INTERCULTURAL COMMUNICATION APPREHENSION AND COMMUNICATION APPREHENSION AMONG THAI PHYSICIANS AT HOSPITALS IN BANGKOK

BY

MISS AURANUN SATHIENSATHIDKUN

AN INDEPENDENT STUDY PAPER SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
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ABSTRACT

This research aimed to investigate the average of intercultural communication apprehension (ICA) scores and communication apprehension (CA) scores among Thai physicians in public hospitals and private hospitals in Bangkok, to compare ICA scores to CA scores and to find the correlation between Thai physicians' ICA and their frequency of contact with foreign patients. The participants were 94 physicians from both public hospitals and private hospitals in Bangkok. The questionnaire used in the study consisted of three parts: general information, PRICA and PRCA-24. The data was analyzed by SPSS in the form of frequency and correlation. The findings revealed that the respondents have a "moderate level" of ICA and CA. The results also showed a significant correlation between ICA score and CA score. Moreover, it was found that ICA mean scores were significantly related with the frequency of contact with foreign patients in a negative correlation.

Keywords: Intercultural communication apprehension, communication apprehension

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Miss Auranun Sathiensathidkun

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LIST OF ABBREVIATIONS

Symbols/Abbreviations	Terms
ICA	Intercultural communication apprehension
CA	Communication apprehension
PRICA	Personal report of intercultural communication apprehension
PRCA	Personal report of communication apprehension

CHAPTER 1
INTRODUCTION

1.1 Background of the study

Within the ASEAN Economic Community (AEC), Thailand has been developing into an "International Health Center for Excellence" in accordance with the Ministry of Public Health, 2015. Thailand is well positioned in medical and health care businesses that the country has been growing rapidly over the past five years (2012-2016). The Tourism Authority of Thailand (TAT) promoted hospitals in Thailand that are very famous with medical tourists who come from neighboring countries.

Therefore, it is not surprising that there are more than 1,000 public hospitals and 400 private hospitals throughout the country leading to demand for better health care**.** As many international patients visit, Thailand's medical tourism is growing at 14 percent annually (Ministry of Public Health, 2015).

Not only is successful treatment important in a hospital setting, but also an essential component of the physician's role is communication (DiMatteo, 1998). Moreover, it is hard to avoid the difficulties of intercultural communication at hospitals such as anxiety, stress and fear (Auguste and Fortin, 2002). McCroskey (1977, 2009) defined an uncomfortable feeling when communicating with people as communication apprehension (CA). The apprehension considered more specifically in intercultural aspects is called Intercultural Communication Apprehension (ICA). Sharon (2007) stated that the CA score related to the ICA score because when people have a high level of CA it can indicate that they would have a high level of ICA.

However, good communication within health care organizations can reduce the negative impact leading to improved performance of the treatment. (Voelker, 1995).

In Thailand, there are several researches about intercultural communication in many types of businesses. This is because most Thai people are attempting to use English as the primary language for international communication. (Sinthuwong, 2000; Suthipiyapathra, 2009; Anantawan, 2010; Cheewasukthaworn, 2014). However, researchers have not conducted research in terms of ICA and CA in Thai physicians. Even though there are many international patients who visit Bangkok's hospitals,

private hospitals seem to have a greater number of patients than public hospitals (Ministry of Public Health, 2015).

Therefore, this study will be focused on the area of physicians in both public and private hospitals in Bangkok to find the average of ICA and CA scores. Secondly, this study will compare the difference of ICA score to CA score in Bangkok's Thai physicians who work in public hospitals, private hospitals and both. Lastly, this study will find the correlation between the frequencies of contact between foreign patients and their physicians and the average of ICA score.

1.2 Research questions

1.2.1 What are the averages of ICA scores among Thai physicians in Bangkok who work in public hospitals and private hospitals?

1.2.2 What are the averages of CA scores among Thai physicians in Bangkok who work in public hospitals and private hospitals?

1.2.3 What are the differences between the scores of ICA and CA between Thai physicians working in public hospitals and private hospitals in Bangkok?

1.2.4 Is there any correlation between Thai physician's ICA and their frequency of contact with foreign patients?

1.3 Research objective

1.3.1 To investigate the averages of ICA scores among Thai physicians in public hospitals and private hospitals in Bangkok.

