



**COMMUNICATION BARRIER BETWEEN THAI
HOSPITAL STAFF AND FOREIGN PATIENTS**

BY

MS CHULARATH NETFANG

**AN INDEPENDENT STUDY PAPER SUBMITTED IN
PARTIALFULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS IN ENGLISH FOR CAREERS
LANGUAGE INSTITUTE
THAMMASAT UNIVERSITY
ACADEMIC YEAR 2015
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INDEPENDENT STUDY PAPER

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ENTITLED

COMMUNICATION BARRIERS BETWEEN THAI HOSPITAL STAFF AND
FOREIGN PATIENTS

was approved as partial fulfillment of the requirements for
the degree of Master of Arts in English for Careers

on July 15, 2016

Chairman



(Ajarn Pimsiri Taylor, Ph.D.)

Member and Advisor



(Ajarn Rangsiya Chaengchenkit, Ph.D.)

Dean



(Associate Professor Pornsiri Singhapreecha, Ph.D.)

Independent Study Paper Title	COMMUNICATION BARRIER BETWEEN THAI HOSPITAL STAFF AND FOREIGN PATIENTS
Author	Ms Chularath Netfang
Degree	Master of Arts
Major Field/Faculty/University	English for Careers Language Institute Thammasat University
Independent Study Paper Advisor	Ajarn Rangsiya Chaengchenkit Ph.D.)
Academic Years	2015

ABSTRACT

This study was conducted to investigate the communication barriers between Thai hospital staff and foreign patients who receive medical treatment from hospitals. The aim of this study was to discover the major communication barriers among Thai hospital staff and foreign patients. The subjects of the study were 62 foreigners who work or live in Thailand. The research instrument was a questionnaire which contained demographic data and five point Likert scales to measure the degree of problems and checklist questions. The findings of the study illustrated that language is the main communication barrier of the foreign patients, since hospital staff may not be able to communicate in English fluently with correct pronunciation and grammar. The outcome of cross-cultural concerns showed that the respondents provided positive feedback that cross-cultural issues did not cause a communication obstacle. In addition, the respondents recommended that the hospitals should provide English language training for all staff such as English pronunciation, grammar and cross-cultural training. In other words, the respondents needed the hospital staff to improve their spoken English.

Keywords: Hospital staff, Foreigners, English communication barriers

ACKNOWLEDGEMENTS

I would like to express my honest gratitude to my advisor, Dr. Rangsiya Chaengchenkit, for valuable direction and suggestions which allowed me to complete my study.

I also would like to express my appreciation to all teachers who educated and supported me throughout the two years of my studies and, especially, thanks to my colleagues who did their best to help me distribute the questionnaires.

I also feel so thankful to all the staff of Language Institute, Thammasat University for their kind support. Thank you to my classmates for all your assistance and encouragement.

Finally, I would like to express my appreciation to my family who provided me with great morale support throughout my master's degree training.



MsChularath Netfang

TABLE OF CONTENTS

	Page
ABSTRACT	(1)
ACKNOWLEDGEMENTS	(2)
LIST OF TABLES	(6)
CHAPTER 1 INTRODUCTION	1
1.1 Background	2
1.2 Research Question	2
1.3 Objectives of study	3
1.4 Definition of terms	3
1.5 Scope of the study	3
1.6 Significance of the study	3
1.7 Limitation of the study	4
1.8 Organization of the study	4
CHAPTER 2 REVIEW OF LITERATURE	5
2.1 The Concept of communication	5
2.2 Communication barrier	5
2.2.1 Language barrier	5
2.2.2 Cultural barrier	6
2.3 Previous related studies	7

CHAPTER 3 RESEARCH METHODOLOGY	11
3.1 Participants	11
3.2 Research Instruments	11
3.2.1 Questionnaires	11
3.3 Procedure	12
3.3.1 Research Design	12
3.3.2 Data Collection	12
3.4 Data Analysis	12
CHAPTER 4 RESULTS AND DISCUSSION	14
4.1 Demography of the respondent	14
4.2 English communication barriers	17
4.3 Suggestions for improving or reducing communication barriers	20
4.3.1 The respondents' opinion about the need of improving the hospital staff's communication skills	22
4.3.2 Problems needing improvement	23
CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS	25
5.1 Summary of the study	25
5.2 Summary of the findings	25
5.2.1 Language barriers	26
5.2.2 Cultural Concerns	26
5.3. Conclusion	27
5.4 Recommendations for further research	27
REFERENCES	28

(5)

