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## ENGLISH LANGUAGE ATTITUDE AND PROFICIENCY AS CORRELATES OF TECHNICAL COMPETENCE AMONG CAREGIVING NC II STUDENTS

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### Abstract

*This study examined the relationship between the attitude of the students towards the English language, as well as their proficiency, and their technical competence as caregivers. The results of the research showed that the students were well-trained and competent, particularly in the aspects of preparedness, communication, and the use of standard procedures. However, the research also showed that there was a significant gap between the students' receptive and productive skills, particularly in the area of speaking, which might affect the students' capacity to provide adequate educational interventions to the patients. The results also showed that the students' level of English competency reduced as they progressed from knowledge recognition to practical application, indicating that the students were not confident in the practical application of the knowledge regarding the importance of the English language and medical terminology.*

*A significant relationship was also found between technical competence and motivation for using English; however, this emphasized that while professional competence may facilitate the use of English, it is still insufficient to counteract communication anxieties. The study also recommends that education should focus on developing speaking and writing skills in a clinical context, patient-centered communication, translation skills, and self-confidence through peer support mechanisms that help clarify the gap between knowledge and skills in order to bridge the gap for better patient care in a competitive global scenario.*

**Keywords:** Caregiving registers, Supervised Industry Learning, Competency-based Training, Language proficiency

### INTRODUCTION

Students' attitude toward the English language greatly influences their learning experience, engagement, and academic performance in school and training center. Positive language attitude motivates learners to participate in discussions, ask questions, and persist in understanding lessons delivered in English, which is especially

important for technical vocational students who must grasp both language and technical skills concepts. In the study of Zin and Yunus (2020) on technical vocational settings shows that language attitude contributes to communication skills and academic

engagement, which are important foundations for learning technical skills effectively.

English language proficiency—the ability to effectively read, write, speak, and listen in English—is vital for students in vocational programs. Studies of Filipino Technical-Vocational-Livelihood (TVL) students found that English proficiency affects academic performance and readiness for future employment, particularly in understanding instructions in theoretical skills training and workplace communication. Moreover, research highlights gaps in language skills such as oral communication, grammar, and reading comprehension among Technical Vocational Education and Training (TVET) learners, pointing to the need for stronger language support in skills programs.

English proficiency and positive attitude work together to support students' acquisition of knowledge and skills. In both public and private technical vocational institutions (TVIs) training centers registered to the technical education and skills development authority (TESDA), competency-based learning materials, assessments, and theoretical lessons are predominantly written and delivered in English. Without enough proficiency and a receptive attitude, learners may struggle to comprehend key theoretical caregiving concepts and follow procedures accurately during theoretical skills training. Studies on English language needs in Philippine TVET contexts have pointed out that students often lack confidence and face challenges in English communication, which can hinder their comprehension of training content and workplace readiness.

When students do not have a positive attitude toward English or possess low proficiency, the problems extend beyond classroom performance. Negative attitudes can lead to avoidance of using the English language, reduced participation, and lower confidence in communicating, while limited language ability may cause misunderstandings of caregiving procedures, errors in simulated tasks, and reduced readiness for assessment and supervised industry learning (SIL). These issues can negatively impact students' technical performance, self-esteem, and eventual employability, as effective English communication is required in both academic and workplace settings.

The Caregiving NC II program in the Philippines remains highly in demand, particularly among overseas Filipino workers (OFWs) and aspirants seeking employment abroad. In 2021, TESDA reported that about 1,299 OFWs completed Caregiving NC II training, making it one of the most preferred vocational courses due to international demand for caregivers in countries like Israel. Competency certification through national assessment continues to be emphasized, with recent offshore programs certifying hundreds of workers for Caregiving NC II and related qualifications.

Employment data further show that a significant number of caregiving graduates find work locally and abroad in homes, hospitals, and care facilities. Research data indicate that about 21.1% of Caregiving NC II graduates are employed abroad in jobs related to their skills, while others find local employment in hospitals and home care settings, suggesting that caregiving certification can lead to practical job opportunities.

Given these realities, the study focused on Caregiving NC II students because this group is uniquely positioned at the intersection of language learning, technical competence development, and employment aspirations—especially for overseas work where English is widely used. Positive language attitude and

higher proficiency can help students better understand theoretical lessons and apply caregiving procedures correctly, which may improve their technical competence and performance in national assessments and workplace environments.

With everything mentioned above, this study intended to seek answers in ways that will improve caregiving education provided by both public and private TVIs by investigating the relationship between the English language attitude and proficiency level, as correlates to the technical competence of the Caregiving NC II students of Medical Colleges of Northern Philippines (MCNP).

### **Statement of the Problem**

The study aimed to assess the English language attitude and level of proficiency of the Caregiving NC II students as correlates of their technical competence. Specifically, it seeks to answer the following queries:

1. What was the profile of the Caregiving students of Medical Colleges of Northern Philippines?
2. What was the language attitude of the Caregiving students?
3. What was the level of language proficiency of caregiving students?
4. What was the level of technical competence of the caregiving students?
5. Was there a significant difference between the students' English language attitude, proficiency level, and technical competence when grouped according to their profile?
6. Was there a significant relationship between the technical competence and the language attitude and proficiency level of the caregiving students?

