



## FROM CLASSROOM TO CLINIC: AN ANALYSIS OF ENGLISH FOR NURSING CURRICULUM IN INDONESIA

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**Abstract:** This study investigates the alignment of an English for Nursing curriculum in an Indonesian private university with the linguistic demands of the healthcare sector. Drawing on Richards's (2001) framework of curriculum ideologies and Tyler's (1949) curriculum rationale, the analysis explores how curriculum philosophy, model, and components reflect the goals of nursing education. The findings reveal a predominant emphasis on socio-economic efficiency, with academic rationalism and social reconstructionism also present, though less prominently. While the curriculum demonstrates strengths in structured design and outcome alignment, significant gaps persist, particularly in integrating professional English communication within clinical contexts, addressing intercultural competence, and exposing students to authentic healthcare communication scenarios. The study also identifies systemic barriers such as limited institutional collaboration, inadequate teacher training in ESP, and rigid policy structures. Strategic recommendations are offered to enhance curriculum relevance, including simulation-based learning, interdisciplinary material development, and the creation of a national framework for English communication in nursing. The research contributes to both ESP and nursing curriculum scholarship and provides a model for curriculum analysis and reform in similar educational contexts.

**Keywords:** *english for nursing; esp curriculum; curriculum ideology; Tyler's rationale; intercultural communication; healthcare education; simulation-based learning*

### INTRODUCTION

The curriculum plays a crucial role in an educational institution, serving as the foundation for teaching and learning. Recent empirical research confirms that a deliberately structured nursing curriculum that aligns classroom theory with hands-on experiences substantially improves student competencies and outcomes. For example, Aul et al. (2021) studied a major undergraduate curriculum overhaul in which faculty *mapped and organized* simulation experiences alongside coursework. They found that these integrated, simulation-based learning activities "enhanced the teaching and learning needs of students and faculty. In other words, intentional curriculum design (with simulations woven into theory courses) helped bridge classroom learning and clinical practice, yielding clear educational gains.

Similarly, Shin and Rim (2023) report on designing a virtual-simulation curriculum model. Their structured curriculum covered domains like clinical decision-making and rare/critical scenarios. In a pilot evaluation, the authors created multiple realistic simulation scenarios and concluded that this organized simulation-based curriculum "can help nurse educators to plan better educational opportunities" for students.

Van den Akker (2003) likens the curriculum to a "spider web." The metaphor of a curriculum as a "spider web" aptly illustrates the intricate interconnectedness of its components, emphasizing that the effectiveness of the curriculum relies on the coherence and alignment of all its elements. This concept is encapsulated in the Curricular Spider Web model developed by Van den Akker, which identifies ten interrelated

components essential for curriculum development. Each component—ranging from rationale and objectives to content, learning activities, and assessment—is interdependent, meaning that a change in one affects the others. This interconnectedness ensures that the curriculum functions as a cohesive whole, and neglecting any single component can compromise its overall effectiveness. Makumane & Ngcobo (2021) analyzed the representation of the Curricular Spider Web model within the CAP framework, highlighting the importance of aligning all curriculum components to achieve educational goals. Their study underscores that a well-structured curriculum, like a spider web, requires the integration and coherence of all its parts to maintain its integrity and effectiveness.

According to Tyler (1949), a well-structured curriculum ensures that teaching is purposeful and aligned with educational goals, facilitating effective learning experiences. Wang et al. (2024) found that coherent instructional systems support teachers in delivering content more effectively and help students achieve better academic results. Similarly, Pinar (2004) contends that the curriculum aids teachers in understanding what content needs to be taught and how to assess student learning, ultimately enhancing instructional effectiveness.

Additionally, students' learning needs are very diverse. Differentiated instruction is needed to foster greater inclusivity and enhance student engagement by addressing individual learning needs (Gheysens, Griful-Freixenet, & Struyven, 2023). Ramilo & Ting (2025) conducted a study in inclusive classrooms within SDO Calamba City, Philippines, involving 76 regular and special education teachers. They found that differentiated instruction practices enhance student involvement in learning activities. Differentiated instruction not only supports academic outcomes but also contributes to the socio-emotional development of students, particularly in inclusive educational settings (Pozas, Lindner, & Schwab, 2021).

A well-defined curriculum establishes the foundation for effective assessment practices, which in turn enhance student outcomes by facilitating the identification of areas requiring targeted intervention and support. A study by Khan et al. (2025) evaluated the alignment of multiple-choice questions (MCQs) with curriculum objectives in medical education. The study analyzed 2,400 MCQs over five years and found significant misalignments between the assessment items and curriculum objectives, including issues

like test-wiseness and inappropriate difficulty. These flaws compromised evaluation quality and hindered students' development of critical skills, suggesting that there must be alignment between assessments and curricular goals to accurately measure learning and guide targeted interventions.

