



## INVESTIGATING L2 ORAL COMMUNICATION ANXIETY AMONG FIJIAN UNDERGRADUATES: A MIXED METHODS STUDY ON STUDENT PERSPECTIVES

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### Abstract:

This mixed-methods study explores in-class Oral Presentation Anxiety (OPA) among Fijian undergraduates of English for Academic Purposes (EAP) at a university. Bridging a significant gap in research specifically related to English as an Additional Language (EAL) students, this critical study addresses the limitations of assessing Pacific Island contexts. With an explanatory sequential design, this study first measures the level of anxiety in 60 individuals with the Personal Report of Public Speaking Anxiety (PRPSA) before combining these data with qualitative insights through semi-structured interviews from high- and low-anxiety groups. Quantitatively, the OPA emerges largely from physiological and affective means. Qualitative findings suggest that high-anxiety students experience fear of negative social evaluation and perceived linguistic inadequacy, whereas low-anxiety students were found to engage in cognitive reframing and proactive coping strategies to cope with these pressures. This study adds to the literature by demonstrating how qualitative findings explain quantitative variance in OPA and offering a pedagogical framework that acknowledges the psychological and physiological needs of EAL learners.

**Keywords:** EAL, oral presentation, public speaking anxiety, language, higher education, coping strategies

### 1. Introduction

Oral presentations are a commonly used form of assessment which often contributes substantially to university grades. However, anxiety often accompanies this type of performance, particularly for students who speak English as a second language (ESL).

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Horwitz et al. (1986) demonstrated the substantial influence of foreign language anxiety on speaking proficiency. Additionally, research has shown that students' anxiety about public speaking is closely linked to their performance in oral presentations (Mak, 2011; Samimy & Tabuse, 1992; Yusoff, 2008, 2010).

Although many global frameworks for ELL and/or ESL students exist, OPA among ESL students in the South Pacific context has received very little scholarly attention. Main Contribution: This work's key contribution is to contextualise these existing theoretical frameworks within a Fijian higher education setting, where empirical research on students' communication perspectives is scarce. Using a mixed-methods approach, this research investigates the etiology of OPA among first-year undergraduates from Fiji, ultimately identifying unique cultural and linguistic contributors and examining their pedagogical consequences for teaching.

## 2. Literature Review

### 2.1 Public Speaking Anxiety

The present study follows McCroskey (1984)'s definition of public speaking anxiety (PSA) as the fear associated with real or anticipated communication with a live audience (see also Ahmed et al., 2025).

High levels of PSA can lead to inadequate speech preparation (Daly et al., 1989, p. 16) and diminished performance (Menzel & Carrell, 1994, p. 16). In this context, we define oral presentation anxiety (OPA) as the specific communication anxiety that students experience regarding their oral presentations.

In university education, OPA has become a growing issue amongst ESL students as it prevents them from articulating properly and can therefore affect their academic performance (Devina, 2016). EAL learners may experience anxiety related to oral tasks due to challenges posed by a new language environment and cultural differences (Alemi et al., 2011, p.16). Understanding the causes of OPA is vital for developing effective strategies to support student success.

Given that OPA can negatively impact academic achievement, self-esteem, and class participation (Behnke et al., 1987; Woodrow, 2006) to a greater extent than peer anxiety (Searle & Ward, 1990), the factors associated with it should be of particular interest for study among culturally diverse populations such as Fijian EAL learners.

### 2.2 Oral Presentation Anxiety in ESL Contexts

OPA significantly affects EAL learners, particularly in their transition year (Kho & Ting, 2023). International students fear public speaking even more due to unfamiliarity with academic expectations and language barriers (Liu & Jackson, 2008). Avoidance behaviors hinder ESL students from learning due to factors like language apprehension, fear of negative evaluation, and cultural incompatibility (Liu & Jackson, 2008). Moreover, English proficiency problems can negatively impact academic achievement (Woodrow, 2006). Depression and low confidence can lead a decreased participation in social

discussions, group activities, and other socially oriented activities, resulting in negative consequences for academic integration (Dewaele et al., 2008). These issues highlight the importance of targeting OPA for early intervention upon students' entry to university. The study of OPA in ESL learners requires consideration of both the symptoms and their correlations, e.g., language fluency, fear of negative evaluation, methodological mismatch, and academic pressure (assessed in this study via the PRPSA).

### **2.3 Factors Contributing to OPA**

This is particularly true of the perceived causes of OPA in EAL students, which are primarily linked to their confidence levels in the three core language areas: grammar, vocabulary, and pronunciation. Low confidence people do not see themselves in a positive way and are focused on judgement (Woodrow, 2006). Low confidence people do not see themselves in a positive way and are focused on judgement (Woodrow, 2006). Cultural background also matters; students from more collectivist cultures can experience even greater social anxiety in public speaking contexts where harmony is emphasized, rather than being themselves (Heinrichs et al., 2006). The predictors of OPA differ and reflect its complexity (e.g., Goh & Zhang, 2018). And therefore, teaching methods for oral communication should be based on these diverse experiences (Montroy et al., 2019). In line with challenges found in Fiji, which impact phonological issues in English oral communication, classroom hierarchies, language correctness anxiety (Burnett & Lingam, 2013; Chand, 2016), and feelings of embarrassment.

There is a research gap in this area, as no studies specifically address OPA among Fijian ESL learners. Filling this gap is critical to developing pedagogical interventions to lower OPA in ESL students. This knowledge is needed to develop effective interventions for OPA in this population. Results from this study may enhance the understanding of first-year EAL students in Fijian higher education.