## **METHODOLOGY**

This section presents the methodology employed in the study, outlining the systematic procedures and approaches used to gather and analyze data. It describes the research design, participants, instruments, data collection procedures, and methods of data analysis, ensuring that the study is conducted in a rigorous and ethical manner. Through this methodological framework, the researcher aims to ensure the validity and reliability of the findings while addressing the research objectives effectively.

### **Research Design**

This study used Quantitative Research Design using descriptive-correlational method.

Descriptive method was used in determining the profile variables, language attitude, language proficiency, and the level of technical competence of the Caregiving NC II students.

Correlational on the other hand was used in determining the difference between students' English language attitude, proficiency level, and technical competence when grouped according to profile; and the relationship between the technical competence and the language attitude and proficiency level of the students.

### **Respondents and Sampling Technique**

The respondents of the study were the Caregiving NC II 2<sup>nd</sup> Semester students of the Medical Colleges of Northern Philippines who was undergoing their Supervised Industry Learning (SIL) at the Ronald P. Guzman Medical Center (RPGMC) and have an experience in dealing with patients and their families. The study used random sampling method.

## Research Instruments

The needed data was gathered with the four-part questionnaire instruments: the socio demographic and learning profile of students; the survey measuring the language attitude with three parts (a) Attitude towards English adapted from Eshghinejad, (2016), (b) Attitude towards caregiving registers adapted from Chirk Jenn (2006), (c) Motivation to use English adapted from Azadeh Asgari (2009). The level of proficiency was tested through a standardized test constructed by the author using the IELTS model using the Competency-based learning material (CBLM) of the TESDA's 21<sup>st</sup> century competency as a reference; and the technical competence was assessed in three parts, Basic caregiving skills survey questionnaire form adapted from Self-Assessment Guide (SAG) form of TESDA, Communication with patients survey questionnaire form adapted from Sadik (2021), and the Documentation and reporting survey questionnaire form crafted by the author with the Caregiving Project 2 CBLM as a reference.

## Data Gathering Procedure

After the approval of the research proposal, the researcher seek the approval of the Dean to conduct the study through channels. Formal letter was sent to the author/s with the permission of borrowing and using the test questionnaire/s they developed and utilize as instrument/s in administering the study. After granted permission, the researcher administered the questionnaire through on-site distribution and answering of the questionnaires and standardize test via google forms and actual writing, listening, and speaking test. Data was gathered from the Caregiving NC II 2<sup>nd</sup> Semester students of the Medical Colleges of Northern Philippines. The participants were given written instructions and was notified of their voluntary participation in the study and their right to refuse.

The participants were given a total of 120 minutes, 90 minutes was intended for the IELTS standardized test to measure the students' proficiency level; And 30 minutes was allotted for the students to answer the Part 2 and Part 4 of the questionnaire intended to measure their English language attitude and technical competence respectively.

## Data Analysis

After responses were obtained, the researcher exported the csv file for data cleaning and validation. Finally, the responses were categorized, organized, analyzed and was interpreted.

The descriptive problem statements of the study were clarified with the use of descriptive statistics include frequency, percentage, and mean. Inferential statistics was used to ascertain the link between the indicated variables, using the Pearson r, the t-test, analysis of variance (ANOVA) correlation techniques. It was tested using the 0.05 level of significance. The Five-point Likert scale and weighted means were used to interpret the results.

## RESULTS AND DISCUSSION

This section presents the results and discussion of the study, highlighting the key findings derived from the data analysis and providing their corresponding interpretations. It examines the results in relation to the research objectives and existing literature, offering insights into their implications and significance. Through this discussion, the study aims to provide a deeper understanding of the issues investigated and to support evidence-based conclusions.

## Language Attitude of the Respondents

### English Language

Statements	Weighted Mean	Descriptive Value
1. I feel excited when I learn English.	4.43	Very positive
2. I practice English when I find an opportunity to do so.	4.70	Very positive
3. I enjoy learning English.	4.63	Very positive
4. I think English is the most difficult language to learn.	2.53	Negative
5. I think all TVET students should learn English.	4.30	Very positive
6. *I dislike learning English.	4.63	Very positive
7. *I feel embarrassed and uneasy when studying English.	3.87	Positive
8. *I don't consider learning English important.	4.63	Very positive
9. I learn English because it can help me in understanding Caregiving concepts.	4.37	Very positive
10. I want to learn English to secure a good job.	4.23	Very positive
11. I want to learn English to get maximum advantage of the modern technologies and internet.	4.47	Very positive
12. I want to learn English to help me in my Technical and Vocational Education.	4.40	Very positive
13. I want to learn English to secure a job abroad.	4.40	Very positive
14. I want to learn English just to pass the Institutional and National Assessment.	3.37	Somewhat positive
15. I truly enjoy listening to people speaking English.	4.57	Very positive
16. I fully understand what others say to me in English.	4.50	Very positive
17. I greatly enjoy the lectures delivered in English.	4.40	Very positive
18. I like those teachers who use both English and Filipino in teaching.	4.77	Very positive
19. I enjoy listening to English dialogues in films, talk-shows and English songs.	4.63	Very positive
20. *I feel reluctant and anxious when speaking English.	3.47	Positive