APPENDICES

30

A. Questionnaire

31

BIOGRAPHY

37



LIST OF TABLES

Tables	Page
4.1 Gender of Respondents	14
4.2 Gender of Respondents	15
4.3 Nationalities of Respondents	15
4.4 Educational Background	16
4.5 Purpose of Staying in Thailand	16
4.6 Duration of Staying in Thailand	17
4.7 Language Barriers	18
4.8 Cultural Concerns	19
4.9 Respondents' satisfaction toward the hospital service	21
4.10 The Need for improving the hospital staff's communication skills	22
4.11 Problems which need to be improved	23
4.12 Solutions to the problems	24

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY AND STATEMENT OF THE PROBLEM

Nowadays, English is an international language and is essential for Thai people on a daily basis. Thai history demonstrates that Thailand had never been colonized. Thai is the national language, while English has been added to the Thai curriculum as a second language and is taught from grade five. English's role in Thailand is generally for the business sector and Thai people who are able to communicate in English can be found only in the capital or big cities in Thailand.

Wiriyachitra (2001) claimed that the significance of English as a world language, the development of technology and tutoring improvement visualized by the new Thai Structure are key factors for the new improvement of English language teaching and learning in Thailand at this time. The function of English in Thailand is very important, as it is in many other developing countries. New technology and the internet have caused a major change in terms of business, education, science, and technological development, all of which demand high ability in English. With the economic decline in Thailand a few years ago, a large number of Thai businesses have involved collaboration regionally and internationally. The consolidation of association and business are common and English is used as the means of communication to negotiate with participants who are native English speakers.

Moreover, English skills are required for the new recruits at my workplace due to the international interactions, especially English in speaking and writing skills because of inquiries such as e-mails and simultaneous face to face interactions which must be responded to urgently. Mohamed (2014) stated that lack of confidence in English skills in the workplace can be the cause of frustration in career advancement. In fact, the English language and communication skills are of benefit for both individual and organizational success. The mastering of English oral communication skills is a benefit to employees in their workplaces. In the engineering industry, professional

engineers having English oral communication skills are benefits either for performing daily tasks or for promotion and career advancement.

The ability to communicate in English effectively is an essential skill in the workplace, as good communication could create a successful business. The element of communication is language so that people can communicate from one to another. English is the language which Thai hospital staff, services providers or nurses use to convey the messages to foreign patients who come to Thailand for medical treatments. As a result, English communication skills are very important for effective communication between hospital staff, nurses, and foreigners.

Nevertheless, each hospital staff has a different background and ability to communicate in English as well as foreigners who are of different nationalities and languages. The multiplicity can cause communication obstacles, as well as cross-cultural differences can cause a misunderstanding between foreigners and hospital staff when they convey messages because people from different cultures may think or do things differently from each other and that could be a big issue in communication. In addition, English communication difficulty between Thai hospital staff and foreigners needs to be improved. The outcome of this study will support us to expose the issue of English communication of medical terms from the foreigners' point of view and to discover the result of the problems. Besides, it can evaluate the performance of the Thai hospital staff when dealing with patients and we can use it to improve and deliver the quality of service to all patient.

1.2 Research Questions

The research questions in this study areas follows;

1.2.1 What are the communication barriers that foreign patients encounter when dealing with hospital staff?

1.2.2 What are the recommendations suggested by foreign patients for hospital staff to decrease communication barriers when dealing with foreigners who need medical treatment?

1.3 OBJECTIVES OF STUDY

There are two main objectives of this study as follows:

1.3.1 To identify communication barriers between Thai hospital staff and foreigners who need medical treatment.

1.3.2 To provide recommendations for hospital staff to decrease communication barriers when dealing with foreigners who need medical treatment.

1.4 DEFINITION OF TERMS

1.4.1 Hospital staff are nurses and health service providers.

1.4.2 Foreigners are people from the UK, including Australians and Canadians, who live or travel in Thailand.

1.4.3. English language difficulties are English communication barriers taking place between hospital staff and foreign patients.

1.5 SCOPE OF THE STUDY

This study is conducted with samples chosen from foreigners who live or travel in Thailand and receive medical treatment, mainly in Bangkok and Pattaya. The total participants are 80 foreigners who are native English speakers.

1.6 SIGNIFICANCE OF THE STUDY

The study intends to identify problems that may occur when foreigners communicate with Thai hospital staff. The findings can be used to reduce the communication barriers or misunderstanding between Thai hospital staff or health service providers and foreign patients. The study focuses on communication barriers from foreigners' point of view. This can be used as a service assessment of the Thai hospital staff. The outcome of this study could help the Thai hospital staff to improve the quality of services and their abilities to communicate in English, which can affect patient care.

1.7 LIMITATIONS OF THE STUDY

This study focuses on language barriers from foreign patients' perspectives. Yet, the research areas cover only Bangkok and Pattaya. Besides, this research collects data from foreigners who received medical treatment mostly from private hospitals which makes this research lack the perspectives from service users of public hospitals.

