ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

BY

MISS PIYAWAN WIRIYAKULCHAI

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

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

BY

MISS PIYAWAN WIRIYAKULCHAI

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

THAMMASAT UNIVERSITY

LANGUAGE INSTITUTE

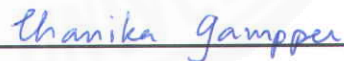INDEPENDENT STUDY PAPER

BY

MISS PIYAWAN WIRIYAKULCHAI

ENTITLED

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY

PROFICIENCY AMONG THAI PHARMACISTS

was approved as partial fulfillment of the requirements for

the degree of Master of Arts in English for Careers

on June 24, 2016

Chairman _____

(Chanika Gampper, Ph.D.)

Member and Advisor _____

(Assistant Professor Monnipha Somphong, Ph.D.)

Dean _____

(Associate Professor Pornsiri Singhapreecha, Ph.D.)

Independent Study Paper Title	ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS
Author	Miss Piyawan Wiriyakulchai
Degree	Master of Arts
Major Field/Faculty/University	English for Careers Language Institute Thammasat University
Independent Study Paper Advisor	Assistant Professor Monnipha Somphong, Ph.D.
Academic Years	2015

ABSTRACT

The English language skills of Thai Pharmacists were surveyed for English proficiency in order to find out which English-speaking functions they need to improve. A three part questionnaire was used as the research instrument and distributed to 110 pharmacists to self-assess their proficiency and needs. Ten out of 110 questionnaires were excluded from data analysis due to the participants were not being either pharmacists or not working in Bangkok. The findings showed that Thai pharmacists have proficiency in English-speaking skills at an A2 to B1 level according to the Global Oral Assessment Scale from the Common European Framework of Reference for Languages (CEFR) assessment. They need to improve in aspects of explaining, negotiating, and summarizing skills. Overall, there was an insignificant relationship between proficiency and need in English-speaking skill as shown by correlation coefficient (r). Nevertheless, the result showed that when data was separately analyzed by current position, types of organization, and necessity of English in current position, there was a relationship between proficiency and need shown in sub-group analysis. The recommendations for further studies are to use the oral assessment score from standard tests and to conduct research of Thai pharmacists for other aspects of English-speaking skill such as accuracy, fluency, problems and motivations.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

1.1 Background of the study

Currently, English is being used in various occupations including in the pharmaceutical area. Pharmacists are healthcare providers who regularly have contact with English-speaking patients or colleagues. During this decade, the analysis of English proficiency among pharmacists has been widely conducted. The majority of Pharmacists are inadequate in speaking skills and need improvement (Parkhurst, 2007; Janekit and Mantana, 2007; Chang, Tsang and Thornley, 2011). While several studies investigated the most needed skill among reading, writing, listening and speaking the researchers found that further investigation in specific aspects has not been done in each skill. A needs analysis survey is used in this study due to its usefulness in finding out the general interest and skill level of the participants. This research aims to survey relationships between need and proficiency in ten specific aspects of English-speaking skill by self-assessment among Thai pharmacists in Bangkok. The specific aspects of speaking skill are created from the researcher's experience and comments from interviewing a small group of Thai pharmacists. It is based on real-life communication such as the communication in hospitals, local drug stores, or international pharmaceutical companies. This study will focus on ten aspects set-up chronologically according to basic communication in English with non-Thai patients or foreigners.

The scope of this study is limited to the data collected from Thai pharmacists in Bangkok, Thailand between February and April 2016. The self-assessment questionnaire is designed in order to be able to evaluate proficiency of participants because the requirement of having obtained certain standardized test score is limited to some organizations or some positions. The standard tests—TOEIC®, TOEFL® or IELTS®, etc.—is recommended instead of using Self-assessment to ensure the credibility of the study's result. The result of this research is expected to assist Thai pharmacists in improving their English speaking skills to promote better healthcare services and be able to compete with the non-Thai pharmacists in Thailand.

The research proposal is divided into three chapters organized as shown below. The second chapter presents the literature review of the research topic. The third part explains the participant, study tool and research methodology. Then, the example of questionnaire is provided in the appendix.

1.2 Research questions

1) What are self-rated English speaking proficiency levels of Thai pharmacists?

2) Which English speaking functions do Thai pharmacists need to improve?

3) Is there any relationship between their proficiency and need?

1.3 Research objectives

1) To survey the proficiency level of English-speaking functions by self-assessment among Thai pharmacists.

2) To survey the need in improving English-speaking functions among Thai pharmacists.

3) To survey the relationship between their proficiency and need.

1.4 Definition of terms

1.4.1) Need refers to particular aspect of English speaking skill that Thai pharmacists desire to have or improve.

1.4.2) Proficiency refers to the ability to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations.

1.4.3) English-speaking skill refers to performance of using English in communication.

1.4.4) Pharmacist refers to a health professional trained in the art of preparing and dispensing drugs.

1.4.5) Self-assessment refers to the process by which Thai pharmacists determine their own abilities.

1.4.6) Knowledge level refers to the degree of understanding that Thai pharmacists have in English-speaking skills.

1.5 Significance of the study

The researcher hopes that the results from this study will help Thai pharmacists to increase self-awareness of their English-speaking proficiency.

CHAPTER 2
REVIEW OF LITERATURE

This chapter presents related literature in three main areas with a summary:

2.1) Pharmacists

2.2) Need in English-speaking skill

2.3) Need in English-speaking skill among pharmacists

2.1 Pharmacists

Pharmacists refer to health professionals trained in the art of preparing and dispensing drugs. The responsibilities of pharmacists according to the Drug ACT (1967) are to produce, educate, consult, monitor and inspect drug products to the patients or other healthcare providers. In 2016, there are nineteen pharmaceutical programs in the universities of Thailand qualified by the Pharmacy Council of Thailand. English is one of the general courses in the curriculum of every Pharmaceutical program. The pharmaceutical students are required to pass the comprehensive examination which is the integrated test of pharmaceutical sciences to acquire the license, however this tests excludes the proficiency in foreign language. Whether the graduates from pharmaceutical sciences could apply for a job with or without a license depends on the requirement of the organization or position. Some positions in some organizations require pharmacists who are proficient in English. The pharmacists are mainly categorized into six areas: 1) Industrial pharmacists, 2) Hospital pharmacists, 3) Community pharmacists, 4) Marketing pharmacists, 5) Regulatory affairs pharmacists and 6) Consumer protection pharmacists. In addition, pharmacists are involved in the drug discovery phase through the monitoring of drug use.

2.2 Need in English-speaking skill

English is an international language used in a wide ranges of academic, industrial and business context. It plays an essential role in sharing and exchanging thoughts (Charunsri, 2011.) and is used as a second language in many countries

around the world (Wardhaugh, 2006). The definition of need is the state of having to have something that you do not have, or something that specifically relates to a particular group or community because it is essential or very important. Problems in English skills of Thais have been greatly studied and divided into four skills; reading, writing, listening and speaking skills. A number of tools have been used to improve the English language learning among Thais. According to Brumfit and Roberts (1987), need analysis is a method to identify the problem and suggest a solution. The survey of need is an investigation which can be used to identify and solve performance problems in order to direct an organization's future plans. A learner or group of learners will be required to perform in the target language needed to be learnt in order to bring about proficiency in these particular tasks. According to Brumfit & Roberts, 1987: "[t]he results of needs analysis can be used to determine suitable techniques."