21. I feel confident when interacting in English with my teachers and classmates.	3.53	Positive
22. I wish to speak English fluently.	4.40	Very positive
23. I wish to convey my message to the listener Effectively.	4.43	Very positive
24. I wish to improve my English pronunciation.	4.63	Very positive
25. I like to read whatever is written in English.	4.57	Very positive
26. I like to read English newspapers, story books and magazines.	4.20	Very positive
27. *Writing correct English is really a hard task.	2.97	Somewhat positive
28. I feel very excited when writing in English.	3.47	Positive
29. I wish I could write correct English.	4.17	Positive
30. To attain proficiency in English is the basic goal of my academic life.	4.23	Very positive
<b>Dimension Mean</b>	<b>4.20</b>	<b>Very Positive</b>

Table 1a. Weighted means of the language attitude of the respondents towards English language

The table shows the English language attitude of the students. Wherein it reveals that the TVET caregivers are highly positive about their willingness to learn English, with a dimension mean of 4.20. This indicates that English language studies are both desirable and practiced by the learners in their preparation process.

It is clear that students display intrinsically motivated behavior. This is reflected in high scores in responses to items like excitement about learning English (4.43), love for English (4.63), and practicing English whenever there is an opportunity (4.70). This corresponds to theories developed within Second Language Acquisition research, especially theories based on Zoltán Dörnyei's work, which highlight the important role that positive emotions and motivation play in language learning.

Regarding instrumental motivation, the findings are just as compelling. It is clear that the students see the importance of the language for career development, given their willingness to utilize it in job hunting (4.23), international work (4.40), and learning about caregiving (4.37). The findings corroborate those outlined by Robert Gardner in his socio-educational framework, wherein the learner exhibits high levels of motivation because he or she sees the language as an instrument for gainful purposes.

Though the attitudes are generally very positive, there are still moderate cases of anxiety and low confidence, specifically in speaking. This is seen from comments made like "embarrassed" (3.87), "reluctant to speak" (3.47), and "confidence in interacting" (3.53). Students can appreciate the value of the language but are still unable to perform when they need to produce speech. This is consistent with previous findings made through language research

like the Foreign Language Anxiety Theory first proposed by Elaine Horwitz.

#### Caregiving Registers

Statements	Weighted Mean	Descriptive Value
<i>Learning and Educational Experience</i>		
1. My current caregiving curriculum effectively prepares me to understand professional terminologies used in clinical settings.	4.40	Very positive
2. I perceive learning technical medical terminology as one of the most vital components of my caregiving education.	4.40	Very positive
3. The sheer volume of new terminology introduced during my coursework is often overwhelming to manage alongside other studies.	4.03	Positive
4. I believe that mastering specific medical terminology is a more important educational objective than developing general, "layman" communication skills.	4.07	Positive
5. Clinical training rotations place a stronger emphasis on using precise technical terms correctly than on facilitating patient-centered communication.	4.13	Positive
6. My program offers sufficient practical exercises on how to translate complex medical terms into simple, understandable language for patients and families.	4.03	Positive
7. My instructors consistently emphasize the importance of adapting language based on the audience (e.g., peers vs. patients/families).	4.23	Very positive
8. The educational resources (e.g., glossaries, online modules) provided for learning technical jargon are effective and user-friendly.	4.07	Positive
9. I feel my program	4.17	Positive

provides adequate opportunities to practice using jargon correctly during professional interactions (e.g., team meetings, handovers).		
10. The pedagogical approach to teaching terminology in my curriculum effectively prepares me for real-world clinical communication demands.	4.07	Positive
<b>Category Mean</b>	<b>4.16</b>	<b>Positive</b>
<b>Self-Efficacy and Comfort</b>		
11. I am highly confident in my ability to accurately interpret and understand most technical terms used by doctors and nurses.	3.93	Positive
12. I feel entirely comfortable asking supervising staff or clinical instructors to clarify technical terms I do not understand.	4.33	Very positive
13. I experience anxiety or intimidation when senior healthcare staff use unfamiliar terminologies during patient discussions or team meetings.	3.07	Somewhat positive
14. Effectively using technical terms with my student peers enhances my sense of belonging within the professional care team environment.	3.90	Positive
15. I find it consistently easy to translate complex medical terminology into simple, everyday language for patients and their families.	3.63	Positive
16. I am personally motivated to fully master technical healthcare terminologies to ensure clear and efficient communication with other medical professionals.	4.30	Very positive
17. I am confident in my capacity to act as a patient advocate if a healthcare professional uses excessive jargon that excludes the patient from their care decisions.	4.07	Positive

18. I worry that my professional competence will be negatively evaluated if I fail to use technical terms correctly in a clinical setting.	3.57	Positive
19. I am comfortable adapting my communication style instantly from using professional terms (with the team) to using layman's terms (with the patient).	4.03	Positive
20. I recognize that a misunderstanding of medical terms among healthcare team members could lead to significant medical errors.	4.57	Very positive
<b>Category Mean</b>	<b>3.94</b>	<b>Positive</b>
<b>Dimension Mean</b>	<b>4.05</b>	<b>Positive</b>

Table 1b. Weighted means of the language attitude of the respondents towards caregiving registers

The table shows the attitude of the students in terms of caregiving registers in which it indicates that the attitude of the caregiving students is generally positive, with a dimension mean of 4.05, although with some variations in different competency areas.