## **3. Research Questions**

- **RQ1:** What PRPSA factors contribute most to oral presentation anxiety (OPA) among Fijian EAL first-year students?
- **RQ2:** Are there any differences in the PRPSA factors that cause OPA between high and low OPA students?
- **RQ3:** What are the reasons for any differences in OPA between high and low OPA students?

## **4. Methods**

### **4.1 Research Design**

This study employed a mixed-methods design that integrated qualitative and quantitative data to investigate student perceptions of in-class oral presentation assignments. An explanatory sequential design was utilized for data collection,

combining a survey as the quantitative phase and interviews with a selected group of students as the qualitative phase. Qualitative reflections were used to clarify the quantitative survey results, a method commonly employed in studies examining anxiety related to public speaking among ESL students (Hsu, 2012; Zulkflee et al., 2023).

## **4.2 Sampling**

Participants (N = 60) were recruited through convenience and purposive sampling (Creswell & Creswell, 2018). The participants were undergraduate students enrolled in an English for Academic Purposes course. After analyzing the quantitative data (RQ1, RQ2), purposive sampling (Creswell, 2008) was employed to invite students with the highest (n = 4) and lowest (n = 4) levels of Oral Presentation Anxiety (OPA) for further insights into the differences between these groups (RQ3).

## **4.3 Research Instruments**

### **4.3.1 Quantitative Phase**

Data for the quantitative phase were collected using The Personal Report of Public Speaking Anxiety (PRPSA), a 34-item self-report instrument that demonstrates acceptable reliability and validity (McCroskey, 1977). The PRPSA has been frequently studied for public speaking anxiety among ESL learners in the Philippines (Panugaling & Suico), Malaysia (Ibrahim, 2024), Saudi Arabia (Ahmed et al., 2025), and Taiwan (Hsu, 2012). The internal consistency of the PRPSA has been shown to be strong (Cronbach's alpha = 0.84-0.94) (Zheng et al., YEAR?). In this research, the reliability of the PRPSA was assessed using SPSS Version 29, yielding a Cronbach's alpha of 0.869. After calculating the total PRPSA scores, participants were categorized into 'high OPA' and 'low OPA' groups using a median split. The PRPSA consists of 34 Likert scale statements, with responses ranging from 1 (strongly disagree) to 5 (strongly agree).

### **4.3.2 Qualitative Phase**

Semi-structured interviews were conducted with participants to explore the contributing factors of OPA. This method was adapted from previous research (Hsu, 2012; Kurakan, 2021; Tian & Mahmud, 2018) that utilized interviews alongside PRPSA scores to investigate the reasons ESL participants experience anxiety during preparation and delivery. The interview aimed to:

- 1) Confirm the PRPSA factors that contribute to OPA (to validate survey results),
- 2) Identify the reasons for experiencing OPA.

## **4.4 Data Collection Procedure**

Ethical approval for the project was obtained from the relevant university ethics committee. All volunteers provided informed consent prior to participation, ensuring their anonymity and voluntary involvement. Participants completed the PRPSA questionnaire regarding their recent oral presentation assignment and were given printed copies of the questionnaire after their in-class presentations. Following the

statistical analysis of the completed surveys, semi-structured interviews were conducted with eight selected participants (high anxiety (n) = 4; low anxiety (n) = 4). The interviews were audio-recorded and subsequently transcribed for analysis.

## 4.5 Data Analysis

### 4.5.1 Quantitative Analysis

Data was analyzed using SPSS (v. 29) to generate descriptive statistics for OPA levels and contributing factors. PRPSA scores were calculated using McCroskey's (1995) formula:

- 1) Summing scores for PRPSA items 1, 2, 3, 5, 9, 10, 13, 14, 19, 20, 21, 22, 23, 25, 27, 28, 29, 30, 31, 32, 33, and 34.
- 2) Summing scores for items 4, 6, 7, 8, 11, 12, 15, 16, 17, 18, 24, and 26.
- 3) Applying the formula: PRPSA Score = 72 - (Step 2 Total) + (Step 1 Total).

The final PRPSA score for each participant indicated their OPA. Scores were interpreted based on Richmond and McCroskey's (2012) guidelines: 34-84 = Low, 85-92 = Moderately Low, 93-110 = Moderate, 111-119 = Moderately High, 120-170 = High. Scores that fell outside of this range were thought to be mistakes (McCroskey, 1995). The computed scores categorized participants into different PSA levels for further statistical analyses.

Factors contributing to OPA among the sample were identified by sorting survey item responses by mean, focusing on items with which the sample responded most strongly. Since PRPSA items were scored from 1 to 5, with 3 as the neutral point, a mean score greater than 3.50 indicated a significant factor for OPA.

Table 1 shows how the survey items from the PRPSA questionnaire were categorized using Kelsen's (2019) and Hsu's (2012) classifications. These categorizations are relevant as both Kelsen's (2019) and Hsu's (2012) studies were conducted in ESL environments.

