

## Investment in English Language Learning and Ethnocentrism: A Study of the Relationship in a Multi-Ethnic Context

<sup>1</sup>Afsaneh Nameni\*

<sup>2</sup>Hamid Reza Dowlatabadi

<sup>3</sup> Ali Mohammad Mohammadi

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### Abstract

In multicultural context of health care, health providers' ethnocentrism and English language skills play a crucial role in effective and appropriate intercultural communication. This study aims to explore the relationship between ethnocentrism and investment in English language learning in the multi-ethnic context of English language classrooms at Iranian medical universities. Thus, the levels of ethnocentrism and investment in English language learning of 200 Iranian medical students were measured using General Ethnocentrism Scale and Investment in English Language Learning Scale. The findings of the present study showed that despite the participants' relatively moderate levels of ethnocentrism and investment, the two constructs strongly and negatively correlated with each other. That is, the more ethnocentric the participants were, the less invested in English language learning they were. Further, the relationship between ethnocentrism and investment, and different contextual factors such as linguistic loyalty, intercultural friendship, sense of legitimacy, and social comfort in multi-ethnic English classes were investigated. The results showed that social comfort had the strongest relationship with the degree to which the participants invested in English language learning in multi-ethnic classes. Practical implications, direction, and limitations are discussed.

**Keywords:** Intercultural Communication, Ethnocentrism, Investment in English Language Learning, TEL, EFL, Iranian Medical Students

### 1. Introduction

Cultural diversity in the healthcare industry has increased due to globalization (Van Oudenhoven, Ward, & Masgoret, 2006) and this has made intercultural interactions inevitable in this context. Since intercultural communication (IC) affects both patients' physical and mental wellbeing, IC should be effective and appropriate (Voelker, 1995). In order to provide quality care to patients from diverse cultural backgrounds, medical practitioners need to develop skills "to learn about [patients'] cultural and personal beliefs in a respectful fashion" (Anand & Lahiri, 2009, p. 388). Today, doctors should learn to communicate with people from cultures other than the dominant one effectively (Teal & Street, 2009). According to Gudykunst and Kim (2004), when people confront cultural differences, they often tend to see the people from other cultures as strangers. Ethnocentrism has a key role in initial intercultural interactions (Croucher, 2013; Neuliep, 2012; Pennycook, Cheyne, Koehler, & Fugelsang, 2013). Medical practitioners' ethnocentric tendencies could have an impact on their view of patients from different cultural backgrounds. As stated by Anand and Lahiri (2009), an ethnocentric medical practitioner's "interactions, diagnosis, and treatment will be skewed by his or her biases" (p. 390). Smedley, Stith, and Nelson (2003) point out that "healthcare providers' diagnostic and treatment decisions, as well as their feelings about patients, are influenced by patients' race or ethnicity" (p. 11).

<sup>1</sup> PhD Candidate (Corresponding Author), a-nameni@phd.araku.ac.ir; English Language and Literature, Arak University, Arak, Iran

<sup>2</sup> Assistant Professor, h-dowlatabadi@araku.ac.ir; English Language and Literature, Arak University, Arak, Iran.

<sup>3</sup> Assistant Professor, m-mohammadi@araku.ac.ir; English Language and Literature, Arak University, Arak, Iran.

Language barrier is another key factor in the failure of IC in the context of healthcare (Dorgan, Lang, Floyd, & Kemp, 2009; Jacobs & Diamond, 2017; Jain & Krieger, 2011; Schouten et al., 2020). Language discordance could seriously impede the communication process and its results (Jacobs & Diamond, 2017; Schouten et al., 2020). English is the predominant language in the field of healthcare (WHO, 2015) and is the most common language used in IC. Fluency in English becomes important for medical practitioners, especially due to the increased number of migrant patients and foreign-trained staff. Proficiency in English could facilitate adjustment, and lessen the feeling of anxiety during IC (Fantini, 2012; Sajampun & Charoensukmongkol, 2018) while low English proficiency could cause difficulties in deeper levels of IC (Byram & Feng, 2005).

Considering that the negative impact of ethnocentrism and limited English language skills on IC in the context of healthcare has been acknowledged (Anand & Lahiri, 2009; de Moissac & Bowen, 2019; Dorgan et al., 2009; Jain & Krieger, 2011; Schouten et al., 2020; Wrench, Corrigan, McCroskey, & Punyanunt-Carter, 2006), improving medical students' English language skills and addressing their ethnocentrism should be underscored in medical education.

Today, several English language courses are integrated in the medical universities' curriculum in Iran to improve medical students' English language proficiency. There seems to be a general belief that Iranian medical students are quite motivated in learning, however, to the best of the researchers' knowledge, their commitment to learning English, i.e. "investment" (Norton, 1997) has not been previously explored in systematic research. According to Darwin and Norton (2015), investment captures "the relationship between learner's identity and learning commitment" (p. 37). In addition, despite a dearth of studies investigating ethnocentrism in Iran's healthcare context, ethnocentrism is likely to exist in Iran's medical universities (see Nameni, 2020; Nameni & Dowlatabadi, 2019). While a variety of factors could affect medical students' investment in English language learning, the researchers are interested in investigating whether Iranian medical students' ethnocentrism contribute to their levels of investment in the multiethnic settings of their classrooms at university.

To the best of the researchers' knowledge, the relationship between the constructs of ethnocentrism and investment in English language learning has not been previously investigated in systematic research. Specific attention needs to be paid to boosting medical students' English language skills, modifying their ethnocentric tendencies, and increasing their IC skills in general, considering Iran's growing interest in developing its health tourism industry (Baghbanian, Safdari, Erfannia, & Zokaee, 2021; Haji Ahmadi, Hosseini, & Jafari, 2017; Rahimi Zarchi et al., 2018; Rokni & Park, 2019). Thus, the present study aims to address the gap in literature by investigating the relationship between ethnocentrism and investment in English language learning in the context of ethnically diverse English classrooms at an Iranian medical university.