2.3 Need in English-speaking skill among pharmacists

The pharmacy student population in the United States is diverse and many of them are non-native English speakers who are enrolled in a doctor of pharmacy or pharmaceutical sciences degree program. It was revealed by Parkhurst (2007) that "Serving a linguistically diverse student population requires effective pedagogy to assess, improve, and support students' oral and written communication skills." An oral communication course targeted to these students resulted in improved oral communication skills.

According to Chang, Tsang and Thornley (2011), the obstacles of the community pharmacists in New Zealand are a lack of communication skills with their non-English speaking patients. These obstacles are important to address in order to prevent any mistakes in diagnosis or misinterpretation of the prescriptions.

In Thailand, it was found that the healthcare providers such as physicians, dentists and pharmacists are required to qualify in English proficiency. Although they have been involved English, especially in receptive skills (reading and listening) since their early education, the proficiency in productive skills are often inadequate for their careers. Wiriyachitra (2002) suggested that the problems of English speaking skill that

the obstacles learners usually experience in communication were a lack of opportunity to use English in their routines or being too shy to speak with foreigners.

Korsanan (2012) suggests the role and competency of pharmacists in Thailand will increase and that the community pharmacists will be the primary contact to provide health education to the patients. The AEC (ASEAN Economic Community) is quickly approaching and one challenge is being competent in English. Thai pharmacists should prepare themselves in providing healthcare services to English-speaking patients. This is important since Thailand will become a well-known medical hub and aims to be a World-Class Health Care Destination according to a Thailand Board of Investment (BOI) announcement in 2012. The patients with non-serious illnesses usually visit drug stores for over-the-counter (Household remedies) medicines. The out-patients and In-patients are supposed to consult with the clinical pharmacists in hospital. English-competent pharmacists are demanded not only in the area of healthcare providers (hospital pharmacists and community pharmacists) but also in research areas. The position of Clinical Research Associate is given to candidates who are competent in Pharmaceutical Sciences and have shown mastery in English.

The result of Pakhawadee's (2012) research reported that the non-medical staff in an international healthcare organization in Chon Buri province, Thailand required the improvement in English speaking skills in order to be able to communicate with foreign customers effectively. In daily English communication with foreign patients, non-medical staff had the opportunity to provide services by greeting and providing information such as health insurance conditions, describing hospital facilities or inquiring for personal data to keep in the hospital's records. Due to low English speaking proficiency, the healthcare service may be poor and can cause some misunderstandings with the patients. She also suggested conducting additional studies to examine the necessities in improving English skills among medical staff.

According to Lakhana (2014), the study of *English Usage and Problems of Industrial Pharmacists at Two Large Multi-National Pharmaceutical Manufacturers in Thailand* showed that Thai industrial pharmacists have a major problem in listening skills followed by speaking skills. An additional study by Phutirat & Suwannapatama

(2007) also show that industrial pharmacists have difficulties with listening, while hospital pharmacists have a strong need to improve their speaking skills.

As shown from the previous literature, the researcher found that the past studies mainly examined the need of English skill improvement among four skills: reading writing, listening and speaking. The results showed that speaking skills are considered as the priority need of pharmacists. However, this research is interested in analyzing which particular aspects of speaking skills are needed especially in pharmaceutical area setting. This research will examine the relationship between the proficiency and need of Thai pharmacists by self-assessment.
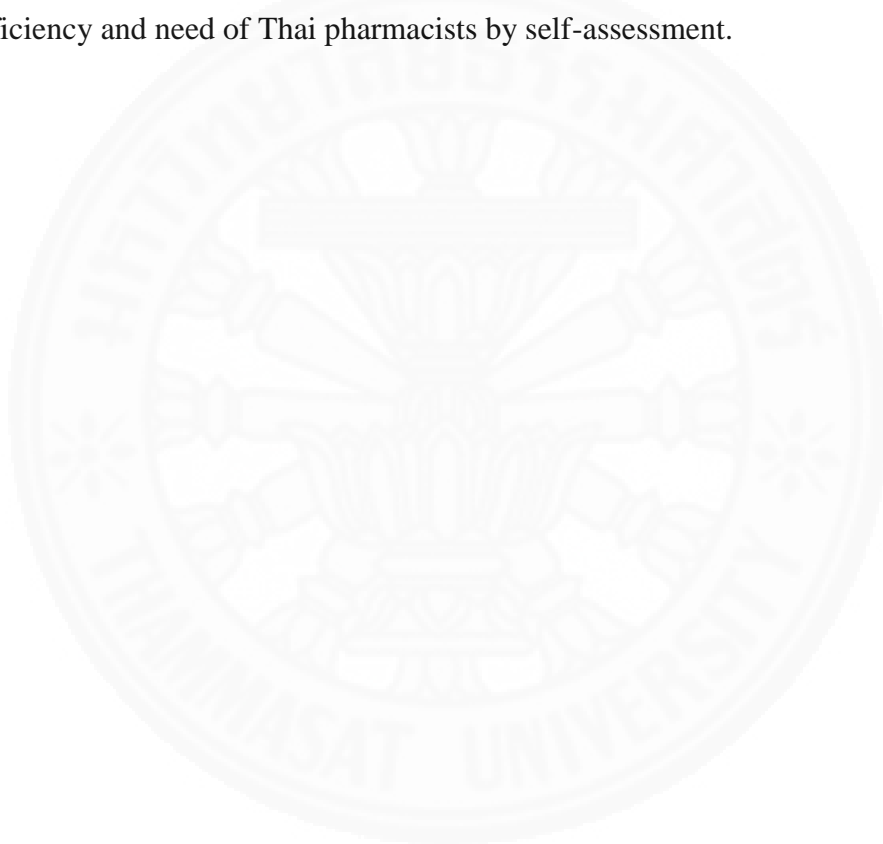
CHAPTER 3
RESEARCH METHODOLOGY

This chapter describes how the survey will be conducted. To survey the proficiency and need of English-speaking skills from respondents, this research employed a double, ten-item questionnaire to self-assess proficiency and need of English-speaking skills among Thai pharmacists.

3.1 Target Population and Sample

The target population of this study was Thai pharmacists who graduated with at least a bachelor degree in pharmaceutical sciences but not limited to universities in Thailand. The participants were working either full-time or part-time in a pharmaceutical business in Thailand for example, community pharmacists, hospital pharmacists, manufacturing pharmacists, private-company pharmacists, and others.

Due to time constraints and budget limitations, the data was randomly collected only from pharmacists who work in Bangkok. The non-probability method—purposive sampling—was used as the sampling method in this study. According to the report of National Economic and Social Development Plan in the year of 2012, the total number of pharmacists in Thailand was about 10,000 and the report in 2014 revealed there were approximately 1,500 pharmacists in Bangkok. The sample size of this research aims at 110 questionnaires collected from the respondents in Bangkok. The sample size refers to the sample size calculation according to Yamane, 1973 plus 10 percent excessive.