Within the nursing education context, the curriculum plays a crucial role in preparing graduates for the evolving healthcare landscape by aligning learning experiences with industry demands (Lewis, Rebesch, & Hunt, 2022). To adequately address these industry demands, nursing curriculum must integrate theoretical knowledge while prioritizing practical skills through experiential learning and simulations. This combination of approaches would equip alumni with the competencies necessary to face complex care situations in diverse healthcare settings.

While curriculum research has gained traction globally, the analysis of English for Nursing curricula, especially in Indonesia, remains underexplored. This gap is significant, considering the role of English in facilitating professional communication and improving patient care. As the demand for English proficiency grows in clinical contexts, it is crucial that nursing curricula reflect these evolving linguistic needs. For instance, a study on the needs of nursing students indicates that they perceive speaking skills as paramount for their future careers, emphasizing the necessity for targeted training in this area (Nurakhir, 2018).

Additionally, addressing the challenges faced by students—such as limited exposure and ineffective teaching methods—can significantly improve their preparedness for professional environments where English is frequently used (Rochmawati, 2020). Thus, reforming the curriculum to incorporate practical applications and interactive learning experiences could bridge the existing gap and foster more competent healthcare practitioners.

Prior studies on the curriculum analysis primarily focused on general English curriculum for high school and undergraduate EFL levels (e.g., Lestari & Emilia, 2023; Maryono & Emilia, 2022). Also, within the nursing education context, previous studies have been concentrated on nursing education curriculum without thoroughly examining the incorporation of the English language within the curriculum (Sailsman, 2021; Schimböck, 2024). Even though there were proposals that existed to integrate specific English course into nursing curriculum (e.g., Chetsadanuwat, 2024; Nashir et al., 2022; Marleni, Syarif, and Zainil, 2023), none have provided a

comprehensive analysis of how curriculum ideologies, development models, and component alignment function within English for Nursing education.

This study seeks to fill that gap by offering a systematic analysis of an English for Nursing curriculum through Tyler's model of curriculum (1949). Therefore, nursing education across Indonesia may gain benefits from the results of the curriculum analysis. The curriculum ideologies, models, and elements found in this study would inform future research in the field of EFL and ESP both in Indonesian and global contexts. To deal with the current issue in the analysis of the English for nursing curriculum in Indonesia, this study attempted to address two research questions: (1) What kind of ideology and model of curriculum being infused and adopted in the current English for nursing curriculum? (2) How are the elements of the existing curriculum aligned each other?

Since the English for nursing curriculum is not a standalone curriculum, it is a part of the big curriculum called "The 2022 *Curriculum Guide of Outcome-Based Learning Education for Bachelor of Nursing and Professional Nursing Education Programs*". This attempt is intended to look at the curriculum as a whole and dissect the elements of it within the specific context, which is English for nursing.

This study adopts Richards's (2001) five ideological orientations in language curriculum development to examine how values and intentions are embedded in the English for Nursing curriculum. The five ideologies—academic rationalism, social-economic efficiency, learner-centeredness, social reconstructionism, and cultural pluralism—serve as analytical lenses to evaluate the philosophical underpinnings that shape curricular decisions and pedagogical priorities. These ideological orientations also reflect broader educational philosophies that have informed curriculum theory and development over time.

Academic rationalism emphasizes the transmission of established bodies of knowledge and intellectual traditions. In the context of language education, it stresses the importance of mastering linguistic structures and literary forms to develop intellectual rigor, rational thinking, and appreciation for humanistic values (Richards, 2001). This ideology parallels the classical liberal education tradition, which regards education to cultivate the mind (Schiro, 2012). Within the English for Nursing curriculum, academic rationalism is observed in components that aim to

deepen students' understanding of medical texts, improve their command of medical terminology, and enhance critical thinking through structured academic writing and professional documentation.

The ideology of social-economic efficiency views education primarily as a tool to prepare learners for productive roles in society. In language education, this philosophy translates into equipping students with functional communication skills that meet labor market needs and contribute to economic development (Richards, 2001). This view aligns with Tyler's (1949) rationale, which emphasizes defining clear objectives and aligning instruction to real-world outcomes. These views are reflected in the current nursing education curriculum, which states there are five core graduate competencies after accomplishing the program, namely, care provider, communicator, educator, manager, and researcher (Curriculum guide of outcome-based learning education for bachelor of nursing and professional nursing education programs, 2022).

In vocational and professional contexts such as nursing, this ideology underpins the integration of English for Specific Purposes (ESP) instruction, which focuses on role-plays, simulations, and job-related communication skills (Basturkmen, 2015). It also resonates with human capital theory, which views language proficiency as an asset that increases individuals' employability and workplace productivity (Becker, 1993). The English for Nursing curriculum embodies this ideology by offering structured language learning activities that target patient interaction, medical reporting, and interprofessional communication in clinical environments.

Learner-centeredness, influenced by Dewey's progressive education philosophy, places the learner's needs, experiences, and developmental potential at the heart of the curriculum. It promotes active, inquiry-based learning, where students construct knowledge through meaningful engagement with content (Dewey, 1986). In language education, this ideology supports communicative approaches that emphasize interaction, autonomy, and personalization (Nunan, 2012; Richards, 2001).

