

THE CURRENT SITUATION OF LEARNER AUTONOMY IN LEARNING ENGLISH FOR SPECIFIC PURPOSES AMONG PREVENTIVE MEDICINE STUDENTS AT A MEDICAL UNIVERSITY IN VIETNAM

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ABSTRACT

This study investigates the current situation of learner autonomy in learning English for Specific Purposes (ESP) among Preventive Medicine students at Thai Nguyen University of Medicine and Pharmacy (TUMP). A descriptive quantitative design was used with 151 third- and fourth-year students. A structured questionnaire adapted from Holec (1981), Benson (2001), Borg and Al-Busaidi (2012), and Nguyen and Gu (2013) measured learners' attitudes, behaviors, and strategies related to autonomous learning. Results indicated a moderate level of learner autonomy across all dimensions: attitudes ($M = 3.17$), behaviors ($M = 3.04$), and learning strategies ($M = 3.01$). Students demonstrated positive awareness of autonomy but lacked consistency in self-directed behaviors and metacognitive strategies. The findings highlight the need for pedagogical interventions, including explicit strategy training, reflective learning, and the integration of authentic materials and digital tools to enhance learner autonomy in English for Medical Purposes (EMP).

Keywords: learner autonomy, English for Specific Purposes, Preventive Medicine, ESP learning strategies, medical English.

1. INTRODUCTION

In the context of global integration and the growing demand for English proficiency in the healthcare field, English for Specific Purposes (ESP), particularly English for Medical Purposes (EMP), has become an indispensable component in medical education. For students of Preventive Medicine, English proficiency is not only essential for reading medical literature and research papers but also for participating in international training programs, collaborating in global health projects, and accessing updated knowledge in public health and epidemiology. Therefore, developing learner autonomy in learning English for Specific Purposes is of great significance to improve both language competence and professional capacity.

Learner autonomy, as defined by Holec (1981), refers to the ability of learners to take responsibility for their own learning process, including setting goals, selecting learning strategies, monitoring progress, and evaluating outcomes. In the Vietnamese higher education context, the concept of autonomous learning has been increasingly emphasized in recent years, especially under the Ministry of Education and Training's policy promoting competency-based education and lifelong learning. However, in practice, many students in medical universities still rely heavily on teachers, use limited self-directed learning strategies, and show low motivation and confidence in independent study. These issues are particularly noticeable in specialized courses such as

English for Preventive Medicine, where technical vocabulary and professional contexts pose additional challenges.

At Thai Nguyen University of Medicine and Pharmacy (TUMP), English for Specific Purposes courses for Preventive Medicine students aim to equip learners with communicative competence in professional contexts and the ability to read, write, and discuss topics related to public health, disease prevention, and community medicine. Despite these goals, many students struggle with self-directed learning behaviors such as setting personal learning objectives, seeking supplementary materials, and reflecting on their learning progress. The lack of learner autonomy not only limits their English language improvement but also hinders their ability to become competent medical professionals capable of engaging in global health discourse.

Given this situation, investigating the current state of learner autonomy in learning English for Specific Purposes among Preventive Medicine students is both timely and necessary. Such a study provides valuable insights into students' perceptions, attitudes, and practices related to autonomous learning, as well as the institutional and pedagogical factors influencing their autonomy. The findings can help teachers design more effective learner-centered strategies, improve course content, and foster an environment that supports independent learning. Moreover, the study contributes to the growing body of research on learner autonomy in ESP contexts in Vietnam, offering implications for both language teaching and curriculum development in medical universities.

2. LITERATURE REVIEW

1. Concept of Learner Autonomy

Learner autonomy, first introduced by Holec (1981), is defined as “the ability to take charge of one’s own learning.” This ability includes taking responsibility for setting learning goals, selecting appropriate strategies, monitoring progress, and evaluating outcomes. Later scholars such as Little (1991), Benson (2001), and Dickinson (1995) expanded this definition, emphasizing that autonomy is not synonymous with learning in isolation but involves a sense of ownership, reflection, and self-direction within social and institutional contexts.

In language education, learner autonomy is viewed as a key factor that enhances motivation, engagement, and lifelong learning. According to Benson (2011), autonomy is both a psychological capacity and a behavioral practice that allows learners to manage their learning processes effectively. Within English for Specific Purposes (ESP), learner autonomy plays an essential role since students must actively integrate language learning with their specialized disciplines, requiring higher levels of responsibility and independent study (Hyland, 2006; Basturkmen, 210).