This study could provide a better understanding of the status of Iranian medical students' ethnocentric orientations and investment by measuring their ethnocentrism and investment in English language learning. Moreover, by examining the possible relationship between different contextual factors, such as linguistic loyalty, intercultural contact, intercultural friendship, etc., and Iranian medical students' ethnocentrism, the present study could add to the body of literature in the field of intercultural communication since cultural censorship is quite prevalent in Iran as a fundamental country with peculiar international relations (Alaedini & Razavi, 2005; Alemzadeh & Khoshsaligheh, 2020; Ansari & Danesh, 2011; Atwood, 2012; Borjian, 2013; Davari & Aghagolzadeh, 2015; Iranmehr & Davari, 2017; Perwaiz, 2007) and the students do not attend any intercultural communication training workshops (Nameni, 2020; Dowlatabadi & Nameni, 2019). This study could also contribute to the field of teaching English to speakers of other language (TESOL) by investigating the possible links between EFL learners' ethnocentrism and their investment in English language learning in an ethnically diverse setting using a quantitative approach, since investment has been mostly studied qualitatively in the context of English as a second language (ESL) (Darwin & Norton, 2021). While qualitative studies provide in-depth information about the constructs under study, quantitative research could provide more consistency and generalizability by investigating a bigger population (Cresswell, 2013).

In addition to these, the present study will strive to provide practical implications that could assist educators and policymakers in improving medical schools' curriculum, and designing programs to address the issue of ethnocentrism and increase the students' investment in English language learning language in multiethnic language classrooms.

## 2. Literature Review

### 2.1. IC in Healthcare

Today, cultural diversity has increased in the context of health care due to globalization (Van Oudenhoven et al., 2006). Medical tourism has increased dramatically in Iran (Baghbanian, Safdari, Erfannia, & Zokaee, 2021; Rahimi Zarchi et al., 2018), and this country's medical tourism industry is expected to develop rapidly (Baghbanian et al., 2021). This could make IC between medical practitioners and patients from other countries and cultural backgrounds inevitable in Iran's hospitals. While WHO (2010) highlights the need for a patient-centered healthcare system for all kinds of patients, the cultural differences between medical practitioners and patients could make effective communication quite challenging (Betancourt, 2006). Miscommunication, maladaptive behaviors, and interpersonal conflicts could potentially be caused by cultural diversity (Schouten & Meeuwesen, 2006; Klingler & Marckmann, 2016). Possibilities of misunderstanding and poor communication become much greater when people communicate throughout a cultural boundary. Yet, effective and appropriate IC in health care is essential because "the intensely personal nature of the services offered often touch the core of patients' and providers' culturally influenced values, beliefs, and attitudes" (Anand & Lahiri, 2009, p. 387).

Meanwhile, ethnocentrism and language barriers have been shown to have a negative impact on IC in the context of health care (Anand & Lahiri, 2009; de Moissac & Bowen, 2019; Smedley et al, 2003; Wrench et al, 2006). Thus, it seems possible that medical students' ethnocentric orientations and language skills could determine their success in IC later on as medical practitioners at least to some degree.

### 2.2. Ethnocentrism and Iranian Medical Students

Neuliep (2017b) defines ethnocentrism as "the degree to which persons use the customs and values of their native culture as the barometer to evaluate and judge other cultures" and argues that "ethnocentric persons hold attitudes and behaviors toward ingroups that are biased in favor of the ingroup, often at the expense of the outgroup" (p. 331). Neuliep (2017a) explains that ethnocentric people's attitudes toward the ingroups is positive and that they view ingroups as superior to outgroups; and while they cooperate with ingroup members, they often compete with outgroups.

Contemporary conceptualization of ethnocentrism views it as a natural phenomenon that exists in all cultures (Gudykunst & Kim, 2004; Neuliep 2017b; Neuliep, Chadoir, & McCroskey, 2001; Neuliep & McCroskey, 1997). Everyone is to some extent ethnocentric (Neuliep, 2012), but high ethnocentrism is "an obstacle to effective IC" (Neuliep, 2015, p. 28).

Similarly, in the healthcare context, high ethnocentrism could impede IC (Arasaratnam & Banerjee, 2007; Wrench et al, 2006) and decrease medical practitioners' ability to provide health services in a culturally appropriate manner (Campinha-Bacote, 2003; Harris & Cummings, 1996; Smedley et al., 2003). Penner, Blair, Albrecht, and Dovidio (2014) argue that "Most physicians are consciously committed to eliminate racial disparities in health care, but they are not immune to the cultural and social forces that lead many [...] to implicit, often unconscious, racial biases" (p. 208). Doctors' ethnocentrism could cause unawareness of patients' needs and wants (Bucher, Klemm, & Adepoju, 1996; Campinha-Bacote, 2003; Harris & Cummings, 1996). According to Andrews (1992), "ethnocentric beliefs by health care providers have resulted in misdiagnosis, alienation of patients, failure to adequately provide pain relief, and arrest of parents accused of child abuse because of culturally based practices" (p. 7).

Iran society is "multi-ethnic and multi-cultural" (Akhbari & Zolfeghari, 2009, p. 45). There is a great ethnic diversity in Iran and each ethnic group has its own cultural norms. Medicine is one of

the most prestigious and popular fields of study in Iran, and a wide range of students, both male and female, from different ethnic backgrounds enroll in Iranian medical universities every year (Nameni, 2020). Thus, major medical universities enjoy a great cultural and ethnic diversity. While there is a dearth of studies investigating ethnocentrism in Iran's medical context, different studies have shown that different ethnic groups in Iran are quite highly ethnocentric (e.g. Asgharzadeh, 2007; Fokoohi & Amoosi, 2009; Haghish et al., 2012; Heydari et al., 2014; Roustakhiz & Naderi, 2020; Yousofi & Asgharpoor, 2009). Different contextual factors could potentially relate to Iranian medical students' ethnocentrism.

According to Hofstede (2021), Iran is considered a collective society, i.e. Iranians are likely to have long-term commitment to the fellow members of their "group" and value loyalty to their "group" more than other societal rules and regulations. In addition, Iranians seem to tend to strongly avoid uncertainty, i.e. they are likely to "maintain rigid codes of belief and behavior and [are likely to be] intolerant of unorthodox behavior and ideas" (Hofstede, 2021).

Attitudes towards one's own ethnic group and the outsiders can influence linguistic choices, and a strong sense of loyalty to one's first language (L1) could be associated with ethnocentrism (Riley, 1975, 1980). Persian, the official language of Iran, is considered a second language (L2) to many ethnic groups in this country (Mahootian, 2018). About 50 to 70 languages, and approximately 70,000 different dialects exist in Iran (see IRNA, 2015). Some medical students come from families that speak other languages than Persian at home, e.g. Turkish. Pandit (1975) argues that "verbal interaction in a speech community is a cultural event [and] it reinforces sense of belonging and asserts one's existence in a community" (p. 178). Students from different ethnic backgrounds may have an accent when speaking Persian. Accent is considered to be a powerful ingroup and outgroup indicator since it suggests regional origin and ethnic group membership (Kinzler, Shutts, DeJesus, & Spelke, 2009). Neuliep and Speten-Hansen (2013) argue that when "the degree of ethnocentrism increases, perceptions of a nonnative accent speaker's attractiveness, credibility, and homophily decrease" (p. 173). The strength of accent could depend on different factors, one of which is the individual's desire to be associated with their ingroups or outgroups (Gluszek, Newheiser, & Dovidio, 2010). Medical students from different ethnic groups could either assert their cultural background or conceal their cultural differences from others by modifying their accent when speaking Persian.