The data shows a more intricate situation, as the students believe the curriculum has prepared them well for learning medical terminology at 4.40, both in Statements 1 and 2, but at the same time, they are overwhelmed by the amount of new terminology at 4.03, as indicated in Statement 3. The Learning and Educational Experience category, with a weighted mean of 4.16, surpassed the Self-Efficacy and Comfort category, which had a weighted mean of 3.94. It shows that the students appreciate the education of the terminology, as well as its importance, but have more modest self-confidence. A notable void exists in the interpretation of the medical jargons, as indicated in Statement 15, with a score of merely 3.63, despite the emphasis of the instructor on the adaptation of the audience, as indicated in the 4.23 score of Statement 7.

The students recognize the critical importance of technical language in the clinical setting, with the highest weighted mean of 4.57 in statement 20, reflecting their strong awareness of the potential for significant errors if there were misunderstandings in medical terminology. Furthermore, in Statement 13, students are found to experience considerable levels of anxiety at only 3.07 while dealing with unfamiliar terminologies used by senior staff members, which could imply that students feel intimidated in clinical situations. In order to enhance students' competency levels, more practice in translation exercises as implied in Statement 6 should be provided, students should be made more confident through low-stakes opportunities for clarification, as implied by the high scores for Statement 12 at 4.33 weighted mean. These confirms the study published by Pantao Journal (2025), which found out that despite the basic oral and written communication skills of the students in English, there are difficulties encountered

in the execution of tasks involving communication, such as technical writing and professional discourse.

#### Motivation to Use English Language in Caregiving Tasks

Statements	Weighted Mean	Descriptive Value
<b><i>Intrinsic Motivation</i></b>		
1. I genuinely enjoy the process of learning and using the English language.	4.57	Very positive
2. I would continue to learn English even if it were not a required subject or necessary for my career.	4.57	Very positive
3. I feel a sense of satisfaction and enjoyment when I successfully communicate in English.	4.37	Very positive
4. I am curious about the English language and how it works (grammar, structure, etc.).	4.27	Very positive
5. I like English more than other subjects I study.	3.83	Positive
6. If I see a movie or listen to music in English, I actively try my best to understand it.	4.27	Very positive
7. Learning English makes me feel like a more knowledgeable person.	3.97	Positive
8. I find studying English to be a pleasant and rewarding experience.	4.23	Very positive
9. I have a strong desire to know all aspects of the English language.	4.20	Very positive
10. I enjoy participating in English speaking activities because they are interesting and engaging.	4.27	Very positive
<b><i>Category Mean</i></b>	<b>4.26</b>	<b><i>Very positive</i></b>
<b><i>Extrinsic &amp; Instrumental Motivation</i></b>		
11. Learning English is important to me because I need it to get a better or higher-paying job.	4.37	Very positive
12. English proficiency will have significant financial benefits for me in the	4.43	Very positive

future.		
13. I study English because I need it for further academic studies or to enter university/college.	4.13	Positive
14. Knowing English helps me broaden my future career and educational options.	4.57	Very positive
15. I learn English primarily because I want to receive good grades in my English courses.	3.77	Positive
16. Other people (family, peers) think more highly of me if I know how to speak English well.	3.40	Positive
17. My family believes that it is very important for me to learn English.	3.87	Positive
18. I am motivated to learn English to receive rewards or praise from my teacher/parents.	2.97	Somewhat positive
19. I feel pressure from external expectations to perform well in English class.	3.23	Somewhat positive
20. I learn English mostly for practical, utilitarian purposes.	3.53	Positive
<b><i>Category Mean</i></b>	<b>3.83</b>	<b><i>Positive</i></b>
<b><i>Integrative Motivation</i></b>		
21. I would like to learn English because I want to get in contact with English-speaking people and communicate with them.	3.63	Positive
22. It is important for me to understand the lifestyle and culture of English-speaking countries.	3.97	Positive
23. If I met an English-speaking tourist on the street, I would want to speak with them.	3.73	Positive
24. I would like to develop friendships with native English speakers.	4.00	Positive
25. I learn English because I feel drawn to the English-speaking community and its culture.	3.63	Positive

26. I believe that I would be able to adopt behaviors and manners of English-speaking people.	3.73	Positive
27. I aspire to travel or live in an English-speaking country someday.	4.20	Very positive
28. I feel that English is an important global language that connects me to a wider international community.	4.30	Very positive
29. I actively seek out opportunities to participate in cultural events where English is the primary language.	3.83	Positive
30. I feel a strong desire to become a member of the global English-speaking community.	3.97	Positive
<b>Category Mean</b>	<b>3.90</b>	<b>Positive</b>
<b>Dimension Mean</b>	<b>3.99</b>	<b>Positive</b>

Table 1c. Weighted means of the language attitude of the respondents towards motivation to use English language in caregiving tasks

The table shows the motivation of the students to use the English language in Caregiving tasks where it reveals that caregiving students maintain a positive overall motivation for learning the English language, and a clear motivational hierarchy with intrinsic and instrumental goals prioritized over integrative goals. The Intrinsic Motivation category reaches the highest mean, which indicates that the students enjoy learning the English language and will do so even without any pressure, as shown by the fact that both Statements 1 and 2. The students' interest in learning the English language is further enhanced by the fact that Statement 3 scored 4.37, showing satisfaction with successful communication in English, and Statement 10 scored 4.27, showing that the students enjoy speaking activities.