The English for Nursing curriculum exhibits this orientation through its focus on student-led projects, task-based learning, and differentiated instruction aimed at accommodating learners' varied proficiency levels. This approach aligns with Vygotsky's (1978) sociocultural theory, which underscores the role of social interaction and scaffolding in language development.

Furthermore, learner-centered pedagogy fosters motivation and self-regulation, both of which are critical for lifelong learning in fast-changing healthcare settings (Zimmerman, 2002).

Social reconstructionism, rooted in Freire's (2020) concept of critical pedagogy, positions education as a means to challenge and transform social inequalities. It advocates for a curriculum that encourages learners to question dominant narratives, reflect on power relations, and develop agency to initiate social change. In the context of language education, this ideology supports content that engages with issues of justice, ethics, and social responsibility (Giroux, 2024). In the English for Nursing curriculum, this can be seen in thematic units that address topics such as health disparities, culturally responsive care, and ethical dilemmas in healthcare. Integrating such content helps students become not only competent professionals but also socially aware practitioners capable of advocating for marginalized communities. This aligns with the broader goals of transformative education, which seeks to develop critical consciousness and foster ethical practice in professional fields (Mezirow, 1997).

Cultural pluralism emphasizes respect for cultural diversity and the inclusion of multiple perspectives in the curriculum. It supports the recognition and validation of minority groups, fosters positive identity formation, and challenges ethnocentric biases (Richards, 2001). In language education, cultural pluralism promotes intercultural competence and awareness, enabling learners to communicate effectively across cultural boundaries (Byram, 2020). Although often underrepresented in English for Specific Purposes curricula, integrating cultural pluralism is especially crucial in nursing, where practitioners interact with patients from diverse linguistic and cultural backgrounds. The curriculum can reflect this ideology by incorporating case studies that involve multicultural scenarios, encouraging reflection on cultural values in care provision, and fostering linguistic sensitivity in patient communication. Doing so not only improves communication outcomes but also supports patient-centered care and contributes to reducing healthcare disparities (Campinha-Bacote, 2002).

Cultural pluralism can be taught in the classroom through role-plays and dialogue simulations that involve cross-cultural patient interactions (e.g., dealing with a patient from a different ethnic group who follows traditional healing practices). Also, this ideology can be infused through case study discussions involving

ethical decision-making in intercultural contexts, such as end-of-life care preferences shaped by religious or cultural beliefs. Another possible alternative is by giving assignments that require students to interview healthcare workers or patients from various ethnic backgrounds to explore language barriers and cultural expectations in care delivery. Group presentations on traditional health beliefs from Indonesia's diverse cultures (e.g., Javanese, Batak, Minangkabau), promoting reflection on how cultural values influence communication and patient care, are also intriguing to implement in an English for nursing class.

This study used Tyler's (1949) deductive model, also known as Tyler's Rationale, as the curriculum analysis framework. We chose this model due to its linear approach, which begins with curriculum objectives based on social values, learner needs, and subject matter relevance. The rationale emphasizes education as an experience, curriculum as the way to solve a problem, and teacher involvement. The model focuses on behavior change, assessing whether students achieve intended learning outcomes or not (Tyler, 1949). This methodology is in line with the current curriculum being analyzed, namely *the 2022 outcome-based curriculum for bachelor of nursing and professional nursing education programs*. Tyler's model of curriculum has been widely adopted due to its structured, objective-driven approach (Wraga, 2017; Hlebowitsh, 1992, 1995).

Tyler's model is built on four fundamental questions: (1) What educational purposes should the school seek to attain? (2) What educational experiences can be provided that are likely to attain these purposes? (3) How can these educational experiences be effectively organized? (4) How can we determine whether these purposes are being attained? These questions form a cyclic approach that prioritizes objectives and assessment.

Tyler's model is characterized by its emphasis on learning objectives derived from students' needs, societal requirements, and subject matter. Learning experiences are then designed to achieve these objectives, ensuring logical sequencing and effectiveness. Assessment and evaluation serve as integral components to determine if the curriculum fulfills its intended purposes (Ornstein & Hunkins, 2018). The model aligns closely with behavioral objectives, where clearly defined outcomes drive curriculum design and implementation (Posner, 2004). Tyler's model offers several advantages, such as its clarity, systematic approach, and emphasis on assessment (Marsh, 2009). Tyler's model remains a cornerstone of curriculum

development due to its structured approach and emphasis on objectives and assessment.

However, the top-down nature of Tyler's model also presents some challenges, particularly concerning teacher autonomy and classroom flexibility. Because the curriculum is tightly guided by predefined objectives and standardized learning outcomes, instructors often function as implementers rather than co-constructors of the curriculum. This limits their ability to adapt content or methods based on real-time classroom dynamics or learners' evolving interests and challenges. Instructors may have less room for spontaneous pedagogical decisions or for integrating emergent topics, such as new healthcare policies, pandemic responses, or cultural competencies, that fall outside the formal objective structure.

