

THE DIFFICULTIES IN PRACTICING ENGLISH SPEAKING SKILLS
AMONG UNDERGRADUATE STUDENTS
AT CAN THO UNIVERSITY OF MEDICINE AND PHARMACY

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ABSTRACT

Background: With the trend of international integration, many universities in Vietnam have incorporated English proficiency into the criteria for evaluating students' achievement of competency standards, reflecting the institutions' recognition of the importance of English in education and training. Enhancing English skills enables students in general, and particularly those in the health sciences, to access a wide range of academic resources from various educational organizations, thereby acquiring new knowledge that supports more effective learning and research. Among the four fundamental language skills, speaking is considered the most critical, as it plays a central role in foreign language acquisition. The success of learning a foreign language is often measured by the learner's ability to communicate effectively in that language. **Objectives:** To describe the difficulties in practicing English speaking skills among undergraduate students at the Faculty of Nursing and Medical Technology, Can Tho University of Medicine and Pharmacy. **Materials and methods:** A cross-sectional descriptive study with total population sampling method was conducted on 729 students of the Faculty of Nursing and Medical Technology, Can Tho University of Medicine and Pharmacy. Data were collected by using the questionnaire which was established by Pham Minh Thu. The questionnaire assessed the difficulties in practicing English speaking skills with 4 fields including: linguistics, psychology, learning environment, and teaching methods. **Results:** The average scores for difficulties related to linguistics, psychology, learning environment, and teaching methods were 3.92 ± 0.54 , 3.99 ± 0.54 , 3.72 ± 0.67 , and 3.01 ± 1.00 , respectively. **Conclusion:** The study indicates that students from the Faculty of Nursing and Medical Technology face numerous difficulties in practicing English-speaking skills, which are related to linguistic factors, psychological aspects, and the learning environment. Therefore, organizing seminars or English clubs and create opportunities for students to engage in interactions with international students to improve their English-speaking skills are truly necessary.

Keywords: Speaking skill, students' difficulties, English learning.

I. INTRODUCTION

English-speaking skills have been defined in diverse ways by language scholars. Speaking as one of the most fundamental skills in foreign language acquisition, including English. Overall, speaking reflects the ability to convey information, ideas, and emotions verbally with accuracy and persuasiveness.

For university students, speaking proficiency goes beyond basic communication; it is a gateway to academic and career opportunities in a globalized world. In health sciences, its importance is even greater. Mastery of English allows students to access international medical literature, engage with experts, participate in scientific conferences and exchange

programs, and work in multinational hospital settings. Thus, it not only expands career prospects but also contributes to improving healthcare quality [1].

Research indicates that English-speaking competence among EFL (English as a Foreign Language) learners is shaped by multiple factors. Bachman and Palmer (1990) emphasized linguistic competence and communicative strategies [2]; Nunan (1999) highlighted the integration of linguistic, sociolinguistic, and conversational skills [3]; and Johnson (1995) stressed communicative competence as essential for learning [4]. In Vietnam, Pham Minh Thu et al. (2021) found pharmacy students faced linguistic, psychological, and environmental challenges [5], while Tran Quoc Thao et al. (2019) reported communication barriers among EFL learners [6]. Other studies noted lack of motivation [7], fear of mistakes [8], inadequate teaching or correction methods [9], [10], and limited learning environments [11], [12].

These findings suggest that speaking competence is influenced by both personal and contextual factors. Yet, most prior studies focused on social sciences, economics, or engineering, whereas health sciences students face distinct demands, including the need for clarity and precision in clinical communication with international colleagues and patients. Based on this gap, the present study entitled “The difficulties in practicing English-speaking skills among undergraduate students at Can Tho University of Medicine and Pharmacy” was conducted.

II. MATERIALS AND METHODS

2.1. Participants

Students enrolled in the Faculty of Nursing and Medical Technology, Can Tho University of Medicine and Pharmacy from February to March 2025.

- **Inclusion criteria:** The participants were full-time undergraduate students from the first to the fourth year in the Faculty of Nursing and Medical Technology at Can Tho University of Medicine and Pharmacy (Nursing, Midwifery, Medical Laboratory Technology, Medical Imaging Technology), agreed to take part in the study.

- **Exclusion criteria:** Students absent during the research period.

2.2. Methods

- **Research design:** A cross-sectional descriptive study.