Despite the increased cultural diversity in big cities in Iran, some parts of Iran seem to be less ethnically diverse, which could possibly lead to fewer direct IC. Since medical students come from all different regions in Iran, ranging from big cities to small rural areas, they are likely to have different levels of exposure to other cultures, and could probably have different amounts of experience in IC. It has been suggested that the amount of IC is related to ethnocentrism (Allport, 1958; Binder et al., 2009; Dixon, Durrheim, & Tredoux, 2005; Turner, Hewstone, & Voci, 2007; Pettigrew, 2016; Pettigrew & Tropp, 2008). However, it should be noted that according to the contact theory, intercultural interactions can reduce prejudice if they occur under specific conditions. The contact should be

regular and frequent, ...involve a balanced ratio of ingroup to outgroup members, ... have genuine 'acquaintance potential', ... occur across variety of social settings and situations, ...free from competition, ...evaluated as 'important' to the participants involved, ...occur between individuals who share equality of status, ... involve interaction with a counter-stereotypic member of another group, ... organized around cooperation toward the achievement of a superordinate goal, ... normatively and institutionally sanctioned, ... free from anxiety or other negative emotions, ... personalized and involve genuine friendship formation, ... with a person who is deemed a typical or representative member of another group (Dixon et al., 2005, p. 699).

This highlights the role of cross-cultural friendship in reducing prejudice. Cross-cultural friendship could help people "gain unique cultural knowledge, broaden their perspectives, and break stereotypes" (Sias et al., 2008, p. 2). Even extended contact, such as indirect friendships could

reduce negative attitudes toward outgroups (Gareis, 2017; Page-Gould, Mendoza-Denton, & Tropp, 2008; Turner, Hewstone, Voci, & Vonofakou, 2008). Accordingly, Iranian medical students who have more friends from other ethnic backgrounds could possibly have lower levels of ethnocentrism.

There seems to be few opportunities for Iranian medical students to have direct IC with people from other countries inside Iran. Post-Revolution Iran appears to be quite apprehensive and intolerant of non-Islamic cultural values and has peculiar foreign relations (Borjjan, 2013; Davari & Aghagolzadeh, 2015; Iranmehr & Davari, 2017; Nameni, 2020, 2022; Perwaiz, 2007). Considering the restrictions imposed on Iran due to the sanctions the tourism industry in this country has suffered (Seyfi & Hall, 2019; Seyfi, Hall, & Vo-Thanh, 2020). Yet, currently, about 780 foreign students are studying at Tehran University of Medical Sciences (TUMS, International Students, 2021). However, these students attend separate classes from Iranian students and stay at separate dormitories, making interaction between them and Iranian students less likely to happen on campus (Nameni, 2020). Therefore, there are few opportunities for many Iranian students to experience direct IC or become friends with people from other countries on or off campus. This could potentially lower the chances for interacting with others using English as a lingua franca (ELF), and getting exposed or involved with foreign cultures.

It should be added that despite the limited direct IC with people from Western countries in Iran, globalization and technology, especially the Internet and social media, have provided access to new platforms and have promoted Iranians' exposure to foreign culture (Ghanbari Baghestan, & Abu Hassan, 2010; Shoraka & Omid, 2002). Although almost all popular international websites and social media, like YouTube, Facebook, and Twitter, are blocked in Iran, Iranians often utilize virtual private network (VPN) to access these platforms (Berger, 2021; Bowen & Marchant, 2015; Sinaee, 2021). Despite the rigid control over the Internet in Iran, approximately 70% of Iran population regularly uses Internet (Internet World Stats, 2017). Thus, medical students could probably experience IC with foreigners online.

### 2.3. *Investment in English language learning & Iranian Medical Universities*

Investment could be defined as “the commitment to the goals, practices, and identities that constitute the learning process and that are continually negotiated in different relations of power” (Darvin, 2019, p. 241). Norton (2013) defines identity as “how a person understands his or her relationship to the world, how that relationship is structured across time and space, and how the person understands possibilities for the future” (p. 45). The construct of investment theorized by Norton is different from instrumental motivation. Instrumental motivation suggests that learners have “a unitary, fixed, and ahistorical personality,” while Norton’s notion of investment “recognizes that language learners have complex, multiple identities, changing across time and space, and reproduced in social interaction” (Darvin & Norton, 2017, p. 20). Darvin & Norton (2017) believe that “an investment in the target language is an investment in the learner’s own identity” (p. 3). In other words, if learners invest in learning English they “if they anticipate acquiring a wider range of symbolic and material resources that will increase the value of their cultural capital and social power” (Norton, 2019, p. 302).

Norton (2019) believes that despite being highly motivated, when “classroom practices are racist, sexist, or homophobic [...] the learner may have little investment in the language practices of the classroom and demonstrate little progress in language learning” (p. 303). In fact, Darvin & Norton, (2017) assert that “learners invest in L2 when they believe learning it would provide a wider range of material and symbolic resources, and increase the value of their cultural capital and social power” (p. 20). However, “if learners feel marginalized in a classroom or community because of their race, gender, ethnicity, [...] they may not be invested in the language practices of these learning contexts, notwithstanding high levels of motivation” (Darvin & Norton, 2021, p. 2).

Darvin and Norton (2015) developed a model of investment which puts investment “at the intersection of identity, capital, and ideology” and highlights “the connections between identity, capital, and ideology, and the conditions under which language learners invest in the language

practices of the classroom” (Darvin & Norton, 2015, p. 37). Building on this model, Soltanian, Ghapanchi, Rezaei, and Pishghadam (2018) developed a model and questionnaire of investment in order to quantify this construct in Iran as an EFL context. Soltanian et al. (2018) model of investment relies heavily on Norton (1995, 2000) and Darvin and Norton (2015) conceptualization of investment, and consists of six components: commitment to learning, identity, legitimacy, capital, agency, and emerging selves. These components are very similar to the components of Darvin and Norton’s (2015) model. Soltanian et al. (2018) defines the six components of their model “commitment to learning specifies the learner’s dedication in learning English... Identity, a core factor leading to the creation of the construct of investment, indicates how the shifting identities of learners might affect their language learning... Legitimacy emphasizes the argument that language learners should be identified as legitimate members who can claim the right to speak... Capital encompasses the capital gained through language learning... Agency states the language learner’s agency and responsibility in the language classroom... and emerging selves specifies the different selves that language learners may form” (p. 38).