However, the Extrinsic & Instrumental Motivation category, shows that there is a more complex level of career-based aspirations, which is the same as the highest scores of the intrinsic motivation category. This shows that students recognize the need to have English skills to increase their future opportunities.

The Integrative Motivation category had achieved the lowest score of 3.90. The scores of this category ranged between 3.63 and 4.00, although Statement 28 had achieved 4.30 and Statement 27 had achieved 4.20, showing that students recognize the need to have English skills to travel the world.

#### Level of Language Proficiency of the Respondents

Variables	Frequency (n=30)	Percentage
<b>Reading and grammar</b>		
Low (0 to 20)	0	-
Moderate (21 to 35)	4	13.3
High (36 to 45)	26	86.7
	<i>Mean= 40.53 (High)</i>	<i>SD= 4.48</i>
<b>Writing</b>		
Low (0 to 1)	0	-
Moderate (2 to 3)	11	36.7
High (4 to 5)	19	63.3
	<i>Mean= 4.07 (High)</i>	<i>SD= 0.91</i>
<b>Speaking</b>		
Low (0 to 1)	0	-
Moderate (2 to 3)	15	50.0
High (4 to 5)	15	50.0
	<i>Mean= 3.63 (High)</i>	<i>SD= 1.03</i>
<b>Listening</b>		
Low (0 to 1)	0	-
Moderate (2 to 3)	0	-
High (4 to 5)	30	100.0
	<i>Mean= 5.00 (High)</i>	<i>SD= 0.00</i>

Table 2. Distribution of the respondents in terms of level of language proficiency

The table shows that the data from this assessment shows that the students who are in the caregiving profession possess high proficiency in all four skill areas in the English language, with a differentiated pattern showing clear areas of strength and weakness. The skill domain with the highest level of exceptional performance from all 30 students is Listening, with all students scoring high at 100 percent, thus achieving a perfect mean of 5.00 and standard deviation of 0.00, showing complete uniformity in listening skill proficiency. The high level of proficiency in listening from all students correlates amazingly with the previous discussion on the survey, in which students showed high levels of enjoyment in English media and dialogues, with Statement 15 scoring 4.57 and Statement 19 scoring 4.63 in the English language attitudes survey.

Reading and Grammar is the second highest domain, where 86.7 percent of the students showed a high level of proficiency, and only 13.3 percent showed a moderate level of proficiency, resulting

in a mean of 40.53 and a standard deviation of 4.48. The strong reading abilities are reflected in the students' ability to utilize technical medical terms resources and documents proficiently. The students' writing abilities show a moderate distribution, where 63.3 percent showed a high level of proficiency, and 36.7 percent showed a moderate level of proficiency, resulting in a mean of 4.07 and a standard deviation of 0.91, which is related to the previously discussed concern where Statement 27 in the medical terminology survey showed a low of 2.97, reflecting the students' concern about writing the correct English words due to their anxiety.

Most notably, speaking skills show the most well-balanced and alarming performance trend, where exactly 50 percent scored high proficiency and another 50 percent scored moderate proficiency, resulting in a mean score of 3.63 and standard deviation of 1.03, showing significant variability and having the highest gap between high and moderate scorers.

### Level of Technical Competence of the Respondents

#### Basic caregiving skills

Statements	Weighted Mean	Descriptive Value
<b>Provide care and services to elderly</b>		
1. Understand the characteristics of general aging process	4.23	Highly competent
2. Identify the physical and psychological needs of elderly	4.40	Highly competent
3. Use effective communication skills	4.57	Highly competent
4. Assist elderly in their personal needs	4.43	Highly competent
5. Assist elderly in performing daily activities	4.37	Highly competent
6. Maintain respect on right and preferences of the elderly client	4.57	Highly competent
7. Provide safety precautions in the environment	4.57	Highly competent
<b>Competency Mean</b>	<b>4.45</b>	<b>Highly competent</b>
<b>Provide care and services to people with special needs</b>		
8. Establish appropriate relationship to people with special needs	4.57	Highly competent
9. Understand the requirements of people with special needs	4.57	Highly competent
10. Assist people with special needs in meeting their requirements	4.50	Highly competent
11. Assist in maintaining an environment that enables people with special need to have maximum independent living	4.57	Highly competent
<b>Competency Mean</b>	<b>4.55</b>	<b>Highly competent</b>
<b>Maintain healthy and safe environment</b>		
12. Determine environmental, health and safe hazards	4.67	Highly competent
13. Maintain proper lighting, heating and cooling ventilation	4.67	Highly competent
14. Observe organizational policies and procedures for safety and environmental protection	4.67	Highly competent
15. Recognize symbols of hazardous materials ex. Flammable	4.60	Highly competent
<b>Competency Mean</b>	<b>4.65</b>	<b>Highly competent</b>
<b>Respond to emergencies</b>		
16. Observe universal rules of precaution for infection control	4.63	Highly competent
17. Use appropriate protection device for infection control	4.73	Highly competent