3.2 Research Design and Procedures

The research design is to survey the proficiency and need in particular aspects of English-speaking skills among Thai pharmacists. The questionnaire used as a research instrument in this study was self-developed by the researcher based-on the particular aspects of English-speaking skills in which the respondents are usually

involved in at their workplace environment. Prior to the data collection, an informal interview was conducted with Thai pharmacists who are working in various areas: Hospital pharmacists, Clinical Development pharmacists (Clinical Research Associates), and Industrial Pharmacists (Production pharmacists, Quality Control pharmacists). The purposes of this preliminary interview were to validate the questionnaires and to ensure the understanding of participants prior to conducting the survey in the targeted sample. Minor modifications—rating scale of level of proficiency referred to CEFR Global Oral Assessment scales—were applied to the final questionnaire.

The questionnaire was created in Google Form—a free form to collect the information—in order to collect the responses in a limited timeframe. After the online questionnaire was completed, the link was sent out to the targeted sample in April 2016. The qualifications were verified—the respondents must be pharmacists who are working in Bangkok—prior to performing the self-assessment regarding their proficiency and need in particular aspects of English-speaking skill. The recruitment closed when the targeted number of respondents had reached 110 cases.

The questionnaire comprises of three major parts as follows;1) Background and general information of the respondents, 2) Ten-item questions to self-assess proficiency and need in improving English-speaking skill using a five-point Likert's scale and 3) Further comment (if any) and consent for contact by the researcher when the study result is available. The researcher divided the ten items in chronological order/situations based on their experience in communication with the patients or English-speaking colleagues.

The proficiency level (level 1 to 5) refers to A1, A2, B1, B2 and C2 of Global Oral Assessment Scale from Common European Framework of Reference for Languages (CEFR) Assessment scales. The description of each level is defined as shown in Table 3.1.

Table 3.1

Description of Proficiency level based on CEFR Assessment scales

CEFR Global Oral Assessment scales	Proficiency Scale in this questionnaire	Description
C1	Level 5	**Shows fluent, spontaneous expression in clear, well-structures speech.** Can express him/herself fluently and spontaneously, almost effortlessly, with a smooth flow of language. Can give clear, detailed descriptions of complex subjects. High degree of accuracy; error are rare.
B2	Level 4	**Expresses points of view without noticeable strain.** Can interact on a wide range of topics and produce stretches of language with a fairly even tempo. Can give clear, detailed descriptions on a wide range of subjects related to his/her field of interest. Does not make errors which cause misunderstanding.
B1	Level 3	**Relates comprehensibly the main points he/she wants to make.** Can keep going comprehensibly, even though pausing for grammatical and lexical planning and repair may be very evident. Can link discrete, simple elements into a connected sequence to give straightforward descriptions on a variety of familiar subjects within his/her field of interest. Reasonably accurate use of main

		repertoire associated with more predictable situations.
A2	Level 2	**Relates basic information on, e.g. work, family, free time etc.** Can communicate in a simple and direct exchange of information on familiar matters. Can make him/herself understood in very short utterances, even though pauses, false starts and reformulation are very evident. Can describe in simple terms family, living conditions, educational background, present or most recent job. Uses some simple structures correctly, but may systematically make basic mistakes.
A1	Level 1	**Makes simple statements on personal details and very familiar topics.** Can make him/herself understood in a simple way, asking and answering questions about personal details, provided the other person talks slowly and clearly and is prepared to help. Can manage very short, isolated, mainly pre-packaged utterances. Much pausing to search for expressions, to articulate less familiar words.

3.3 Data Analysis and statistical devices

The data was interpreted, categorized, analyzed and calculated using Microsoft Excel. The statistical devices used in this study were:

1) Demographic and General information were presented using inferential statistics and descriptive statistics.

2) Correlation was used to test the relationship between the proficiency and need in English-speaking skill.

CHAPTER 4
RESULTS AND DISCUSSION

4.1 Results

4.1.1 Demographic and General Information

Demographic and General Information are presented in Table 4.1 – 4.8. A total of 110 participants responded to the research questionnaire in this study. Of these 110 cases, 10 participants were excluded by the verification question. In sum, data collected from a total of 100 participants (100%) are analyzed. The average age of the participants (male 28; female 72) was between 20 and 30 years old (74%); 20% were between 31 and 40, and 6% were between 41 and 50. All participants graduated in Pharmacy; 70% graduated with Bachelor's degree, 28% graduated with Master's Degree, and 2% graduated with Ph.D. The most frequent responses for years of English studying was 10-15 years (39%) followed by more than 20 years (31%), 16-20 years (20%), and less than 10 years (10%).

Twenty-one percent of participants are working in the position of Hospital pharmacists which was equal to the number working in Clinical Development (21%). This was followed by Marketing pharmacists (18%), Industrial pharmacists (13%), Community pharmacists (12%), Regulatory pharmacists (10%), Consumer protection pharmacists (2%) and others (3%). The average years of working in the current position was 4.67 (SD 3.57). Fifty-five percent are working in local organizations, while 45% are working in international organizations. The majority of participants (88%) stated that English is necessary for their current position.

Table 4.1

Demographic and General Information: Gender

Gender	%
Male	28
Female	72

Table 4.2

Demographic and General Information: Age group (years)

Age group (years)	%
< 20	0
20 - 30	74
31 - 40	20
41 - 50	6
51 - 60	0
>60	0

Table 4.3

Demographic and General Information: Education

Education	%
Bachelor's Degree	70
Master's Degree	28
Ph. D.	2

Table 4.4

Demographic and General Information: Years of English Studying

Years of English Studying (years)	%
< 10	10
10 - 15	39
16 - 20	20
> 20	31

Table 4.5

Demographic and General Information: Working position

Working Position	%	
Hospital pharmacists	21	
Clinical Development	21	
Marketing pharmacists	18	
Industrial pharmacists	13	
Community pharmacists	12	
Regulatory affairs	10	
Consumer protection pharmacists	2	
Others	3	
Ph.D. student(1), Pharmacy lecturer(1), Health Informatics Pharmacist(1)		

Table 4.6

Demographic and General Information: Years of working in the current position

Years of working in the current position	
Mean (SD)	4.67(3.57)
Min	3 months
Max	16 years

Table 4.7

Demographic and General Information: Type of organization

Type of organization	%
Thai	55
International	45

Table 4.8

Demographic and General Information: Is English necessary for your current position?

Is English necessary for your current position?	%
Yes	88
No	12

4.1.2 Self- Assessment of English-speaking Skill

4.1.2.1   Self-assessed proficiency level

Proficiency level of English-speaking skill was presented in Table 4.9. The results showed that the participants considered themselves to be proficient in the following particular aspects of English speaking skills: welcoming and greeting (Mean 3.38), offering assistance and apologizing (Mean 3.04), conducting routine conversations (Mean 3.02), inquiring about the patient's (or customer) need and decisions (Mean 2.93), making requests (Mean 2.82), summarizing the conversation (Mean 2.72), refusing politely (Mean 2.7), explaining the reason (Mean 2.65) and negotiating for mutual understanding (Mean 2.38).

