

Chapter 5

Summaries, Discussions and Recommendations

Chapter 5 will provide a summary of this research study's findings and its further implications for future endeavors in this type of ESP research. This will be followed by the results presented in a summary form discussing the objectives and how well they were satisfied by this study's developed workshops. The conclusion section will discuss the results and relate them to the prior literature and related studies in the field of medical English.

This study combined both language and culture in its developed workshops for the purpose of improving the English communicative abilities of the TMPs. The researcher used his own prior experiences in the medical field to help guide this study into specifically identifying the English communicative 'challenges' affecting TMPs and in return, develop effective curriculum solutions in the form of medical English workshops that would specifically address those discovered 'challenges'.

5.1 Summary of Study

In this time of such international demand in the medical tourism industry, it is very important for medical tourists coming to the country of Thailand for medical care to feel comfortable and relaxed. This is especially true in the case of patients who pay for medical services 'out of pocket' and are not covered by their insurance plans (most international patients). Indeed, one of the most important ways that a society shows respect and a caring empathetic attitude is through the use of polite spoken language. According to the findings of this study, proper use of the English language was a large factor that played into the way foreigners' felt when they were being treated by the Thai medical staff in Thai international hospital settings (according to appendix Y). This study had two main objectives that sought to identify some of these communicative challenges and develop solutions that would correct them through the development of medical English workshops. The objectives of this study are as follows:

1. **First Objective:**

To identify the English communicative 'challenges' of Thai Medical Imaging Professionals (TMIPs).

2. **Second Objective:**

To develop a series of medical English workshops' to improve the English communicative abilities of the Thai Medical Professionals (TMPs).

This study attempted to bridge the gap between the actual communicative 'challenges' facing TMIPs and the ability of the developed workshops to positively address those challenges.

For phase I of this study, 15 participants volunteered to complete the questionnaire/survey consisting of 20 questions used to elicit both personal information in part 1 and the TMIPs' 'wants' concerning the English language use in their profession located in part 2. These participants included TMIPs employed at both of the participating hospitals located in Chiang Mai, Thailand.

The participants in phase III of this study consisted of a heterogeneous group containing a variety of Thai Medical Professionals (TMPs) attending the workshops at Hospital #1 while the participants from Hospital #2, consisted of a heterogeneous group of Thai Medical Imaging Professionals (TMIPs).

Note: TMIPs are a subgroup of TMPs

The data collection instruments used in this study involved 3 groups corresponding to the two main objectives of this study. Phase I, of the data collection instruments included the use of researcher observations (situational analysis) in both of the participating hospitals' medical imaging departments, a needs analysis questionnaire/survey for the TMIPs, as well as semi-structured interviews of both participating hospitals' medical directors, the TMIPs and the FESPs.

For Phase II of this study, a survey styled Likert scale survey/questionnaire (see appendix F) was used to elicit feedback information from the TESOL expert's evaluation of the workshops' proto-syllabus curriculum design. From those evaluations received in both survey and oral forms, the curriculum was revised before the implementation conducted in phase III.

Phase III's data collection instruments evaluated the effectiveness of the workshops' at improving the English communicative abilities of the TMPs'. These instruments included the Learner's Workshop Evaluations from both participating hospitals, the TMIP Supervisors' free-form written evaluations as well as observations of the learners' communicative ability conducted by the researcher/instructor evaluating the learners with a language fluency rubrics (see appendix Z).

Data analysis was processed according to the specific types and classifications of the collected data. The quantitative data collected from the multiple survey/questionnaires in phase I and III was then analyzed by the use of descriptive analysis comparing the median, mode and mean averages of the collected quantitative data. This study also used comparative analysis to analyze the data comparing the information between the two participating hospitals looking for trends and consistencies that might result in valuable insight for the researcher/instructor. The qualitative portions of the collected data, were analyzed by the use of coding and comparative analysis with the data collected from the questionnaire/survey portions of this study. These comparisons helped

to identify any discrepancies that might have had an effect on the validity and reliability of the collected data.

The results, according to the objectives were divided into main two groups that corresponded with phase I and III of this research study. Results from phase I were further categorized into subgroups using the specific English communicative 'challenges' identified and used as individual themes in the classification. These challenges were identified in phase I and are listed in Chapter 4.2 of this text.

Phase III presented evidence showing the effectiveness of the developed medical English workshops' at improving the English communicative skills of TMPs through the collection and analysis of the discovered data. Evidence included both qualitative and quantitative data collected by the evaluations of the workshops made by the researcher/instructor, the individual learners and the TMIP supervisors participating in Phase III. This data was then analyzed using a combination of descriptive and comparative analysis methods showing it to be "Very Effective".

5.2 Summaries and Discussions of Findings for Objective One

The first objective of this study was to identify the English communicative challenges that TMIPs experienced in their daily interactions with FESPs. For this objective, a multitude of research instruments were constructed and implemented eliciting both qualitative and quantitative information used to identify the main communicative challenges. The resultant data identified '6 challenges' (featured in detail in chapter 4.2) that were responsible for causing most of the miscommunications between the TMIPs and their FESP patients.