1.3.2 To investigate the averages of CA scores among Thai physicians in public hospitals and private hospitals in Bangkok.

1.3.3 To compare ICA scores to CA scores of Thai physicians working in public hospitals and private hospitals in Bangkok.

1.3.4 To find the correlation between Thai physician's ICA scores and their frequency of contact with foreign patients.

1.4 Scope of the study

The study focuses on the averages of ICA and CA among 94 physicians. Fifty were from public hospitals and were selected randomly at King Chulalongkorn Memorial Hospital, Ramathibodi Hospital, Siriraj Hospital and Phramongkutklao Hospital. The other forty-four are from private hospitals which included Bangkok Hospital, Bumrungrad Hospital, Samitivej Hospitals and Phyathai Hospital.

1.5 Significance of the study

The health and medical industries constitute a major portion of Thailand's market. Most international patients come to Thailand and visit the clinicians for the treatment. In this research, Thai health care business owners may get benefits from this study, for example, they can develop a training program for physicians to improve intercultural communication. When doctors and patients have good communication, it could reduce the difficulty or negative impact on the treatment and it could improve the patients' health and medical care. In addition, with great performance of treatment, it can be a chance to attract more tourists to travel to Thailand. Finally, this could help increase medical tourism in Thailand in terms of the market share in Asia and to gain more income in the medical industry.

1.6 Definition of key terms

Thai physicians refers to Thai full-time doctors in public hospitals or private hospitals.

Public hospitals refers to the hospitals which are funded by the government . In this study, they are as follows:

- King Chulalongkorn Memorial Hospital
- Ramathibodi Hospital,
- Siriraj Hospital
- Phramongkutklao Hospital.

Private hospitals refers to the hospitals which are owned by a for-profit company and target primarily foreign patients. In this study, they are as follows:

- Bangkok Hospital
- Bumrungrad Hospital
- Samitivej Hospitals
- Phyathai Hospital.

Intercultural Communication Apprehension (ICA) refers to the level of fear or anxiety when people have an interaction with another who comes from an unfamiliar culture or has a different background and life experiences.

Communication Apprehension (CA) refers to the personal fear or anxiety related with communication with persons or a group of persons. This anxiety can be measured by PRCA-24 or personal report communication apprehension which many researchers used as the instrument in previous various studies.

CHAPTER 2

REVIEW OF LITERATURE

This chapter presents research literature related to the present study. The review of the related literature is divided into four main parts: (1) Intercultural communication, (2) Intercultural Communication Apprehension (ICA), (3) Communication Apprehension (CA) and (4) Previous related studies

2.1. Intercultural Communication

There are several definitions of intercultural communication. It may be defined as the influence of the culture when interacting with people and groups from different cultures, and the observation of how they communicate. (Dodd, 1998). *Communication*, according to the study by Jens Allwood (Allwood, 1985) is defined as one's ability of awareness and control when he/she communicates with a new acquaintance; that is one of the requirements of human beings. Communication is also described as an interaction between people by using both verbal and non-verbal methods for the understanding of communication. It can be easier to reduce the anxiety when the cultural backgrounds of people are similar to each other. However, it becomes more of a challenge when communication is *intercultural*, which can be explained as communication between people who have different cultural and personality language backgrounds. Lastly, the meaning of *culture* refers to the basic learning of a particular group of people who share characteristics together which nature could not create (Allwood, 1985).

Samovar and Porter (1997) have shown the possibility of misunderstandings that always appear in intercultural communication, especially if there is great variation in cultural differences. When communicating with someone from a different culture, we can therefore expect cultural differences to have an influence. However, when cultures have greater differences, the message can be missed.

The differences of perception can be one of the cultural differences. Samovar and Porter suggested that people should have knowledge of that difference to develop communication with intercultural skills.

2.1.1 Intercultural in physician-patient communication

In general, physicians, who are well-educated people, spend a lot of time in face-to-face communication with patients. Therefore, the physician-patient relationship plays a major role to increase the patient's quality of life and the level of health care (Voelker, 1995). One of the reasons is that patients are always nervous and anxious to have conversations with their health care providers, whereas health care staff work under pressure of time as well as working on a computer for a long period of time (Kreps & Kunimoto, 1994). However, they should understand the cultural differences (Harlem, 1977) and be flexible regarding patient satisfaction of the treatment (Burgos-Ocasio; Gropper, 1996).