**Table 1:** Categorization of PRPSA Survey Items

PRPSA Survey items	(Hsu, 2012) categorization	(Kelsen, 2019) categorization
1. While preparing for giving a speech, I feel tense and nervous.		preparation anxiety (anticipation)
2. I feel tense when I see the words "speech" and "public speech" on a course outline when studying.		preparation anxiety (anticipation)
3. My thoughts become confused and jumbled when I am giving a speech.	Insufficient preparation	-
4. Right after giving a speech, I feel that I have had a pleasant experience.	-	positive mindset
5. I get anxious when I think about a speech coming up.	Emotional consequences of speech anxiety	preparation anxiety (anticipation)

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6. I have no fear of giving a speech.	<i>Positive attitudes towards speech anxiety</i>	<i>preparation anxiety (anticipation)</i>
7. Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.	-	<i>positive mindset</i>
8. I look forward to giving a speech.	<i>Positive attitudes towards speech anxiety</i>	<i>positive mindset</i>
9. When the instructor announces a speaking assignment in class, I can feel myself getting tense.	<i>Perfectionist</i>	<i>preparation anxiety (anticipation)</i>
10. My hands tremble when I am giving a speech.	<i>Insufficient preparation</i>	-
11. I feel relaxed while giving a speech.	<i>Positive attitudes towards speech anxiety</i>	-
12. I enjoy preparing for a speech.	<i>Positive attitudes towards speech anxiety</i>	<i>positive mindset</i>
13. I am in constant fear of forgetting what I prepared to say.	<i>Emotional consequences of speech anxiety</i>	-
14. I get anxious if someone asks me something about my topic that I don't know.	<i>Emotional consequences of speech anxiety</i>	<i>preparation anxiety (anticipation)</i>
15. I face the prospect of giving a speech with confidence.	<i>Positive attitudes towards speech anxiety</i>	<i>positive mindset</i>
16. I feel that I am in complete possession of myself while giving a speech.	<i>Positive attitudes towards speech anxiety</i>	<i>positive mindset</i>
17. My mind is clear when giving a speech.	<i>Positive attitudes towards speech anxiety</i>	<i>positive mindset</i>
18. I do not dread giving a speech.	<i>Positive attitudes towards speech anxiety</i>	-
19. I perspire just before starting a speech.	-	<i>performance anxiety (regulation)</i>
20. My heart beats very fast just as I start a speech.	-	<i>physical effects</i>
21. I experience considerable anxiety while sitting in the room just before my speech starts.	<i>Physical consequences of speech anxiety</i>	-
22. Certain parts of my body feel very tense and rigid while giving a speech.	<i>Physical consequences of speech anxiety</i>	<i>physical effects</i>
23. Realizing that only a little time remains in a speech makes me very tense and anxious.	-	-

24. While giving a speech, I know I can control my feelings of tension and stress.	-	<i>positive mindset</i>
25. I breathe faster just before starting a speech.	<i>Physical consequences of speech anxiety</i>	<i>physical effects</i>
26. I feel comfortable and relaxed in the hour or so just before giving a speech.	-	<i>preparation anxiety (anticipation)</i>
27. I do poorer on speeches because I am anxious.	<i>Emotional consequences of speech anxiety</i>	-
28. I feel anxious when the teacher announces the date of a speaking assignment.	-	-
29. When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.	<i>Perfectionist</i>	<i>performance anxiety (regulation)</i>
30. During an important speech I experience a feeling of helplessness building up inside me.	<i>Feeling of helplessness</i>	<i>performance anxiety (regulation)</i>
31. I have trouble falling asleep the night before a speech.	<i>Feeling of helplessness</i>	<i>performance anxiety (regulation)</i>
32. My heart beats very fast while I present a speech.	<i>Physical consequences of speech anxiety</i>	<i>physical effects</i>
33. I feel anxious while waiting to give my speech.	<i>Emotional consequences of speech anxiety</i>	<i>physical effects</i>
34. While giving a speech, I get so nervous I forget facts I really know.	<i>Emotional consequences of speech anxiety</i>	<i>performance anxiety (regulation)</i>

#### 4.5.2 Qualitative Analysis

The transcripts were subjected to a deductive thematic analysis (Braun & Clarke, 2006) that centred on two themes: OPA-level verification (RQ1, RQ2), and the motivations behind participants' OA practices (RQ3). To ensure intercoder agreement, all authors coded two divergent (high/low OPA) transcripts and negotiated over code interpretation via iterative discussions until consensus was achieved (Cascio et al., 2019; Zade et al., 2018).

The findings through interviews were classified into 2 themes: i) confirmation of OPA level, and ii) reasons for having OPA. The sub-themes were elicited inductively from the latter. To bolster our trustworthiness, a codebook was developed based on two initial transcriptions collaboratively read, and then coding independently, followed by iterative discussions and refinements (Cascio et al., 2019; Naganathan et al., 2022). The process of data analysis was characterized by a process known as the constant comparative method (Cheung & Tai, 2023), whereby identifying unique units of meaning was consistent and transparent.

This led to the creation of a codebook for analysing the interview responses. To prevent multiple interpretations of the same data (MacPhail et al., 2016; Zade et al., 2018), alternative discussions were held throughout the thematic analysis to refine the codebook. The final codebook of the reasons participants cited for experiencing OPA is presented in Table 2, in abbreviated form with examples.

## 5. Results

### 5.1 Oral Presentation Anxiety Levels

Table 2 presents the results of the oral presentation anxiety survey administered to the entire sample (N = 60). According to Richmond and McCroskey's (1992) guidelines, on average, participants experienced a moderate level of anxiety regarding their oral presentation. However, the SD indicated a high level of variability within the sample, implying that the group was not homogeneous and included individuals with both relatively low and relatively high anxiety. This required an additional dissection of the OPA levels in the sample.

**Table 2:** Overall Oral Presentation Anxiety

PRPSA mean	Standard deviation (SD)
106.67	18.20

Next, Table 3 presents the distribution of OPA levels among the participants. Most of the sample (n = 27, 45% of the sample) were classified as having moderate OPA. The next largest category was participants with high OPA (n = 15, 25%), followed by participants with low OPA (n = 9, 15%). The rarest OPA levels for this sample were moderately high (n = 6, 10%) and moderately low (n = 3, 5%) OPA scores.

