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English Language Needs for Workplace Communication in Makassar's Health and Tourism Sectors: An ESP Needs Analysis

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Abstract
This study identifies English for Specific Purposes (ESP) needs related to workplace communication among health and tourism practitioners in Makassar, Indonesia. A sequential explanatory mixed-methods design was used to combine a quantitative needs survey with qualitative stakeholder interviews. The quantitative phase involved 100 purposively selected practitioners in international-facing health and tourism roles. A 25-item Likert-type questionnaire examined professional tasks, linguistic skills, and perceived competence. The qualitative phase involved semi-structured interviews with 10 stakeholders, five from each sector, to explain the communication difficulties underlying the survey priorities. Quantitative data were summarized using frequencies and percentages, while interview data were analyzed thematically and integrated with the survey results. Four priority task domains were identified: clinical and technical interaction (28%), front-line logistics (27%), operational safety (24%), and affective communication (21%). Clinical anamnesis, procedure explanation, safety briefings, directions, complaint handling, and culturally appropriate interpersonal communication emerged as central workplace demands. Interview accounts further indicated difficulties with rapid spoken English, unfamiliar accents and idioms, technical vocabulary, and pragmatic strategies such as hedging and softening language. The combined clinical and safety categories represented 52% of identified needs, highlighting the importance of accurate oral communication in high-stakes encounters. The findings support locally responsive, task-based ESP training built around authentic simulations, listening practice, professional phraseology, and pragmatic communication. Because the study used purposive sampling and descriptive analysis in one city, the findings should be interpreted as context-specific priorities rather than population estimates.

Keywords: *English For Specific Purposes, Needs Analysis, Workplace Communication, Health Communication, Tourism English, Makassar*

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INTRODUCTION

Makassar is an important metropolitan gateway in eastern Indonesia, and its continuing urban transformation is accompanied by greater mobility, service-sector interaction, and expectations for internationally oriented professional services. Recent analysis of Makassar's urban development shows that mobility and socio-economic interaction are central to the city's changing metropolitan profile (Manaf et al., 2024). In parallel, medical tourism research

increasingly treats language-accessible service systems as part of the broader ecosystem needed to attract and support international patients (Ediansyah et al., 2023; Mason et al., 2025). English therefore has practical relevance not only as a general foreign language but also as a workplace resource for professionals who must communicate with international patients, tourists, and service users. In medical and wellness tourism contexts, English can function as a lingua franca that shapes access, institutional communication, and cross-border service delivery (Punnilath Shanavas, 2026).

Within English for Specific Purposes (ESP), needs analysis is used to identify the communicative tasks, language skills, and forms of support that learners or workers require in a defined target situation. Indonesian studies have shown that ESP materials are more useful when they are aligned with discipline-specific tasks rather than organized around decontextualized general English. Nursing students, for example, report clear demand for professionally relevant topics and communication practices (Jubhari et al., 2022), while needs analysis in speaking courses has emphasized the value of matching instructional content with target communicative requirements (Sasabone et al., 2024). Similar findings have been reported in Indonesian medical education, where English needs are closely linked to academic and professional discourse (Hidayati & Meisani, 2023). Needs-based materials development in other professional programs also demonstrates that field-specific content can provide a stronger basis for curriculum decisions than generic textbooks (Marita et al., 2023).

The tourism and hospitality literature points to a comparable pattern. Employees in hospitality and travel settings frequently require oral interaction for greeting, explaining, directing, handling requests, and solving service problems. Putri et al. (2018) identified speaking and listening as prominent needs in hospitality and travel workplaces, and Kholidi et al. (2022) similarly found high demand for English skills among tourism employees. More recent work has reinforced the need to map job-specific communicative tasks before designing courses, including reception, customer service, telephone communication, complaint handling, and safety-related interaction (Segura Arias, 2024). A systematic review of Indonesian hotel staff also highlights recurring needs for practical workplace English across front-line roles (Satrio et al., 2025), while a recent needs analysis in hotel and tourism management again places speaking and listening among the most important areas for professional preparation (Sankar & Aravind, 2026).