1.8 ORGANIZATION OF THE STUDY

This study contains five chapters as follows:

Chapter one includes the research background , research questions, objectives of the study, definition of terms, scope of the study, significance of the study, limitations and organization of the study.

Chapter two is a literature review of the concept of communication, communication barriers and cross- cultural communication.

Chapter three explains the methodology of this study.

Chapter four describes the results of this study and discussion.

Chapter five contains a summary of the study, a summary of the findings, the conclusion, and recommendations for further study.

CHAPTER 2

REVIEW OF LITERATURE

2.1 THE CONCEPT OF COMMUNICATION

Hamilton and Parker (2014) claimed that “communication is the process of transferring thoughts, ideas and feeling from one person to another in commonly understanding ways”. The communication basic module contains a sender’s (person A) and a receiver’s (person B) stimulus and motivation, encoding and decoding, frame of reference, code channel, feedback, environment and noise. Friedman (2014) stated that good communication is very significant for every part of a business and knowing how to communicate appropriately will create an active work environment. However, a failure in communication could occur. Therefore, effective communication involves knowing how to reduce misunderstanding that might arise during the communication. In order to communicate more effectively, communicators need to understand those basic component of communication.

2.2 COMMUNICATION BARRIER

There are many studies which stated that Thai staff or officers suffer with English communication issues and need to improve their English language skills (Tippawan, 2012; Nilobon 2010; Watchara 2012; Nunchaya 2014). Lack of knowledge in English skills may cause issues in English communication between Thai people and foreigners. In order to solve the frustration to communicate, we should know the communication obstacles. There are three types of communication barriers in this study.

2.2.1 Language Barrier

Hamilton (2014) pointed out that “semantic” is related to the meaning of words and many words have lots of meanings and punctuation. Moreover, the meaning of the word relies on the context. Using the wrong words or inappropriate words and badly clarified or misunderstood messages can cause of confusion. What

signify national or regional barriers are the different languages, lexicon, accents, and dialects (Witchaiyutphong, 2014).

2.2.2 Cultural Barrier

Social status, age, education, gender, health, popularity, religion, political belief, cultural background, values, ethics, goals, aspirations, rules and regulations, standards and priorities can detach one person from another and make a barrier.

Adler (1991) pointed out that if we try to understand people, we have to try put ourselves as much as we can in that specific historical and cultural background. It is not easy for a person from a different country to get into the background of another country. There is a big frustration that something seeming obvious to us may not be accepted by the other party immediately. In fact, countries and people differ in their way of life and their ways of living and thinking. If we want to understand them, it is necessary for us to comprehend their attitude and their way of life.

Additionally, if our purpose is to persuade them, we must connect with them not by using language in the literal or narrow sense but by using the language of the mind, that is, language expressing the thought process and thus, being able to convey the intended meaning. Communication includes performance that another human being perceives and interprets. Communication contains sending both verbal messages (words) and nonverbal messages (tone of voice, facial expression, behavior, and physical setting). Cross-cultural communication arises when people from one culture send a message to a person from another culture. Cross –cultural misunderstanding occurs when the person from another culture doesn't receive the intentional message from the sender. The big differences between the sender's and the receiver's cultures can cause cross-cultural miscommunication. Communication does not necessary result in understanding. Cross-cultural communication continuously consists of misunderstanding caused by confusion, misconception and misevaluation. When the sender and receiver come from different cultures the chances of inaccurate transmission of information are high. Foreigners perceive, assess and explain things

differently and accordingly act upon them differently. It is important to remember that all actions make sense through the eyes of the person acting when related to culture.

2.3 PREVIOUS RELATED STUDIES

Nilobon(2010)investigated the barriers in English communication among taxi and tuk-tuk drivers in Bangkok. A study was conducted at four famous tourist centers in Bangkok e.g. Rattankosin Island, Maboonklong Centre, Kaosarn Road and Jatujak Market. This study was conducted by providing questionnaires to one hundred taxi and tuk-tuk drivers around the places mentioned above. The speakers will find communication easier if they know the meaning of the words and how to use the words in different situations. The most important language skills are(1) vocabulary choice (2) implication (3) grammar, spelling, punctuation and sentence structure.

The major problem for all taxi and tuk- tuk drivers is language. English is the general spoken language among tourists, whether or not they are native English speakers. The drivers are often facing difficulty to understand foreigners who are touring in Bangkok. The majority of Thai taxi and tuk-tuk drivers can only speak a little English or no English due to the limitation of education background. Factually, these drivers have capacity but they do not have an opportunity to study in a language school or college due to the low pay and long working hours. The respondents of the study were one hundred taxi and tuk- tuk drivers and the research instrument was a questionnaire, observation and interviews. In summary, the study discovered that the taxi and tuk-tuk drivers had problems communicating with their foreigner clients since their English skills were obstacles to communicate with passengers, also foreigners with a strong accent were very difficult to understand.