**Table 3:** Breakdown of Oral Presentation Anxiety Levels for the Entire Sample

Oral presentation anxiety (OPA) level	(n)	% of sample
High	15	25
Moderately High	6	10
Moderate	27	45
Moderately Low	3	5
Low	9	15

### 5.2 Factors Causing Oral Presentation Anxiety

To gauge the factors most prevalent in causing OPA for the participants of this study, we isolated the survey items with the highest survey responses. Thus, Table 4 shows the survey items with the highest mean responses for the PRPSA survey.

Table 4 shows that the highest mean responses from the PRPSA survey revealed the prevalent factors causing OPA amongst the participants (RQ1). These factors were:

- Physical consequences of speech anxiety (Q21) (Hsu, 2012) and physical effects (Q20) (Kelsen, 2019)

- Emotional consequences of speech anxiety (Q5) (Hsu, 2012) which Kelsen (2019) categorized as preparation anxiety (Q5).
- Notably, having a positive mindset towards completion of the oral presentation (Q4, Q7) (Kelsen, 2019) was also prominent in the survey responses.

**Table 4:** PRPSA Survey Items with the Highest Mean Responses for the Entire Sample

Survey items	Overall Sample Mean	SD
21. I experience considerable anxiety while sitting in the room just before my speech starts.	3.88	1.13
20. My heart beats very fast just as I start a speech.	3.83	1.03
4. Right after giving a speech, I feel that I have had a pleasant experience.	3.63	1.18
7. Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.	3.53	1.12
5. I get anxious when I think about a speech coming up.	3.5	1.11

Since the survey items with the highest means features both positive (Item #4, #7) and negative sentiments, we further clarified participants' pedagogical needs by pinpointing the high response PRPSA survey items for participants with high and low OPA. These are shown in Table 5 – 9.

To begin with, Table 5 highlights the high response survey items for participants with high OPA. Since these are the survey items that had high means when looking at the responses from high OPA participants, Table 5 thus helps to identify the factors that cause OPA in high OPA participants. The prevalent factors among participants with high OPA were:

- *Emotional consequences of speech anxiety* (Hsu, 2012), which were quite prevalent (Q34, Q27, Q5, Q13, Q14, Q33). Among these, (Q1, Q5, Q14, Q2, Q9) have also been categorized as having *preparation anxiety* (Kelsen, 2019). Another subset of survey items that dealt with emotions and was prevalent for participants with high OPA was *performance anxiety* (Q34, Q29, Q30) (Kelsen, 2019). Q29 has also been categorized as students being *perfectionists* (Q29) (Hsu, 2012), and Q30 has been categorized as experiencing a *feeling of helplessness* (Hsu, 2012).
- The other category of PRPSA survey items prevalent for this group of participants was *physical consequences of speech anxiety* (Q21, Q32, Q22) (Hsu, 2012), which included *physical effects* (Q20, Q32, Q22, Q33) (Kelsen, 2019).
- Q3 (Hsu, 2012), related to *insufficient preparation*, were also prevalent.
- One other prominent survey item here was uncategorized by either Hsu (2012) or Kelsen (2019): Q23 ("Realizing that only a little time is left in the presentation makes me very tense and anxious.")

**Table 5:** PRPSA Survey Items with the Highest Mean Responses for High Opa Participants

Survey items	Mean	SD
Q1	4.67	0.62
Q34	4.67	0.62
Q21	4.60	0.51
Q29	4.53	0.64
Q20	4.47	0.64
Q27	4.40	0.51
Q5	4.33	0.49
Q3	4.13	0.64
Q13	4.13	0.74
Q14	4.13	0.74
Q32	4.13	0.64
Q22	4.07	1.03
Q33	4.07	0.80
Q30	4.00	0.65
Q2	3.93	1.22
Q23	3.93	0.88

Next, Table 6 shows the survey items that had a high mean response when looking at the responses of participants with moderately high OPA. The prevalent factors among participants with moderately high OPA were:

- *The emotional consequences of speech anxiety* (Q13, Q14, Q33) (Hsu, 2012) include *preparation anxiety* (Q14) (Kelsen, 2019). Amongst these, Q9 is about being a perfectionist (Hsu, 2012).
- *physical consequences of speech anxiety* (Q21, Q22) (Hsu, 2012). Prevalent items classified as *physical effects* (Kelsen, 2019) include Q20, Q22, and Q33.
- *Insufficient preparation* (Q3) (Hsu, 2012) was also a prevalent concern for this category of participants.
- The sole optimistic item prevalent for this group was Q24, i.e., having a *positive mindset* about the oral presentation (Kelsen, 2019).

**Table 6:** PRPSA Survey Items with the Highest Means for Moderately High OPA Participants

Survey items	Mod H	SD
Q21	4.33	0.52
Q13	4.17	0.41
Q20	4.17	0.41
Q3	4.00	0.63
Q14	4.00	0.63
Q22	3.83	0.75
Q24	3.83	0.98
Q33	3.83	1.47
Q1	3.67	0.52
Q9	3.67	0.82
Q2	3.50	0.55

Moving on to the responses of participants with moderately low OPA, Table 7 isolates the survey items that had a high mean response when considering the responses of participants with moderately low OPA. The prevalent factors among participants with moderately low OPA were:

- a positive mindset about the oral presentation (Q4, Q7, Q8, Q12, Q15, Q17). This is further verified by Kelsen’s (2019) positive attitudes towards speech anxiety (Q8, Q11, Q12, Q15, Q17), which are also highly prevalent among these participants.
- albeit to a lesser extent, these participants still appeared to be anxious about emotional consequences of speech anxiety (Hsu, 2012) such as preparation anxiety (Q5, Q26) and performance anxiety (Q29) (Kelsen, 2019) due to being a perfectionist (Q29) (Hsu, 2012).
- another uncategorized survey item, Q23 (“Realizing that only a little time remains in a speech makes me very tense and anxious.”) was also prominent in this group.