Kreps and Thornton (1984) mentioned that health care staff needs to understand their own national culture themselves as well as the culture of their clients. Additionally, they should learn about the patients' beliefs, values and languages for effective communication in the hospital.

Moreover, Emma et al (2014) summarized from 145 articles by systemic review the factors influencing intercultural doctor-patient communication due to language, cultural and social differences and doctors' assumptions. They seem to require the development of communication training from their previous training.

2.2. Intercultural Communication Apprehension (ICA)

The term ICA has a broader meaning. For the purposes of this research, focus will be placed on a hospital setting. In general, uncertain situations in hospitals may affect health care workers' feelings. A 1991 report of Hofstede described the other type of communication apprehension as problems that can occur when interacting between people or groups who come from different cultures. After that, Olaniran (1993) and Redmond and Bunyi (1993) revealed that the feeling of anxiety and stress can be caused by the situation of having communication with people from different cultures.

Kreps and Kunimoto (1994) and Schott and Henley (1996) also mentioned that stress is most common with health care providers among intercultural

communication settings. Stress is the response to any kind of reaction in a situation that affects emotions, body and behavior.

Therefore, communicating in unusual situations can induce stress (Seyle, 1983). For example, Olaniran (1993) shows that knowing new things like the rules of communication and behaviors can increase the level of stress. Similarly, when people need to do more complex work, there tends to be a higher level of stress. Lastly, a person who has less control of tasks is also highly associated with stress (Fisher, 1984; Miller, Ellis, Zook, & Lyles, 1990). All three of these situations dealing with stress appear during intercultural communication in health care.

2.2.1 Measurement of Intercultural Communication Apprehension

This research is focused on the instrument of Personal Report of Intercultural Communication Apprehension (PRICA) created by Neuliep and McCroskey in 1977. PRICA is one of the tools for measuring the level of apprehension when people interact with others among new experiences and situations. This measurement is based on the general communication apprehension and the personal report of communication apprehension (PRCA).

2.3. Communication Apprehension (CA)

McCroskey (1970) first introduced and defined communication apprehension as an unspecified anxiety related to people’s fear of speaking or sharing an idea with one another. Since then, the term has gone through minor modifications and has been regarded as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons" (McCroskey, 1977). Ong, DeHaus, Hoos, & Lammes, (1995) stated that the main importance of communication among medical service people is physician to patient communication. The failure to communicate effectively could lead to worst outcomes, such as the increase in the number and rate of morbidity or fatality (Booth-Butterfieldet al., 1997). Rich et al. (1987) stated that this is because it is more difficult for a doctor to come to an accurate diagnosis without complete information from the patient. However, it has been found that when doctors provide more information to the patients, the patients

trust the doctors, thus leading to the level of their CA being reduced (Kim et al., 2000; Wheeless, 1984).

In addition, the results from the study of Ayres et al (1996) show that patients who are not afraid to talk with their doctor have greater satisfaction during the consultation in health care systems. Not only do patients feel more comfortable with the communication, but physicians also have greater satisfaction in general medical care (Richmond et al., 1998).

2.3.1 Measurement of Communication Apprehension

The second concern of this research is CA in participants compared with the ICA score. Personal report communication apprehension or PRCA is a rating scale which measures the level of fear in communication. It includes twenty-four questions, and in each question the reader can rate the score from one to five range in Likert scales. When summarizing the score, there is a total score and four types of contexts within the question which are groups, meetings, interpersonal conversations, and public speaking, but it will not be the scope of this study.

2.4. Previous related studies

An intercultural study of the health care industry in Thailand is quite rare. However, we selected the previous study that was conducted by Ulrey and Amason from the Department of Communication, University of Arkansas-Fayetteville, which is the most similar to compare with this study. According to Ulrey and Amason (2001), the study examined the sensitivity regarding culture and effective intercultural communication, along with helping patients and how health care providers get benefits by reducing their stress. The participants in the study consisted of 391 employees who work at a large health care system in the southern region of America. All participants were surveyed by questionnaires. Firstly, it was found that effective intercultural communication is related to cultural sensitivity. Secondly, the results found correlations between effective intercultural communication and the levels of intercultural anxiety in health care providers.