Table 4.9

Proficiency level of English-speaking skill in different functions

Functions	Level of Proficiency (%)					Mean(SD)
	1 (A1)	2 (A2)	3 (B1)	4 (B2)	5 (C1)	
welcoming and greeting	5	21	25	29	20	3.38(1.17)
offering assistance	8	27	26	31	8	3.04(1.11)
apologizing	7	25	35	23	10	3.04(1.08)
conducting routine conversations	7	27	31	27	8	3.02(1.07)
inquiring about the patient's (or customer) need and decisions	10	26	30	29	5	2.93(1.08)
making requests	10	29	31	29	1	2.82(1.00)
summarizing the conversation	15	21	43	19	2	2.72(1.01)
refusing politely	12	30	39	14	5	2.70(1.02)
explaining the reason	13	33	34	16	4	2.65(1.03)
negotiating for mutual understanding	20	36	30	14	0	2.38(0.96)

4.1.2.2 Level of Need

The level of need to improve English-speaking skill is presented in Table 4.10. The results showed that the participants need to improve English speaking skills in the form of summarizing the conversation (Mean 4.25) followed by negotiating for mutual understanding (Mean 4.22), explaining the reason (Mean 4.19), refusing politely (Mean 3.99), conducting routine conversations (Mean 3.83), making requests (Mean 3.82), apologizing (Mean 3.79), inquiring about the patient's (or customer) need and decisions (Mean 3.77), offering assistance (Mean 3.76) and welcoming and greeting (Mean 3.19).

Table 4.10

Level of Need in improving English-speaking skill in different functions

Functions	Level of Need (%)					Mean(SD)
	1 (least)	**2** (little)	**3** (moderate)	**4** (a lot)	**5** (most)	
summarizing the conversation	2	3	11	36	48	4.25 (0.91)
negotiating for mutual understanding	2	3	13	35	47	4.22 (0.93)
explaining the reason	2	6	13	29	50	4.19 (1.01)
refusing politely	2	5	22	34	37	3.99 (0.99)
conducting routine conversations	4	10	19	33	34	3.83 (1.13)
making requests	2	5	30	35	28	3.82 (0.97)
apologizing	3	7	28	32	30	3.79 (1.05)
inquiring about the patient's (or customer) need and decisions	4	10	26	25	35	3.77 (1.15)
offering assistance	3	6	31	32	28	3.76 (1.03)
welcoming and greeting	11	22	26	19	22	3.19 (1.31)

4.1.2.3 Relationship between Proficiency and Need

Correlation Coefficient (r) was calculated to show the relationship between proficiency and need from all of the participants' responses compared with correlation coefficient (r) separately calculated for current position (Table 4.11), type of organization (Table 4.12) and necessity of English in current position (Table 4.13).

Table 4.11

Correlation Coefficient and Interpretation

Range	Interpretation
0.0< r <0.2	No correlation
0.2< r <0.4	Mild correlation
0.4< r <0.6	Moderate correlation
0.6< r <0.8	Strong correlation
0.8< r <1.0	Very strong correlation

Note. From Statistics at Square Two: Understanding Modern Statistical Applications in Medicine, Second Edition, by Campbell M. J., 2006, UK: Blackwell Publishing

Table 4.12

Correlation Coefficient of proficiency and need to improve English-speaking skill calculated from overall participants and different positions

Functions	Correlation Coefficient							
	Overall (N=100)	Hospital pharmacists (N =21)	Clinical Development (N=21)	Marketing pharmacists (N=18)	Industrial pharmacists (N=13)	Community pharmacists (N=12)	Regulatory affairs (N=10)	Consumer protection pharmacists and others (N=5)
welcoming and greeting	-0.2258	-0.4726	-0.2291	-0.1445	-0.5125	0.1240	-0.1169	-0.2331
inquiring about the	-0.0375	-0.0593	0.1074	-0.3987	-0.4926	0.5705	0.1430	-0.6202

Functions	Correlation Coefficient						
	Overall (N=100)	Hospital pharmacists (N =21)	Clinical Development (N=21)	Marketing pharmacists (N=18)	Industrial pharmacists (N=13)	Community pharmacists (N=12)	Regulatory affairs (N=10)	Consumer protection pharmacists and others (N=5)
patient's (or customer) need and decisions							
conducting routine conversations	-0.1139	-0.0924	-0.0021	-0.3441	-0.8082	0.4336	0.1832	-0.7500
offering assistance	-0.0092	-0.0948	0.0670	-0.0457	-0.6658	0.4642	-0.0358	0.0000
explaining the reason	-0.0325	-0.0619	0.1818	-0.2432	-0.6541	0.1843	0.0000	-0.6124
making requests	-0.0025	0.0339	-0.0462	-0.0492	-0.4695	0.3917	0.0403	-0.2182
negotiating for mutual understanding	0.1092	0.2833	0.0791	-0.1230	-0.1791	0.5192	-0.1619	-0.7906
refusing politely	-0.0030	-0.0296	-0.0334	-0.0091	-0.6843	0.4858	-0.0200	0.2500
apologizing	-0.0103	0.2027	0.0563	-0.1383	-0.5437	0.1198	0.0706	-0.1336
summarizing the conversation	-0.0439	0.0523	0.1496	-0.4515	-0.1945	0.4825	0.2532	-0.1667

Table 4.12 presents the degree of relationship between proficiency level and need calculated from the responses of all participants as shown with correlation coefficient (r). The results show that there is no relationship between proficiency and need except welcoming and greeting which has mild negative correlation (-0.2258), that is, Thai pharmacists considered themselves to be proficient in this function, therefore they would not need to improve English speaking skills regarding this function.

Thus, correlation coefficient was separately calculated for different working positions of Thai pharmacists to compare with the overall results. Very strong negative correlation was highlighted in conducting routine conversation functions among Industrial pharmacists (r = -0.8082) and strong negative correlation also

showed the aspects of refusing politely (r = -0.6843), offering assistance   (r   =   -0.6658), and explaining the reason (r = -0.6541).

For consumer protection pharmacists, four functions (negotiating for mutual understanding, conducting routine conversations, inquiring about the patient's (or customer) need and decisions, and explaining the reason) showed strong negative correlation with correlation coefficient (r) -0.7906, -0.7500, -0.6202, and -0.6124 respectively. This means Thai pharmacists in the industrial field considered themselves to have lower proficiency level, so they would extensively need to improve their English-speaking skills.

Among Community pharmacists, there was moderate positive correlation in the aspects of inquiring about the patient's (or customer) need and decisions and negotiating for mutual understanding which could be interpreted that the level of proficiency corresponds with level of need to improve.

There was no outstanding correlation reported from the following positions; Hospital pharmacists, Marketing pharmacists, Regulatory affairs, and Clinical Development.

Table 4.13

Correlation Coefficient of proficiency and need to improve English-speaking skill calculated from overall participants and different types of organization

Functions	Correlation Coefficient		
	Overall (N = 100)	Type of Organization	
		Thai (N =55)	International (N=45)
welcoming and greeting	-0.2258	-0.3994	0.0681
inquiring about the patient's (or customer) need and decisions	-0.0375	-0.0728	0.0493
conducting routine conversations	-0.1139	-0.2196	0.0803

Functions	Correlation Coefficient		
	Overall (N = 100)	Type of Organization	
		Thai (N =55)	International (N=45)
offering assistance	-0.0092	-0.1850	0.2251
explaining the reason	-0.0325	-0.1264	0.1043
making requests	-0.0025	-0.1363	0.1229
negotiating for mutual understanding	0.1092	0.1032	0.1112
refusing politely	-0.0030	-0.1242	0.1324
apologizing	-0.0103	-0.0927	0.1134
summarizing the conversation	-0.0439	0.0284	0.1025

Table 4.13 presents the degree of relationship between proficiency level and need calculated from all participants and different types of organizations as shown with correlation coefficient (r). There was mild negative correlation in aspects of welcoming and greeting and conducting routine conversations among Thai pharmacists who are working in Thai organizations (r = -0.3994 and -0.2196). It means that they are able to perform these functions very well, and therefore they would not like to improve in these two functions. On the other hand, there was mildly positive correlation in offering assistance among Thai pharmacists who are working in international organizations (r = 0.2251). It can be interpreted that the level of need to improve in this function among Thai pharmacists who are working in international organizations would depend on their proficiency.