Tippawan (2012) conducted the research titled“Staff Members Awareness of the Importance of Communication in English”. The researcher proposed to investigate staff member knowledge ofthe importance of English in communication. The ability of English skills of all staff need to be improved with help from the organization.The researcher states that there were six components in the communication process such as source, encoder, message, channel, decoder and receiver. Nonverbal communication is the general actions of a person, facial expressions, posture, gesture, and context. Included in this study was the idea that “communication could not be

fully understand if there was no context” (Nelson, 1980). Participant of this study were one hundred employees in the head office of TMB Bank Public Company Limited. The research instrument was a self-administered questionnaire. The finding was that TMB employees were aware of the importance of English communication and realized that it is highly used in the organization.

Watchara (2012) investigated research about “Needs and Problems in English for Communication of Junior Executive Officers at the Government Savings Bank”. The English language is globally used and English in business has been increased and the individual employees realized the important need for English skills to do their job effectively and for their career improvement. Lack of English skills will affect the organization’s benefits. The purpose of this study was to survey the issues of communication in English between junior executive and executive officers at Government Saving Bank so they can find the right way to improve their English skills. The questionnaires were provided to one hundred junior executive officers in different department e.g. Investment and Financial Managing, Marketing and Business Credit. The result indicates that English skills of reading and listening were stronger than writing and speaking. Therefore, English skills need to be improved since the development of English skills for the officers is the priority of the success of the Government Saving Bank. Participants were one hundred and seven junior executive officers. The research instruments were questionnaires distributed to one hundred twenty junior executive officers. The finding was that all staff of Government Saving Bank realized that English communicative competency has an important role in their careers. Writing and speaking is a necessity of the success of the organization.

Khan, et al. (2011) stated that the patient - doctor communication is very significant in clinical practice. In the patient and doctors’ circumstances, the doctor will have to communicate with the patients a lot in order to get the information regarding prescriptions and share their knowledge about the disease, risk and factors /causes, and provide them with information on how to follow a medication schedule and exercise. It was discovered that patients capable of understanding doctors appropriately accept health issues and recognize their treatment. In addition, successful patient-doctor communication is able to develop a patient’s health, this is

because the doctor has a better understanding concerning patients' psychosocial situation and the patients feel more comfortable when sharing their health issues and listening to the doctor's point of view. Communication between patients and doctors is not always perfect, the communication barrier often occurs due to cultural differences, doctors' attitudes toward patients and complicated information are the general problems during the communication between them. In summary, deficient doctor-patient understanding was the major cause of the resulting obstacle to successful communication. In addition, the low levels of ability to read and write among patients and incapability of the doctor to effectively listen to patients' opinions and clarify the in-depth information concerning medicine and disease were also problems.

Mohamed (2014) pointed out that English is generally used for communication in business areas and the words 'language needs' are used by investigators to explain studies which examine in detail the character of language desired by certain employees in the workplace (Kaewpet, 2009; Kassim & Ali, 2010). English language needs for engineers can be learned and analyzed from engineers' participation in communication in engineering workplaces. The engineers need to use English in order to perform their workplace requirements. For example, Kassim & Ali (2010) circulated questionnaires to ten international companies in Malaysia to study the kind of communicative results where the engineers are required to have English communication knowledge such as teleconferencing, formal meetings of work related topics, oral presentations, discussing, explaining and demonstrating. The hypothesis of communicative events was that the engineers will be required to present ideas and influence another person of their idea. In summary, in order to achieve more, it is necessary for the graduate engineers to be capable to communicate efficiently, not only to perform the daily basic tasks, but also for the progression of their career. The study revealed that the development of new practices in arranging English language trainings and courses that is in accordance with the needs of the engineering students' future workplace communication is required. The engineering employers, the universities and technical English coaches must create a more meaningful and common level. Observing the current situation, the engineers only persisted as their technical skills are changing; they need "soft skills' like communication and

language. Their professional repertory will be significantly improved if they perform capably in English communication skills (Mohamed, Radzuan, Kassim, Ali 2014).

Nunchaya (2014) investigated the communication barriers among Thai immigration officers and foreigners. The research instrument was a questionnaire and was circulated to eighty foreigners who lived in Thailand and were experienced with Thai immigration officers. The result of this study illustrated that language is the important common hindrance for English native speakers since the officer might not be able to communicate smoothly with correct grammar. The finding in cultural and nonverbal difficulties revealed that non-native English speakers have positive results as their culture is slightly different from Thai culture. In addition, the recommendation from the participants was that the immigration officers should improve their English pronunciation and grammar usage skills by joining English oral communication training. Another suggestion was that immigration officers should offer translator services and provide instructions on immigration services.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter contains the subjects of this study, materials, procedure and data analysis. This chapter illustrates the methodology that was used to get the answer to the research questions.