In the context of rapidly evolving healthcare education, such rigidity can become a limitation. The healthcare sector is increasingly characterized by interdisciplinary collaboration, technological disruption, and shifting patient demographics, all of which require curricula to be agile and responsive. While Tyler's model supports clarity and accountability, it may lack the flexibility needed to accommodate sudden changes, such as the integration of telehealth communication skills or the inclusion of new public health challenges.

To address this, institutions can mitigate the limitations of a top-down curriculum by encouraging teacher involvement in curriculum review, supporting contextual adaptations, and providing ongoing professional development that empowers educators to interpret and extend learning objectives in meaningful ways.

Ultimately, while Tyler's model offers a solid foundation for curriculum design—particularly in structured, outcome-focused programs like nursing—it benefits from being complemented by models that prioritize responsiveness, innovation, and teacher agency.

## METHOD

This study adopted the content analysis design to make inferences from data to context (Creswell, 2014). The researcher aimed to interpret the source texts through content analysis to enhance comprehension for readers regarding the hidden meanings conveyed within its social setting. This study used content analysis to assess the curriculum's content, which included course profiles, syllabi, and instructional materials. Given the study's objectives, this method was deemed appropriate.

In this study, the main curriculum guide called "The 2022 Curriculum Guide of Outcome-Based Learning Education for Bachelor of Nursing and Professional Nursing Education Programs" was analyzed as well as other curriculum materials, including course profiles, syllabi for English for Nursing and Advanced English, and two modules (English for Nursing and Advanced English). The curriculum documents were further assessed according to ideology, model, and the four components of the curriculum: objectives, content, learning activities, and evaluation.

In order to analyze these documents, the researcher adapted Mayring's (2023) framework, which involved selecting the curriculum, dissecting its elements, comparing them to the chosen curriculum model, discussing the data, and connecting them to the underlying theories. Within this research context, the procedures were adjusted to the following steps: (1) The English for Nursing curriculum was selected for analysis for three main reasons: (a) the growing number of nursing schools in Indonesia contrasts with the lack of research examining their English curricula through general curriculum and EFL/ESL development theories; (b) to understand the English component of the nursing curriculum as an ESP course within Indonesia's educational context; and (c) to provide insights that can help nursing schools and policymakers critically evaluate the curriculum's ideology, model, components, and implementation. (2) Identifying the curriculum ideology as suggested by Richards (2001), who delineated five distinct ideologies of the curriculum. (3) Identifying the curricular components in accordance with Tyler's (1949) rationale which encompasses objectives, learning activities, material, and evaluation. (4) Analyzing the curriculum data from Tyler's rationale. (5) Analyzing the results in relation to the theoretical framework of the study.

The procedures of analysis, briefly, can be seen from this chart:

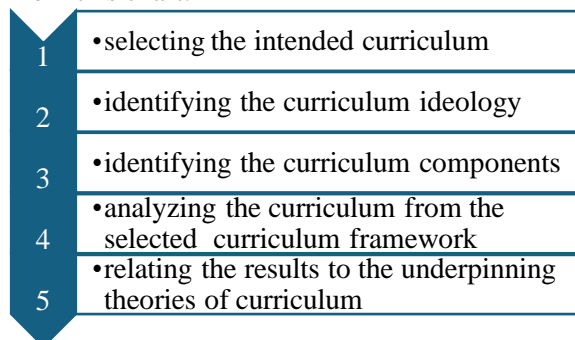


Figure 1. *Mayring's (2023) curriculum analysis procedures (adapted version)*

To enhance the rigor and trustworthiness of the study, validation of interpretation was employed. Interpretive findings were validated through peer debriefing and member checking. A small group of English lecturers and curriculum developers from the nursing faculty were consulted to confirm whether the themes and ideological interpretations were consistent with their experiences and intentions. Their feedback was integrated to refine the interpretations and ensure contextual accuracy.

## **RESULTS AND DISCUSSION**

### *Curriculum ideology*

#### *Results of curriculum analysis based on Richards's (2001) curriculum Ideologies Academic rationalism*

The curriculum emphasized a deep mastery of nursing science, as seen in the description of learning outcomes, subject matter, and the matrix linking courses with graduate competencies. Additionally, the inclusion of research components in the curriculum demonstrated an effort to develop students' intellectual and academic abilities. This alignment is critical in preparing nursing students for professional roles that require both theoretical knowledge and practical application (Richards, 2001).

The inclusion of research components in the curriculum further demonstrated a commitment to developing students' intellectual and academic abilities. Research engagement helped students to be critical thinkers, evidence-based practitioners, and problem solvers, all of which are necessary for professional nursing practice (Lewis, Rebesch, & Hunt, 2022). Additionally, studies emphasized that integrating research-based learning in English for nursing courses improves students' ability to analyze medical case studies, interpret clinical guidelines, and apply evidence-based care strategies (Schimböck et al., 2024).

