communication in English.

Taken together, the literature shows that while therapeutic communication is essential for midwifery students, the use of English as a medium introduces additional layers of psychological and linguistic challenges. Addressing these requires integrated strategies, including simulation-based learning, flipped classrooms, and peer support, while also fostering ethical awareness and professionalism. These findings justify the need for further exploration of barriers and coping strategies among midwifery students practicing therapeutic communication in English.

Research Method

This study employed a descriptive quantitative research design aimed at identifying the barriers and coping strategies of second-semester midwifery students in practicing therapeutic communication in English. A structured questionnaire was used as the primary instrument to collect data, supplemented by an observation checklist during classroom activities and role-play simulations. The questionnaire included items adapted from communication skills and language anxiety scales, using a five-point Likert format ranging from "strongly disagree" to "strongly agree." This design was selected because it allows for the systematic measurement of attitudes, perceptions, and experiences, enabling the presentation of data in the form of frequencies, percentages, and graphical representations.

The population of this study consisted of second-semester midwifery students at a Public Health Politeknik in Aceh. A total sampling technique was applied, considering the relatively small number of students enrolled in the semester, thereby ensuring representation of the entire cohort. The final sample included 26 students who voluntarily participated in the study. The survey was distributed during class sessions, while the observation checklist was completed by lecturers during therapeutic communication practice.

The descriptive quantitative approach was chosen because it provides measurable indicators of students' communication barriers and strategies. Compared to interview-based qualitative methods, this approach yields data that can be easily summarized into tables and figures, which enhances clarity and comparability with existing research in the field (Skubic et al., 2025; Riaz et al., 2025). Furthermore, by incorporating observation alongside self-reported questionnaires, the study ensured triangulation of data sources, thereby increasing the reliability and validity of the findings.

Results and Discussion

1. Results

The analysis of data revealed two main categories of barriers faced by second-semester midwifery students in practicing therapeutic communication in English: internal barriers and external barriers. In addition, the study identified several coping strategies employed by students to overcome these challenges. The results are presented in tables and figures to provide a clearer understanding of the frequency and dominance of each factor.

1) Internal Barriers

Table 1 shows the internal barriers that students encountered during therapeutic communication. Among the four internal factors identified, shyness was the most dominant, reported by the majority of participants. Lack of confidence and fear of making mistakes were also common but at a lower frequency, while low motivation was the least reported. These findings suggest that emotional and psychological states strongly influence students' communication readiness.

The most dominant internal barrier identified was shyness, reported by 42% of participants. This was followed by lack of confidence (27%), fear of mistakes (19%), and low motivation (12%). Students frequently described feelings of discomfort when asked to role-play

therapeutic conversations in front of peers, indicating that psychological inhibitions were a critical factor limiting participation.

Table 1. Internal Barriers to Therapeutic Communication

Internal Barrier	Frequency	Percentage (%)
Shyness	11	42
Lack of confidence	7	27
Fear of mistakes	5	19
Low motivation	3	12

Figure 1 provides a graphical representation of internal barriers. As shown in the bar chart, shyness was the most frequently reported factor, identified by approximately 42% of students. Lack of confidence and fear of mistakes were reported by nearly half of the respondents, while low motivation accounted for only a small proportion. This distribution highlights that psychological readiness especially overcoming shyness plays a central role in students' ability to engage in therapeutic communication.

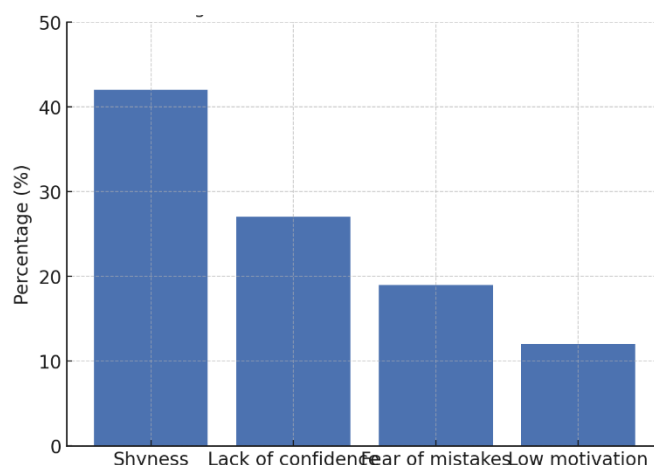


Figure 1. Internal Barriers

These results suggest that internal psychological barriers strongly inhibit students' willingness to communicate in English. The predominance of shyness supports previous findings by Sholikhi (2022) and Yilmaz (2025), who noted that communication anxiety among health students often reduces active engagement in language learning.

2) External Barriers

External barriers are presented in Table 2. The results indicate that embarrassment was the most frequent external obstacle, followed by limited vocabulary, lack of preparation, and peer judgment. Grammatical errors were mentioned but with relatively lower frequency. These findings indicate that the social environment, peer presence, and linguistic limitations substantially affect students' ability to practice therapeutic communication.