Challenge 1: Confidence

Challenge 1 identified that the TMIP's experienced challenges involving confidence issues and were very shy to speak English in front of other people. This was perhaps one of the most challenging aspects of speaking English for the Thai learners observed by the researcher/instructor in Phase I. The fear of speaking incorrectly or 'wrong' seemed to be present in most of the TMIPs observed and was a challenging issue affecting the beginning activities in all of the workshops. This challenge was dealt with by the creation of a relaxed and positive workshop atmosphere where learners were not judged by their peers or the instructor and where it is all right for the learners' to make mistakes while practicing speaking in the English language.

Challenge 2: Failure of the TMIP to Provide Adequate/Information/Explanation

Challenge 2 identified that the TMIPs did not explain to their patients what would happen during the examinations/procedures (the sequence of events). This challenge was very important for the TMIPs in developing a positive rapport and being trusted by the FESPs. According to the FESP interviewee #5 (see appendix Y), the TMIPs did not give him directions to the dressing room and seemed to be ignoring him once the exam was finished by not explaining what to do or where to go next.

Challenge 3: Perceived Impoliteness

Challenge 3 identified that the TMIPs did not always speak politely and with sensitivity to their FESPs. According to FESP interviews and to the observations conducted during the situational analysis in phase I, TMIPs did not always speak with polite requests and permissions using such features as 'please' and 'may I' and with a lack of polite and sincere intonation in their voice. This was possibly due to the cultural differences seen between the Thai and English languages and how they are culturally used to show polite and empathetic attitudes.

Challenge 4: Pronunciation

Challenge 4 identified from the observations that the TMIP's experienced mispronunciation of certain words and phrases. Although the TMIPs knew the words and their definitions their pronunciation of the words was often very difficult for the researcher to understand. This caused some difficulties in the coherency of what the TMIPs were saying and in return caused some problems when instructing the patients.

Challenge 5: Understanding Diverse Accents

Challenge 5 identified through the TMIPs' interviews and observations the difficulties that the TMIPs had in understanding spoken English by FESPs with thick accents. This is especially true concerning patients from countries like Australia, England and Germany where the peoples' pronunciation and thick accents are often very difficult to understand even for native English speakers. This corresponds with Gass's (2012) study involving Thai nurses participating Hospital #2, and her observations of learners experiencing difficulties with understanding the different accents and pronunciation used in spoken English.

Challenge 6: Understanding Vocabularies

Challenge 6 identified through observations that there was a lack of English vocabulary of the TMIPs for anything other than the rote-memorized questions consisting of yes/no answers that the medical staff asked on a daily basis. This focus on 'needed vocabulary' was also confirmed from the needs analysis in phase 1 where a large majority of the TMIPs reported that improved vocabulary was needed for better job performance. This vocabulary ranged from polite words and phrases to more complex apologetic phrases that involved the use of phonetic aspects of the language such as intonation and tone to deal with the patients' complaints politely.

These findings were consistent with other related research studies that were similar in nature. One of the most notable related studies conducted by Gass (2012) involving the English needs of Thai nurses in participating Hospital #2, found that the results were similar to those found in this study's conclusions and final results involving the Thai learners' difficulties experienced with pronunciation, accents, and vocabulary of the English language. Pandey (2013) further substantiated this when she found that pronunciation and accent problems caused a lot of the miscommunications to occur in Bangkok international hospitals further supporting this study's '6 identified challenges' in phase I.

5.3 Summaries and Discussion of Findings for Objective Two

The second objective of this study was to develop a series of medical English workshops based on the discovered challenges found in phase I, in order to improve the English communicative abilities of the Thai Medical Professionals (TMPs). These workshops were implemented and evaluated at both of the participating hospitals. The evaluation instruments included the researcher/instructor's observations evaluated by a proficiency rubrics, the learners' evaluations consisting of the end of workshops Likert scale evaluations and the TMIP Supervisors' written workshop evaluations. The qualitative and quantitative data collected from these different evaluation instruments was further analyzed by both descriptive and comparative analysis. Results concluded that the whole workshop series consisting of workshops #1-3 were shown to be "Very Effective" in improving the English communicative abilities of the TMPs according to the interpretations of the mean average scores that the learners provided. This fact was also confirmed with the researcher/instructor's observation evaluations of the learners who attended the developed workshops.