In healthcare, the stakes of communication are particularly high because language barriers may affect understanding, assessment, confidence, and patient safety. A systematic scoping review found that language discordance was associated with poorer outcomes in a substantial proportion of the healthcare studies reviewed (Cano-Ibanez et al., 2021). Studies of minority-language patients likewise describe risks related to incomplete understanding, delayed treatment, and reduced confidence in care when communication is constrained (de Moissac & Bowen, 2019). Schouten et al. (2020) argue that language and cultural barriers should be addressed together rather than treated as separate problems. At the same time, evidence is not uniform across all clinical encounters; Caldwell et al. (2023), for example, found no difference in trust in one language-discordant urogynecology setting. This variation reinforces the need for context-sensitive investigation rather than assuming that the same English skills are equally important in every workplace.

Despite growing ESP research in education, healthcare, and tourism, limited evidence has examined the two service sectors together within the same local workforce context in Makassar. Existing local and Indonesian studies are especially useful for identifying learning needs, but many focus on students rather than active practitioners. The present study therefore addresses a practical gap by mapping the English tasks prioritized by health and tourism practitioners and then using stakeholder interviews to explain why those tasks are difficult. The study asks three questions: (1) Which workplace communication tasks represent the highest ESP priorities? (2) What linguistic and pragmatic difficulties underlie those priorities? and (3) What implications do the combined findings have for ESP training for health and tourism services in Makassar? The objective is to provide an evidence-based basis for locally responsive, task-oriented workplace English training rather than to estimate English proficiency across the entire Makassar workforce.

METHOD

Research Design

This study employed a sequential explanatory mixed-methods design. The quantitative phase first mapped broad patterns of workplace English needs, and the qualitative phase then explored the communication problems underlying those patterns. This sequence was selected because recent ESP needs analyses commonly combine task identification with stakeholder perspectives to connect curriculum decisions to actual occupational demands (Hidayati & Meisani, 2023; Kholidi et al., 2022; Mohammed, 2025). The study was organized around a target-situation perspective, focusing on what practitioners need to do with English in professional encounters rather than on general language proficiency alone.

Participants and Context

The quantitative phase involved 100 participants selected purposively from international-facing health and tourism roles in Makassar. The health group included practitioners such as doctors, nurses, and administrative staff, while the tourism group included guides, tour operators, and hospitality personnel. Purposive sampling was used because participants needed direct experience with workplace situations in which English could be required. The qualitative phase involved 10 key stakeholders, consisting of five participants from the health sector and five from the tourism sector. Because the sampling was non-probability based and the study was conducted in one city, the findings are interpreted as context-specific needs rather than population estimates.

Instruments and Data Collection

Quantitative data were collected using a 25-item Likert-type ESP needs questionnaire organized into three domains: professional tasks, linguistic skills, and perceived competence. The instrument focused on the frequency and priority of communication demands encountered in workplace settings. Semi-structured interviews were used in the second phase to investigate difficulties that could not be explained by percentages alone, including rapid conversational English, global accents, technical terminology, safety instructions, complaint management, cultural mediation, and pragmatic choices such as hedging and softening language. The use of multiple data sources was intended to strengthen interpretation by comparing reported priorities with detailed accounts of workplace experience.

Data Analysis and Integration

Questionnaire responses were summarized using frequencies and percentages to rank priority task domains. The analysis was descriptive; therefore, no inferential claims of statistical significance were made. Interview data were examined thematically by identifying recurring communication problems and grouping them into conceptually related themes. Integration occurred during interpretation: qualitative themes were compared with the quantitative ranking to explain the practical meaning of the highest-priority needs. The analysis therefore emphasized convergence between numerical priorities and stakeholder accounts while retaining differences between clinical, safety, logistical, and interpersonal communication demands.

RESULTS AND DISCUSSION

The combined analysis identified four workplace domains that concentrated the participants' reported English needs. Clinical and technical interaction represented the largest single category (28%), followed closely by front-line logistics (27%), operational safety (24%), and affective communication (21%). Rather than indicating statistical differences, these percentages provide a descriptive ranking of the communication tasks that participants considered most relevant to their work.