2. Attitudes toward Autonomous Learning

Attitudes represent the learners' internal readiness, beliefs, and motivation toward self-directed learning. Positive attitudes are fundamental for developing autonomy because they determine whether learners are willing to take initiative and assume responsibility for their learning outcomes (Dickinson, 1995; Wenden, 1998).

Learners with favorable attitudes toward autonomy tend to view learning as a lifelong process and believe in their own capacity to control and regulate it (Little, 1995). They are intrinsically motivated and see teachers as facilitators rather than sole sources of knowledge. In contrast, negative attitudes—often influenced by teacher-centered traditions—may lead to dependency and lack of initiative (Borg & Al-Busaidi, 2012).

In Asian contexts, including Vietnam, the shift from traditional teacher-led approaches to learner-centered education has faced attitudinal barriers. Studies by Nguyen (2012) and Pham (2019) revealed that Vietnamese learners recognize the importance of autonomy but often lack confidence and experience in managing their own learning. Hence, nurturing positive attitudes is an essential first step toward building autonomy among ESP learners, particularly those in medical fields who require lifelong updating of knowledge in English.

3. Autonomous Learning Behaviors

Behavioral autonomy refers to the observable actions that demonstrate learners' initiative and self-management in the learning process. Benson (2001) described this as "control over learning management," which includes planning, organizing, and implementing learning activities. Learners exhibiting autonomous behaviors often set personal goals, monitor their learning progress, seek additional resources, and evaluate outcomes without constant teacher supervision (Reinders, 2010).

Autonomous learning behaviors can take various forms, such as setting weekly study plans, engaging with authentic English materials, participating actively in classroom discussions, and practicing language skills beyond formal lessons. According to Oxford (2011), self-regulated learners adopt behavioral patterns like time management, effort regulation, and help-seeking, which correspond closely with autonomy.

In ESP contexts, especially in English for Medical Purposes (EMP), behavioral autonomy is expressed through independent reading of professional texts, vocabulary building using specialized glossaries, and application of English in practical scenarios such as presentations or case analyses (Ferguson, 2013). However, research in Vietnamese universities (Tran, 2020; Nguyen & Gu, 2013) indicates that students often lack consistent habits of autonomous behavior due to limited access to learning materials and a strong reliance on teacher guidance.

4. Learning Strategies for Autonomous Study

Learning strategies are the specific techniques and methods that learners employ to enhance comprehension, retention, and use of knowledge. Oxford (1990, 2003, 2011) classified them into cognitive, metacognitive, and socio-affective strategies, all of which contribute to learner autonomy. Metacognitive strategies—such as planning, monitoring, and evaluating—enable learners to regulate their learning consciously, while cognitive strategies (e.g., note-taking, summarizing, analyzing) help process information more effectively. Socio-affective strategies, such as collaboration and seeking feedback, support motivation and persistence.

Wenden (1998) and Victori & Lockhart (1995) highlighted that learners who can choose, adapt, and combine strategies according to their learning goals display higher levels of autonomy. Similarly, Zimmerman's (2002) model of self-regulated learning underscores the cyclical process of forethought, performance, and self-reflection, aligning closely with autonomous strategy use.

In ESP and EMP learning, strategy-based autonomy is critical. Students are expected to select appropriate materials (e.g., WHO reports, PubMed articles), use digital tools for vocabulary management, and apply strategies like self-assessment or peer evaluation (Srikrai, 2019). Research by Lai (2017) also shows that integrating technology—such as online platforms, e-portfolios, and AI feedback tools—enhances strategic autonomy by allowing learners to personalize and monitor their own learning paths.

5. Relationships among Attitudes, Behaviors, and Learning Strategies

Attitudes, behaviors, and learning strategies are interrelated components that collectively shape learner autonomy. Positive attitudes foster motivation and willingness to act; these, in turn,

translate into autonomous behaviors such as self-management and active engagement. Effective strategy use then supports and sustains both positive attitudes and independent behaviors (Benson, 2011; Oxford, 2011).

A learner who is motivated (attitudinal), takes initiative (behavioral), and employs appropriate strategies (strategic) demonstrates a high level of autonomy. Conversely, negative attitudes can limit strategic engagement and reduce self-directed behavior. Research in Vietnam (Nguyen & Gu, 2013; Pham, 2019) suggests that training in learning strategies combined with motivational support can significantly enhance learner autonomy, especially in ESP programs where content demands are high and teacher guidance is limited.