18. Recognize emergency sign and symptoms of illness (heart disease CVA, diabetes, etc)	4.67	Highly competent
19. Seek for medical assistance as necessary according to policies and procedure	4.67	Highly competent
20. Provide comfort and assurance	4.73	Highly competent
21. Identify first aid procedures	4.67	Highly competent
22. Perform adult CPR	4.73	Highly competent
<b>Competency Mean</b>	<b>4.69</b>	<b>Highly competent</b>
<b>Prepare hot and cold meals</b>		
23. Plan meals according to health and cultural preferences	4.47	Highly competent
24. Prepare and cooks ingredients according to recipe	4.40	Highly competent
25. Identify the uses and specifications of cooking tools and equipment	4.50	Highly competent
26. Perform basic table setting and servicing	4.50	Highly competent
27. Ensure freshness/quality of food served	4.63	Highly competent
28. Observe safety and maintenance of cooking tools and equipment	4.57	Highly competent
29. Observe personal hygiene and sanitation while cooking	4.63	Highly competent
<b>Competency Mean</b>	<b>4.53</b>	<b>Highly competent</b>
<b>Establish professionalism in the workplace</b>		
30. Exhibit willingness, enthusiasm and commitment to do the job	4.63	Highly competent
31. Assume full responsibility of work	4.53	Highly competent
32. Consider culture, customs and traditions of client	4.63	Highly competent
33. Observe positive work values and ethics	4.63	Highly competent
34. Maintain personal hygiene and good grooming at all times	4.63	Highly competent
<b>Competency Mean</b>	<b>4.61</b>	<b>Highly competent</b>
<b>Dimension Mean</b>	<b>4.58</b>	<b>Highly competent</b>

Table 3a. Weighted means and level of technical competence of the respondents in terms of basic care giving skills

This table shows an extensive assessment of the caregiver's competencies in six important areas. The results show that caregivers exhibit consistently "Highly Competent" performance in all areas measured. The highest-rated competency is emergency response at 4.69. The lowest-rated competency is providing care to the elderly at 4.45. The difference between the highest and lowest-

rated competencies is small. The results show that caregivers have been well trained and competent in all areas. With TESDA using a competency-based system of training and assessment. This means that the focus of the learning is on what the students are able to do, or on their demonstrated skills, rather than on the contact hours in class which highly contributes to the caregiving technical competence of the students.

#### Communication with patients and their families

Statements	Weighted Mean	Descriptive Value
<b>Verbal Communication</b>		
1. Speaking clearly and at an appropriate pace when communicating with patients.	4.70	Highly competent
2. Using simple and understandable language with patients.	4.63	Highly competent
3. Giving organized and easy-to-follow instructions.	4.50	Highly competent
4. Checking or confirming patient understanding of instructions or information.	4.63	Highly competent
<b>Category Mean</b>	<b>4.62</b>	<b>Highly competent</b>
<b>Non-verbal Communication</b>		
5. Maintaining appropriate eye contact when interacting with patients and their families.	4.63	Highly competent

6. Matching facial expressions with the intended message.	4.70	Highly competent
7. Using gestures, demonstrations, or visuals to enhance understanding.	4.57	Highly competent
8. Being aware of posture and body language when communicating.	4.63	Highly competent
<b>Category Mean</b>	<b>4.63</b>	<b>Highly competent</b>
<b>Empathy and Emotional Support</b>		
9. Listening attentively when patients express concerns or emotions.	4.67	Highly competent
10. Showing empathy and understanding in both words and tone.	4.73	Highly competent
11. Maintaining patience in difficult or emotional communication situations.	4.73	Highly competent
12. Acknowledging and validating patient and family's feelings.	4.73	Highly competent
13. Allowing patients enough time to express themselves.	4.63	Highly competent
14. Asking follow-up or clarifying questions to ensure understanding.	4.63	Highly competent
15. Avoiding interruptions when patients are speaking.	4.63	Highly competent
16. Summarizing or repeating key points to ensure accuracy.	4.63	Highly competent
17. Explaining procedures before performing them.	4.57	Highly competent
18. Informing patients about what to expect during procedures or care.	4.57	Highly competent
19. Encouraging patients to ask questions.	4.63	Highly competent
20. Providing reassurance during care to reduce anxiety.	4.63	Highly competent
<b>Category Mean</b>	<b>4.65</b>	<b>Highly competent</b>
<b>Dimension Mean</b>	<b>4.63</b>	<b>Highly competent</b>

Table 3b. Weighted means and level of technical competence of the respondents in terms of communication with patients and their families