### *Social-economic efficiency*

Social economic efficiency dominantly underpinned the curriculum ideology. This curriculum is highly oriented toward workforce needs. The graduate profile included roles such as *care provider, communicator, health educator and promoter, manager and leader, and researcher*. The courses and professional training were designed to ensure that graduates acquire skills relevant to the healthcare system and societal needs. This approach resonated with Schiro's (2012) social efficiency ideology, which conceived education as one of the alternatives to efficiently shape individuals to fulfill specific roles in society.

Research highlights that nursing students who receive targeted ESP instruction demonstrate greater confidence and competence in medical conversations, patient education, and professional interactions (Nashir et al., 2022). Furthermore, linguistically responsive instruction has been shown to improve patient safety by reducing miscommunication in clinical settings (Schimböck et al., 2024).

### *Learner-centeredness*

The curriculum emphasized learner-centered teaching and learning. This was indicated by the adoption of *problem-based learning (PBL)* and interactive teaching methods in materials delivery. This shift toward learner-centeredness not only enhances engagement but also fosters critical thinking and adaptability among students. PBL enhances student engagement, collaboration, and academic performance, emphasizing the development of skills vital to navigating real-world complexities (Pudjiarti et al., 2024). The curriculum emphasized learner-centered teaching and learning. This trend was indicated by the adoption of *problem-based learning (PBL)* and interactive teaching methods in materials delivery. This shift toward learner-centeredness not only enhances engagement but also fosters critical thinking and adaptability among students. PBL enhances student engagement, collaboration, and academic performance, emphasizing the development of skills vital to navigating real-world complexities (Pudjiarti et al., 2024).

This method also meets today's need for a curriculum that adapts to changes in society and technology, helping students build important skills for learning throughout their lives (Ichim, 2022). By focusing on student needs and interests, educators can create a more dynamic and inclusive classroom environment, in contrast to traditional, inflexible curricula that value rote memorization over meaningful application of knowledge.

This shift promotes critical thinking and problem-solving abilities and enables students to interact effectively, convey their ideas clearly, and adapt to varied situations in an ever-changing environment. Such an educational paradigm encourages a deeper engagement with learning material, allowing students to connect theoretical concepts with real-life applications and giving them control over their education.

Furthermore, the holistic approach employed in the nursing curriculum indicated a focus on students' learning needs and experiences in it. Such an approach encourages the development of

essential soft skills, including empathy and communication, which are vital in promoting trust with patients and increasing the quality of patient health (Ismail, Sohilait, & Erawati, 2024). Future nurses become more adept at understanding the intricate interplay of physical, emotional, and social factors that influence patient well-being as they engage with diverse perspectives through collaborative projects, reinforcing the importance of a comprehensive educational framework in developing competent healthcare professionals. This holistic approach benefits the students and enriches the healthcare system as a whole, leading to more innovative solutions and improved patient care practices in an increasingly dynamic environment.

#### *Social reconstructionism*

The curriculum includes elements of this ideology, particularly in its mission to improve community well-being through health promotion and service. The learning outcomes also encompass advocacy roles and community empowerment. This statement corresponded with Schiro's (2012) claim that social reconstructionism advocated for education that enabled students to comprehend society, cultivate an idea of an improved society, and take action to realize that vision. Social reconstructionism positions educators as catalysts for societal transformation, advocating for teaching practices that promote critical thinking and active engagement to address social injustices (Kassie, 2024). This active involvement reinforces the idea that education must serve as a catalyst for meaningful social change.

#### *Cultural pluralism*

The curriculum emphasizes nursing care based on Islamic values, demonstrating an awareness of cultural contexts in education. Additionally, there was a commitment to providing inclusive nursing services that cater to diverse community needs. Eisner (1979) posited that in cultural pluralism, language functions as a powerful representation, holding significant cultural resources applicable across every aspect of humanity. In other words, educational institutions play a pivotal role in social reproduction by utilizing language and curriculum to reinforce existing power structures, thereby perpetuating social inequalities (Wicaksono, 2024).

Overall, based on the analysis of curriculum ideologies, this curriculum integrates multiple ideologies, with a primary emphasis on *Social-Economic Efficiency*, *Academic Rationalism*, and

*Social Reconstructionism*. However, elements of *Learner-Centeredness* and *Cultural Pluralism* are also present in various curriculum components. The prevalence of the ideology of socio-economic efficiency in the existing curriculum indicates that students are being prepared with nursing skills that align with the future requirements of the healthcare sector and societal expectations.

Cultural Pluralism is underdeveloped. While Islamic values are embedded, there is limited evidence of broad-based cultural competence training to prepare students for multicultural patient populations. To deal with this problem, the institution may develop intercultural communication modules within the English for Nursing courses, incorporating case studies and scenarios involving patients from diverse cultural backgrounds.

Another weakness of the curriculum is Learner-Centeredness. This is emphasized through problem-based learning (PBL), but its integration into English for Nursing lacks depth in practical exposure and real-life simulations. To tackle this issue, ESP instructors can collaborate with clinical partners to co-develop language tasks grounded in authentic hospital interactions, ensuring the relevance of student-centered pedagogy to clinical realities.

