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MECHANISMS FOR INCREASING MOTIVATION TO LEARN COMMUNICATIVE SKILLS IN FOREIGN LANGUAGES AMONG MEDICAL STUDENTS IN UZBEKISTAN: PROBLEMS AND SOLUTIONS

Abstract. *This article reviews Uzbekistan-specific challenges, drawing on local studies (e.g., Fozilova, 2026; Madraximova, 2026) and comparative evidence from non-Anglophone contexts. It proposes targeted mechanisms grounded in Dörnyei's L2 Motivational Self System and Self-Determination Theory: mandatory early-year EMP integration aligned with clinical subjects and national reforms, peer-assisted learning (PAL) in mixed local-international groups, blended learning via platforms like Moodle/HEMIS with gamification and role-playing simulations, and institutional support including specialized teacher training and language centers. These strategies aim to enhance instrumentality (career benefits), strengthen the Ideal L2 Self (vision as a globally competitive doctor), reduce anxiety, and promote sustainable engagement amid Uzbekistan's drive for international medical education competitiveness.*

Keywords: *Uzbekistan, medical education, English for Medical Purposes (EMP), student motivation, English-Medium Instruction (EMI), L2 Motivational Self System, peer-assisted learning, blended learning*

INTRODUCTION

In modern education, understanding the psychological characteristics of adolescents has become an important issue, especially within literary education. Adolescence is a complex developmental stage marked by emotional instability, identity formation, and inner conflicts. Therefore, studying adolescent psychology through literary texts allows deeper insight into students' inner world and supports their personal development.

Literary works play a significant role in reflecting human emotions and psychological states. The stories “Hellados” and “Do‘nan” are valuable sources for analyzing adolescent characters, as they portray inner experiences, emotional struggles, and social interactions in a vivid and realistic way. This makes them relevant for both literary and pedagogical analysis.

The aim of this research is to study the psychological features of adolescent characters in these stories and to determine effective methods of analyzing them in literary education. The research focuses on theoretical aspects of adolescent psychology, literary analysis of the selected texts, and practical teaching approaches.

The scientific novelty of the study lies in combining literary analysis with psychological and pedagogical perspectives. The results can be used to improve teaching methods and better understand students’ psychological development.

The dissertation consists of an introduction, three chapters, a conclusion with recommendations, a list of references, and appendices.

MAIN PART

Uzbekistan’s medical education system is undergoing significant transformation, driven by national reforms to align with global standards and attract international students. Major universities such as Tashkent Medical Academy (TMA), Samarkand State Medical University, Bukhara State Medical Institute, and Farg’ona Institute of Public Health Medicine now offer full English-medium MBBS programs, primarily targeting foreign students from India, Pakistan, and elsewhere. For local Uzbek students, however, English remains a separate subject often taught as “Medical English” or “Professional English” within predominantly Uzbek- or Russian-medium curricula.

Despite this, proficiency in English is increasingly vital: over 90% of global biomedical literature is in English, international collaborations (e.g., Erasmus+ partnerships with European universities), participation in USMLE/PLAB preparation, and publishing in Scopus-indexed journals require strong skills. Yet, motivation remains low among many local medical students, exacerbated by intense academic loads, linguistic transitions, and perceived irrelevance in early clinical years. This article examines Uzbekistan-specific problems and proposes tailored, evidence-based

mechanisms to boost motivation, contributing to sustainable EMI adoption and global readiness.

Research on motivation in medical English learning highlights universal barriers, but Uzbekistan's context adds unique layers due to post-Soviet linguistic legacy and rapid internationalization.

1. Academic overload and Competing Priorities: Medical programs demand 5–6 years of intensive study plus internship. Local students prioritize core subjects (anatomy, physiology) over English, viewing it as “auxiliary.” At TMA and SamSMU, schedules leave little room for dedicated language practice, mirroring findings in Hungary where demanding timetables reduce motivation (Stötzer et al., 2025:4).