Nataliya (2008) reported in a study of intercultural communication in health care that non-Swedish physicians in Sweden are less positive about their

communication with Swedish health care personnel than with Swedish patients, particularly where language is concerned. There are some indications that the female non-Swedish physicians are more critical of their communication with Swedish health care personnel than their male counterparts. Among the Swedish health care personnel, it is primarily the female nurses who express a lack of satisfaction with their communication with the non-Swedish physicians. The non-Swedish physicians speak less than the Swedish physicians. Therefore, it could show their problems sending and receiving information in Swedish.

Murat, et al (2007) examined ICA scores of 'Anzac' by using the PRICA questionnaire. Anzac is the abbreviation of Australian and New Zealand Army Corps, and the participants are those who visited Gallipoli in Turkey. The participants responded with additional open-ended questions such as gender, age, marriage status, habitat, nationality, job and informational readiness about new cultures. In terms of total scores of the PRICA items, comparisons were made and differences were sought. It was found that Australians and New Zealanders within the Anzac concept do not differ in their CA level. The CA level of Anzac living in their home country is lower than the Anzac living in a foreign country.

In contrast, when focusing on Thailand, many previous studies explored foreigners who work with Thai people and the intercultural communication of these cultures in several aspects.

Suthipiyapathra, S. (2009) conducted research on intercultural communication in an international business setting. The participants consisted of 134 American employees, 134 Japanese employees, and 134 Thai employees. In this study, the researcher used questionnaires and personal interviews for data collection. In conclusion, this research found that Thai employees have a better performance in intercultural communication than American and Japanese employees. American employees are likely to face fewer problems in intercultural communication than Japanese and Thai employees. This study also showed that American employees adapt themselves easily when communicating with people from different cultures, unlike Japanese and Thai employees.

In 2009, Soonthonsawad, P. found a relationship between communication and culture, but it was weak. This study was conducted to explore the predictor of

communication apprehension in terms of genetic markers or cultures. The participants consisted of 262 Thai people. All of them had to complete the Personal Report of Communication Apprehension (PRCA-24) for measuring their levels of communication apprehension. One interesting point in her study is what the results of CA mean among Thai people. The findings of the research revealed that the average score of CA meant that all 262 Thai people were in a moderate level of Communication Apprehension. This is a very interesting discovery in this recent study.

Recently, Cheewasukthaworn, K. (2014) surveyed *Intercultural Communication Problems between Thais and Foreigners at Higher Educational Institutions in Thailand from Foreigners' Perspectives*. The questionnaire's respondents consisted of 27 males and 11 females, and the results showed that Thais' English accents and pronunciations were considered to be a major problem of communication with foreigners. Thais code switch to their mother tongues while talking with foreigners, which was considered to be the most confusing communicative behavior.

Therefore, this recent research will focus on a hospital setting in Thailand and the ICA and CA scores of Thai physicians. Moreover, this recent study is the first study on the relationship of CA and ICA among Thai physicians in Bangkok. That is the difference between this research and previous studies.

CHAPTER 3
RESEARCH METHODOLOGY

This chapter describes the methodology of this study as follows:
(1) Population and sample, (2) Research instrument, (3) Data collection method and (4) Data analysis.

3.1. Population and sample

The respondents of this study are 94 medical doctors: 50 doctors at public hospitals and 44 doctors at private hospitals. All participants were selected at random.

3.2. Research instrument

This study was conducted using the quantitative research methodology where the instrument used to collect the data was a questionnaire. The questionnaire was in the English language because the reliability estimate may be lower when the instrument is translated into another language (Sharon, 2007). In addition, the participants are physicians who are better able to understand English because they have had experience practicing the English language with many medical textbooks. The Personal Report of Intercultural Communication Apprehension (PRICA) and the Personal Report of Communication Apprehension (PRCA) were the two scales that were used by medical doctors at public hospitals and private hospitals in Bangkok. The questionnaire was divided into three parts which are listed below:

3.2.1. Part 1 for respondents' demographic information. This section includes the respondents' gender, age, workplace, position, work experience and the frequency of contact they have with foreign patients.