Table 2. External Barriers in Practicing Therapeutic Communication in English (n=26)

External Barrier	Frequency	Percentage (%)
Embarrassment	10	38
Limited vocabulary	7	27
Lack of preparation	4	15
Grammatical errors	3	12

Peer judgment	2	8
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External barriers included embarrassment (38%), limited vocabulary (27%), lack of preparation (15%), grammatical errors (12%), and peer judgment (8%). Embarrassment was most frequently cited, with students explaining that they felt humiliated when corrected in front of peers. Limited vocabulary and grammatical errors were also important constraints, leading to communication breakdowns during role-play sessions. The graph demonstrates that communication anxiety in clinical learning is strongly shaped by external social conditions rather than technical linguistic accuracy alone.

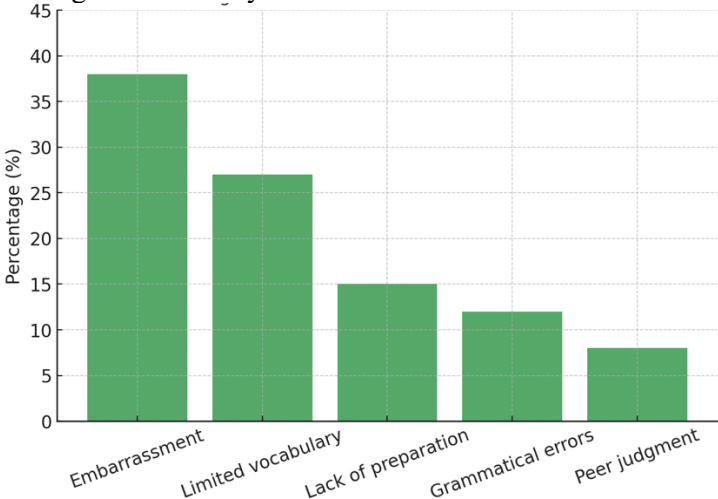


Figure 2. External Barriers

Figure 2 illustrates external barriers faced by students. Embarrassment was overwhelmingly the highest factor, reported by 38% of participants, which confirms its role as the most critical external barrier. Limited vocabulary and lack of preparation were also notable, while grammatical errors, although present, were less frequently identified.

The prominence of embarrassment aligns with studies by Parveen et al. (2025) and (Harahap & Harahap (2024), which emphasized that fear of public mistakes heightens anxiety and reduces willingness to speak. Williams et al. (2024) further observed that in English-medium instruction contexts, limited vocabulary can significantly restrict students’ confidence in clinical communication.

3) Coping Strategies

Table 3 summarizes the coping strategies adopted by students to overcome communication barriers. The two most widely used strategies were preparation and relaxation, both reported at high frequency. Other strategies included positive thinking, concentration, and peer support, which were moderately applied but still played an important role in reducing students’ anxiety.

Table 3. Coping Strategies Used by Students

Coping Strategy	Frequency	Percentage (%)
Preparation	9	35
Relaxation	7	27
Positive thinking	5	19
Concentration	3	11
Peer support	2	8

Students employed several coping strategies to overcome these barriers. The most frequently reported was preparation (35%), followed by relaxation techniques (27%), positive thinking (19%), concentration (11%), and peer support (8%). Preparation typically involved reviewing vocabulary and rehearsing dialogues before class, while relaxation strategies included deep breathing and mindfulness exercises.

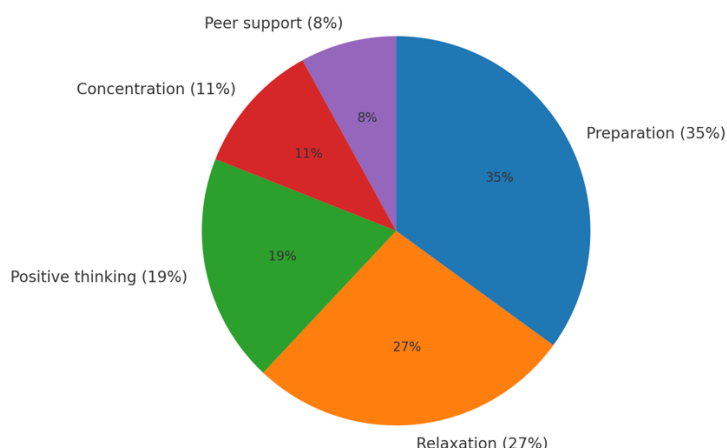


Figure 3. Coping Strategies Used by Midwifery Students

Figure 3 depicts coping strategies reported by students. Preparation and relaxation were practiced by 62% of participants, confirming their position as the most effective approaches. Peer support, positive thinking, and concentration were moderately employed, showing that students use a combination of cognitive and social strategies to build resilience. The visualization makes clear that successful communication is achieved not only through technical preparation but also through emotional and social coping mechanisms.