3.1 PARTICIPANTS

The subjects of this study were foreigners who live and travel to Thailand from different countries such as British, Australian, Canadian and American citizens. All participants are experienced communicating in official English or attended hospitals for medical treatment. Voluntary sampling methods were sent out to collect the data in this research. The total respondents were 57 British nationals, 3 Canadians and 2 Australians. No Thai hospital staff took part in this survey.

3.2 RESEARCH INSTRUMENTS

The research instruments of this study were a set of questionnaires designed to find out what the language barriers are between foreigner patients and Thai hospital staff. The questionnaire was adapted from Kool-On, N. (2014) and the questionnaire was split into three parts as follows:

Part 1: Personal Information

The questions of this part consisted of personal information of the participants such as age, gender, education background and period of living in Thailand and kind of medical treatment that they received.

Part 2: What are the problems of using English in communication?

This part contained eighteen questions to find out what problems that Thai hospital staff encountered to communicate in English with foreigner patients which were divided into two topics; Language barrier and Cross-cultural issues. A four-point

Likert scale was used to test the points of obstacles in communication between the respondents and Thai hospital staff.

Part 3: Recommendations for decreasing communication barriers

This section consisted of 5 questions to find out the needs for English training courses for hospital staff and asked for the ways to improve their English from the suggestions of foreign patients. It contained checklist items and suggestions.

3.3 PROCEDURE

This explains the procedure for collecting data from the subjects.

3.3.1 Research Design

The data were collected through paper questionnaires and an online questionnaire to discover the communication barriers between Thai hospital staff and foreign patients and the suggestions to reduce the issues.

3.3.2 Data Collection

The questionnaires were circulated to the respondents by hand and via email. The voluntary participants were randomly selected to complete the questionnaires. The questionnaires were returned and used for data analysis. The researcher investigated the questionnaires for completion and accuracy.

3.4 DATA ANALYSIS

The findings from this survey were analyzed by the Statistic Package for Social Science (SPSS) programme. The data will be analyzed as follows:

3.4.1 The data from the first part that consists of the basic information of the respondents will be evaluated and tested in terms of percentage and frequency distribution.

3.4.2 Mean and standard deviations (SD) were applied to examine degree of the opinions in the second part of the questionnaires. The four-point Likert scales were used to level the different views as follows:

Strong agree	= 5
Agree	= 4
Neutral	= 3
Disagree	= 2
Strong disagree	= 1

The formula below shows the calculation of score range settings to understand the mean score outcome from different part of the questionnaires.

$$\text{Mean Range} = \frac{\text{maximum} - \text{minimum}}{5} = \frac{5 - 1}{5} = 0.8$$

Mean Range	Level of Opinions
4.21-5.00	Strong agree
3.41-4.20	Agree
2.61-3.40	Neutral
1.81-2.60	Disagree
1.00-1.80	Strongly disagree

3.4.3 The data from part 3 will be illustrated in terms of percentage and frequency distribution

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents the result of the study which were collected from 80 sets of questionnaires. The data will be distributed into three parts: 1) demography of participants 2) English communication barriers 3) recommendations for development or reducing communication barriers.

4.1 DEMOGRAPHY OF THE RESPONDENT

Respondents' demographics were divided into seven parts including, gender, age, nationality, educational background, purpose of traveling and duration of stay

Table 1. Gender of Respondents

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	53	85.5	85.5	85.5
Female	9	14.5	14.5	100.0
Total	62	100.0	100.0	

Table 1 shows the percentage of respondents in gender by closed – ended question. Male respondents represented 85.5% of all respondents. Females were 14.5% of respondents.

Table 2. Age of Respondents

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Under30	11	17.7	17.7	17.7
31-40	25	40.3	40.3	58.1
41-50	9	14.5	14.5	72.6
51 or above	17	27.4	27.4	100.0
Total	62	100.0	100.0	

As shown in table 2 the majority of the respondents were 31-40 years old (42.50%) whereas the minority of the respondents was under 30 years old (17.7%)

Table 3. Nationalities of Respondents

Nationality	Frequency	Percent	Valid Percent	Cumulative Percent
British	59	95.3	95.3	95.3
Canadian	2	3.2	3.2	96.8
Australian	1	1.6	1.6	98.4
Total	62	100.0	100.0	

Table 4. Educational Background

Education	Frequency	Percent	Valid Percent	Cumulative Percent
High school	17	27.4	27.4	27.4
Bachelor's degree	28	45.2	45.2	72.6
Master's degree	10	16.1	16.1	88.7
Doctorate degree	2	3.2	3.2	91.9
Other	5	8.1	8.1	100.0
Total	62	100.0	100.0	

Table 4 shows the majority of the respondents (45.2%) graduated with a bachelor's degree while 27.4% of the respondents finished a high school and 16.1% of the respondents graduated with a master's degree. There were only 3.2% who had a graduated with a doctorate degree and other education was at 8.1%.