6. Learner Autonomy in ESP and Medical Contexts

In English for Medical Purposes, learner autonomy is especially crucial because medical students must continuously update knowledge through English-language research and resources. Herron et al. (2018) found that students who demonstrated higher autonomy in learning medical English were more successful in understanding clinical cases, reading research articles, and communicating with patients in English. Similarly, Srikrishna (2019) indicated that integrating autonomous learning strategies, such as self-assessment, goal setting, and use of online resources, enhanced both learners' motivation and performance in EMP courses.

However, studies in Vietnamese medical universities (Nguyen, 2021; Tran, 2020) reveal that despite recognizing the importance of autonomous learning, many students still depend heavily on teachers and textbooks. Limited language proficiency, lack of access to authentic materials, and time constraints due to demanding medical curricula are major barriers. Thus, developing learner autonomy through attitudes, behaviors, and learning strategies is both a pedagogical and institutional priority.

In summary, the literature shows that learner autonomy encompasses three interrelated dimensions:

Attitudes – learners' beliefs, motivation, and willingness to take responsibility;

Behaviors – self-directed actions, goal setting, use of resource; and Learning Strategies – the techniques that facilitate effective and independent learning.

Each dimension contributes uniquely to the development of autonomous learning. Positive attitudes create readiness, autonomous behaviors put autonomy into practice, and effective strategies sustain continuous improvement. In the context of English for Preventive Medicine at TUMP, understanding these dimensions provides a strong foundation for assessing students' autonomy and for designing pedagogical interventions to enhance self-directed learning.

In summary, previous research has confirmed the crucial role of learner autonomy in improving learning outcomes and fostering lifelong learning skills in ESP and EMP contexts. However, in Vietnam, particularly in medical universities, there remains a lack of empirical studies focusing on learner autonomy in specialized English courses. Given the unique demands of Preventive Medicine—where English proficiency supports research, communication, and global health collaboration—it is important to examine how students at Thai Nguyen University of Medicine and Pharmacy perceive and practice autonomous learning.

This study, therefore, aims to investigate the current situation of learner autonomy in learning English for Specific Purposes among Preventive Medicine students, identify influencing factors, and propose pedagogical recommendations to enhance autonomous learning in EMP courses.

3. METHODOLOGY

1. Research questions

1. What is the current level of learner autonomy in learning English for Specific Purposes among Preventive Medicine students at Thai Nguyen University of Medicine and Pharmacy?
2. What pedagogical solutions can be applied to improve learner autonomy in learning English for Specific Purposes among 3rd- and 4th-year Preventive Medicine students at Thai Nguyen University of Medicine and Pharmacy?

2. Research design

This study employed a descriptive quantitative research design aimed at investigating the current state of learner autonomy in learning English for Specific Purposes (ESP) among Preventive Medicine students at Thai Nguyen University of Medicine and Pharmacy (TUMP). The study also sought to propose pedagogical solutions to enhance students' autonomy in their ESP learning.

The quantitative approach was chosen because it allows for systematic data collection, numerical analysis, and objective interpretation of the participants' attitudes, behaviors, and learning strategies related to autonomous learning. A survey questionnaire was used as the main research instrument to gather data from a relatively large group of students efficiently and reliably.

3. Subjects of the study

The subjects of this study consisted of 151 students majoring in Preventive Medicine at Thai Nguyen University of Medicine and Pharmacy (TUMP). They were selected from the third- and fourth-year cohorts who are currently taking English for Specific Purposes (ESP) courses in their curriculum.

These students were chosen because they had already completed 3rd and 4th English for medical Purposes (EMP) courses during their first and second years. Therefore, they represented a suitable population for investigating the current state of learner autonomy in learning English for their professional field.

All participants voluntarily completed the questionnaire designed to measure the level of their autonomy in learning English for Specific Purposes. The study ensured confidentiality and anonymity of all respondents, and participation was based on informed consent.

4. Research setting

This study was conducted at Thai Nguyen University of Medicine and Pharmacy (TUMP), one of the key higher education institutions in northern Vietnam responsible for training healthcare professionals, including doctors, pharmacists, nurses, and preventive medicine specialists. The university aims to equip students not only with professional medical knowledge and clinical skills but also with the ability to use English effectively in their academic and professional development, particularly in research, communication, and international collaboration.

5. Data collection instrument

A structured questionnaire was designed as the main instrument for data collection. It was adapted from previous studies on learner autonomy (Holec, 1981; Benson, 2001; Borg & Al-Busaidi, 2012; Nguyen & Gu, 2013) and modified to fit the ESP context of Preventive Medicine.