3.2.2. Part 2 for PRICA instrument. Respondents from this study were required to answer 14 items regarding their interactions with patients from other cultures in hospitals. Participants considered each statement and rated each item on a five point scale (1= Strongly disagree, 5 = Strongly agree). The instrument consists of the five Likert scales from

'Strongly Agree': 5

'Agree': 4

‘Neutral’: 3

‘Disagree’: 2

and lastly ‘Strongly Disagree’: 1

(1). To calculate the PRICA score, these steps were followed:

3.2.2.1 Add the scores from items 1, 3, 5, 7, 9, 10, and 12.

3.2.2.2 Add the scores from items 2, 4, 6, 8, 11, 13, and 14.

3.2.2.3 Use this formula to summarize the PRICA:

PRICA score = 42 – the result from step 1 + the result from step 2.

The total score can range from 14 to 70 and can be categorized into three groups. It is classified as shown below.

The total of the scores (range)	The ICA’s degree
between 14 and 32	A low level
between 33 and 52	A moderate level
between 53 and 70	A high level

3.2.3 Part 3 for PRCA-24 items; the respondents rated their levels of experience of each problem with five-point rating scales as

‘Strongly Agree’: 5

‘Agree’: 4

‘Neutral’: 3

‘Disagree’: 2

and lastly ‘Strongly Disagree’: 1

(1). To finish with the total score of CA score, these steps were followed:

3.2.3.1 Add the score from items 1,3,5,7,9,11,13 ,15,18, 20,22 and 24.

3.2.3.2 Add the score from items 2,4,6,8,10,12,14 ,16,17, 19 ,21 and 23.

3.2.3.3 Subtract the result of step 1 from 7.

Then the total will be completed by adding the score of step 2 to step 3. The total score should present the level of CA that may range between 24 and 120. The score can indicate the CA’s degree as in the following:

The total of the scores (range)	The CA's degree
between 24 and 55	A low level
between 56 and 83	A moderate level
between 84 and 120	A high level

3.3. Data collection method

The questionnaires were distributed to 94 Thai physicians who have full-time responsibilities in both public *(N=50)* and private hospitals *(N=44).* They were asked to fill out the questionnaires during the second week of March 2016, and all questionnaires were collected after the participants completed the research questionnaires by the end of April 2016.

3.4. Data analysis

Quantitative data is used for data analysis. The findings of the recent study are analyzed by using Statistical Package for the Social Science program (SPSS) version 20. In this study, the answers from participants will be reported as follows:

3.4.1 Mean scores of ICA

3.4.2 Mean scores of CA

3.4.3 The correlation between ICA mean scores and CA mean scores of the respondents

3.4.4 The relationship between ICA mean scores and the frequency of contact with foreign patients.

CHAPTER 4
RESULTS AND DISCUSSION

In this chapter, the results are reported in the table and the findings are discussed. To clarify the answer, the results of the statistics are analyzed according to the research question.

4.1. General information

The information of respondents' gender, age, workplace, years of work and the frequency of contact with foreign patients each day of 94 participants are shown in Table 1 to Table 5.

Table 1. Respondents' information in the question of Gender(N=94)

Question	Variable	Frequency	Percentage
Gender	Male	40	42.6
	Female	54	57.4

According to table 1, it shows that the respondents included both males (*N=40,42.6%*) and females (*N=54,57.4%*).

Table 2. Respondents' information regarding the question of age (N=94)

Question	Variable	Frequency	Percentage
Age	20-29	26	27.7
	30-39	55	58.5
	40-49	9	9.6
	50-59	3	3.2
	over 60	1	1.1

Most of the participants are between 30 and 39 years old *(N=55, 58.5%),* as they have a full-time job. Table 2 shows the lowest age range is over 60 years old *(N=1, 1.1%).*

Table 3. Respondents' information regarding the question of workplace (N=94)

Question	Variable	Frequency	Percentage
Place of work	Public hospital	50	53.2
	Private hospital	44	46.8

The questionnaires were completed by 94 physicians. The participants were divided into two groups: (1) Public hospitals and (2) Private hospitals. About fifty participants (53.2%) work at public hospitals and 44 participants (46.8%) work at private hospitals.