Table 1. Priority ESP Needs and Linguistic Demands

Competency domain	Specific workplace task	Frequency	Dominant language demand
Clinical/technical interaction	Conducting anamnesis and explaining medical procedures	28%	Speaking and listening
Front-line logistics	Giving directions, administrative support, and responding to general inquiries	27%	Listening and vocabulary
Operational safety	Delivering safety briefings and technical or medication instructions	24%	Speaking and instructional language
Affective communication	Conflict resolution, empathy, complaint handling, and cultural mediation	21%	Pragmatics and speaking

Table 1 shows that the most prominent need concerned high-stakes clinical and technical interaction. Participants emphasized real-time spoken communication during anamnesis and procedure explanation, where misunderstanding can affect the quality of the encounter. Front-line logistics formed a similarly large category, reflecting the recurring need to understand questions, provide directions, and manage administrative communication. Operational safety required precise instructional language, while affective communication involved pragmatic choices needed for empathy, complaints, conflict management, and culturally appropriate interaction.



Figure 1. Distribution of Priority Workplace English Needs

The interview data helped explain why these task categories were difficult. Health-sector stakeholders described a gap between understanding written medical English and responding spontaneously to international patients, especially when speech was rapid or when symptom descriptions were unfamiliar. They also highlighted concern about communicating bad news or responding to dissatisfaction without sounding abrupt. Tourism stakeholders reported comparable pressure during emergency briefings and unexpected service encounters, particularly when they lacked vocabulary for environmental risk or had difficulty processing unfamiliar accents and idiomatic expressions.

Table 2. Qualitative Themes Explaining the Quantitative Priorities

Theme	Evidence from stakeholder accounts	Workplace implication
Real-time clinical interaction	Difficulty responding to rapid symptom descriptions despite stronger written knowledge	Integrated speaking-listening practice for anamnesis and explanation
Pragmatic and empathetic communication	Difficulty using hedging and softening language for bad news, complaints, or dissatisfaction	Explicit practice in politeness, empathy, and culturally appropriate phrasing
Safety and technical instruction	Reliance on basic imperatives when explaining risks or procedures	Precise phraseology and scenario-based safety briefings
Accent and idiom comprehension	Difficulty processing diverse accents, fast speech, and unfamiliar idiomatic expressions	Exposure to varied spoken English and authentic listening tasks

Taken together, the clinical/technical and operational-safety categories account for 52% of identified needs. This concentration indicates that more than half of the reported priorities relate

to communication in situations where precision, comprehension, and timely response are especially important. The qualitative phase does not establish causal relationships, but it clarifies that the problem is not simply a lack of grammar knowledge; it also involves processing speed, task-specific vocabulary, pronunciation and accent variation, and pragmatic appropriateness.

Discussion

The results reinforce a central principle of contemporary ESP needs analysis: workplace English should be organized around what professionals actually have to accomplish in target situations. In the tourism-related data, the prominence of logistics, directions, service inquiries, and safety communication is consistent with studies showing that speaking and listening are repeatedly prioritized in hospitality and tourism work (Putri et al., 2018; Kholidi et al., 2022). The same pattern appears in more recent course-design research, where reception, customer service, complaint handling, and other front-line tasks provide the most useful basis for specificity (Segura Arias, 2024). Indonesian evidence synthesized by Satrio et al. (2025) similarly shows that hotel employees need practical, role-linked English rather than broad language coverage, while Sankar and Aravind (2026) emphasize speaking and listening as core professional needs in hotel and tourism management. The present findings extend this pattern to a Makassar context and show that logistical English should be taught together with safety and pragmatic communication.

The health-sector findings require an even more careful interpretation because professional communication may influence comprehension, confidence, and safety. The priority assigned to anamnesis and procedure explanation is compatible with Indonesian medical ESP research showing that learners need English for both professional discourse and communicative performance (Hidayati & Meisani, 2023). Local EDULEC evidence from nursing education also supports the value of selecting ESP content that reflects the target professional field (Jubhari et al., 2022). At the workplace level, public and environmental health employees have likewise reported sustained demand for English across occupational tasks (Mohammed, 2025). More broadly, evidence on language discordance shows that communication barriers can contribute to poorer assessment, understanding, and health outcomes in some settings (Cano-Ibanez et al., 2021; de Moissac & Bowen, 2019), which supports the participants' concern about real-time clinical communication.