**Table 7:** PRPSA Survey Items with the Highest Means for Moderately Low OPA Participants

Survey items	Mod L	SD
Q4	4.33	0.58
Q7	4.00	1.73
Q8	4.00	1.00
Q11	4.00	0.00
Q12	4.00	0.00
Q23	4.00	1.00
Q5	3.67	1.53
Q15	3.67	0.58
Q17	3.67	1.15
Q26	3.67	1.53
Q29	3.67	1.53

Lastly, we identified the factors (i.e., high mean survey items) for participants who had low OPA. Table 8 shows the survey items that had a high mean response from the responses of participants with low OPA. There was only one prevalent factor among participants with low OPA:

- a positive mindset (Q4, Q7, Q17) (Kelsen, 2019) about their oral presentation assignment, including a positive attitude towards speech anxiety (Q17) (Hsu, 2012)

**Table 8:** PRPSA Survey Items with the Highest Means for Low OPA Participants

Survey items	Low	SD
Q4	4.00	0.82
Q7	4.00	1.15
Q17	4.00	0.82

In summary (RQ2), participants with high or moderate OPA looked at how speech anxiety affected them emotionally and physically. The emotional effects included

preparation and performance anxiety. There were also worries about helplessness, being unprepared, and perfectionism. The physical factors contributing to participants' OPA comprised physiological manifestations. Participants with high OPAs also had time-related worries. They were worried about the due date for the oral assignments. They also thought about how much time they had left while presenting. Participants with high OPA showed little positivity about their oral presentation. In contrast, people with moderately high OPA had a mostly positive view of it.

Participants with moderate, moderately low, or low OPA stood out for having a positive mindset about the oral presentation assignment. Q4, which measures the feeling of relief after finishing the presentation, and Q7, which assesses calming down during the presentation after initial nerves, were administered to all participants with moderate or lower OPA. But participants with moderate OPA still felt the physical effects of speech anxiety. In contrast, participants with moderately low OPA felt the emotional effects of speech anxiety. This included worries about preparation, performance, perfectionism, and time during their presentations. Participants with low OPA had strong positive feelings about their oral presentation. They also received no negative survey responses, with an average score of 4.5.

Next, the qualitative results from the interviews following the survey added insight into why participants were affected by the associated reasons.

### 5.3 Reasons for Experiencing OPA

All high OPA participants identified three main factors contributing to their oral presentation anxiety: anxiety about using English as a foreign language, feelings of helplessness, and shyness or introversion (Table 9). These were consistently linked to the themes of performance anxiety, helplessness, and emotional consequences. The most reported reasons for possessing these characteristics were being humiliated in general, having no experience speaking in public, being afraid of making grammatical or pronunciation errors, and fear of being judged negatively or criticised by classmates. These results suggest the cognitive and affective deficits that individuals with high OPA experience when speaking English in academic situations.

**Table 9:** Reasons Given by High OPA Participants

Relevant theme from PRPSA questionnaire	Factor for experiencing OPA	(n)	Reason for experiencing the factor
Performance anxiety	Anxiety about using English as a foreign language	4	<ul style="list-style-type: none"> <li>• fear of making grammatical or pronunciation errors in public</li> </ul>
Performance anxiety & Helplessness	Feeling of helplessness	4	<ul style="list-style-type: none"> <li>• fear of being judged poorly or ridiculed by peers</li> <li>• inexperience with public speaking</li> </ul>
Emotional consequence & Performance anxiety	Shyness, introversion	4	<ul style="list-style-type: none"> <li>• fear of giving a poor performance</li> <li>• embarrassment</li> </ul>

Low OPA individuals found both anxiety-related and positive elements impacting their presenting experience (Table 10). Feeling well-prepared, thanks in part to past performance with colleagues and presentation experience, was a significant component in helping to lower anxiety. All participants still claimed, nevertheless, some anxiety related to utilizing English as a foreign language and audience presence. These were brought on by anxiety about poor performance, such as forgetting content, difficulties translating ideas from their language to English, and peer criticism. Therefore, even among low OPA participants, performance-related issues remained important, while a good attitude and preparedness helped to lower worry.

**Table 10:** Reasons Given by Low OPA Participants

Relevant theme from PRPSA questionnaire	Factor for experiencing OPA	(n)	Reason for experiencing the factor
Positive mindset	Feeling well prepared	4	<ul style="list-style-type: none"> <li>practiced with peers beforehand.</li> <li>experience with oral presentations helped to know how to deal with stress</li> </ul>
Performance anxiety & Helplessness	Anxiety about using English as a foreign language	4	<ul style="list-style-type: none"> <li>fear of being judged publicly by peers</li> <li>trouble translating L1 (I-Taukei or Fiji Hindi) ideas into L2 (English)</li> </ul>
Performance anxiety	Audience presence	4	<ul style="list-style-type: none"> <li>fear of giving a poor performance, e.g., forgetting content</li> </ul>

## 6. Discussion

This study investigated the factors that contribute to Oral Presentation Anxiety (OPA) among first-year Fijian ESL students. In this section, we synthesize the quantitative and qualitative findings from our research within the broader literature to derive pedagogical implications that may inform curriculum and instructional development in similar academic environments.