Table 4.14

Correlation Coefficient of proficiency and need to improve English-speaking skill calculated from overall responses and different responses according to necessity of English in their current position

Functions	Correlation Coefficient		
	Overall (N = 100)	Necessity of English in current position	
		Necessary (N=88)	Non-Necessary (N=12)
welcoming and greeting	-0.2258	-0.2105	-0.4018
inquiring about the patient's (or customer) need and decisions	-0.0375	0.0186	-0.6585
conducting routine conversations	-0.1139	-0.0531	-0.5079
offering assistance	-0.0092	0.0630	-0.6413
explaining the reason	-0.0325	0.0151	-0.4702
making requests	-0.0025	0.0764	-0.6126
negotiating for mutual understanding	0.1092	0.1671	-0.3545
refusing politely	-0.0030	0.0482	-0.3984
apologizing	-0.0103	0.0228	-0.3675
summarizing the conversation	-0.0439	0.0633	-0.1747

Among Thai pharmacists who responded that English-speaking skills are not necessary for their current position, there were three aspects: inquiring about the patient's (or customer) need and decisions, offering assistance and making requests, that showed strong negative correlation (r = -0.6585, -0.6413, -0.6126).

This means that they rated themselves to have a lower proficiency in these functions, thus they need to improve these functions. However, there was mildly negative correlation (r = -0.2105) in welcoming and greeting among pharmacists who English is necessary to their current positions. This means that they are proficient in this function, and therefore they do not need to improve.

4.1.3 Other comments and Consent

In the last part of the research questionnaire, no participants gave further comments. Twenty-three percent of participants asked to be informed of the results of the study and provided their contact information. The contact information such as name-surname, telephone number, email address, and address was provided for those who wish to be informed the research result.

4.2 Discussion

The majority of the participants in this study was female (72%), graduated with Bachelor's degree in Pharmacy (70%), aged in the range of 20 and 30 years (74%), studied English for 10-15 years (39%). The participants are working in various positions either in Thai (55%) or international (45%) organizations. They have been working in this current position for 4.67 years on average (Max 16 years, Min 3 months). Of these, 88% reported that English is necessary for their current position.

4.2.1 Proficiency Level

The participants assessed their own speaking ability when performing different functions and placed themselves into various levels. As the scale (1 – 5) of proficiency level in this research was the Global oral assessment scales (A1 – C1) of Common European Framework of Reference (CEFR). The English-speaking skills in the aspects of welcoming and greeting, conducting routine conversations, offering assistance and apologizing are placed in B1 level (relates comprehensibly the main points he/she wants to make) while the others are ranked in the lower level—A2 Level (relates basic information on, e.g. work, family, free time etc.) with regard to CEFR Assessment scale. The result referred to the descriptions of each CEFR level in

that B1-level functions (welcoming and greeting, conducting routine conversations, offering assistance and apologizing) are more related to routine information than other functions which relate to the patients' or customers' information. Thai pharmacists could have lower proficiency in speaking about non-related information.

Since the role of a pharmacist is to provide healthcare services to the patients, the common skills such as welcoming, offering assistance and conducting routine conservation are used routinely. In general, Thai people tend to avoid conflict, and they rarely practice extended communication. This extended communication could lead to the other functions such as inquiring, negotiating, or summarizing, and therefore they would have fewer opportunities to practice these functions.

4.2.2 Need Level

It can be seen that Thai pharmacists need to improve English-speaking skills in aspects of summarizing the conversation, negotiating for mutual understanding and explaining the reason. The degree of need in English-speaking skills, no participants gave level 5 (most). These functions are likely to be involved in extended conversation which is to give advice to the patients or to seek for in-depth information. These functions are considered as important steps in a pharmacist's role. It is therefore likely they need to improve in those skills as they are crucial in healthcare services. By summarizing the conservation, they could gather information for further actions or decisions. By explaining the reason, they could educate the patients or strongly support their ideas to the colleagues.

4.2.3 Relationship between proficiency and need

The results revealed a relationship showing that the lower the level of proficiency Thai pharmacists have, the more they need to improve. However, no relationship was found between proficiency and need as the correlation coefficient (r) is between 0.0-0.2 in almost all functions of English-speaking skills. Except for welcoming and greeting skill, there is a mildly negative correlation which means the proficiency level has a slightly inverse relationship with the degree of need. For

example, Thai pharmacists are proficient in the welcoming and greeting skill, so they would not need to improve this skill much. However, the result shows that the speaking skills which they need to improve do not relate to their self-assessed proficiency.

The correlation was separately calculated for different positions, different types of organizations and necessity of English for their current position, in order to explore if the result is consistent with the overall results The findings showed somewhat unlikely results in certain positions.

According to the results, hospital pharmacists claim they do not need to improve in welcoming and greeting skills as they rated themselves at a higher proficiency level. This was also seen with the Clinical Development pharmacists, Industrial pharmacists, Consumer protection pharmacists and others. This is possibly because welcoming and greeting are common in communication so they could perform this function without any effort.

In the Marketing pharmacists group, the proficiency level of inquiring and decisions, conducting routine conversations, explaining and summarizing is slightly low, and therefore they would prefer to improve in these functions rather than others. Considering their routine work, this group of pharmacists has to deal with customers who are normally physicians and academic experts, and having a high proficiency level in these four functions would be beneficial. This is especially true in the marketing pharmacists position in that they could possibly gain more sales, more insights or better understanding of the market situations from the customers.

According to their responses, Community Pharmacists had a level of need equal to their proficiency. Overall, they scored themselves as medium proficiency level and the degree of their need is moderate. As Wiriyachitra (2002) mentioned, they possibly experienced obstacles in English communication such as a lack of opportunity to use English because most of community pharmacists in this study are working in local organizations.

For consumer protection pharmacists and others, the research shows a need to improve several speaking skills such as negotiating, inquiring, conducting conversation or explaining the reason since they have to deal with various parties such

as entrepreneurs, consumers, academics, or the media. However, the sample size of this group of pharmacists is too small to generalize to the whole population.

Among the different types of organizations, it is seen that Thai pharmacists who are working in Thai companies do not need to improve in welcoming and greeting skill and conducting conversation since they are proficient at these functions. However, there is an increased need in the function of offering assistance among Thai pharmacists who are working in international organizations depending on which proficiency level they have.

Among Thai pharmacists for whom English is unnecessary in their current position, the level of need to improve in speaking-skills is quite high in several functions such as inquiry and decisions, offering assistance and making requests. This implies that they are aware of the importance of English though they do not routinely use English in their work.

In conclusion, the results express a similarity to the previous studies in that there is a relationship between the pharmacists perceived need to improve their English speaking skills and their need levels.. However, the level of need in each function of English-speaking skills varied regardless of their proficiency level.

CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Based on self-assessment, Thai pharmacists in Bangkok have English-speaking proficiency in A2 to B1 according to CEFR level. The common aspects in speaking skills such as welcoming and greeting, conducting routine conversations, offering assistance and apologizing are considered familiar topics, and consequently they have higher proficiency. There is a remarkable need to improve English speaking skills in the aspects of explaining the reason, negotiating for mutual understanding and summarizing the conversation. As a group, the overall responses did not show a direct relationship between proficiency and need. However, when separated by different positions, type of organization and necessity of English in their current position, some functions of English-speaking skills revealed a relationship between proficiency and need. Industrial pharmacists need to improve in functions of conducting routine conversations, offering assistance, explaining the reason and refusing politely. Marketing pharmacists need to improve in functions of inquiring about the patient's (or customer's) need and decisions, conducting routine conversations and explaining the reason. Consumer protection pharmacists need to improve in functions of inquiring about the patient's (or customer's) needs and decisions, conducting routine conversations, explaining the reason, making requests and negotiating for mutual understanding. In conclusion, the relationship between proficiency and need in improving English-speaking skills are independent among the overall Thai pharmacists population.

5.2 Research Implications

The results of this study will be used as a tool for institutions, organizations and individual pharmacists to develop their English-speaking skills in the specific aspects where they are deficient and there is a clear need. It can be beneficial for course designers to include these particular functions in English courses for

pharmacists, such as smart negotiation for community pharmacists or summarizing skills for hospital pharmacists working with foreign patients etc.

5.3 Limitations

The result of this study may not be generalized to the larger population as the data was collected from a small group of Thai pharmacists who are working in Bangkok only. The results retrieved from pharmacists in other parts (Northern, Eastern, Northeastern, Southern) of Thailand, may be different.

5.4 Recommendations for further studies

Future studies may be able to increase the power of generalization by using oral assessment scores from standard tests—TOEIC®, TOEFL® or IELTS®, etc.—instead of using self-assessment. Using the standardized testing is less-subjective. In addition, qualitative research—such as interviews—should be considered to obtain in-depth information in order to increase the ability to generalize and apply the results to the larger population.

Further studies conducted among Thai pharmacists are recommended, especially regarding other aspects of English-speaking skill such as Accuracy, Fluency, Problems and Motivations. By reviewing the literature for this study, the researcher observed that a limited number of linguistic studies have been conducted with pharmacists and only a few have taken place in Thailand. To better understand the problems or related factors in English-speaking skills, the researcher encourages more research in this specific population.

REFERENCES

Alharby M. (2005). ESP Target Situation Needs Analysis: The English Language Communicative Needs as Perceived by Health Professionals in the Riyadh Area. *The University of Georgia.*

Campbell, M. J.(2006). *Statistics at Square Two: Understanding Modern Statistical Applications in Medicine.* Second Edition. UK: Blackwell Publishing

Chang E., Tsang B., & Thornley S. (2011). Language Barriers in the Community Pharmacy: A Survey of Northern and Western Auckland. *J PRIM HEALTH CARE 2011*, 3(2), 102-106.

Charunsri, K. (2011). *The needs and problems of English language skills for the hotel front office staff in Chinatown, Bangkok.* Unpublished master's thesis, Thammasat University, Language Institute, English for Careers.

Dadour, E. S., & Robbins, J. Chapter 12: University-level studies using strategy instruction to improve speaking ability in Egypt and Japan. *Language learning strategies around the world: Cross-cultural perspectives.* pp. 157-166.

Hutchison, T., & Walters, A. (1987). *English for specific purposes.* Cambridge: Cambridge University Press.

Janekit, P., & Mantana, S. (2007). *An analysis of problems and needs of English skills for Thai pharmacists in two large private hospital in Bangkok.* Unpublished master's research paper, Naresuan University.

Janyou, P. (2012). *A survey of English communication needs among non-medical staff in an international healthcare organization.* Unpublished master's thesis, Thammasat University, Language Institute, English for Careers.

Kim, J. (2003). Using mail talk to improve English speaking skills. *English Teaching*, 58(4), 349-369.

Korsanan, S. (2012). *บทบาท ลักษณะ และความสามารถของเภสัชกร สำหรับการเป็นผู้มีหน้าที่ปฏิบัติงานในร้านยาที่ได้รับรองเป็นร้านยาคุณภาพ.* [Role, characteristic and proficiency of pharmacist as a responsible person in accredited pharmacy]. Bangkok: Human Resources Institute, Thammasat University, 47-52.

McCroskey, J.C., & Richmond, V.P. (1990). Willingness to communicate: A Cognitive view. *Journal of Social Behavior and Personality*, 5(2), 19-37.

Meemak, M. (2002). *An analysis of needs and problems of English for tourist police*. Unpublished master's thesis, Mahidol University, Research Institute for Languages and Cultures of Asia.

Parkhurst, C. (2007). Instructional design and assessment: A communication course for a linguistically dicerse student population. *American Journal of Pharmaceutical Education,* 71(2), article 36.

รายงานทรัพยากรสาธารณสุข [Report of Healthcare Resources]. Bangkok: Office of the National Economics and Social Development Board, Bureau of Policy and Strategy, Ministry of Public Health. Retrieved from http://social.nesdb.go.th/SocialStat/StatReport_Final.aspx?reportid=250&template=1R2C&yeartype=M&subcatid=18. Accessed on 5 May 2015.

Spector, S. L., & Youdelman, M. (2010). *Analysis of state pharmacy laws: Impact of pharmacy laws on the provision of language services*. National Health Law Program.

Taira, D. A. (1999). Improving the health and health care of non-English speaking patients. *JGIM,* 14(5), pp. 322-323.

Wardhaugh, R. (2006). *An introduction to sociolinguistics.* URL: http://books.google.com/?id=0J2VOzNYtKQC. Accessed on 20 Apr 2015.

Westberg, S. M. & Sorensen, T. D. (2003). *Pharmacy-related health disparities experienced by non-English speaking patients: Impact of pharmaceutical care.* Pharmaceutical Care Residency Program, College of Pharmacy, University of Minnesota.

Wiemann, J.M., & Backlund, P. (1980). Current theory and research in communicative competence. *Review of Educational Research*, 50(1), 185-199.

Wiriyachitra, A. (2002). English language teaching and learning in Thailand in this decade. *Thai TESOL Focus*, 15(1), 4-9

Yotongyong, M. & Sawasdisan, P. *การกำหนดขนาดของกลุ่มตัวอย่างเพื่อการวิจัย*. [Sample size calculation in research]. Bangkok: Institute of Research Promotion and Innovation Development, Bangkok University.

APPENDICES

APPENDIX A
RESEARCH QUESTIONNAIRES

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

This questionnaire is a part of a research proposal to gather information about Proficiency and Need in English-Speaking skill from Thai pharmacists in Bangkok. The purposes are to survey need, proficiency and the relationship between proficiency and need in particular aspects in English-speaking skill. All given information will be kept strictly confidential, presented as group data, not individually and not be used for other purposes.

This questionnaire is divided into three parts which are:

PARTI: DEMOGRAPGHIC AND GENERAL INFORMATION

PARTII: LEVEL OF PROFICIENCY AND NEED IN ENGLISH SPEAKING-SKILL

PARTIII: OTHER COMMENTS & CONSENT PART

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY

PROFICIENCY AMONG THAI PHARMACISTS

Verification of Participants

Are you a pharmacist who is working in Bangkok?