2. Linguistic Transition and Proficiency Gaps: Many entrants come from Uzbek- or Russian-medium schools, facing abrupt shifts to English terminology. Challenges include medical vocabulary acquisition, receptive skills (reading PubMed), and productive skills (case presentations). Local studies note reliance on translation apps and anxiety in oral tasks (Fozilova, 2026:2; Madraximova, 2026:3). In EMI batches (mostly international), local students sometimes lag, creating equity issues.

3. Psychological and Motivational Barriers: Low Ideal L2 Self (few visualize themselves as English-proficient international doctors early on) and high anxiety prevail (Dörnyei, 2009:29). Extrinsic motivation (grades) dominates over intrinsic or integrative types. Recent Uzbek publications highlight demotivation from traditional methods and limited authentic contexts (Qoravoyeva, 2025:47).

4. Pedagogical and Institutional Gaps: EMP courses often use general textbooks rather than Uzbekistan-adapted materials. Teacher training in motivation strategies is limited, though initiatives like “Medical English” preparatory courses for USMLE at Samarkand State Medical University show promise (Bekchanova, 2025:5). Blended platforms (Moodle, HEMIS) exist but underutilized for language (Bekchanova, 2025:7).

These issues are acute in preparatory and junior years, with improvement in senior years as clinical exposure increases relevance.

Solutions draw on global evidence while adapting to local resources, regulations, and emerging EMI trends.

1. Early and Integrated EMP Curriculum Design: Mandate EMP modules in years 1–2, aligned with national standards and CLIL principles. Integrate language tasks with

subjects (e.g., anatomy lectures with English PubMed reading). At TMA, link EMP to USMLE prep pathways. Strengthen instrumentality by emphasizing career benefits (international residencies, research grants).

2. Peer-Assisted Learning (PAL) and Near-Peer Mentoring: Leverage senior local students to mentor juniors in vocabulary drills, mock consultations, and group discussions. PAL reduces anxiety and builds relatedness per Self-Determination Theory (Stötzer et al., 2025:6). Pilot at Farg’ona or TMA could use mixed Uzbek-international groups for authentic practice.

3. Innovative and Contextualized Methods: Role-playing patient interactions (Uzbek–English code-switching allowed initially), gamification via Kahoot or local apps, and 3D interactive materials (as researched at Farg’ona) (Bekchanova, 2025:8). Simulations of doctor-patient scenarios boost integrative motivation (Stötzer et al., 2025:8).

4. Blended Learning and Technology Integration: Expand Moodle/HEMIS for self-paced EMP (videos, quizzes, AI feedback tools). Incorporate free resources (British Council EMI materials, PubMed tutorials) (British Council Uzbekistan, n.d.). Formative assessments with feedback build self-efficacy.

5. Institutional Support and Teacher Development: Train EMP instructors via workshops on motivation theories and medical content. Establish language support centers (e.g., at TMA) for anxiety management and goal-setting. Foster interdisciplinary collaboration between language and clinical departments. Align with British Council EMI initiatives in Uzbekistan (British Council Uzbekistan, n.d.).

These align with Dörnyei’s framework: vivid Ideal L2 Self via career visualizations (e.g., “global Uzbek doctor”), instrumentality through clear links to licensing exams, and low-anxiety environments (Dörnyei, 2009:9).

In Uzbekistan’s context, these mechanisms support “New Uzbekistan” goals of global integration while addressing equity for local students in EMI transitions. Early intervention could reduce dropout risks and enhance publication/output. Low-cost options (PAL, Moodle) suit resource constraints. Challenges include teacher resistance and varying proficiency; pilots with pre/post surveys recommended.

Future research: longitudinal studies at TMA/SamSMU on motivation via adapted questionnaires, comparing EMI vs. non-EMI cohorts.

CONCLUSION

Enhancing motivation for English among Uzbek medical students demands context-sensitive, motivation-focused reforms. By integrating EMP, leveraging peers/technology, and providing support, universities can transform English into a tool for professional empowerment, aligning with Uzbekistan's ambition for internationally competitive healthcare education.

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