Table 5. Purpose of staying in Thailand

Are you in Thailand for a holiday?	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	19	30.6	30.6	30.6
No	43	69.4	69.4	100.0
Total	62	100.0	100.0	

Table 5 shows that 30.6% of the respondents spent time for a holiday in Thailand and 69.4% lived in Thailand permanently.

Table 6. Duration of Stay in Thailand

How long have you lived in Thailand?	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 year	4	6.5	6.5	6.5
1-3 year	27	43.5	43.5	50.0
4-6 year	10	16.1	16.1	66.1
7 year and above	21	33.9	33.9	100.0
Total	62	100.0	100.0	

As can be seen in table 6, the majority of the respondents, 43.5%, have lived in Thailand between 1-3 years and 33.9% have lived in Thailand for at least 7 years. 10% of the respondents have lived in Thailand between 4-6 years and 6.5% of the respondents have lived in Thailand less than 1 year.

4.2 ENGLISH COMMUNICATION BARRIERS

This part presents the finding of language obstacles and cross-cultural concerns. The criteria used for scoring were as follows:

Mean Range	Level of Opinions
1.00-1.80	Strong disagree
1.81-2.60	Disagree
2.61-3.40	Neutral
3.41-4.20	Agree
4.4.21-5. 00	Strong agree

Table 7. Language barriers

Communication barriers	Mean	S.D.	Degree of Opinion
1. The hospital staff are able to communicate in English fluently.	2.67	1.02	Neutral
2. They confidently communicate in English.	3.20	1.04	Neutral
3. They understand clearly what medical treatment I need.	3.08	1.01	Neutral
4. They can clarify information clearly.	3.43	0.88	Agree
5. I can understand the message from the hospital clearly.	3.24	0.91	Neutral
6. They rapidly answer my question.	3.22	0.89	Neutral
7. They ask me to repeat my question again.	3.48	0.84	Agree
8. I can understand the whole communication.	3.30	0.96	Agree
9. I can catch every single word throughout the conversation.	3.22	0.93	Neutral
10. I can understand medical technical terms that the doctors try to convey.	3.09	1.05	Neutral
11. I do not need medical interpreters.	3.37	1.07	Neutral

Table 7, shows the hospital staff's ability to communicate in English (Item 1). The respondents "Agree" that the hospital staff is able to provide the information clearly (Item 4), the respondents "Agree" (Items 7,8) that they were asked to repeat the questions and they can understand the whole conversation. Item 10, 11 the

respondents provided a “Neutral” degree of opinion relating to the conversations with the hospital staff.

Table 8. Cultural Concerns

Cultural Concerns	Mean	S.D.	Degree of Opinion
1. I think the hospital staff are very polite and professional	3.67	0.98	Agree
2. I feel comfortable when hospital staff talk to each other in Thai in front of me	3.72	0.85	Agree
3. I feel the hospital staff are very patient and listen to me carefully	3.64	0.87	Agree
4. The hospital staff are willing to help and provide me with useful information and good service	3.75	0.64	Agree
5. I am confident to receive a medical treatment from the Thai doctor /dentist	3.62	0.83	Agree
6. The different culture does not cause a communication barrier	3.64	0.77	Agree
7. I am aware of the cultural differences and I don't take it as a serious issue when they talk to me about something that is considered impolite in my culture	3.53	0.90	Agree

Table 8. (Continued)

Cultural Concerns	Mean	S.D.	Degree of Opinion
8. They maintain their eye contact to show their sincerity when talking to me	3.74	0.67	Agree
9. I feel comfortable when they use facial expressions	3.64	0.83	Agree

In Table 8, the respondents provided “Agree” as the degree of opinion regarding whether the hospital staff are very polite, patient, very professional and listen to them carefully. Moreover, the hospital staff are willing to help and provided the respondents with useful information and good services (Items 1, 2, 3, 4). In items 6,7,8, and 9 in Table 9, the respondents provided “Agree” as the degree of opinion that cultural differences didn’t affect the quality of service.

4.3 SUGGESTIONS FOR IMPROVING OR REDUCING COMMUNICATION BARRIERS

The third part of the questionnaire contains four close-ended questions and one open-ended question. This section is split into five parts; 1) Rating of hospital staff service satisfaction 2) The respondents’ point of view about the need for improvement 4) Solutions to problems 5) Recommendations for solutions to problems with the hospital staff services.