☐ Yes   (start the questionnaire)

☐ No   (end)

Part I: Demographic and General information

Instruction: Please provide your personal information.

1. Gender
   - ☐ Male   ☐ Female

2. Age (Years)
   - ☐ < 20   ☐ 20 - 30
   - ☐ 31 – 40   ☐ 41 - 50
   - ☐ 51 – 60   ☐ > 60

3. Education
   - ☐ Bachelor's Degree ☐ Master's Degree
   - ☐ Ph. D.   ☐ Other, *specify*………….

4. Years of English Studying (years)
   - ☐ < 10   ☐ 10-15
   - ☐ 16-20   ☐ > 20

5. Working Position*, please select the current position.*
   - ☐ Industrial pharmacists (e.g. Production, QC, QA)
   - ☐ Hospital pharmacists
   - ☐ Community pharmacists (Drug stores)
   - ☐ Marketing pharmacists (Sale Representatives)
   - ☐ Regulatory affairs
   - ☐ Consumer protection pharmacists
   - ☐ Clinical Development (e.g. Research and Development, Clinical Research Development, Medical Scientific Laison)
   - ☐ Others, please specify…………………………

6. Years of working in the current position ………………………years
7. Type of your organization   ☐ Thai ☐ International
8. Is English necessary for your current position?   ☐ Yes ☐ No

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

Part II: Level of A) Proficiency and B) Need in English-speaking Skill

Instruction: Put a mark (X or / or ✔) in the box that most suits you

A) Proficiency: Please state how well you can speak in English;

Level 1= Makes simple statements on personal details and very familiar topics.

Can make him/herself understood in a simple way, asking and answering questions about personal details, provided the other person talks slowly and clearly and is prepared to help.

Can manage very short, isolated, mainly pre-packaged utterances. Much pausing to search for expressions, to articulate less familiar words.

Level 2= Relates basic information on, e.g. work, family, free time etc.

Can communicate in a simple and direct exchange of information on familiar matters. Can make him/herself understood in very short utterances, even though pauses, false starts and reformulation are very evident. Can describe in simple terms family, living conditions, educational background, present or most recent job. Uses some simple structures correctly, but may systematically make basic mistakes.

Level 3= Relates comprehensibly the main points he/she wants to make.

Can keep going comprehensibly, even though pausing for grammatical and lexical planning and repair may be very evident. Can link discrete, simple elements into a connected sequence to give straightforward descriptions on a variety of familiar subjects within his/her field of

interest. Reasonably accurate use of main repertoire associated with more predictable situations.

Level 4= Expresses points of view without noticeable strain.

Can interact on a wide range of topics and produce stretches of language with a fairly even tempo. Can give clear, detailed descriptions on a wide range of subjects related to his/her field of interest. Does not make errors which cause misunderstanding.

Level 5= Shows fluent, spontaneous expression in clear, well-structures speech.

Can express him/herself fluently and spontaneously, almost effortlessly, with a smooth flow of language. Can give clear, detailed descriptions of complex subjects. High degree of accuracy; error are rare.

Aspects of English-Speaking skill	A) Proficiency level				
	1	2	3	4	5
1. Welcoming and Greeting					
2. Inquiring about the patient's (or customer) need and decisions					
3. Conducting routine conversations					
4. Offering assistance					
5. Explaining the reason					
6. Making requests					
7. Negotiating for mutual understanding					
8. Refusing politely					
9. Apologizing					
10. Summarizing the conversation					

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

B) Need: Please state how much you need to improve the following aspects of

English-speaking skill

1 ----------------------------3--------------------------5

(Least)   **(Moderate)**   **(Most)**

Aspects of English-Speaking skill	B) Level of Need				
	1	**2**	**3**	**4**	**5**
1. Welcoming and Greeting					
2. Inquiring about the patient's (or customer) need and decisions					
3. Conducting routine conversations					
4. Offering assistance					
5. Explaining the reason					
6. Making requests					
7. Negotiating for mutual understanding					
8. Refusing politely					
9. Apologizing					
10. Summarizing the conversation					

ANALYSIS OF SELF-ASSESSMENT IN ENGLISH-SPEAKING NEED BY PROFICIENCY AMONG THAI PHARMACISTS

Part III: Other Comments and Consent Part

Instruction: Please provide your comment (if any)

Comment:

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Consent Form

Please check if you want to be informed by the researcher when the study result is

available.

☐ I do not want to receive the study result. (End of the survey.)

☐ I want to receive the study result. (Please provide your contact information.)

Name – Surname

……………………………………………………………………………………….....

Address/ email / Telephone number……………………………………………………

……………………………………………………………………………………………

…………………………………………………………………………………………….

THANK YOU

APPENDIX B
RESEARCH QUESTIONNAIRES (THAI VERSION)

การวิเคราะห์ด้วยการประเมินตนเองสำหรับความต้องการในการใช้ทักษะการพูดภาษาอังกฤษ

ตามความระดับสามารถของเภสัชกรไทย

แบบสอบถามนี้เป็นส่วนหนึ่งของวิชาการศึกษาอิสระ (Independent Study) ของหลักสูตรปริญญาโท โครงการภาษาอังกฤษเพื่ออาชีพ สถาบันภาษา มหาวิทยาลัยธรรมศาสตร์ เพื่อรวบรวมข้อมูลเกี่ยวกับความสามารถและความต้องการการใช้ทักษะการพูดภาษาอังกฤษของเภสัชกรไทยในกรุงเทพมหานคร

วัตถุประสงค์ของการสอบถามนี้เพื่อสำรวจความสามารถ ความต้องการ และความสัมพันธ์ระหว่าง ความสามารถและความต้องการในการใช้ทักษะการพูดภาษาอังกฤษในแง่ต่างๆ

ข้อมูลจากการสำรวจจะถูกเก็บเป็นความลับ โดยจะนำเสนอเป็นข้อมูลโดยรวม ไม่แยกเป็นแต่ละบุคคล และจะไม่มีการนำไปใช้สำหรับวัตถุประสงค์อื่นๆ

แบบสอบถามนี้ประกอบด้วย 3 ส่วนดังต่อไปนี้

ส่วนที่ 1: ข้อมูลทั่วไป

ส่วนที่ 2: ระดับความสามารถ และความต้องการในการใช้ทักษะการพูดภาษาอังกฤษ

ส่วนที่ 3: ความเห็นอื่นๆและส่วนแสดงความยินยอมรับข้อมูล

การยืนยันคุณสมบัติของผู้ร่วมตอบแบบสอบถาม

ท่านมีอาชีพ เภสัชกร และทำงานใน กรุงเทพมหานคร

☐ ใช่(เริ่มทำแบบสอบถาม)

☐ ไม่ใช่ (จบแบบสอบถาม)

ส่วนที่ 1: ข้อมูลทั่วไป

คำแนะนำ: กรุณาให้ข้อมูลส่วนตัวของท่าน

1. เพศ

   ☐ ชาย   ☐ หญิง

2. อายุ (ปี)

   ☐ < 20   ☐ 20 - 30
   ☐ 31 – 40   ☐ 41 - 50
   ☐ 51 – 60   ☐ > 60

3. การศึกษา

   ☐ ระดับปริญญาตรี   ☐ ระดับปริญญาโท
   ☐ ระดับปริญญาเอก   ☐ อื่นๆ โปรดระบุ............