#### 2.4. *English in Iran and TUMS*

To have a clearer picture of English language classrooms at Iran’s medical universities, Post-Revolution Iran’s view of English should be discussed. Post-Revolution Iran seems to directly associate English with the USA and UK (Borjian, 2013, 2015; Davari & Aghagolzadeh, 2015), and since Iran is apprehensive of Western culture, values, and policies, it views English as an instrument of cultural invasion (Davari & Iranmehr, 2021; Tajeddin & Chamani, 2020). Iran perceives English as a threat to the Islamic and national identity of Iranians (Borjian, 2015; Rassouli & Osam, 2019). This view seems to be central in ELT in Iran’s education system (Borjian, 2013, 2015; Davari & Aghagolzadeh, 2015; Iranmehr & Davari, 2017). There is a great concern for “linguistic imperialism” (Phillipson, 1992) through English in Iran and ELT is viewed a tool of linguistic and cultural imperialism of the West (Aghagolzadeh & Davari, 2012, 2014; Akbari, 2008; Karimi & Marandi, 2019; Pishghadam & Zabihi, 2012; Tajeddin & Chamani, 2020). According to Iran National Curriculum Document (2009), ELT must “fixate and reinforce Islamic-Iranian identity” (p. 18). Iran’s English language policies are unclear (Iranmehr & Davari, 2017; Tajeddin & Chamani, 2020); yet, in order to confront cultural invasion the content of foreign-published English language textbooks is commonly censored (Mollanazar, 2011), and locally developed English textbooks do not include anything about non-Islamic or Western cultures (Derakhshan, 2021; Goodrich, 2020). English courses at Iranian universities often aim to prepare students “not to communicate with the English-speaking others, but rather to access the original scientific and academic sources through English.” (Mirzaei & Forouzandeh, 2013, p. 302) and are often instrumental in nature. However, contrary to the Iran’s negative view of English, many Iranians do not seem to view English and foreign cultures as inherently harmful, and seem to be aware of the importance of English in today’s globalized world (Mirzaei & Forouzandeh, 2013; Mohammadian-Haghighi & Norton, 2017; Nameni, 2022; Tajeddin & Alemi, 2021).

At TUMS, medical students have to pass about a total of 13 credits in English before their National Comprehensive Basic Science Exam (NCBSE) (Nameni, 2020). When medical students first enter TUMS, they are assigned to one of the four English language course categories, i.e. 1) English 101, 2) English 102, 3) general English for medical sciences, or 4) specialized English for medicine, based on their performance in an English language placement examination (Shabani & Panahi, 2021). The primary goal of English courses in TUMS appears to be increasing medical students’ proficiency in reading texts in English. Speaking and writing skills, although included in the classroom practice to some extent, do not seem to receive much attention. English courses curriculum includes both locally developed textbooks and foreign textbooks. It seems that these English courses’ main objective is increasing students’ linguistic proficiency and little, if not any, attention is given to promoting cultural awareness through learning English (Nameni & Dowlatabadi, 2019; Nameni, 2020).

Despite the established necessity of doctor–patient communication and IC training in the medical context worldwide, improving these skills has not received much attention in Iran (Nameni,

2020; Nameni & Dowlatabadi, 2019; Tavakol, Murphy, & Torabi, 2005; Zamani, Shams, & Moazzam, 2004). At TUMS, medical students have to attend a 1.5 credits course entitled “communication skills,” which is more of a formality and focuses on rudimentary issues which do not lead to the development of crucial communication skills (Nameni, 2020). Students at TUMS do not attend any workshops focusing on intercultural communication training (see TUMS, 2021). The objectives of the present study urged the researchers to formulate the following research questions:

**Research Question One:** What are the medical students’ self-reported levels of ethnocentrism?

**Research Question Two:** What are the medical students’ self-reported levels of investment in English language learning?

**Research Question Three:** Is there a relationship between the self-reported levels of the medical students’ levels of ethnocentrism and their levels of investment in English language learning?

### 3. Methodology

#### 3.1. Procedures

The present study was conducted using a quantitative research approach through self-report survey questionnaires. A survey research is defined as “the collection of information from a sample of individuals through their responses to questions” (Check & Schutt, 2012, p. 160). The quantitative design of this survey study allowed for data collection from a larger number of individuals (see Creswell, 2013). Quantitative studies are believed to be more consistence and analytic (Hu & Fan, 2011), and have higher reliability and generalizability (Creswell, 2013).

Prior to the data collection, the aims of this study were explained to the prospective participants. The participants were given the Persian-translated versions of the questionnaires. The original questionnaires were translated into Persian using the back translation technique to ensure that participants with different levels of English proficiency would not have any problems understanding the items on the questionnaires. The participants were given the Persian versions of the demographic information form (DIF), contextual information form (CIF), GENE scale (Neuliep & McCroskey, 1997a), and Investment in English Language Learning scale (IELL scale, Soltanian et al., 2018). The first two forms were developed by the researchers. The two instruments used for measuring ethnocentrism and investment were used here since they have been developed based on contemporary conceptualization of ethnocentrism and investment, and have established high internal consistency and validity for use in different contexts. Data were collected using paper-and-pen questionnaires in class before the pandemic outbreak in 2020. The form and the questionnaires took about 15 minutes to complete.

#### 3.2. Participants

A total of 200 Iranian medical students (120 males and 80 females) studying at TUMS took part in this study. The participants were selected through convenience sampling method. Their age ranged between 19 and 25, and they were from five different ethnic backgrounds, that is, Fars, Azari, Kurdish, Lur, and Mazandarani (see Table 1).

Table 1. Participants’ Demographic Information

Category	Subcategory	Frequency	Percent
Gender	Male	120	60
	Female	80	40
Age	19-21	99	49.5
	21-23	88	44
	23-25	13	6.5
English proficiency (Self- perceived)	Beginner	42	21
	Intermediate	124	62
	Advanced	34	17
Ethnicity	Fars	92	46

	Azari/Turk	54	27
	Kurdish	22	11
	Lur	20	10
	Mazandarani	12	6
First language	Farsi	110	55
	Other	90	45
Moderating accent when speaking Persian	No accent	117	58.5
	Never/Rarely	22	11
	Sometimes	17	8
	Often/Always	44	22
Place of residence	Live with family	94	47
	Dormitory	76	38
	Other	30	15

N=200

### 3.3. Instruments

Data were collected using the DIF, CIF, the Persian back-translated versions of GENE Scale (Neuliep & McCroskey, 1997) and IELL scale (Soltanian et al., 2018) using pen and pencil in class.