- **Sampling methods:** This study employed total population sampling. At the time of data collection, all 729 students from the Faculty of Nursing and Medical Technology, ranging from the first to the fourth year, were invited to participate. Of these, 729 students met the inclusion criteria, resulting in a response rate of 100%.

- **Data collection tools and methods:** Data were collected using a questionnaire developed for the study “Difficulties in Practicing English Speaking Skills of Pharmacy Students, Cohort 15, at Thai Nguyen University of Medicine and Pharmacy, and Proposed Solutions” by Pham Minh Thu et al. (2021) [5]. It comprised two parts: Part 1 gathered respondent information, and Part 2 included 21 items assessing students’ difficulties in practicing English-speaking skills across four domains: linguistic, psychological, learning environment, and teaching methods. All items were rated on a five-point Likert scale ranging from “strongly agree” to “strongly disagree,” with responses scored as follows: strongly agree = 5, agree = 4, neutral = 3, disagree = 2, strongly disagree = 1. Higher mean scores indicated greater perceived difficulties associated with the respective factors.

All students were provided with a detailed explanation of the study and invited to participate in person. Students who consented signed an informed consent form and then independently completed a structured questionnaire, which took approximately 20 to 30 minutes.

- **Data analysis:** The data were processed and analyzed using SPSS 22.0 software. Qualitative variables were presented as frequencies and percentages, while quantitative variables were reported as mean and standard deviation (SD).

- **Ethics approval:** The study was approved by the Ethics Committee of Can Tho University of Medicine and Pharmacy (protocol code 24.080.SV/PCT-HDDD in 2024). Students voluntarily participated in the study and had the full right to withdraw from the research at any time. Refusal or participation in the study did not affect their academic progress or student rights. Personal information was kept confidential and used solely for research purposes.

III. RESULTS

3.1 Participant characteristics

Table 1. General characteristics of participants (n = 729)

Characteristics		Frequency (n)	Percentage (%)
Age	≥ 21	254	34.84
	< 21	475	65.16
Gender	Male	169	23.18
	Female	560	76.82
Place of residence	Rural	408	55.97
	Urban	321	44.03
Academic year	1 st year	280	38.41
	2 nd year	193	26.47
	3 rd year	168	23.05
	4 th year	88	12.07
Major	Nursing	249	34.16
	Midwifery	137	18.79
	Radiologic Technology	112	15.36
	Medical Laboratory Technology	231	31.69

Most of the participants were under 21 years old (65.16%) and female (76.82%). The majority resided in rural areas (55.97%). First-year students accounted for the largest proportion (38.41%), while fourth-year students represented the smallest group (12.07%). Regarding majors, Nursing had the highest proportion (34.16%), followed by Medical Laboratory Technology (31.69%) and Midwifery (18.79%), whereas Radiologic Technology accounted for the smallest proportion (15.36%).

3.2 Description of difficulties in practicing English-speaking

Table 2. Language-related difficulties (n = 729)

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Insufficient Vocabulary for Conversations or Presentations on Various Topics	27.43	60.77	9.6	1.37	0.82	4.12	0.69

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Insufficient Grammatical Structures for Connecting Ideas and Frequent Tense Confusion	22.91	60.22	12.89	2.88	1.78	4.00	0.75
Inaccurate English Word Pronunciation	20.99	57.20	15.36	4.66	1.78	3.90	0.83
Insufficient Expressive Strategies in English Communication	21.81	59.67	13.58	3.02	1.92	3.96	0.80
Lack of Conjunctions and Cohesive Devices	24.12	56.52	16.05	2.61	0.69	4.00	0.75
Influence of Vietnamese Speaking Style	13.72	40.19	26.34	17.28	2.47	3.45	1.00
Total						3.92	0.54

The majority of students perceived language-related difficulties as the main barriers to practicing English-speaking skills, with a mean score of 3.92 ± 0.54 . Among these, the highest mean score was reported for insufficient vocabulary for conversations or presentations (4.12 ± 0.69), whereas the influence of the Vietnamese language received the lowest mean score of 3.45 ± 1.00 .