This table shows the result of communication skills of the caregiving students on three interrelated aspects of communication. The three aspects of communication have been closely grouped. Empathy and emotional support have the highest score, followed closely by non-verbal communication and verbal communication. The highest weighted mean of 4.73 is obtained by statements 10, 11, and 12: showing empathy and understanding through both spoken and tone voices, showing patience in difficult situations of

communication, and acknowledging and validating patient and family feelings. The lowest score of 4.50 is obtained by statement 3 on providing clear and easy-to-follow instructions. The range between the highest and lowest scores is very narrow. Thus, it is evident that the healthcare workforce has well-developed communication skills. The healthcare workforce is especially good at emotional intelligence and patient-centered care because they have the exceptional ability to connect emotionally with their patients.

#### Documentation and reporting

Statements	Weighted Mean	Descriptive Value
<b>Accuracy &amp; Completeness</b>		
1. I write documentation that is clear, organized, and understandable.	4.47	Highly competent
2. I consistently include all required information in my records.	4.63	Highly competent
3. I accurately document client observations without omission.	4.47	Highly competent
4. I record information objectively, avoiding assumptions or personal opinions.	4.63	Highly competent
5. I verify the accuracy of my documented report before submitting to my Clinical Instructor.	4.57	Highly competent
6. I ensure my documentation reflects factual and precise information.	4.63	Highly competent
7. I maintain consistency in the detail and quality of my documentation.	4.57	Highly competent
<b>Category Mean</b>	<b>4.57</b>	<b>Highly competent</b>
<b>Timeliness</b>		
8. I document care activities promptly after they occur.	4.63	Highly competent

9. I immediately report urgent or significant changes in a client's condition to my clinical instructor.	4.63	Highly competent
10. I meet all documentation deadlines set by my Clinical Instructor.	4.57	Highly competent
11. I complete shift notes and care logs within the required timeframe.	4.57	Highly competent
12. I provide timely updates during handovers or shift transitions.	4.70	Highly competent
13. I follow up promptly on documentation corrections or updates when needed.	4.57	Highly competent
14. I prioritize reporting time-sensitive information appropriately.	4.63	Highly competent
<i>Category Mean</i>	<b>4.61</b>	<b>Highly competent</b>
<b>Compliance With Guidelines &amp; Protocols</b>		
15. I follow the institution's required documentation format.	4.63	Highly competent
16. I apply appropriate terminology and language in my documentation.	4.63	Highly competent
17. I comply with legal and ethical standards related to recordkeeping.	4.63	Highly competent
18. I observe confidentiality and privacy rules in all reporting.	4.63	Highly competent
19. I understand and follow procedures for incident documentation.	4.57	Highly competent
<i>Category Mean</i>	<b>4.62</b>	<b>Highly competent</b>
<b>Actual Reporting</b>		
20. I provide concise and well-structured verbal and written reports.	4.57	Highly competent
21. I effectively communicate changes that impact client safety.	4.50	Highly competent
22. I give complete and accurate information when reporting to colleagues and clinical instructor.	4.57	Highly competent
23. I explain client needs or concerns in a way that is easy for them to understand.	4.43	Highly competent
24. I respond confidently and accurately when asked for clarification.	4.50	Highly competent
25. I maintain professionalism and objectivity when reporting sensitive issues.	4.50	c
<i>Category Mean</i>	<b>4.51</b>	<b>Highly competent</b>
<b>Dimension Mean</b>	<b>4.58</b>	<b>Highly Competent</b>

Table 3c. Weighted means and level of technical competence of the respondents in terms of documentation and reporting

This table evaluates healthcare documentation and reporting competency across four dimensions, where the overall mean for these dimensions is 4.58 on a scale of 5, signifying "Highly Competent" performance in clinical documentation and communication. The highest competency was seen in complying with guidelines and protocols at 4.62, while statement 23 was found to possess the lowest score at 4.43 in explaining client needs or concerns in a way that is easily understood by them. The range

between the highest and lowest scores is narrow, signifying well-developed competency in documentation and reporting, where clinical protocol compliance and timeliness are exceptional, while actual reporting possesses slight variation in client communication. The result of the study affirms the study of Zahir (2024) that emphasized that training related to the industry promotes flexibility and soft skills, which are important in caregiving environments influenced by global movement and technological changes

#### Difference in the Language Attitude of the Respondents by Profile

Grouping Variables	F- or t-value	Probability	Inference
<b>Language attitude</b>			
Age	1.191	0.140	Not significant
Sex	3.538	0.070	Not significant
Highest educational attainment	0.906	0.416	Not significant
Number of NC before Caregiving NC II	4.302	0.024	Significant
Available tech. resources at home	1.764	0.151	Not significant

Table 4a. Comparison statistics in the language attitude of the respondents when grouped by profile

The table shows that there is no significant difference between the language attitude and the profile of the students when grouped

according to age, sex, highest educational attainment, and available technological resources. However, there is a significant difference when grouped according to the number of national certificates acquired before enrolling in the Caregiving NC II program. This result proves that being exposed to the different technical and vocational programs affects students' attitude to the English

language as it reflects that majority if not all who enrolls in the programs of TESDA aspired to secure employment abroad.