#### 3.3.1. The DIF

The DIF collected the participants' background information including gender, age, self-perceived level of English language proficiency, ethnic background, L1, accent, and place of residence. The participants who had an accent were asked to state how often they moderated their accent when speaking Persian from 1 "never" to 5 "very frequently". In addition, the participants rated their self-perceived levels of English language proficiency by choosing 1 "elementary," 2 "intermediate," or 3 "advanced."

#### 3.3.2. The CIF

The CIF collected further contextual information. The participants were asked to indicate the ethnic diversity of their place of residence, friends, English classes at university, and English professors at university from 1 "same ethnicity as myself" to 5 "different ethnicity than myself". Further, they stated whether they had any IC training or diversity training, preferred to attend English classes where the professors and classmates were from the same ethnicity as themselves. The participants rated the extent to which they were socially comfortable in their English classrooms from 1 "not comfortable at all" to 5 "very comfortable". They rated the degree to which their linguistic, cultural, social, and material resources were valued in class from 1 "not valued at all" to 5 "strongly valued" and rated the extent to which they regarded their teacher or classmates as worth listening to or speaking with, vice versa from 1 "not worthy at all" to 5 "really worthy". Moreover, they indicated whether they 1 "associated English with English speaking countries", or 2 "considered English an LF", rated their feeling towards Western culture from 1 "strongly negative" to 5 "strongly positive", and their willingness to use EFL and willingness to use Persian as an L2 (PSL) for communication from 1 "strongly unwilling" to 5 "strongly willing". Further, they stated the frequency to which they got exposed to foreign cultures in English via internet and social media, and frequency of discussing English speaking countries' culture in classroom from 1 "never" to 5 "very frequently". They also rated their general motivation in learning English from 1 "not motivated at all" to 5 "strongly motivated". Finally, they indicated the average time they spent studying or doing English homework each week by choosing from 1 "less than 1 hour" to 5 "more than 5 hours".

To check the validity of the GENE Scale (Neuliep & McCroskey, 1997) and IELL scale (Soltanian et al., 2018) in the context of Iran, and to check for any embedded false factors, Principle Factor Analysis (PFA) was run. To determine an overall factor Quartimax rotation method was used. The sampling adequacy and appropriateness for factor analysis were checked using Barlett's test of sphericity and the Kaiser-Meyer-Olkin (KMO). The results showed the data as suitable for analysis (GENE scale: KMO = .877,  $p = .000$ ; IELL scale: KMO = .639,  $p = .000$ ) (see Field, 2005).



### 3.3.3. GENE scale (Neuliep & McCroskey, 1997)

This scale includes 22 items (7 fillers) on a 5-point Likert scale from 1 “strongly disagree” to 5 “strongly agree.” Scores can range from 15 to 75 (mid-point = 45). To further categorize the participants’ ethnocentrism levels, the overall scores of 15–36 were interpreted as “low,” 37–52 as “moderate”, and 53–75 as “high” levels of ethnocentrism. As stated by GENE developers, GENE score and levels of ethnocentrism have a direct relationship, i.e. the higher the score, the higher the ethnocentrism. The PFA for GENE revealed a two-factor structure for the instrument (Appendix A). The first factor accounted for 43.40 %, and the second factor accounted for 12.07 % of the variance. Since 12 items loading on the first factor were positively worded while the other three loading on the second factor were negatively worded, the second factor cannot be conceptually a different dimension from the first one. Varimax rotation method and the minimum un/rotated loading of 0.40, with no loading on another factor higher than the primary one was used. Further, GENE reliability coefficient was 0.84.

### 3.3.4. IELL scale (Soltanian et al., 2018)

This scale consists of 41 items on a 6-point Likert scale from “strongly disagree” to “strongly agree.” However, for the present study, the number of scales was reduced to five. Scores can range from 41 to 205. To further categorize the participants’ investment levels, the overall scores of 41–98.4 were interpreted as “low,” 98.5–139.4 as “moderate,” and 139.5–205 as “high” levels of investment. Some of the items were reverse-coded before running the computation in SPSS because they were negatively keyed items. The PFA for this scale revealed a seven-factor structure for the instrument (Appendix B.). The factors accounted for 72.50 % of the variance. Factors 1 to 7 respectively accounted to 20.11%, 14.72%, 12.21%, 10.13%, 7.40%, 5.24%, and 2.66% of the variance. Varimax rotation method was used and a minimum un/rotated loading of 0.40 was considered, with no loading on another factor higher than the primary loading. Since item 5 was the only item that loaded strongly on factor seven, and did not load on other factors, it was removed from analysis. The scale established a high internal consistency with 0.78 reliability coefficient.

## 4. Results

The first two research questions, the overall ethnocentrism and investment levels of the participants were calculated.

Table 2. The Participants GENE and IELL Scores

	Minimum Score	Maximum score	Mean (Std. Deviation)
GENE	18	45	48.86 (12.90)
IELL	45	205	139.77(44.84)

N=200

The population’s overall ethnocentrism mean score was 48.86, and their overall investment mean score was 139.77 (Table 2). The participants seem to have relatively moderate levels of ethnocentrism and investment in English language learning.

Table 3. Correlations between Ethnocentrism and Investment

	Investment in English language learning	
Ethnocentrism	Pearson Correlation	-.613**
	Sig. (2-tailed)	.000

\*\*Correlation is significant at the 0.01 level (2-tailed).

To address the last research question, the bivariate Pearson correlation was conducted between the participants’ ethnocentrism and their investment in English language learning. The results revealed a significant and strong negative relationship between the two constructs ( $r = -.613$ ,  $p < 0.01$ ) (Table 3).