However, language difficulty should not be treated as a universal or automatic cause of poor care. Schouten et al. (2020) emphasize that cultural and linguistic barriers interact with organizational and interpersonal factors, while Caldwell et al. (2023) found that language discordance did not reduce patient trust in one specific clinical context. This counterevidence is important because it suggests that ESP training should not rely on deficit assumptions about practitioners. Instead, training should focus on concrete communicative vulnerabilities revealed by the target situation: eliciting symptoms, checking understanding, explaining procedures, signaling empathy, and managing high-pressure interaction. The relevance of these abilities is also amplified in medical and wellness tourism, where English functions within cross-border service systems and patient decision-making (Punnilath Shanavas, 2026), and where accessible multilingual communication is part of how providers present services to international users (Mason et al., 2025).

Pedagogically, the findings favor task-based and scenario-based ESP rather than grammar-first instruction. Needs analysis in Indonesian ESP speaking materials has shown that material

selection should follow target communicative requirements (Sasabone et al., 2024), and recent occupational ESP research recommends authentic tasks that reproduce discipline-specific workplace activity (Ardika et al., 2025). EDULEC research on task-based language teaching further indicates that professional speaking can be supported through meaningful, role-relevant tasks and structured interaction (Yuriatson et al., 2026). For the present context, suitable tasks would include simulated anamnesis, procedure explanation, medication or safety briefings, hotel or tour inquiries, complaint handling, and emergency communication. These tasks can be supplemented with reusable phrase banks, listening materials representing diverse accents, and guided reflection on pragmatic choices. Digital pronunciation resources may also support independent practice when they are integrated purposefully into instruction, as suggested by IJOLEH research on technology-supported pronunciation learning (Sukmawati et al., 2024).

The findings also have implications for curriculum development and workforce preparation in Makassar. The city's changing patterns of mobility and interaction create a stronger rationale for service-sector communication training that is locally grounded (Manaf et al., 2024). Needs-based materials should therefore be built from authentic local scenarios and periodically updated through stakeholder feedback. This principle is consistent with IJOLEH evidence showing that professional English materials become more relevant when they are developed from systematic needs analysis rather than generic textbook sequences (Marita et al., 2023). Such an approach would allow institutions to prioritize a manageable set of high-value tasks without claiming that one ESP syllabus can serve all health and tourism occupations equally.

Several limitations should be considered. First, the sample was purposive and drawn from one city, which limits transferability beyond the participating workplaces. Second, the quantitative analysis was descriptive and does not test statistical differences between sectors or demographic groups. Third, the survey findings were reported in aggregated task categories, so detailed sector-specific comparisons are limited. Fourth, the study relied mainly on self-reported needs and stakeholder accounts rather than direct performance assessment during authentic service encounters. Future research should therefore use larger multi-site samples, report sector-specific results, incorporate validated performance tasks, and examine whether task-based ESP training produces measurable improvements in workplace communication.

CONCLUSION AND RECOMMENDATIONS

This study identified a concentrated set of English communication needs among health and tourism practitioners in Makassar. Clinical and technical interaction was the highest-ranked domain (28%), followed by front-line logistics (27%), operational safety (24%), and affective communication (21%). The qualitative findings explain these priorities through recurring difficulties with rapid spoken English, technical vocabulary, unfamiliar accents and idioms, and pragmatic strategies needed for empathy, complaints, and high-stakes instruction. The combined clinical and safety categories accounted for 52% of identified needs, indicating that accurate oral communication deserves particular attention in workplace ESP training.

For practice, ESP programs in Makassar should prioritize authentic simulations and short task cycles built around anamnesis, procedure explanation, safety briefings, directions, service inquiries, complaint handling, and emergency communication. Training should integrate listening and speaking, professional vocabulary, pronunciation, comprehension checks, and pragmatic language rather than teaching these components separately. Institutions should also develop

sector-specific phrase banks and digital listening resources, involve practitioners in periodic needs reviews, and use performance-based assessment to determine whether learners can complete target workplace tasks. These recommendations are intended for contexts similar to those represented in this study and should be adapted after local needs analysis rather than applied as a universal curriculum.

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