### 6.1 Factors Contributing to OPA (RQ1)

Using a new approach to conceptualising OPA, our results reveal that physiological and psychological considerations are important predictors of EAL students' levels of OPA, as well as certain elements that may help mitigate the burden posed by these challenges. Physical symptoms that arise due to anxiety when giving oral presentations — e.g. rapid heartbeat, profuse sweating and shaking. Participant 15 described, *“When I start to present, I begin to sweat; it shows that I am nervous.”* Participant 43 noted, *“I get very nervous; I find it hard to breathe; I hardly speak in English,”* while Participant 44 stated, *“I start making mistakes, and I begin shaking.”* Research exists that supports the presence of these somatic symptoms, which have been shown to relate to increased levels of stress and anxiety among learners attending school (Hsu, 2012; Kelsen, 2019) with OPA. In our study, we relate the typical physical manifestations of OPA to EAL students' anticipatory emotions

prior to presentations. The nature of anticipatory worry is often linked to performance anxiety and the fear of being judged due to limited language command (Grieve et al., 2021; Pabro-Maquidato, 2021). Many EAL students perceive upcoming presentations as daunting events that trigger physical reactions, perpetuating a cycle of anxiety and making it difficult to overcome these challenges. Participant 54 shared, *“As I mentioned before, I enjoy speaking, but before the presentation, I become very nervous, sweat, and shiver. Before my turn, I get extremely anxious and struggle to breathe, but I drink some water and relax for 5–10 minutes before presenting.”* These physical reactions adversely affected the participants' performance, confidence, and overall assessment of OPA.

As for emotional factors, preparation and performance anxiety were the strongest predictors of OPA among EAL participants in this study. The finding that affective aspects matter for EAL students' speaking performance is further supported by research on public speaking anxiety. Anticipatory stress emerged as the most frequently reported emotional component among participants. Participant 56 explained, *“Because my mother tongue is easy...but English is what you learn... If I say something wrong, the audience might think, ‘Okay, they might say something like that.’”* Participant 57 remarked, *“Since English is not my mother tongue...I prefer my native language...I feel confident in my language...I force myself to speak in English.”* This emotional impact is prevalent among EAL students during public speaking and is often linked to perceptions of English proficiency inadequacy (Hsu, 2012; Kelsen, 2019).

The sample for this study was diverse, as evidenced by the numerous positive factors identified. All participants gained significant benefits from completing the oral presentation task, despite some initial negative perceptions. Participants appeared eager to finish the task, as highlighted by Participant 6, who stated, *“It will only be a few minutes. That is the only thing that comes to my mind and makes me confident enough to give that speech. Because by the end of my presentation, I feel that all those nerves are gone.”* This suggests that familiarizing oneself with the task can reduce anxiety, ultimately making the experience a relief for participants.

After completing their oral presentations, many participants reported a sense of accomplishment. Participant 6 remarked, *“I start feeling anxious during my presentation. However, that nervousness usually fades as I speak. By the end, all those nerves are gone.”* This indicates that a successful presentation can help students relax, even if they initially feel nervous. Similarly, Participant 35 noted, *“After a few slides, I gather myself, and it feels okay to present.”* This implies that engaging with the presentation can reduce initial anxiety, leading to a more positive overall experience. These findings have important implications for addressing oral presentation anxiety in English as an Additional Language (EAL) context.

### **6.1.1 Pedagogical Implications**

Educational institutions should implement interventions that address both the physical and emotional aspects of anxiety. Workshops focused on relaxation techniques, such as visualization and mindfulness, can alleviate the physical symptoms of anxiety. Crane

(2017) asserts that mindfulness-based interventions enhance our ability to concentrate on the present while promoting non-judgmental awareness and self-regulation of emotions and behavior. This approach enables students to understand their thoughts and feelings without judgment, fostering emotional resilience and reducing anxiety. Recent studies indicate that these techniques help EAL students manage fear and lower their anxiety, ultimately improving performance. Many students reported various practice strategies, including breathing techniques, recording presentations, rehearsing with peers, and speaking aloud (Grieve et al., 2021).

Ostermann et al. (2022) investigated the impact of mindfulness-based interventions on academic success, demonstrating that such methods help students relax and mitigate the negative effects of anxiety on performance. These interventions empower students to manage their emotions, express their concerns, and reflect on their anxiety. Additionally, reflection journals and pre- and post-presentation discussions foster a technology-supported sense of community among students.

This method aligns with social learning theory (Bandura, 1977), which posits that interaction can help reduce anxiety. Participants acknowledged that practice and structured training also contribute to lowering anxiety. For instance, Participant 44 highlighted the importance of ongoing practice, stating, *"Ah, a long period to train, I mean to practice, doing that thing over and over again to make myself perfect."* Similarly, Participant 56 expressed interest in structured training opportunities, reflecting, *"I would love to attend training if there is a training for that."* These insights suggest that reflection and intervention can effectively reduce anxiety and help students prepare more thoroughly.

However, due to the mixed and highly variable nature of the factors identified within the sample, a more nuanced exploration was conducted to develop appropriate pedagogical implications for OPA in this study. This involved comparing the prevalent factors among participants with high and low OPA.