Table 3. Psychological difficulties (n = 729)

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Fear of Making Vocabulary and Grammar Mistakes	25.79	55.69	13.58	3.75	1.30	4.00	0.81
Anxiety about not Understanding Others while Listening	28.81	55.83	12.48	2.61	0.27	4.10	0.72
Worry that Others may not Understand One's Message	27.71	56.24	12.89	2.74	0.41	4.08	0.73
Fear of Being Judged by Others	23.87	49.93	18.52	5.35	2.33	3.87	0.91
Lack of Confidence in Speaking English	24.83	53.09	13.58	6.58	1.92	3.92	0.90
Total						3.99	0.54

With a mean score of 3.99 ± 0.54 , psychological factors were identified as a significant barrier encountered by students in practicing English-speaking skills. Anxiety about not understanding others while listening was the highest-rated psychological barrier (4.10 ± 0.72), whereas the fear of being judged by others received the lowest mean score (3.87 ± 0.91).

Table 4. Difficulties related to the learning environment (n = 729)

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Overcrowded Classrooms	14.68	44.31	28.94	8.78	3.29	3.58	0.95
Limited Time for English Speaking Practice	19.07	55.56	20.16	4.39	0.82	3.87	0.79

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Lack of Supplementary Materials for Speaking Skills Beyond the Textbook	16.05	47.05	26.20	9.19	1.51	3.66	0.90
Lack of Opportunities to Practice English Speaking Outside the Classroom	16.74	40.19	26.34	17.28	2.47	3.45	1.00
Total						3.72	0.67

The learning environment was also considered a challenge for students, with a mean score of 3.72 ± 0.67 . The highest-rated barrier was limited time for practicing English-speaking skills (3.87 ± 0.79), whereas the lowest-rated barrier was the lack of opportunities to practice English-speaking outside the classroom (3.45 ± 1.00).

Table 5. Difficulties related to teaching methods (n = 729)

Influencing Factors	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean	SD
Unfriendly Instructors and Frequent Negative Feedback	9.06	26.47	24.14	32.24	8.09	2.96	1.12
Lack of Correction on Vocabulary, Grammar, and Pronunciation Errors	8.37	26.06	25.38	33.88	6.31	2.96	1.08
Lack of Guidance on How to Perform an English Speaking Task	8.09	27.02	23.59	33.33	7.96	2.93	1.11
Lack of Information & Communication Technology Integration in English Speaking Practice	10.01	24.28	24.97	33.61	7.13	2.96	1.12
Lack of Variety in English Speaking Practice Activities	10.84	35.94	26.20	23.18	3.84	3.26	1.05
Total						3.01	1.00

The majority of students reported that teaching methods were not considered the main factor hindering the practice of English-speaking skills (3.01 ± 1.00). A lack of variety in English-speaking practice activities was identified as the highest-rated barrier related to teaching methods (3.26 ± 1.05), whereas insufficient guidance on how to practice an English speech received the lowest mean score (2.93 ± 1.11).

Table 6. The difficulties in practicing English skills

Contents	Mean \pm SD
Language-related difficulties	3.92 \pm 0.54
Psychological related difficulties	3.99 \pm 0.54
Learning environment related difficulties	3.72 \pm 0.67
Teaching methods related difficulties	3.01 \pm 1.00

Psychological and language-related factors represent the primary barriers to English proficiency, yielding the highest mean scores of 3.99 ± 0.54 and 3.92 ± 0.54 , respectively. Conversely, teaching methods were perceived as the least significant difficulty, recorded at a notably lower mean of 3.01 ± 1.00 .

IV. DISCUSSION

Our study found that students encountered considerable language-related difficulties. The majority of participants agreed or strongly agreed that they lacked sufficient vocabulary for conversations and presentations (4.12 ± 0.69) and faced grammatical difficulties (4.00 ± 0.75). These values reflect the severity of linguistic barriers in English communication, as limitations in vocabulary and sentence structures remain the primary obstacles. This finding is consistent with the results of Ngoc Boi Trinh (2021) [13], in which grammar (4.18 ± 0.66) and lack of vocabulary to express ideas (4.61 ± 0.56) were identified as the two main difficulties. Although both groups of students experienced significant language-related challenges, Ngoc Boi Trinh's (2021) study reported higher levels of difficulty in vocabulary (4.61 ± 0.56 and 4.12 ± 0.69) and grammar (4.18 ± 0.66 and 4.00 ± 0.75). The discrepancy may be attributed to differences in participants' characteristics, Ngoc Boi Trinh's study involved non-English-major students who had completed General English 1 and 2 courses, representing various disciplines with limited opportunities to practice specialized English communication. In contrast, most participants in our study had completed English for Specific Purposes (ESP) courses focusing on medical vocabulary and terminology. Their more targeted use of English might have facilitated expression within specific topics. This highlights the importance of enhancing specialized vocabulary instruction within curricula to improve students' speaking performance.