The aforementioned gaps exist because of three possible problems. First, budget limitations or lack of partnerships with clinical sites may restrict the development of real-world PBL scenarios. Second, ESP educators may lack clinical exposure, reducing their ability to design simulations that reflect authentic medical contexts. The last, National guidelines may prioritize competency frameworks but overlook intercultural and communicative aspects critical to patient-centered care.

#### *Curriculum model*

The curriculum strongly reflects Tyler's (1949) Rational Model, evidenced by a top-down structure: overarching objectives are progressively translated into program outcomes, course profiles, and instructional strategies. This inference was drawn from several premises. First, at the onset, the curriculum guide stated the learning objective at the faculty of nursing level, then this objective was broken down into the study program objective; after that, the objectives at the level of study program were used as the guidelines for formulating the course profiles, syllabi, and learning modules. The top-down Tyler curriculum

model was distinctly evident in this phase of curriculum development (Tyler, 1949).

The curriculum clearly outlines the expected graduate competencies, including roles such as care provider, communicator, health educator, manager, leader, and researcher. These objectives aligned with Tyler's emphasis on identifying clear learning goals before designing the curriculum (Tyler, 1949). The curriculum followed a structured organization, ensuring that learning progressed logically from foundational knowledge to specialized skills. Clinical practice was sequentially arranged to enhance skill development, which aligns with Tyler's principle of effectively structuring learning experiences. The curriculum included assessment strategies to measure whether students achieve the desired competencies. It incorporated performance evaluations, clinical assessments, and research-based learning, demonstrating an adherence to Tyler's model of continuous evaluation (Tyler, 1949).

Overall, the curriculum reflected Tyler's Rationale by systematically aligning objectives, learning experiences, instructional organization, and evaluation strategies to produce competent nursing graduates.

However, the model may limit responsiveness to evolving linguistic needs in global healthcare contexts. To fill this gap, this model needs to be supplemented with elements from other models such as Taba's inductive model (1962) or constructivist models that encourage periodic curriculum revision based on classroom feedback and emerging global communication demands in healthcare. The limitation of the current curriculum is possibly due to rigid adherence to national accreditation standards and audit systems preventing from experimentation with non-linear or emergent curriculum models.

### *Components of curriculum*

#### *Objectives*

The overall curriculum objective of the nursing education curriculum was reflected in the graduate profiles of the program. As stated in the curriculum document, the graduate profiles encompassed *care providers, communicators, educators, managers/leaders, and researchers* (Curriculum guide of outcome-based learning education for bachelor of nursing and professional nursing education programs, 2022). Compared to the graduate profiles, the existing English for nursing course focused on *communicator* profile. This can be seen from the expected learning outcomes

which highlight the following skills: (1) Reading and explaining medical and/or healthcare team instructions related to medical records of patient written English. (2) Identifying commands/instructions in an English conversation in class or a simulated health care setting (3) Writing/documenting reports of nursing care activities provided to patients. (4) Communicating in English actively in classroom setting and in simulated health services contexts (Curriculum guide of outcome-based learning education for bachelor of nursing and professional nursing education programs, 2022).

The learning outcomes indicate that the English for Nursing course was developed to provide students with vital language skills for proficient communication in healthcare environments. The learning outcomes of this course included the ability to read and interpret medical and healthcare team instructions related to patient medical records written in English. This skill not only ensured effective communication within the healthcare team but also played a critical role in patient safety and care continuity.

As nursing students became proficient in interpreting these records, they must also learn the significance of accurate documentation practices, which were essential for fulfilling professional obligations and enhancing patient outcomes. Individual, social, organizational, and technological factors that hinder comprehensive documentation practices, potentially compromising patient safety (Bjerkkan, Valderaune, & Olsen, 2021).

Additionally, the course facilitated students' development of the skill of identifying commands and instructions in English conversations, whether in the classroom or in simulated healthcare settings. This skill resonated previous study finding that investigated the implementation of simulation techniques to improve the speaking skills of nursing students (Murtiningsih & Kailani, 2019). The research revealed that simulation techniques not only aided in the retention of medical terminology but also cultivated essential soft skills such as empathy and active listening, which were vital in providing quality patient care. Moreover, as stated in the learning outcome, students are trained to document and write reports on nursing care activities provided to patients, ensuring clarity and accuracy in medical documentation.

Lastly, the course emphasized active communication in English, both in classroom discussions and in simulated healthcare service

contexts, preparing students for real-world professional interactions in an international or English-speaking medical environment. This practical approach not only enhanced language proficiency but also built confidence in students, enabling them to navigate complex medical scenarios effectively while collaborating with diverse teams. Furthermore, as students engage in these practical communication exercises, they also develop critical cultural competence, which is essential for effective interactions within diverse patient populations.