Table 4. Correlations between the Participants' Ethnocentrism and Investment in English language learning, and DIF and CIF

	Ethnocentrism		Investment in English language learning	
	Spearman Correlation	Sig. (2-tailed)	Spearman Correlation	Sig. (2-tailed)
Age	.110	.182	-.120	.144
English proficiency	-.100	.222	.119	.147
Ethnic background	.180*	.027	.306**	.000
L1	.178*	.030	-.126	.124
Moderating accent 1 <sup>a</sup>	-.701**	.000	-.017	.836
Place of residence	.133	.105	.428**	.001
Ethnic diversity of place of residence	-.467**	.000	.088	.285
Cultural diversity of friends	-.467**	.000	.084	.308
View of English as LF	-.527**	.000	.284**	.000
View of Western culture	-.785**	.000	.567**	.000
Exposure to English speaking countries' culture via internet	-.214**	.000	.144	.079
Discussing English speaking countries' culture in classroom	-.138	.091	.196*	.016
Willingness to use EFL	-.476**	.000	.369**	.000
Willingness to use PSL	-.433**	.000	.353**	.001
Perception of English professor's ethnicity	-.325**	.000	.187*	.022
Perception of classroom ethnic diversity	-.489**	.000	.236**	.004
Preferring professors from the same ethnic background	-.629**	.000	.391**	.000
Preferring classmates from the same ethnic background	-.564**	.000	.356**	.000
Social comfort	-.872**	.000	.559**	.000
Perception of their resources being valued	-.530**	.000	.597**	.000
Participant's perception of being regarded as worthy	-.556**	.000	.490**	.000
View of professors from other ethnic backgrounds as worthy	-.567**	.000	.667**	.000
Participant' view of classmates from other ethnic backgrounds as worthy	-.518**	.000	.558**	.000
General motivation in learning English	-.051	.534	.156	.057
Time studying English/ doing homework	-.980	.233	.227**	.005

\*Correlation is significant at the 0.05 level (2-tailed). \*\*Correlation is significant at the 0.01 level (2-tailed)

<sup>a</sup> These items were applicable to some of the participants.

df= 200

<sup>1</sup> df= 83

<sup>2</sup> df= 90

Finally, the bivariate Spearman correlation analysis was run between the participants' demographic and contextual data, and their ethnocentrism and investment scores (Table 4). The results showed the degree to which the participants with an accent other than Tehrani moderated it when speaking Persian have a significantly strong relationship with their ethnocentrism ( $r = -.701$ ,  $p < 0.01$ ) and investment ( $r = .467$ ,  $p < 0.01$ ). The degree of the ethnic diversity of the participants' friends correlated negatively with their ethnocentrism ( $r = -.467$ ,  $p < 0.01$ ) and positively with their investment ( $r = .284$ ,  $p < 0.01$ ). The participants' ethnocentrism and investment correlated with their view of Western culture (respectively  $r = -.785$ ,  $p < 0.01$ ;  $r = .567$ ,  $p < 0.01$ ), and viewing English as a lingua franca ( $r = -.527$ ,  $p < 0.01$ ;  $r = .322$ ,  $p < 0.01$ ). The two constructs also correlated with the students' willingness to use EFL ( $r = -.476$ ,  $p < 0.01$ ;  $r = -.373$ ,  $p < 0.01$ ) and PSL ( $r = -.433$ ,  $p < 0.01$ ;  $r = .452$ ,  $p < 0.01$ ).

The participants' ethnocentrism and investment had a significantly strong relationship with the degree of social comfort in classroom ( $r = -.872$ ,  $p < 0.01$ ;  $r = .559$ ,  $p < 0.01$ ). In addition, the participants' levels of ethnocentrism and investment correlated with their preference of professors ( $r = -.629$ ,  $p < 0.01$ ;  $r = .396$ ,  $p < 0.01$ ) and classmates from the same ethnicity as themselves ( $r = -.564$ ,  $p < 0.01$ ;  $r = .383$ ,  $p < 0.01$ ). Moreover, the participants' ethnocentrism and investment correlated with their perception of their resources being valued in class ( $r = -.530$ ,  $p < 0.01$ ;  $r = .597$ ,  $p < 0.01$ ), and their

perception of being regarded as worthy ( $r=-.556$ ,  $p < 0.01$ ;  $r=.490$ ,  $p<.01$ ). Ethnocentrism and investment had a significant relationship with view of professors ( $r=-.567$ ,  $p < 0.01$ ;  $r=.699$ ,  $p<.01$ ), and classmates ( $r=-.518$ ,  $p < 0.01$ ;  $r=.558$ ,  $p<.01$ ) from other ethnic backgrounds as worthy. The correlation between the participants' view of their English professors from other ethnic backgrounds as legitimate and credible, and their investment ( $r=.699$ ,  $p<.01$ ) appears to be the strongest one in this study. In addition, the medical students' perception of the degree to which their own capital was valued in their classroom had the second strongest and significant relationship with investment ( $r=.597$ ,  $p<.01$ ), which confirms the central role affordances and positioning have in fostering investment as pointed out by Darwin and Norton (2015, 2021).

## 5. Discussion

The first two research questions sought to measure the medical students' levels of ethnocentrism and investment in English language learning. The data analysis revealed that, overall, the participants had relatively moderate levels of ethnocentrism and investment in English language learning. These findings seem to be in line with those of Nameni's (2020) study that reported the level of Iranian medicals students' ethnocentrism as moderate, but contradict the finding of several other studies (e.g. Asgharzadeh, 2007; Haghish et al., 2012; Heydari et al., 2014; Roustakhiz & Naderi, 2020). The participants' moderate levels of ethnocentrism could be surprising since they do not have many opportunities for direct IC, have not attended any intercultural communication training workshops, and live in a country where a negative attitude towards other cultures, particularly foreign or non-Islamic cultures is propagated.

The data analysis showed that more ethnocentric medical students tended to come from less ethnically diverse places, and have less exposure to Western culture via internet. The participants' exposure to Western or foreign cultures via the internet could contribute to their lower levels of ethnocentrism. The indirect exposure to foreign cultures via internet could make students more curious about other cultures, and could provide them a platforms to explore different aspects of other cultures. This could potentially lead to greater knowledge and awareness about the similarities and differences among foreign cultures and the local culture. Other studies have acknowledged the important role of social media in increasing Iranians' exposure to different aspects of foreign cultures, and assert that this exposure has greatly influenced and shaped Iranians' cultural attitudes and behavior (e.g. Khoshsabk & Southcott, 2019; Nameni, 2020, 2022; Nameni & Dowlatabadi, 2019; Young, Shakiba, Kwok, & Montazeri, 2014).

Correlation analysis was conducted to answer the last research question. The results showed a strong negative relationship between ethnocentrism and investment in English language learning. In other words, more ethnocentric participants were less invested in learning English in their ethnically diverse English classrooms at university compared to their less ethnocentric counterparts. To explain these results, various demographic and contextual factors were taken into account, and the relationship between these factors and the participants' ethnocentrism and investment in English language learning were checked using correlation analysis. The results showed a significant relationship between many of these contextual factors and the two constructs under study.