This study's results involving the effectiveness of the developed workshops to improve the English communicative abilities of the TMPs were further substantiated by Gass's (2012) prior research study's results involving English communicative training for Thai nurses. Similarities between the two studies are apparent in the improvements seen in the Thai learners' increased confidence levels as a result of engaging in the communicative activities. These increased confidence levels of the learners gained through the actual use of the English language in real-life on-the-job scenarios was the same for Gass's (2012) study, where she noticed that her Thai learners were very responsive to role-play and simulation activities. Gass's study provided results showing improvements in the learners' communicative abilities as high as 30% in her comparison of pre-test versus post-test scores (Gass, 2012, p. 81). As Clarke and Silberstein (1977, p. 51) had described, "Classroom activities should parallel the 'real world' as closely as possible. Since language is a tool of communication, methods and materials should concentrate on the message and not the medium". According to Widdowson (1978), principles underlying communicative language approaches include the fact that the learners must learn to make both grammatically correct and cohesive statements about the experimental world and also be able develop the ability to use language to carry out various real-world tasks.

5.4 Limitations of Study

There were only a few notable limitations that seemed to affect this study. The First limitation was related to the learners' many different levels of English speaking proficiencies in one of the participating hospital's group of learners attending the workshops. This range of proficiencies created some difficulty for certain learners to understand what the instructor's directions were. The instructor compensated for this by speaking slowly and clearly, using higher-level learners' in the class as 'helpers' to translate to the lesser proficient learners. As a result of this unexpected change, some of the workshops' materials had to be changed in order to accommodate more than just the one group of TMIPs that this study focused its initial needs analysis and situational

analysis on in phase I. This combination of medical professionals' occupations allowed an opportunity for the researcher/instructor to change and revise the workshops' curriculum to include a more broadly based design that would be suitable for all Thai Medical Professionals (TMPs) working within the Thai international hospital industry, ranging from the nursing and reception staff to the hospital's quality control personnel. In the end, this greatly helped the researcher to develop a broad-based communicative curriculum that could be used with more types of medical professionals and ancillary staff.

Another limitation to this study that needed to be compensated for was the shyness and lack of confidence of the TMIPs and TMPs that were participating in this research study. Many times the researcher/instructor noticed that the TMIPs' who were studied in phase I and the mixed medical learners who were studied in phase III all exhibited shyness while speaking the English language. This was especially true in the beginning ten to fifteen minutes of the workshops. This was addressed by creation of a relaxed, non-judgmental workshop environment where learners could feel comfortable trying new sounds and ways of speaking without ridicule or loss of respect (face), something that the Thai people tend to hold in very high regard. Indeed many times in the past, the researcher encountered Thai people who described the Thai school systems as only using the traditionally styled classroom environments where students were never required nor allowed to actually use the language they were learning in real-time settings.

5.5 Recommendations for Future Curriculum Design

Future research in this area of medical English communication instruction should be focused on developing a curriculum that addresses certain key deficiencies found during the needs analysis and situational analysis of this study. Some of the challenges involved understanding the cultural aspects of the English language as well as using the phonology of the language to convey certain 'emotional feeling's through the use of correct tone and intonation. Future designs should include these underlying features and cultural significances. Curriculum should be based on the learners identified 'challenges' and consist of activities that address those communicative "challenges" directly.

5.5.1 Recommendations for Future Material

Future materials should focus on the authentic-needs of the learners discovered during the situation/needs analysis done in the particular environment being studied. These materials should include both group and pair work activities that focus on the "use" of the language in a CLT setting as well as the cultural aspects involved with the polite usage of the language.

5.6 Cultural Aspects

It was important in this research study to take into account and understand the ways that Thai culture differ from that of 'western' cultures and how they often do things that most English-speaking foreigners are not used to. Although hospitals often function

in similar standard operating procedures around the world, there are still many different systems and ways of doing things that are unique to Thai hospitals and these usually involve differences in cultural and religious beliefs. As Yu Xu's (2007) study of Asian nurses working in "western" countries revealed, the nurses had their own cultural values and beliefs that seemed to clash with western ideologies and as a result became like 'oil and water'. Further studies in this field of research should focus on the cultural aspects and how they are connected to the phonological features of the English language.

Future studies should incorporate training in the proper cultural usage of the English language that is appropriate for certain specific situations in the Thai medical environment.

The discovered challenges identified in Phase I need further study in order to investigate the detailed cultural aspects of the language differences observed between English and Thai and how these aspects contribute to the English communication problems observed during this study.

5.6.1 Further Studies

Future studies should focus on the development and each of the learners' understandings of international culture and how it is involved in the spoken English language. Learners should be taught the common collocations used in polite English speech for a number of medical situations and interactions.

Future studies should include a needs analysis and situational analysis of larger sample sizes than that used in this study and include observations of different medical departments located at numerous Thai medical facilities covering the span of the entire country of Thailand. This type study would provide for a more valid and reliable set of data concerning the statistical significance of the results and actual 'challenges' that TMPs experience when treating FESPs.

Future studies should involve the use of proper phonetics of the English language such intonation, tone and volume that when used, show cultural sensitivities towards the patients. Materials should include 'warm-up' exercises used to activate the learners' prior schemata of the subject being taught in the workshops.

It is the hope of the researcher that future studies will involve building upon this collection of researched data in order to develop more improved methods and materials in this progressive process of teaching communicative medical English to TMPs.