The questionnaire comprised three main parts corresponding to the dimensions of learner autonomy. Part A including question 1 to 7 is used to measured Attitudes toward autonomous learning. Part B with 10 items is used to measured autonomous learning behaviors. Part C, Learning strategies for autonomous study, comprises of question 18 to 27. Each item was rated on a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The questionnaire was reviewed by three experts in ESP teaching and educational research to ensure content validity, and it was piloted with 20 students from another medical faculty to check for clarity and reliability. The Cronbach's Alpha reliability coefficient for the final questionnaire was 0.89, indicating a high level of internal consistency.

4. RESULTS AND DISCUSSION

1. Attitudes toward Autonomous Learning

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
1. Learning medical English is primarily my responsibility rather than the teacher's.	151	1	5	3.28	.932
2. I feel confident that I can improve my medical English through self-study.	151	1	5	3.19	.922
3. Autonomous learning is important for my future career in preventive medicine.	151	1	5	3.17	.948
4. I am motivated to learn medical English even when it is not required for a grade.	151	1	5	3.11	.942
5. I often make all learning decisions by myself without any help	151	1	5	3.26	.844
6. Evaluating my own progress is a necessary part of learning medical English.	151	1	5	2.95	.975

7. I believe autonomous learning helps me understand public health texts more deeply.	151	1	5	3.25	.864
Valid N (listwise)	151				

The results of Section A ($M = 3.17$) indicate that students hold moderately positive attitudes toward autonomous learning. They generally recognize that learning English for medical purposes is their own responsibility ($M = 3.28$) and that autonomy contributes to deeper understanding of professional content ($M = 3.25$). However, their motivation for self-study beyond grade requirements ($M = 3.11$) and their habit of evaluating progress ($M = 2.95$) remain weak.

This combination suggests that students possess awareness without consistent application. They conceptually value autonomy but have not internalized it as a learning habit. Similar findings were noted by Borg and Al-Busaidi (2012), who reported that learners in contexts dominated by teacher authority often support autonomy in theory but depend on the teacher in practice.

Hence, attitudinal readiness exists but requires structured support to translate belief into behavior.

2. Autonomous Learning Behaviors

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
8. I set specific goals (e.g., weekly reading targets on epidemiology/public health).	151	1	5	3.14	.817
9. I keep a study schedule for English practice outside class.	151	1	5	3.25	.925
10. I monitor my progress and adjust my plans when needed.	151	1	5	3.19	.862
11. I search for authentic resources (WHO, CDC, PubMed, reports, videos).	151	2	4	2.30	.681
12. I maintain a personal glossary of medical terms and review it regularly.	151	1	5	2.89	.644

13. I practice using English in real contexts (presentations, case discussions, role-plays).	151	1	5	2.88	.938
14. I ask for feedback from teachers or peers to improve my English.	151	1	5	3.13	.874
15. I actively participate in ESP class/group tasks.	151	1	5	3.40	.932
16. I rarely study English unless there is an immediate assignment.	151	1	5	3.05	.885
17. I reflect after lessons to identify what I need to improve next.	151	1	5	3.13	.889
Valid N (listwise)	151				

The results of Section B ($M = 3.04$) show that students' autonomous learning behaviors are moderate and selective. They actively participate in group tasks ($M = 3.40$) and maintain some personal study schedules ($M = 3.25$), but they rarely search for authentic medical resources ($M = 2.30$) or apply English in real-life contexts ($M = 2.88$).

This reflects a pattern of reactive autonomy (Littlewood, 1999), in which students perform autonomous actions only within structured frameworks, such as classroom assignments or teacher-led activities. In contrast, proactive autonomy, which involves self-initiated exploration, is still limited. Students' dependency on guided materials rather than self-selected sources suggests a lack of confidence and skills in handling domain-specific English materials, such as WHO or CDC reports.

These findings are comparable with Benson (2001) and Nguyen & Gu (2013), who found that Asian learners often require scaffolded environments to transition from teacher reliance to independent learning. In the ESP context, this is particularly relevant because the complexity of medical vocabulary and technical discourse can discourage students from independent exploration.