Psychological factors were also reported at a high level. Most students admitted feeling "anxious about not understanding others" (4.10 ± 0.72) and "worried that others may not understand them" (4.08 ± 0.73). Additionally, "fear of making vocabulary or grammar mistakes" (4.00 ± 0.81) and "lack of confidence when speaking English" (3.92 ± 0.90) were also frequently endorsed. These findings indicate that fear of miscommunication and being misunderstood were the most prominent psychological barriers. The results of Phat Huu Nguyen (2024) [14] showed generally higher anxiety levels than those in our study. Specifically, grammatical errors (4.53 ± 0.51) and lack of vocabulary when speaking (4.40 ± 0.73) were rated higher compared to the same variables in our research (4.00 ± 0.81). Similarly, the lack of confidence in speaking English in Phat Huu Nguyen's study was higher (4.26 ± 0.88 vs. 3.92 ± 0.90). The differences between the two studies could be explained by variations in English learning objectives, which may influence perceived difficulties. While Phat Huu Nguyen's students learned English mainly to meet academic proficiency requirements (B1 level)—with a focus on testing, grammar, and vocabulary—our participants emphasized practical speaking skills. Consequently, their anxiety was more related to miscommunication and comprehension issues rather than purely linguistic errors.

Environmental factors also posed challenges for students in developing English-speaking skills (3.72 ± 0.67). In our study, "limited time for English-speaking practice" received the highest mean score (3.87 ± 0.79), followed by "lack of supplementary materials for speaking practice beyond the textbook" (3.66 ± 0.90) and "large class sizes" (3.58 ± 0.95). Furthermore, "lack of opportunities to practice English-speaking outside the classroom" (3.45 ± 1.00) was also found to negatively impact students' speaking

development. Compared with the study of Le Khanh Ngoc (2020) [15], the mean scores for “large class sizes” (2.94) and “classroom speaking practice time” (3.27) were lower than those in our study (3.58 ± 0.95 and 3.87 ± 0.79). This discrepancy may stem from differences in participant characteristics. Le Khanh Ngoc’s participants were non-English majors from various fields who had limited exposure to English communication and thus might have been less aware of environmental constraints. Conversely, students in our study already possessed a basic English foundation and were focusing on improving practical speaking skills, particularly in medical English. Therefore, they were more aware of how insufficient practice time, large class sizes, and lack of out-of-class speaking opportunities directly affected their communicative performance.

Findings from Wali Khan Monib (2025) [16], conducted among university students learning English as a foreign language, indicated that teacher- and instruction-related factors had the most significant influence on English-speaking skills (3.471 ± 1.079). In contrast, our study, involving Nursing and Medical Technology students, reported lower ratings for these factors (3.01 ± 1.00). The discrepancy can largely be attributed to differences in academic background and learning context. Participants in Wali Khan Monib’s study were English majors who engaged more frequently in interactive activities, thus perceiving stronger instructional impacts. Meanwhile, our participants were non-English majors in healthcare-related disciplines, with limited speaking practice, large classes, and insufficient teaching aids, making it more difficult for them to recognize direct teacher influence. Furthermore, “lack of variety in speaking practice activities” was rated as the highest instructional barrier in our study (3.26 ± 1.05), which aligns with Wali Khan Monib’s (2025) [16] finding regarding “insufficient speaking practice activities” (3.551 ± 1.075). This similarity suggests that both groups perceived the lack of diverse speaking activities as a key obstacle to developing English-speaking proficiency.

V. CONCLUSION

The study reveals that students encounter various difficulties in practicing English-speaking skills, among which linguistic and psychological factors are the two most prominent obstacles significantly hindering their performance. Environmental factors also partly affect speaking practice; however, teaching methods are not considered a major difficulty for students. Therefore, the research team recommends that Can Tho University of Medicine and Pharmacy and the Faculty of Nursing and Medical Technology enhance the organization of seminars or English and create opportunities for students to engage in interactive activities with international students to improve their English-speaking skills.

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