## **6.2 Differences in PRPSA Factors Between High and Low OPA Students (RQ2)**

One significant finding of this research is that anxiety levels differ between high and low OPA students. Participants with high OPA reported feeling anxious about making mistakes, primarily due to a fear of being socially judged for their English skills. This concern was evident in Participant 44's remark: *"My mistakes in English... I make a mistake, and the audience may laugh."* Participant 56 added, *"I was afraid of the audience. They might judge my presentation."* Participant 57 echoed this sentiment, noting, *"They will judge me for how I present."* This reflects the fear of negative evaluation, a central component of foreign language anxiety (Horwitz et al., 1986). It includes thinking about how others see them, avoiding judgmental situations, and steeling oneself for potential criticism. This higher stress response can elevate anxiety, particularly among those who rated their speaking skills as weaker (Williams & Andrade, 2008). These findings underscore the impact of social evaluative fear on learners' anxiety. Participant 56 articulated this fear, saying, *"I am scared to make mistakes in English,"* expressing concern about being judged for a potential error. Participant 44 noted, *"As for me, I will repeat and spend a long time saying a*

*sentence, coordinating brain and hands.*" These results highlight the critical role of social evaluation in anxiety.

In contrast, the low OPA participants showed a unique profile indicative of an optimistic mindset. Once they got clarity, the process itself was a critical component of their experience. A key aspect of their experience, once they gained clarity, was the process itself. For instance, Participant 6 stated, *"I become confident by practicing many times: when I have had many presentations, I become more confident."* Similarly, Participant 35 noted, *"I need to do presentations more frequently to stand before the audience and develop my confidence."* It indicates that repeated practice could influence the level of anxiety and confidence in performing oral presentations. This finding concurs with findings in other EAL contexts, where students with greater experience with English for Academic Purposes (EAP) tasks appear more confident than novices. One study of Russian-speaking language learners (Erzhanova and Khakhurin, 2022) showed that those with some experience learning similar languages reported less anxiety about the fear of negative evaluation. Moreover, worrying (linguistic learning anxiety) negatively correlates with oral and literacy performance, as Masrul & Erliana (2024) revealed, suggesting that reducing anxiety is an essential factor in the development of linguistic abilities. This finding emphasizes the role of previous experience in promoting positive attitudes and lessening anxiety in EAP learners.

A resilient characteristic, effective coping, and reducing harmful stress habits among low-level OPA students were also observed. As Participant 6 said, *"When I'm about to do a presentation, I tell myself two things: they're not going to eat me, and it will only take a few minutes of my life. That keeps me secure so I can deliver my speech. It emphasizes on cognitive restructuring to reduce anxiety and help with confidence."* Self-control and presentation were also covered as Participant 12 illustrated: *"I can speak in front of lots of people now without caring. I literally try to make eye contact while speaking and sound confident."* This provides insight that OPAs can be avoided when one is reflective and takes charge of the situation. Increases in self-awareness of strategies for managing anxiety will hopefully prove useful in developing effective interventions, both for university students who are low OPA.

### **6.3 Reasons for High and Low OPA Experiences (RQ3)**

Several factors explain why participants experienced high or low levels of Oral Presentational Anxiety (OPA), as revealed by the qualitative data collected in the study. Students with low OPA expressed significant concerns about their English skills, fearing public mistakes and the judgment that might follow. This aligns with Stroud and Wee (2006), who noted that anxiety in language classrooms extends beyond mere skills; it is closely linked to students' identities. For example, Participant 56 articulated this anxiety clearly, stating: *"Firstly, the obvious reason for being nervous during my presentation is that after the presentation, the people who are listening will be the ones making fun of my mistakes. They will focus on those small errors and mock me for them. So that is why I try to be perfect in my presentations."* Similarly, Participants 35 and 57 conveyed the same concern, fearing

that any mistakes in grammar or pronunciation would lead to judgment and ridicule from the audience.

Students often grapple with how their language abilities influence their identity and integration into a new community. Subekti and Glory (2021) found that Indonesian English as a Foreign Language (EFL) learners' fear of negative evaluation adversely affected their sense of duty, diminished their confidence, and heightened their anxiety. These findings highlight the relationships among language anxiety, self-concept, and social perceptions in English as an Additional Language (EAL) learning context. Participant 56 shared, *"If I make a mistake, the audience will laugh,"* while Participant 57 added, *"Some audience members start laughing, and I forget my speech... I begin to make mistakes... I was scared; I was just scared that they would judge my presentation."* These students frequently felt judged based on their language skills, a sentiment linked to their self-perception and societal position. In EAL contexts, anxiety about language stems not only from language proficiency but also from personal identity. Stroud and Wee (2006) emphasize that language anxiety in the classroom encompasses more than just skills; it involves significant issues concerning learners' identities and their perceptions of social status within the classroom.

Low OPA students were aware of potential language challenges but always framed external factors as obstacles rather than threats. They discussed strategic planning, image use, and rhetorical strategies readers might employ to manage anxiety. Participant 57 visualized the room as completely occupied, but just by the lecturer: *"I cut out all the audience and those who are listening. Hence, there we were in the room, I with my lecturer. That is all I get."* Participant 12 said that they went the extra mile to keep positive and maintain eye contact so that they can express themselves competently: *"I try not just mentally but then also trying to establish, even if they're behind a big wall (like a computer) doing my presentation I still making eye contact...to speak confidently."* Likewise, Participant 35 experienced nervousness so that they started trying to think something "good" to overcome the nervousness stated that: *"When I get quiet I am actually trying to think of something good such that I can deliver this presentation with confidence."* It was found that systematic practice and a positive mindset (vs. absence) stabilize performance and help reduce anxiety. Participants emphasised the importance of these experiences and the need for recognition of interventions focused on OPA, especially those that enhance awareness of coping strategies. Utilizing self-reinforcing speech anxiety techniques served as an advantage in coping with OPA within the respondents.