Table 4. Respondents' information regarding the question of years of work (N=94)

Question	Variable	Frequency	Percentage
Years of work	Less than 1 year	10	10.6
	1-5 years	52	55.3
	6-10 years	19	20.2
	More than 10 years	13	13.8

According to the table above, the majority of the respondents have been working for 1-5 years. The second highest range is that of 6-10 years.

Table 5. Respondents' information regarding the question of the frequency of contact with foreign patients each day (N=94)

Question	Variable	Frequency	Percentage
The frequency of contact with foreign patients each day	Less than 1 time	43	45.7
	1-5 times	28	29.8
	6-10 times	14	14.9
	More than 10 times	9	9.6

Table 5.1. The frequency of contact with foreign patients each day among those who work at public hospitals and private hospitals. (N=94)

List of frequency	Public hospitals		Private hospitals	
	Frequency	Percent	Frequency	Percent
Less than 1 time	37	74.0	6	13.6
1-5 times	7	14.0	21	47.7
6-10 times	4	8.0	10	22.7
More than 10 times	2	4.0	7	15.9
Total	50	100.0	44	100.0

The majority of the respondents *(N=43, 45.7%)* had contact with foreign patients less than 1 time per day as shown in Table 5. However, Table 5.1 shows that the larger number of participants who chose less than 1 time were from physicians at public hospitals *(N=37, 74%),* whereas the participants who work in private hospitals resulted in the highest proportion at 1-5 times each day *(N=21, 47.7%).* Therefore, it is not surprising because it seems that foreign patients visit private hospitals more than public hospitals as the statistics have revealed (Ministry of Public Health, 2015).

4.2. Mean scores of ICA and CA

The scores were calculated from the items that the respondents selected by using the Neuliep and McCroskey's calculation formula. The results of ICA and CA were analyzed by using descriptive statistics from SPSS program. Mean scores and standard deviations of the respondents are shown as follows:

Table 6. Means scores of ICA and CA (N=94)

List of the respondents' workplaces	N	Means		SD	
		ICA	CA	ICA	CA
1. Public hospitals	50	37.6	64.1	9.9	15.1
2. Private hospitals	44	35.3	62.4	10.5	15.3
Total	94	36.6	63.3	10.3	15.1

Table 6 reveals the respondents possessed a “moderate level” of ICA and CA. It was discovered that the mean score of ICA is 36.6, which indicates a moderate level of ICA (score between 32-52). Moreover, the mean score of CA is 63.3, which can be categorized in a moderate level of CA (score between 55-83). From the results, it is notable that the means comparison of ICA and CA score in physicians who work at private hospitals was slightly lower score than those who work at public hospitals.

4.3. The correlation between ICA mean scores and CA mean scores of the respondents

Table 7. The results of the correlations by using spearman’s correlations analysis, the correlation between ICA mean scores and CA mean scores of the respondents(N=94)

Correlations	N	Significant relationship
		CA mean scores
ICA mean scores	94	<0.000*

*** Correlation is significant at the 0.01 level (2-tailed), *p-value*<0.01**

The results by using spearman’s correlations analysis presented that PRICA was significantly correlated with PRCA *(p<0.000*) as Table 7 shows. From these findings, it can be explained that the respondents who had more ICA also had a high CA.

4.4. The relationship between ICA mean scores and the frequency of contact with foreign patients

Table 8. The results of the correlations by using spearman's correlations analysis, the relationship between ICA mean scores and the frequency of contact with foreign patients (N=94)

Correlations	N	Significant relationship
		The frequency of contact with foreign patients
ICA mean scores	94	0.003*

*** Correlation is significant at the 0.01 level (2-tailed), *p-value*<0.01**

Regarding correlations analysis, a negative correlation (*p=0.003*) was found between ICA mean scores and the frequency of contact with foreign patients, as shown in Table 8. In statistics, if a negative correlation coefficient (-0.298) appears, then there is an inverse relationship. Therefore, the correlation between them implies that when ICA is high, the frequency of contact with foreign patients is low.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

Regarding the results, this chapter is divided into 2 parts: (1) conclusions and (2) recommendations.