The data analysis showed that those students who had fewer friends from other cultural backgrounds, got less exposed to English speaking countries' culture, and believed their English professors and classmates were from other ethnic backgrounds than themselves more often had higher levels of ethnocentrism and lower levels of investment in English language learning. It has been established that more ethnocentric people have a greater sense of superiority and are often biased against people from other cultural background (Neuliep, 2002, 2017a, 2017b). The findings of this study suggest that more ethnocentric medical students prefer to study with people they see as ingroups. As the data analysis showed, most of the ethnocentric participants in the present study stated that they did not feel socially comfortable in their multi-ethnic classrooms and preferred to attend English classrooms where the professor and classmates came from the same ethnic background as themselves. These students may prefer this because being in a classroom with ingroups could give ethnocentric students a greater sense of comfort, security, and satisfaction.

When students regard others as less legitimate or worthy, they might simply avoid interaction. Being in a multi-ethnic environment could trigger students' ethnocentric orientation and could potentially lead to psychological pressure and a feeling of social discomfort and lower investment in learning.

Interestingly, the findings of this study suggest that more ethnocentric participants often believed that their linguistic and cultural resources were not valued in their classrooms. This could be a significant reason why these students were less invested in the language practices of their classrooms. It has been asserted that the degree to which teachers acknowledge learners' resources as symbolic capital has a central role on the learners' investment in English language learning (Darvin 2019). Moreover, the findings showed that more ethnocentric students often regarded their professors and classmates from other ethnic backgrounds as less legitimate and worthy to communicate with. Not only the degree of being considered as legitimate by the teachers has a great impact on investment, the extent to which learners themselves regard their teachers as legitimate, credible, and worthy influences their investment (Norton, 1995, 2000, 2013b, 2019; Darvin & Norton, 2015, 2017, 2021). When learners feel marginalized in a language classroom they may not invest in the language practices despite being generally motivated in learning (Darvin & Norton, 2021).

In addition, the findings of the present study suggest that more ethnocentric participants who tended to moderate their accent less often when speaking Persian were shown to invest less in learning English in multi-ethnic classrooms. Most of these students were not really willing to use EFL or PSL for communication. The literature suggests that while people from different cultural backgrounds tend to reduce their accent when speaking the official language of the society and adopt the standard accent when they wish to be associated with the majority group, they often keep their accent when they would like to be identified as a member of their own ethnic group (Kinzler et al. 2009; Gluszek et al., 2010). It is possible to explain this by considering the ethnolinguistic vitality, i.e. "a group's ability to maintain and protect its existence in time as a collective entity with a distinctive identity and language" (Giles, Bourhis, & Taylor, 1977, p. 308). In addition, ethnocentric people tend to use ethnocentric speech (Lukens, 1978) which could create a communicative distance (Gudykunst & Kim, 2004; Lukens, 1978; Peng, 1974). It is possible that more ethnocentric medical students who have a strong emotional link to their L1, would prefer to use it as an act of self-determination when interacting with people from the dominant culture. These students could possibly find learning or using L2 a threat to their L1 and identity, especially when they associate the new language directly with outgroups with whom they have a high cultural distance. The review of literature showed that Iran has a quite negative attitude towards English, and condemns and devalues Western culture (Davari & Iranmehr, 2021; Tajeddin & Chamani, 2020). This systemic negative attitude could potentially influence some Iranians' view of English, especially those Iranians whose ideology is closer to that of the country's government, and lead them to see English as the language of "others" who are a threat to local culture and religious values (Ekstam & Sarvandy, 2017; Nameni, 2022). More ethnocentric medical students who speak Persian with a non-standard accent could be subject to attitudes from their peers or may avoid interaction. Clearly, this communication avoidance and gap could intensify medical students' negative feelings and social discomfort and could lead to disinvestment in learning.

Considering the findings of this study, lack of social comfort could be viewed as the main factor leading to more ethnocentric Iranian medical students' lower levels of investment in English language learning in multi-ethnic classrooms. Other factors such as unwillingness to speak Persian, preferring to attend classes where the professor and students come from the same ethnic background, feeling of not being valued in classroom could potentially lead to a greater feeling of social discomfort. When students feel a great cultural distance from others in their classroom, they could simply choose to avoid communication with them and perhaps feel isolated and feel that they do not belong to the classroom. These feeling could make more ethnocentric medical student react by showing greater bias against their professors or classmates, and view them as less legitimate or credible, and these attitudes could lead to disinvestment in the language practices of the class.

Finally, the participants' motivation in learning English did not correlate with their investment in this study, which confirms that even motivated language learners may not invest in learning English language in all contexts (Norton, 1995, 2013b; Darvin & Norton, 2015, 2012).

In addition to answering the research questions, the findings of this study showed that the instrumental and culture-free approach to ELT at universities does not make learners who have higher levels of ethnocentrism and the students whose view of English and Western culture is negative, invest in English language learning. Most of the participants in the present study indicated that English countries' culture was not discussed in their English classrooms; yet, the data analysis showed that discussing culture in classroom had a positive relationship with investment. This suggests that eliminating target culture and cross-cultural discussions from classroom practice would lower the efficiency of English language programs for all students while integrating culture in classroom could potentially increase learners' investment. Thus, removing target culture from ELT due to a fear of cultural imperialism seems to be illogical.

## 6. Conclusion

This study confirms the negative relationship between ethnocentrism and investment in English language learning in multi-ethnic university classrooms, and highlights the need to address these medical students' ethnocentric traits. Doctors' high levels of ethnocentrism and insufficient language skills could cause miscommunication, hinder IC, and harm patients (Arasaratnam & Banerjee, 2007; de Moissac & Bowen, 2019). While investment is a very complicated construct and could be influenced by different factors (Darvin & Norton, 2015, 2017, 2021; Norton, 2019), this study shows that medical students' ethnocentrism could strongly contribute to their investment. In other words, in addition to hindering effective IC (Neuliep, 2015), high ethnocentrism can lower students' investment in English language learning, which is the predominant language in medicine and is considered an LF in today's globalized world. Thus, this study suggests that ethnocentrism damage to IC is two-fold. By addressing medical students' ethnocentrism, educators could both promote their investment, and improve their performance as doctors in future and take a step towards achieving a bigger share of the world health tourism industry.