3. Learning Strategies for Autonomous Study

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
18. I use metacognitive strategies (plan–monitor–evaluate) during my study.	151	2	4	2.34	.652

19. I apply note-taking, summarizing, paraphrasing to learn from medical texts.	151	2	4	2.66	.894
20. I set quantitative targets (e.g., learn 10 new terms/day; one article/week).	151	1	5	3.32	.696
21. I use self-assessment (checklists, quizzes, flashcards) to check understanding.	151	1	5	3.03	.812
22. I track progress with journals/apps/e-portfolios.	151	1	5	2.80	.902
23. I collaborate with classmates (share materials, peer teach, study groups).	151	2	4	2.88	.791
24. I use digital tools (corpora, dictionaries, citation tools, AI feedback) appropriately.	151	2	5	4.01	.305
25. I adapt my strategies when they are not effective.	151	1	5	2.98	.955
26. I review and consolidate after each lesson (spaced repetition, retrieval practice).	151	1	5	3.35	1.008
27. I rely only on the coursebook and avoid other resources.	151	1	4	2.74	.854
Valid N (listwise)	151				

Section C ($M = 3.01$) reveals that students employ a limited range of autonomous learning strategies. They frequently use digital tools ($M = 4.01$), review lessons regularly ($M = 3.35$), and set quantitative targets ($M = 3.32$), indicating growing reliance on technology and structured repetition. However, their use of metacognitive strategies (planning, monitoring, evaluating) remains very low ($M = 2.34$), and only a few engage in systematic self-assessment ($M = 3.03$) or reflective journaling ($M = 2.80$).

This imbalance between technological engagement and strategic reflection aligns with Benson's (2011) argument that digital proficiency alone does not constitute autonomy; it must be coupled

with self-regulation and strategic awareness. In other words, students are digitally active but strategically passive — they use tools effectively but seldom evaluate how those tools contribute to learning outcomes.

4. Comparing the three dimensions reveals a consistent pattern:

Attitudes ($M = 3.17$) are slightly higher than behaviors ($M = 3.04$) and strategies ($M = 3.01$).

Students believe in the value of autonomy but lack behavioral consistency and strategic competence to sustain it.

This gap between belief and practice reflects the “belief–action discrepancy” noted by Borg and Al-Busaidi (2012) and Nguyen & Gu (2013) in similar EFL/ESP contexts. The findings confirm that learner autonomy development is a gradual process, influenced by cultural, institutional, and pedagogical factors. The traditional teacher-centered system in Vietnam may have limited opportunities for self-directed learning, especially in specialized disciplines like Preventive Medicine, where students rely heavily on expert guidance for understanding complex medical content.

Furthermore, students’ stronger engagement in classroom activities than in independent study suggests that collaborative or guided autonomy—where learners share responsibility with teachers or peers—might be a culturally and pedagogically appropriate step toward greater independence (Littlewood, 1999).

To sum up, the findings from the three dimensions of learner autonomy — **attitudes, behaviors, and learning strategies** — reveal that Preventive Medicine students demonstrated a **moderate level of learner autonomy** overall. The mean scores for all sections ranged between **3.01 and 3.17**, suggesting that while students are aware of the importance of taking responsibility for their learning, their actual practices and strategic behaviors have not yet reached a high level of independence.

This pattern is consistent with the general characteristics of Vietnamese university learners reported by **Nguyen and Gu (2013)**, who observed that learners tend to show positive beliefs about autonomy but limited ability to enact those beliefs due to traditional teacher-centered practices and exam-oriented education.

5. CONCLUSIONS AND IMPLICATIONS

In conclusion, the study confirms that Preventive Medicine students at Thai Nguyen University of Medicine and Pharmacy possess moderate awareness and partial practice of learner autonomy in learning medical English. Their development of autonomy is still constrained by limited self-evaluation, reflective, and metacognitive capacities. However, their positive attitudes and engagement with digital learning tools provide a strong foundation for further progress.

Fostering learner autonomy in ESP is essential for preparing future medical professionals to communicate effectively in international contexts and to pursue lifelong learning in their careers. Therefore, promoting autonomy should be viewed not as an additional component but as a core objective of English language education in Vietnam’s higher education reform.

To enhance learner autonomy in ESP for Preventive Medicine, several strategies are recommended:

- Explicit training in autonomous learning skills:
Teachers should integrate lessons on goal-setting, planning, and self-evaluation, enabling students to manage their learning process consciously.
- Incorporation of authentic materials:

Assignments involving WHO reports, medical news, and public health articles can motivate students to explore authentic resources relevant to their profession.

- Blended and digital learning approaches:
Since students already engage with technology, integrating online learning platforms, AI feedback tools, and e-portfolios can encourage continuous learning outside class.
- Reflective and collaborative learning:
Reflective journals, peer feedback, and group-based self-assessment tasks can develop metacognitive awareness and foster collective autonomy.
- Teacher as facilitator:
Teachers should gradually shift roles from knowledge transmitters to facilitators, guiding students to become more responsible, reflective, and self-regulated learners.

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