5.1. Conclusions

According to the findings, conclusions can be made to answer the questions of this study as follows:

5.2.1. Mean scores of ICA

The findings in this present study revealed that the respondents have a moderate level of anxiety in intercultural communication. The average of ICA is 36.6. From this result it can be assumed that a large group of the participants did not have a problem with communication when interacting with international people. Even though the information in Thai physicians' ICA was limited, this is the normal range people could have when having contact from person to person. When focused on physicians' experiences, their responsibility is to have a better understanding of the patients' feelings to cure them regardless of nationality.

After comparison with two groups of physicians, the ICA scores of respondents in private hospitals is slightly lower than those at public hospitals. Physicians who work in private hospitals probably have more experience than public hospital physicians with being in contact with foreign patients. Private hospital physicians can be exposed to international people more than public hospital physicians.

5.2.2. Mean scores of CA

Overall, both physicians who work at public and private hospitals reported moderate levels of communication apprehension. The mean score is 63.3. It can be concluded that most participants have good communication skills. Normally, this is a common range for people who have moderate apprehension in communication in cultures across the world.

The previous related study did not have this data about Thai physicians. This is similar to the studies by Piyachat (2009), who surveyed 262 Thai people and found a

moderate level of communication anxiety (mean=69.9) by using PRCA-24 instrument, just as in this recent study.

5.2.3. The correlation between ICA mean scores and CA mean scores of the respondents.

This study examined how ICA mean scores and CA mean scores are related. The findings show the significance in positive correlation which is the higher mean of ICA is related to greater CA. A possible explanation may be related to the theory of Neuliep and McCroskey because the purpose of PRICA was to focus the skill in a specific aspect of intercultural communication as a sub-category of PRCA. Neuliep and McCroskey stated that when people are afraid to communicate with new acquaintances, CA are shown as a high score, therefore their ICA are seen as a high score as well. This also supports the study by Murat, et al (2007), which concluded that people who did not live in their own countries have an ICA level that is not different from their CA level.

However, there was no difference between levels of ICA and CA among physicians in both public and private hospitals. ICA mean scores indicated a moderate level which was the same as CA mean scores. To conclude, the respondents have no communication anxiety with people, especially international people.

5.2.4. The relationship between ICA mean scores and the frequency of contact with foreign patients

The answer to this research question is that there was a relationship between ICA mean scores and the frequency of contact with foreign patients. From the results, the ICA mean scores were significantly related with the frequency of contact with foreign patients in a negative correlation. One possibility is that if the doctors do not have opportunities to come into contact with foreign patients, then they might have less chance to practice their intercultural communication skill. Therefore, ICA scores were higher with those who have less frequency in communication with foreign patients.

Like the report from Sharon (2007), PRICA scores were negatively correlated with the frequency of contact with people from other countries, but not significantly.

5.2. Recommendations

As mentioned earlier, there has been little research done on the topic of ICA and CA in the health care business in Thailand. Therefore, further study is needed to reproduce the study in other hospitals or other provinces in Thailand. The results from a larger sample size might differ from this study. Also, it might be beneficial to conduct this research in other groups of health care providers such as nurses, pharmacists and dentists for a wider picture of ICA and CA in Thailand. Finally, for the benefit of the owners of medical businesses, they should provide physicians and other health care staff with training programs about communication skill, especially for improvement in intercultural communication. This may play an important role in hospital settings to have more effective treatments and attract more a specific group, medical tourists, in order to better combine treatment with travel in Thailand.

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APPENDIX

Questionnaire

TOPIC : Intercultural communication apprehension and communication apprehension among Thai physicians at hospitals in Bangkok.

This questionnaire is a part of research for the purpose of fulfillment of independent study , which is required for the Master of Arts(English for Careers), Language Institute, Thammasat University. The information you contributed will be used only for the research of intercultural communication apprehension and communication apprehension among Thai physicians at hospitals in Bangkok. Any personal information that could identify you will be removed or changed before results are made public. Your corporation in answering this questionnaire is greatly appreciated.

A questionnaire in this study will be consisted of three parts as the followings;

Part I Respondents' demographic information , Part II PRICA and Part III PRCA-24

Part I: Demographic information

Description: This part is composed of question concerning the personal information.

Directions: Please answer each question by ticking (✓) in the box and writing your answer in the space provided.