Table 9. Respondents' satisfaction toward the hospital services.

Degree of Satisfaction	Frequency	Percentage
Excellent	12	19.4
Fair	26	41.9
Poor	24	38.7
Total	62	100.0

Item 9, the majority of participants rate their satisfaction for all services at “Fair” level (41.9) and “Poor” at 38.7%. The respondents rated them “Excellent” at (19.4%).

4.3.1 THE RESPONDENTS' OPINION ABOUT THE NEED OF IMPROVING THE HOSPITAL STAFF'S COMMUNICATION SKILLS

Table 10. The need for improving the hospital staff's communication skills

The need for improvement	Frequency	Percentage
Yes	40	64.5
No	22	35.5
Total	62	100

Table 10, shows most respondents think that the hospital officers need to improve their communication skills.

4.3.2 PROBLEMSNEEDING IMPROVEMENT

Table 11. Problems needing to be improved

Problems to improve	Frequency	Percentage
Grammar	14	22.6
Pronunciation	26	41.9
Word choice	4	6.5
Expectation of cultural differences	18	29.0
Capacity to communicate	0	
Other (please specify)	0	
Total	62	

In Table 11, the pronunciation issue is at the highest frequency (41.9 %) followed by expectation of cultural differences (29 %) and grammar (22.6 %) respectively.

Table 12. Solutions to the problems

Solutions to the Problems	Frequency	Percentage
Provide English language training skills for all staff	39	62.9
Provide cross-cultural training	15	24.2
Medical interpreters should be provided (if required)	3	4.8
Using non-verbal language to reduce the communication barriers	5	8.1
Total	62	100.0

According to Table 12, the respondents recommended that the hospital staff need English language training to improve their issues in communication (62.9%). Moreover, cross-cultural training is recommended for the hospital staff (24.2%).

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 SUMMARY OF THE STUDY

There are two main categories of findings of the study. They are statistical findings derived from statistics and explanations derived from open-ended questionnaires. The first are rated from 1-5 for consistency in measurement. The second are relevant to qualitative data connected to personal opinions of those foreign patients on health service providers.

To demonstrate the gender of the samples, 53 from 62 are male and 9 are female patients. The majority of participants are 31-40 years of age (25 people), 51-above (17 people), under 30 (11 people) and 41-50 years old (9 people). In terms of nationality, 62 people were British. The others were 2 Canadians and 1 Australian respectively. Furthermore, 28 of the respondents graduated with bachelor degrees. In brief, male British patients aged 31-40 were the majority of the respondents. To demonstrate the purpose of travelling to Thailand, a majority of the participants were not in Thailand for holiday trips. Only 19 people were travelling to Thailand for a holiday. In fact, 33 people presented that they lived in Thailand permanently while 25 people lived in Thailand temporarily. Most of them, or around 27 people, stayed in Thailand for 1-3 years and 21 people stayed for 7 years and above. In a nutshell, most of the respondents stayed in Thailand for non-related holiday trips. They had a permanent living period of 1-3 years. To continue with the question regarding treatment, although half of the 31 samples did not answer this question, one-third replied that they received treatment in terms of general medical check-ups. Moreover, a few people received treatment for their eyes.

5.2 SUMMARY OF THE FINDINGS

In this part, the findings and discussion will be explained based on the data which was rated from 1-5. The respondents replied to the questionnaires with 1 if they

strongly disagreed, 2 if they disagreed, 3 if they were neutral, 4 if they agreed and 5 if they strongly agreed.

5.2.1 Language Barriers

The respondents felt that there was a language barrier with the medical staff since they replied that the medical staff asked them to repeat their questions again. However, other language barriers were not evident since the respondents felt 'neutral' with, for example the medical staff being able to communicate in English fluently and confidently, and the medical staff being able to clearly understand the medical treatment they need, even though they cannot rapidly respond to their questions. Furthermore, the respondents can understand the whole communication well and felt that the hospital staff can clarify the information clearly. Most of the respondents do not need medical interpreters.

5.2.2. Cultural Concerns

There does not appear to be any cultural concerns since the respondents replied that the hospital staff were polite and professional. Most of the participants felt comfortable when the hospital staff spoke in Thai in front of them. The statistics show that the respondents agreed that the hospital staff were very polite and listened to the patients carefully. There is one finding showing a really positive feedback from those respondents on hospital staff. It is about the staff's "willingness to help and providing useful information". In question number 4 of the cultural concerns section, the majority of the participants expressed that they agreed that staff were willing to help and provide good services. This is the highest score people rated at "agree" in comparison to all other questions.