4. จำนวนปีที่ศึกษาภาษาอังกฤษ (ปี)

   ☐ < 10   ☐ 10-15
   ☐ 16-20   ☐ > 20

5. ตำแหน่งงาน โปรดระบุตำแหน่งปัจจุบัน

   ☐ เภสัชกรอุตสาหกรรม (เช่น สายการผลิต การควบคุมคุณภาพ การประกันคุณภาพ)

   ☐ เภสัชกรโรงพยาบาล

   ☐ เภสัชกรชุมชน (เช่น ร้านยา)

   ☐ เภสัชกรการตลาด (เช่น ผู้แทนยา)

   ☐ เภสัชกรขึ้นทะเบียนยา

   ☐ เภสัชกรคุ้มครองผู้บริโภค

   ☐ เภสัชกรพัฒนายา (เช่น สายวิจัยและพัฒนาผลิตภัณฑ์, สายงานวิจัยทางคลินิก, ผู้ประสานงานโครงการวิจัย และประสานงานทางการแพทย์)

   ☐ อื่นๆ โปรดระบุ.............................

6. จำนวนปีที่ทำงานในตำแหน่งปัจจุบัน ....ปี

7. ลักษณะองค์กร   ☐ ไทย   ☐ ระหว่างประเทศ

8. ภาษาอังกฤษจำเป็นต่อตำแหน่งงานปัจจุบันของท่าน   ☐ จำเป็น   ☐ ไม่จำเป็น

ส่วนที่ 2: ระดับ A) ความสามารถ และ B) ความต้องการในการใช้ทักษะการพูดภาษาอังกฤษ

คำแนะนำ: โปรดทำเครื่องหมาย (X หรือ / หรือ ✔) ในแต่ละข้อที่ตรงกับตัวท่านมากที่สุด

A) ระดับความสามารถ: โปรดระบุว่าท่านมีความสามารถในการพูดภาษาอังกฤษได้ดีเพียงใด

ระดับ 1 = สามารถสร้างประโยคสั้นมากๆ เพื่อสนทนาได้เฉพาะในเรื่องที่เกี่ยวข้องกับตนเองและเรื่องที่คุ้นเคยมากๆ หากคู่สนทนาพูดช้าและชัดเจน อาจต้องหยุดเพื่อนึกหาคำศัพท์ที่ไม่ค่อยคุ้นเคย

ระดับ 2 = สามารถบอกเล่าเรื่องที่คุ้นเคยได้ เช่น เรื่องงาน ครอบครัว การศึกษา เวลาว่าง ถึงแม้อาจมีการหยุด ติดขัดบ้าง และใช้ประโยคง่ายๆ ได้ถูกต้องแต่อาจมีข้อผิดพลาดขั้นพื้นฐานได้เป็นประจำ

ระดับ 3 = สามารถเล่าเรื่องและสื่อประเด็นสำคัญได้อย่างมีประสิทธิภาพ สามารถเชื่อมโยงประเด็นต่างๆให้ต่อเนื่องกันได้เพื่อพูดถึงหัวข้อที่หลากหลายและคุ้นเคยตามความสนใจได้ สามารถสื่อสาร ได้อย่างถูกต้องในสถานการณ์ที่คุ้นเคย

ระดับ 4 = สามารถแสดงความคิดเห็นได้โดยได้ไม่ต้องใช้ความพยายามมากนัก สามารถสื่อสารในหัวข้อที่หลากหลายตามความสนใจของตนได้อย่างไม่ติดขัด ไม่มีข้อผิดพลาดในการใช้ภาษาที่รุนแรงจนทำให้เกิดความเข้าใจผิด

ระดับ 5 = สามารถสื่อสารได้อย่างคล่อง ต่อเนื่อง ชัดเจน เป็นธรรมชาติ และเรียบเรียงบทสนทนาได้ดี สามารถสนทนาเรื่องที่ซับซ้อนได้ดี มีความถูกต้องและแทบไม่พบข้อผิดพลาดในการใช้ภาษา

ทักษะการพูดภาษาอังกฤษในแง่ต่างๆ	A) ระดับความสามารถ				
	ระดับ 1	ระดับ 2	ระดับ 3	ระดับ 4	ระดับ 5
1. ต้อนรับและทักทาย					
2. สอบถามความต้องการและการตัดสินใจของคนไข้หรือลูกค้าได้					
3. สนทนาเรื่องทั่วๆไป					
4. เสนอความช่วยเหลือ					
5. อธิบายเหตุผล					
6. ขอร้อง					
7. ต่อรอง					
8. ปฏิเสธอย่างสุภาพ					
9. ขอโทษ					
10. สรุปบทสนทนา					

B) **ระดับความต้องการ:** โปรดระบุว่าท่านต้องพัฒนาทักษะการพูดภาษาอังกฤษในแง่ต่างๆ

1 --------------------------------------3---5

(น้อยที่สุด)   (ปานกลาง)   (มากที่สุด)

ทักษะการพูดภาษาอังกฤษในแง่ต่างๆ	B) ระดับความต้องการ				
	1	2	3	4	5
1. ต้อนรับและทักทาย					
2. สอบถามความต้องการและการตัดสินใจของคนไข้หรือลูกค้าได้					
3. สนทนาเรื่องทั่วๆไป					
4. เสนอความช่วยเหลือ					
5. อธิบายเหตุผล					
6. ขอร้อง					
7. ต่อรอง					
8. ปฏิเสธอย่างสุภาพ					
9. ขอโทษ					
10. สรุปบทสนทนา					

ส่วนที่ 3: ความเห็นอื่นๆและส่วนแสดงความยินยอมรับข้อมูล

คำแนะนำ: โปรดแสดงข้อเสนอแนะอื่นๆ (ถ้ามี)

ข้อเสนอแนะ:

....…......................

....…......................

....….....................

....…...................

....…...................

....…....................

ส่วนแสดงความยินยอมรับข้อมูล

โปรดทำเครื่องหมายในส่วนนี้หากท่านต้องการทราบผลการศึกษานี้จากผู้วิจัย

☐ ข้าพเจ้า<u>ไม่</u>ต้องการทราบผลการศึกษา (จบแบบสอบถาม)

☐ ข้าพเจ้าต้องการทราบผลการศึกษา (โปรดระบุข้อมูลการติดต่อ)

ชื่อ-นามสกุล ....…...….........

ที่อยู่/ อีเมล์ / เบอร์โทรศัพท์...…...…….…………...

....…...................

....…...................

ขอขอบคุณสำหรับการตอบแบบสอบถาม

BIOGRAPHY

Name	Miss Piyawan Wiriyakulchai
Date of Birth	September 30, 1986
Educational Attainment	2010: Bachelor in Pharmaceutical Sciences, Faculty of Pharmaceutical Sciences, Chulalongkorn University, Bangkok THAILAND
Work Position	Clinical Research Associate II RPS Research (Thailand) Limited, Providing monitoring service to Novartis GenMed Bangkok THAILAND
Work Experiences	2014 – Present: Clinical Research Associate Workplace: RPS Research (Thailand) Limited, Providing monitoring service to Novartis GenMed Bangkok THAILAND 2012 – 2014: Clinical Research Associate Workplace: RPS Research (Thailand) Limited Bangkok THAILAND 2010 – 2012: Production Pharmacists Workplace: Greater Pharma Limited Bangkok THAILAND