1. What is your gender?

   □ Male □ Female

2. What is your age (years)?

   □ 20-29 □ 30-39 □ 40-49 □ 50-59 □ over 60

3. Which hospital do you work full-time?

   □ A public hospital Please identify_____

   □ A private hospital Please identify _____

4. What is your position in hospital?

   Please identify _____

5. How many years have you worked as a physician in the hospital setting?

   □ Less than 1 year

   □ 1-5 years

   □ 6-10 years

   □ More than 10 years

6. Approximately, how often do you contact with foreign patients each day?

   □ Less than 1 time

   □ 1-5 times

   □ 6-10 times

   □ More than 10 times

Part II : Personal Report of Intercultural Communication Apprehension (PRICA)

Description: This instrument measures the fear people experience when interacting with others from different cultural groups.

Directions: Please indicate how much you agree with these fourteen statements below by ticking (✓) as using the following choices: Strongly Disagree = 1; Disagree = 2; Neutral = 3; Agree = 4; or Strongly Agree = 5.

Question	Response				
	Strongly agree (5)	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly disagree (1)**
1. Generally, I am comfortable interacting with a group of people from different cultures.					
2. I am tense and nervous while interacting with people from different cultures.					
3. 3. I like to get involved in group discussion with others who are from different cultures.					
4. Engaging in a group discussion with people from different cultures makes me nervous.					
5. I am calm and relaxed with interacting with a group of people who are from different cultures.					
6. While participating in a conversation with a person from a different culture, I get nervous.					
7. I have no fear of speaking up in a conversation with a person from a different culture.					
8. Ordinarily I am very tense and nervous in a conversation with person from a different culture.					

Question	Response				
	Strongly agree (5)	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly disagree (1)**
9. Ordinarily I am very calm and relaxed in conversations with a person from a different culture.					
10. While conversing with a person from different culture, I feel very relaxed.					
11. I am afraid to speak up in conversations with a person from a different culture.					
12. I face the prospect of interacting with people from different cultures with confidence.					
13. My thoughts become confused and jumbled when interacting with people from different cultures.					
14. Communicating with people from different cultures makes me feel uncomfortable.					

Part III : Personal Report of Communication Apprehension (PRCA-24)

Description : This instrument is composed of statements concerning feelings about communicating with other people.

Directions: Please indicate how much you agree with these twenty-four statements below by ticking (✓) as using the following choices: Strongly Disagree = 1; Disagree = 2; Uncertain = 3; Agree = 4, or Strongly Agree = 5.

Question	Response				
	Strongly agree (5)	**Agree (4)**	**Uncertain (3)**	**Disagree (2)**	**Strongly disagree (1)**
1. I dislike participating in group discussions					
2. Generally, I am comfortable while participating in group discussions					
3. I am tense and nervous while participating in group discussions					
4. I like to get involved in group discussions					
5. Engaging in a group discussion with new people makes me tense and nervous					
6. I am calm and relaxed while participating in group discussions.					
7. Generally, I am nervous when I have to participate in a meeting					
8. Usually I am calm and relaxed while participating in meetings					
9. I am very calm and relaxed when I am called upon to express an opinion at a meeting.					

Question	Response				
	Strongly agree (5)	**Agree (4)**	**Uncertain (3)**	**Disagree (2)**	**Strongly disagree (1)**
10. I am afraid to express myself at meetings					
11. Communicating at meetings usually makes me uncomfortable					
12. I am very relaxed when answering questions at a meeting					
13. While participating in a conversation with a new acquaintance, I feel very nervous					
14. I have no fear of speaking up in conversations					
15. Ordinarily I am very tense and nervous in conversations					
16. Ordinarily I am very calm and relaxed in conversations					
17. While conversing with a new acquaintance, I feel very relaxed					
18. I'm afraid to speak up in conversations					
19. I have no fear of giving a speech					
20. Certain parts of my body feel very tense and rigid while giving a speech					
21. I feel relaxed while giving a speech					
22. My thoughts become confused and jumbled when I am giving a speech					

Question	Response				
	Strongly agree (5)	**Agree (4)**	**Uncertain (3)**	**Disagree (2)**	**Strongly disagree (1)**
23. I face the prospect of giving a speech with confidence					
24. While giving a speech, I get so nervous I forget facts I really know					

Thank you for your corporation.

BIOGRAPHY

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