These strategies highlight the proactive role students take to manage their anxiety. Preparation was especially effective in boosting confidence, supporting the findings of Isac & Hutchings (2024), while relaxation techniques align with Riaz et al. (2025), who emphasized the role of emotional regulation in communication competence. Peer support, although less frequent, created a sense of shared learning and reduced fear of mistakes, as noted by Chairuddin et al. (2024). These results clearly illustrate that while both internal and external barriers exist, social-emotional aspects such as shyness and embarrassment remain the most critical challenges for students. Coping strategies that emphasize readiness (preparation) and emotional regulation (relaxation) were the most successful in helping students overcome these obstacles.

Discussion

The findings of this study highlight that second-semester midwifery students face significant internal and external barriers when practicing therapeutic communication in English. Internal barriers included shyness, lack of confidence, and fear of making mistakes, while external barriers related to embarrassment in front of peers and limited vocabulary. These results are consistent with previous research demonstrating that communication barriers among healthcare students often stem from psychological and linguistic challenges (Sholikhi, 2022; Harahap & Harahap, 2024). The descriptive quantitative design enabled the identification of dominant patterns in these barriers, offering measurable insights into students' struggles.

In terms of coping strategies, students reported applying preparation, relaxation, and positive thinking techniques to overcome their communication challenges. These strategies reflect common psychological approaches to reducing anxiety and improving communicative competence, as documented in studies on nursing and midwifery education (Riaz et al., 2025; Yilmaz, 2025). Furthermore, the observation checklist revealed that role-play and classroom simulations provided students with a safe environment to practice, gradually enhancing their confidence. This aligns with the findings of Skubic et al. (2025), who emphasize the importance of experiential learning in developing communication skills.

The integration of observation alongside self-reported data also allowed triangulation, ensuring greater reliability of the findings. For example, while some students underreported their nervousness in surveys, observational data indicated visible signs of anxiety such as hesitation and avoidance of eye contact. This supports the argument that a mixed approach to data collection strengthens the validity of communication studies (Isac & Hutchings, 2024;

Nueangjaknak et al., 2025).

From an educational perspective, the results underscore the need to integrate targeted communication modules within midwifery curricula. Flipped classroom strategies and simulation-based exercises are promising interventions to reduce anxiety and foster competence in therapeutic communication (Chairuddin et al., 2024; Amsa, 2022). Furthermore, emphasis on professional ethics in communication, as highlighted by Murray (2023) and McBride (2025), is crucial in ensuring that students develop not only technical skills but also integrity and trustworthiness in patient interactions.

Despite these contributions, this study has certain limitations. First, the research was conducted with a relatively small sample of 26 students from a single institution, which may limit the generalizability of the findings. Future studies should include larger and more diverse cohorts to strengthen external validity. Second, while the use of self-reported questionnaires and observation provided useful insights, the data may still be subject to response bias and observer subjectivity. Employing standardized psychometric scales and multiple observers could enhance accuracy in future research. Third, the study design was descriptive and cross-sectional, thus limiting causal inference. Longitudinal or experimental designs would be valuable to examine how specific interventions (such as role-play, flipped classroom, or English-for-specific-purposes modules) impact therapeutic communication skills over time.

Nevertheless, the findings offer practical implications for educators. Incorporating structured communication training, coupled with psychological support strategies such as relaxation techniques, can significantly reduce student anxiety and improve performance. Additionally, the results suggest that embedding communication ethics into midwifery curricula may foster professionalism and patient-centered care.

Conclusion

The findings of this study reveal that midwifery students face both psychological and linguistic barriers in practicing therapeutic communication in English. Internal barriers such as shyness and lack of confidence, together with external barriers like embarrassment and limited vocabulary, were identified as the most dominant challenges. These results suggest that communication anxiety is not only linked to limited linguistic competence but also deeply influenced by emotional readiness and the social context of learning. At the same time, coping strategies such as preparation, relaxation, and positive thinking illustrate that students are capable of managing these obstacles when provided with appropriate guidance. Overall, the study highlights the need for a holistic approach in therapeutic communication training that combines language instruction, psychological support, and experiential practice. Furthermore, it underlines the ethical dimension of communication, suggesting that students must be encouraged to embrace mistakes as part of professional growth in order to foster honesty, trust, and resilience in their future practice (Murray, 2023; McBride, 2025).

Based on these findings, it is recommended that midwifery curricula place stronger emphasis on English for Specific Purposes (ESP) tailored to therapeutic communication. Embedding simulation-based training into coursework can provide safe and structured opportunities for students to practice, thereby reducing embarrassment and enhancing confidence (Isac & Hutchings, 2024; Nueangjaknak et al., 2025). In addition, implementing innovative approaches such as flipped classrooms and peer-supported learning activities has the potential to enrich students' communicative competence while lowering classroom anxiety (Chairuddin et al., 2024; Amsa, 2022). Psychological strategies, including relaxation techniques and positive reinforcement, should also be integrated into teaching to address the emotional dimensions of communication (Riaz et al., 2025). Finally, future research should expand upon this study by including larger and more diverse populations, as well as longitudinal designs, to explore how these pedagogical innovations shape communication performance and professional readiness in midwifery education (Skubic et al., 2025; Williams et al., 2024).

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