These strategies help EAL students enhance their literacy skills and build confidence in public speaking. The findings of this study can inform teaching methods for OPA in Fijian EAL contexts. Low OPA students viewed language challenges as hurdles to overcome rather than threats. Effective strategies, such as visualization techniques and rhetorical devices, can help alleviate their anxiety. Thus, a strategic, systematic practice approach, combined with a growth mindset, can effectively reduce anxiety. This study underscores the importance of experience and the need for actions that promote self-reflection on coping with OPA. These strategies enhance EAL students'

literacy (Gibbons, 2015) and boost their confidence in public speaking (Zare & Riasati, 2012). The findings may guide the development of OPA teaching methods in Fijian EAL settings.

### **6.3.1 Pedagogical Interventions**

Our study indicates that addressing the needs of EAL students in OPA requires a tailored teaching approach. It is essential to consider the varying levels of anxiety among students. Some may benefit from early intervention programs focused on language and public speaking, which help students acclimate to public speaking through real-life practice opportunities (McDonald, 2025). Organizing peer review sessions can alleviate assessment pressure and reduce anxiety, providing students with chances to practice public speaking in supportive contexts (Zare & Riasati, 2012). This approach demonstrates how repeated practice and visualization can lessen public speaking anxiety. Additionally, cooperative learning structures foster peer connections, reducing stress and emotional challenges for students while enhancing academic engagement (Van Ryzin & Roseth, 2020).

Students with lower Oral Proficiency Assessment (OPA) scores can utilize confidence and anxiety-reduction strategies to mentor themselves and support their more anxious peers. A community benefits when members teach one another, making the establishment of a mentorship system for mutual learning essential. Mentoring employs reciprocal teaching to foster community and enhance learning (Çapan & Bedir, 2019). In learning environments, reciprocal peer teaching allows students to alternate between the roles of tutor and learner, leading to greater success (Çapan & Bedir, 2019). Peer mentoring programs improve academic behavior, increase retention rates, and support emotional well-being while also helping to develop self-improvement skills (Harra & Vargas, 2024). These insights highlight the importance of contextual support, which may need to be reimaged to better assist students.

## **7. Recommendations**

To address the gap between students with high OPA and low skill, language support should be specifically targeted towards public speaking and communication. Workshops that develop competencies in language skills pertinent to public speaking have been particularly useful for English as an Additional Language (EAL) students. In this regard, these results suggest that teachers need to address students' needs differently. Language support for public speaking: A way to help people with a high OPA improve, while assisting EAL students.

In addition, including positive psychology in the syllabus may strengthen students' resilience. Opportunities for self-reflection and feedback help develop self-awareness, which may promote more adaptive regulatory strategies that assist in managing academic anxiety (Seligman et al., 2009). This technique helps students convert anxiety from an obstacle into a catalyst for success. Students can write reflective journals

about their experiences during presentations to track progress and provide educators with valuable insights. This information can be used by teachers to create more successful future lessons (Moon, 2006).

## 8. Conclusion

This study raises implications for pedagogical practices that can support EAL learners in moving beyond the psychological and physiological barriers to oral performance, as these fears exist within a context of widespread anxiety. Overarching finding from this mixed-methods integration: For high-OPA students, the cognitive noise that arose from fear of negative social evaluation and acute physical symptoms such as tremors and sweating resulted in a paralyzing legacy; whereas lower OPA students successfully navigated these same obstacles using cognitive strategies such as reframing and systematic preparation to frame these challenges as common hurdles.

To ensure these findings are not relegated solely to an academic paper, educators can go beyond blanket encouragement and deliver targeted, scaffolded interventions. For example, based on “physical and emotional outcomes” reported by high-anxiety participants, instructors could sequence low-stakes peer-supported speaking tasks (think-pair-share or small groups) before moving to a high-stakes individual performance. This gradual exposure allows students to aid in desensitizing their physiological responses and do so in a safe environment.

Second, the finding provides evidence that anxiety-reducing strategies are effective only when explicitly trained. Inclusion in the EAP curriculum of techniques like mindfulness, visualization and controlled breathing workshops—practices recognized by more than one member of our low-OPA cohort—is compatible with formal content sharing. Third, trainers must reduce the fear of linguistic judgment by assigning scaffolded presentation tasks, such as “speaking frames” (to provide example phrases) or technology-assisted practice (such as voice recording and then watching yourself) before the real thing. Finally, introducing a peer-mentoring system wherein students with low OPA share how they cope with high anxiety peers may promote a “growth mindset” in the entire classroom. Recognizing that students experience anxiety on multiple levels—linguistically, physiologically, socially—allows educators to move beyond measuring anxiety and begin dismantling it.

Yet, this study has limitations as well. The small sample size and lacking comparisons with age and gender make the conclusions not as widely applicable. Future studies also need to include larger, more diverse populations and look at gender and cultural factors that may impact OPA. Additionally, longitudinal studies are needed to assess the long-term impact of the pedagogical interventions proposed.

While acknowledging these limitations, this research adds to a more nuanced understanding of OPA in the context of Fijian EAL undergraduates and serves as an important first step toward the implementation of targeted interventions. Future research is needed to investigate if these findings are transferable to other contexts of EAL teaching

from different world regions. In conclusion, this study enriches OPA with more informative definitions of the subtle interactions between their contexts and calls upon educators to embrace integrated practices in teaching their students ways to speak, be seen, heard and understood effectively in public places while working at universities that combine a wealth of cultural experiences.

### **Informed Consent**

This study was conducted with the informed consent of all participants. Participants were informed of the study's purpose, procedures, potential risks and benefits, and their right to withdraw at any time without penalty; Written consent was obtained from all participants. The study protocol was approved by the Review Board/Ethics Committee of the Fijian university where the study was conducted.

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### **Conflict of Interest Statement**

The authors declare no conflicts of interest.

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