## 7. Practical Implications

Considering the immense impact of ethnocentrism on investment in English language learning in multi-ethnic setting as shown in this study, lowering ethnocentric attitudes and increasing students' social comfort in the classrooms are essential in having effective and efficient language programs. This study suggests that by designing programs and extracurricular events that bring Iranian medical students from different ethnic backgrounds together with international students, universities could increase direct IC on campus. As discussed earlier in the literature review, international medical students attend different classes and stay at different dormitories than Iranian medical students at TUMS. This way medical students miss out the great opportunity for "direct contact" (Allport, 1958; Pettigrew, 1998, 2016) and meaningful interaction with people from foreign cultures using English. Yet, by creating more opportunities for positive contact among Iranian medical students from different ethnic backgrounds and the international students, universities could greatly increase the likelihood of cross-cultural friendship. Cross-cultural friendship is really essential for medical students since it could reduce intergroup prejudice (Levin, Van Laar, & Sidanius, 2003; Pettigrew & Tropp, 2008) by making them "take the perspective of outgroup members and empathize with their concerns" (Pettigrew & Tropp, 2008, p. 923). Through positive contact with peers from other cultures, ethnocentric medical students could understand that "ingroup norms and customs turn out not to be the only ways to manage the social world. This new perspective can reshape [their] view of [their] ingroup and lead to a less provincial view of outgroups in general" (Pettigrew, 1998, p. 72). Therefore, consistent IC is what medical students need could to increase the likelihood of develop new perspectives (Luo & Jamieson-Drake, 2013; Krajewski, 2011) and seeing themselves and others as cultural beings.

## 8. Limitations and Future Studies

The present study sample size was relatively small and there were relatively fewer female participants than male participants. Thus, future research could survey a bigger population of medical students from more diverse ethnic backgrounds. A mixed-method design empirical research could give a multidimensional record of ethnocentrism in Iran's medical universities and its impact on the students. Future studies could explore the influence of medical students' religious and political orientations on their ethnocentrism and views of English.

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**Appendix A**

## Principal Component Factor Analysis on GENE Scale

Items	Components	
	1	2
1 "Most other cultures are backward compared to my culture."	.716	
2 "My culture should be the role model for other culture."	.727	
4 "Lifestyles in other cultures are just as valid as those in my culture."		.693
5 "Other cultures should try to be more like my culture."	.775	
7 People in my culture could learn a lot from people of other cultures.		.759
8 "Most people from other cultures just don't know what's good for them".	.660	
9 "I respect the values and customs of other cultures."		.752
10 "Other cultures are smart to look up to our culture."	.535	
11 "Most people would be happier if they lived like people in my culture."	.740	
13 "People in my culture have just about the best lifestyles of anywhere."	.807	
14 "Lifestyles in other cultures are not as valid as those in my culture."	.576	
18 "I do not cooperate with people who are different."	.745	
20 "I do not trust people who are different."	.672	
21 "I dislike interacting with people from different cultures."	.710	
22 "I have little respect for the value and customs of other cultures."	.838	

Items 3, 6, 12, 15, 16, 17, and 19 are fillers.

N= 200

## Appendix B

## Principal Component Factor Analysis on IELL Scale

Items	Components							
		1	2	3	4	5	6	7
1	"I find studying English more interesting than other subjects."						.587	
2	I like to keep studying English in school, college or institute."						.664	
3	"I study English just to pass the exams not anything more."						.703	
4	"Learning the English language is worth spending a lot of money and time."						.913	
5	"I hate those people whose Persian is mixed with English words."							.811
6	"I think using digital technology in language class can enrich the content of our lesson and consequently our learning."						.919	
7	"For me, it's meaningless to talk about personal changes after learning English (e.g. learning English does not have a great impact on my self-confidence)."				.746			
8	"Studying English makes me able to create new thoughts."				.702			
9	"After learning English, I feel I have a hybrid identity (combination of both national and international identities)."				.682			
10	"After learning English, I find myself more sensitive to changes in the outside world."				.630			
11	"After learning English, I feel my behavior has become somewhat westernized."				.632			
12	"I feel less belonging to my country and people if I speak English fluently (Learning English is a threat to my national identity)."				.784			
13	"My engagement with digital technology in language class makes me feel more empowered"				.781			
14	"By using digital technology for language learning, I experience identities that I had once only imagined."				.814			
15	"Initially, I was silent in language class, but gradually I changed."			.607				
16	I am afraid that other people will laugh at me when I speak English."			.645				
17	"If I am given more status, and respect in the class, I feel more comfortable using English."			.725				
18	"If the language teacher is not patient with my English and does not care about me and my goals and wishes, I feel isolated and silenced in class."			.625				
19	"I would refuse to be silenced in class even if I were ashamed of my language. (I cannot give up despite my feelings of inferiority)."			.812				
20	"The language teacher must call me by name so that I can speak in class; otherwise, I won't speak."			.824				
21	"In today digitally advanced society, I can convey my ideas to others better in English."			.488				
22	"I feel frustrated when I cannot use the modern technology pivoted on using English."			.910				
23	"I like my instructor to connect the language learning material to the everyday, lived experiences of the			.887				

	learners.”	
24	“I am eager to learn English so that I can enjoy respect from educated people (e.g. studying English helps me gain the approval of my teachers).”	.881
25	“My limited language proficiency has placed constraints on my ambitions.”	.734
26	“I value English for the access it gives me to the public world- the outside world (e.g. by learning English I can find and meet new friends across the world).”	.914
27	“I can earn money by learning English (e.g. I can be a tour guide).”	.701
28	“I perceive by learning English I can have access to social networks which are appropriate for my educational level.”	.863
29	“By using English in this high-tech world, I can earn more prestige, empowerment, honor, and fame nationally and transnationally.”	.902
30	“My confidence and self-esteem are improved as my English proficiency grows”	.883
31	“I am the only one who is responsible for not being able to communicate in English.”	.934
32	“In my English class, I experience a greater degree of freedom and control in the learning process, and this is enjoyable to me.”	.815
33	“Studying English makes me more confident in expressing myself freely.”	.966
34	“In my language class, I am accustomed to and expect to be told what to do (I always need to have the language teacher around to help me).”	.883
35	“I think if I am fully involved in language learning activities, I can improve my level.”	.894
36	“I feel I can have more agency (independence) in the virtual interaction with English speakers internationally than face-to-face interaction.”	.983
37	“I feel that gaining power through learning English is easier as I lead an increasingly mobile life.”	.970
38	“The person I would like to be in the future is the one who communicates in English very well both in face-to-face and virtual interactions.”	.736
39	“I am afraid of being perceived as less competent in English language classes by my teacher or peers (because I cannot react to peers’ initiatives or follow instructions given in class).”	.892
40	“Learning English is important because the people I respect think that I should do it.”	.909
41	“I can imagine myself using English effectively to communicate with international friends or colleagues.”	.883
42	“When I become a very good speaker of English, with my English knowledge I will be able to do things that I am not able to do now.”	.845

N=200