Additionally, the respondents replied that they 'agree' that the different culture does not cause communication barriers and that the staff maintained their eye contact to show their sincerity when talking to patients. The respondents also felt comfortable when the staff uses facial expression and that it was not serious if medical staff talked to them about something that was considered impolite in their original culture. The result suggests that cultural differences did not cause communication barriers in the health settings.

5.3 CONCLUSIONS

This section concludes the key findings based on the research questions.

5.3.1. What are the communication barriers that foreign patients encounter when dealing with hospital staff?

The result revealed that most of the respondents were satisfied with the whole service. The respondents did not feel that the culture difference cause any communication barriers. However, they felt that there was a language barrier with the Thai hospital staff.

5.3.2. What are the recommendations suggested by foreign patients for hospital staff to decrease communication barriers when dealing with foreigners who need medical treatment?

The foreign patients suggested that the hospital should provide English language training for all staff, including cross-cultural training. Two from three of the sample still thought that hospital staff need to improve their English skills, such as English pronunciation, grammar and word choice respectively.

5.4 RECOMMENDATIONS FOR FURTHER RESEARCH

Accordingly, when asked about the solutions, generally the participants agreed that the hospital should provide English language training for all staff, and part of the participants thought that the hospital should provide cross-cultural training. Using non-verbal language to reduce communication barriers was considered by some of the respondents. Only a few of the respondents suggested having medical interpreters. In conclusion, training might help hospital staff in their English communication particular in their verbal communication. Therefore, at this stage, the respondents needed the hospital staff to improve their spoken English.

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APPENDICES



APPENDIX

QUESTIONNAIRE

This questionnaire is part of a research paper submitted in partial fulfillment of the requirement for a Master's Degree of Arts in English for Career, Language Institute, Thammasat University. It focuses on the language ability of the hospital staff and the effects on patient care. Your response will be confidential and used for academic purpose only.

Part 1: General Background Information of Participants

Direction: Please fill in the blank with your information and mark in the below

- 1) Gender Male Female
- 2) Age under 30 31-40 41-50 51 or above
- 3) Nationality.....
- 4) Educational Background

<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other.....
- 5) Are you in Thailand for a holiday?

Yes No
- 6) Do you live in Thailand permanently?

Yes No
- 7) How long have you lived in Thailand?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-3 years
<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 7 years and above
- 8) What treatment you are having from the hospital?

A.....

B.....

C.....

Part 2: English Communication issues

Direction: Please mark \surd to the answer that best reflect your opinion. Mark only one choice per one question.

Language Barriers	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The hospital staff able to communicate in English fluently.					
2. They understand clearly what medical treatment I need.					
3. They can clarify information clearly.					
4. I can understand the message from the hospital staff clearly.					
5. They rapidly answer my question.					
6. I can understand the whole communication .					
7. I can catch every single word throughout the conversation.					

8. I can understand medical technical terms that the doctor tries to convey.					
9. I can understand medical technical terms that the doctor tries to convey.					
10. I do not need medical interpreters.					
11. They maintain their eye contact to show their sincerity when talking to me.					

Cultural concerns	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I think the hospital staff are very polite and professional.					
2. I feel uncomfortable when hospital staff talk to each other in Thai in front of me.					
3. I feel the hospital staff are very patient and listen to me carefully.					
4. The hospital staff are willing to help and provide me with useful information and good services.					
5. I am confident to receive a medical treatment from the Thai doctors/ dentists.					
6. The different culture does not cause communication barrier.					
7. I am aware of the cultural differences and I don't take it as a serious issue when they talk to me about					

something that is considered impolite in my culture.					
8. They maintain their eyes contact to show their sincerity when talking to me.					
9. I feel uncomfortable when they use facial expression.					

Part 3: Recommendation of increasing or decreasing communication difficulties

Direction: Please fill in the blank with your information and mark in the below

- 1) Please rate your satisfaction for the whole service.
 - Excellent Fair Poor
- 2) Do you think the hospital staff need to improve their English communication?
 - Yes No
- 3) Which subjects do the hospital staff need to develop?
 - Grammar Expectation of cultural differences
 - Pronunciation Capacity to communicate noticeably
 - Word Choice Others (please specify)
- 4) What solution you will use in order to reduce the language issue?
 - Hospitals should provide English language training skills for all staff
 - Hospitals providing cross-cultural training
 - Medical interpreters should be provided (if required)
 - Using non-verbal language to reduce the communication barriers
 - Other (please specify)

5) Other recommendation to solve problems with the hospital staff.

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BIOGRAPHY

Name	Ms ChularathNetfang
Date of Birth	February 16, 1973
Educational Attainment	2005: Bachelor Degree of Arts in Business administration
Work Position	Consular Officer British Embassy
Scholarship	-
Publications	-
Work Experiences	Office Manager Lloyds (Thailand) Co., Ltd