By incorporating role-playing scenarios that reflect real-life challenges faced in multicultural healthcare settings, the course prepares students linguistically and sensitizes them to the nuances of patient care across different cultures (Kadagidze, 2024). This holistic approach guarantees that future healthcare workers are not just skilled in medical English but also excellent at understanding and respecting cultural differences, resulting in improved patient outcomes and satisfaction (Kravchenko, 2024).

Regarding the ideology underpinning the curriculum, the ideology of social economic efficiency (Richards, 2001) dominated all the learning outcomes of the course. This is because all the learning outcomes indicate that the graduates will be equipped with skills relevant to nursing jobs and society's needs.

Despite those curriculum strengths, functional language skills without explicit attention to intercultural competence, empathy, or ethical communication are overemphasized. Also, TOEFL preparation in the Advanced English course lacks relevance to professional nursing contexts. To deal with these issues, generic TOEFL training needs to be replaced with medical English certification preparation (e.g., OET) aligned with professional healthcare language needs. We also need to include socio-pragmatic objectives that tackle intercultural sensitivity and ethical decision-making in communication.

#### *Learning materials*

To examine the relevance of learning materials to the curriculum objectives, two syllabi of English for nursing courses were looked at in this study, English for Nursing and Advanced English.

The syllabus of English for Nursing covered nine essential topics including *parts of body, nursing instrument and supply, the hospital team, in and around the hospital, hospital admission, dimensions of symptom, pain, vital sign, and medication*. Overall, the topics were classified into

two big themes, namely healthcare and medical terminology and communication skills. These topics aligned with the need for professional healthcare communication and clinical terminology. Clear and precise clinical terminology plays a crucial role in this process, as it minimizes misunderstandings and ensures that all members of the healthcare team are on the same page regarding patient care. For instance, electronic health records (EHRs) rely heavily on standardized medical language to facilitate accurate data entry and retrieval. There was a significant positive relationship between EHR usage and the reduction of medical errors, highlighting the role of EHRs in enhancing patient safety and supporting clinical decision-making processes (Chimbo & Motsi, 2024).

Locally developed modules were used as primary resources. While they might be tailored, there was no mention of evidence-based materials or integration with widely recognized nursing references, such as international nursing guidelines or medical English textbooks. This lack of integration raises concerns about the overall efficacy of nursing education, particularly in fostering evidence-based practice (EBP) among students. For instance, Portela Dos Santos et al. (2022) conducted a systematic review that analyzed 15 studies involving 2,712 nurses and identified three effective types of educational interventions: multifaceted strategies incorporating mentoring and tutoring, single educational strategies often delivered online, and multifaceted strategies using the five steps of EBP. The review found that these interventions improved various EBP-related outcomes, including beliefs, self-efficacy, perceived implementation, competencies, knowledge, skills, attitudes, behaviors, desire, practice, and perceptions of organizational culture and readiness.

On the other hand, the advanced English course included topics such as presentation techniques, English for business, physical examination, medical procedure, diagnostic test, nursing problem, nursing intervention and order, types of therapy, nursing implementation, nursing evaluation, and TOEFL training. There were 11 topics in total. The advanced English course enhanced students' English proficiency with a focus on business communication and medical topics. It covered professional and healthcare contexts, emphasizing practical application.

Also, there was a language proficiency test preparation. But there is no mention of internationally recognized resources like WHO

language standards or nursing corpora. Materials from evidence-based resources (e.g., WHO clinical communication guides or international ESP medical textbooks) need to be adopted and adapted into this curriculum as well as co-design of materials by ESP instructors and nursing faculty to ensure clinical authenticity and linguistic appropriateness.

The materials were classified from general to specific levels. These results aligned with Tyler's (1949) rationale, which emphasized three requirements for suitable learning activities: sequence, continuity, and integrity. The materials should be sequentially arranged, and there should be continuity from one topic to other ones. The content was also integrated with the primary objective of nursing education.

#### *Learning activities and learning experiences*

Learning activities involved role plays, simulations, and quizzes, utilizing a task-based teaching approach. The syllabus aligned with core language skill development (speaking, listening, reading, and writing) through role plays, speaking practice, grammar exercises, and reading comprehension. This finding aligns with what Tyler (1949) emphasized that learning activities should match with curriculum objectives, students' personal preferences, and their prior knowledge.

However, the activities lacked real-world applications, such as interactions with healthcare professionals or clinical simulations. Task-based approach promoted active learning, but expanding real-world experiences would improve applicability. For example, preclinical task-based learning (TBL) has demonstrated promising outcomes in offering early clinical exposure to medical students, allowing them to interact with standardized patient encounters that closely match actual medical activities (Shenoy et al., 2022). To overcome those problems, the institution should establish partnerships with hospitals for structured language immersion programs or shadowing opportunities and develop tiered instructional support for lower-proficiency students, such as pre-simulation language boosters or multilingual glossaries.

In terms of the sequence of course content, it progressed logically from *English for Nursing* to *Advanced English*, supporting skill development for nursing students. However, it might lack scaffolding for those with lower English proficiency. Additionally, TOEFL training appeared misaligned with practical nursing needs.