**Difference in the Level of Language Proficiency of the Respondents by Profile**

Grouping Variables	F- or t-value	Probability	Inference
<b>Level of language proficiency</b>			
Age	6.578	0.002	Significant
Sex	0.002	0.966	Not significant
Highest educational attainment	8.515	0.001	Significant
Number of NC before Caregiving NC II	0.173	0.842	Not significant
Available tech. resources at home	1.556	0.205	Not significant

Table 4b. Comparison statistics in the level of language proficiency of the respondents when grouped by profile

The table shows that there is no significant difference on language proficiency when grouped according to sex, number of national certificates acquired before enrolling in the Caregiving NC II program, and available technological resources. Hence, there is a significant difference when grouped according to age and highest educational attainment. On a personal observation, Caregiving

students who are college graduates scores highest and is most proficient in the English language compared to the college undergraduates and high school graduates. Moreover, younger students tend to be more exploratory and confident compared to the students who are already in their late 20s to early 30s.

**Difference in the Level of Technical Competence of the Respondents by Profile**

Grouping Variables	F- or t-value	Probability	Inference
<b>Level of technical competence</b>			
Age	5.248	0.006	Significant
Sex	0.854	0.363	Not significant
Highest educational attainment	4.297	0.024	Significant
Number of NC before Caregiving NC II	4.918	0.015	Significant
Available tech. resources at home	1.269	0.402	Not significant

Table 4c. Comparison statistics in the level of technical competence of the respondents when grouped by profile

The table shows that there is no significant difference on the technical competence of the students when grouped according to sex and available technological resources. Thus, there is a significant difference in their technical competence when grouped according to age, highest educational attainment, and number of

national certificates acquired before enrolling in the Caregiving NC II program. This affirms the personal observation with the students where those who have NCs, college graduates, and in the middle age are easier to adapt and follow instructions and lessons.

**Relationship between the Level of Technical Competence of the Respondents and their Language Attitude**

Variables	r-value	Probability	Inference
<b>Level of technical competence</b>			
<b>Language attitude</b>			
Attitude towards English language	0.266	0.155	Not significant
Attitude towards Caregiving registers	0.301	0.106	Not significant
Motivation to use English language	0.523	0.003	Significant

Table 5a. Correlation statistics between the level of technical competence of the respondents and their language attitude

The table shows that there is no significant relationship between the level of technical competence and their attitude towards English language and their attitude towards caregiving registers. Hence, there is a significant relationship between the level of technical competence of the students their motivation to use

English language. Primarily, this significant relationship between the two anchors to the primary goal of the students, to secure opportunity to work abroad which provoke them to use and practice the English language.

**Relationship between the Level of Technical Competence of the Respondents and their Level of Language Proficiency**

Variables	r-value	Probability	Inference
Level of technical competence			
Level of language proficiency			
Reading and grammar	0.568	0.001	Significant
Writing	0.561	0.001	Significant
Speaking	0.514	0.004	Significant
Listening	-	-	Constant

Table 5b. Correlation statistics between the level of technical competence of the respondents and their level of language proficiency

The table shows that there is a significant relationship between the level of technical competence of the students and their level of language proficiency in terms of reading and grammar, writing, and speaking. And a constant relationship between their technical competence and listening skills.

## Conclusion

The result of the study showed that the caregiving students were a well-trained and highly competent workforce, especially in emergency preparedness, communication, and protocol adherence. However, the critical difference between the receptive and productive language skills of the caregiving students was noted, especially in speaking, which may affect the effectiveness of the students in educating the patients.

The significant relationship found between technical competence and motivation to use English illustrates that professional competence acts as a motivator for language application, but this is not enough to break down anxiety and difficulty in using English for productive purposes. Future educational interventions should take into account students' high levels of listening and receptive skills while incorporating speaking and writing practice opportunities in clinical contexts, emphasizing patient-centered communication and translation practice. Furthermore, building students' self-confidence through opportunities for clarification and peer support groups could help bridge this gap between language and application, thus contributing to better patient care and communication in caregiving settings that are subject to global healthcare demands.

## Recommendations

With the results of the study, the researcher recommends that caregiving trainers integrate language competency into the TESDA Competency-Based Assessment Framework to strengthen learners' communication skills alongside technical competencies. Public and private Technical Vocational Institutions (TVIs), in collaboration with caregiving trainers, are encouraged to enhance Supervised Industry Learning (SIL) through structured caregiving registers mentoring in partnership with clinical instructors to ensure guided and meaningful workplace exposure. Moreover, TVI administrators should implement a language-enhanced dual training model in coordination with partner healthcare facilities to reinforce both practical skills and language proficiency. Curriculum makers are likewise urged to develop TESDA-aligned technical English modules tailored for caregiving specialization to address specific linguistic demands of the field. Finally, future researchers may further investigate the role of English language

proficiency in influencing the employability of graduates after completing their caregiving training.

## Declaration of no Conflict of Interest

The author hereby declares no conflict of interest in the conduct of this study. This article is truly her original work.

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