#### *Evaluation*

Regarding the evaluation system, the English for nursing curriculum used various forms of evaluation. There were formative and summative assessments. Formative assessment aimed to evaluate students' progress, development, and improvement throughout the program, whereas summative assessment was used to assess the program's effectiveness in categorizing, identifying, and evaluating learning outcomes at the end of the term or instructional session.

In this program, summative assessments included quizzes, midterms, and final exams, and formative assessments included role play, simulation, writing exercises, and grammar exercises. Thus, students' achievement was not only measured by paper-based tests but also by other forms of evaluation relevant to students' learning needs. The curriculum met the evaluation standards established by Tyler's (1949) rationale for effective assessment. When students have the autonomy to select how they are assessed and the type of feedback they receive, it can lead to deeper engagement and more effective learning strategies (Clack & Dommett, 2021).

However, the evaluation did not clearly measure intercultural competence or professional communication in diverse settings. To bridge this gap, it is crucial to develop robust assessment tools that accurately reflect the nuances of intercultural competence and professional communication. Rubrics for evaluating intercultural and professional communication in role plays and simulations should be provided.

The evaluation should also include peer assessments and reflective journals to promote self-awareness of communicative challenges in diverse contexts. For instance, incorporating multidimensional frameworks that evaluate not only cultural understanding but also adaptability and sensitivity can enhance our ability to measure these competencies effectively (Lyu, 2024). This approach fosters an environment of inclusivity and equips employees with the necessary tools to navigate complex cultural dynamics, ultimately leading to improved collaboration and innovation within teams (Hickson, 2023).

#### **CONCLUSION**

This study critically examined the alignment of the English for Nursing curriculum with the language proficiency demands of the healthcare sector. The findings revealed that while the curriculum adheres to national educational standards and follows a structured framework, it primarily emphasizes the

ideology of socio-economic efficiency, with secondary influences from academic rationalism and social reconstructionism. However, key gaps persist, particularly in the integration of professional language skills within clinical contexts, limited exposure to real-world communication scenarios, and the absence of targeted policies addressing stakeholders' linguistic needs.

This research's strength resides in its thorough examination of curriculum ideas, models, and components, which offers information about the particular use of English in nursing education. The study also contributes to the wider literature on curriculum development by integrating theories of general and ESP curriculum design. However, limitations include its focus on a single institution, which may affect the generalizability of findings, and its reliance on document analysis and interviews without direct classroom observations.

Future research should expand on these findings by conducting longitudinal studies to track the impact of English proficiency on nursing graduates' professional performance. Additionally, incorporating a more interactive, needs-based approach in curriculum design—such as increased use of simulation-based learning and interdisciplinary collaboration—can better equip students with the communicative competence required in diverse healthcare settings. Policymakers and educators should consider developing a standardized framework for English for Nursing that is responsive to both local and global healthcare demands, ensuring that graduates are adequately prepared for the linguistic challenges of their profession.

### STRATEGIC RECOMMENDATIONS FOR CURRICULUM ENHANCEMENT

To address the identified gaps and better align the curriculum with the communicative demands of healthcare settings, a phased approach is proposed:

#### *Short-Term (0–1 year): Department-level interventions*

In the short term, the English for Nursing curriculum can be strengthened through targeted interventions. Joint workshops between ESP instructors and nursing faculty can foster interdisciplinary collaboration and produce authentic, clinically relevant learning materials. Supplementary elective modules on intercultural communication, empathy, and case-based dialogues from real healthcare scenarios will further enrich instruction. Additionally, revising

formative assessments to include rubrics for intercultural competence, ethical communication, and critical language use will ensure students develop the communicative skills needed for professional practice.

#### *Medium-term (1–3 years): Institutional initiatives*

In the medium term, the curriculum can be enhanced by integrating simulation-based learning through partnerships with local hospitals or simulation centers, allowing students to engage in structured English-language clinical scenarios. ESP educators should also undergo professional development, such as certification in English for Medical Purposes through programs offered by RELO, TEFLIN, or the British Council. Additionally, establishing a routine curriculum audit that incorporates feedback from graduates, clinical supervisors, and language instructors will ensure the program remains responsive to evolving professional and linguistic demands.

#### *Long-term (3–5 years): Policy and inter-institutional collaboration*

In the long term, efforts should focus on establishing a standardized English for Nursing Communication Framework in alignment with national guidelines from the Ministry of Health and Ministry of Education, Culture, Research, and Technology. Collaboration with regulatory bodies such as AIPNI (Indonesian Association of Nursing Education Institutions) and KARS (Hospital Accreditation Commission) is essential to ensure communication competencies are integrated into nursing education and hospital accreditation standards. Furthermore, integrating internationally recognized benchmarks—such as the Occupational English Test (OET) or WHO-based communication competencies—into DIKTI's national curriculum policy for health sciences will promote consistency and global relevance in nursing communication training.

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