

**A SURVEY OF ENGLISH SPEAKING PROBLEMS OF NURSES
AT RAJAVITHI HOSPITAL**

A MASTER' S PROJECT

BY

MISS ORISA SURSATTAYAWONG

**Presented in Partial Fulfillment of the Requirements for the
Master of Arts Degree in Business English for International Communication
at Srinakharinwirot University**

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การสำรวจปัญหาในการพูดภาษาอังกฤษของพยาบาล

โรงพยาบาลราชวิถี

บทคัดย่อ

โดย

นางสาวโอริสา ชื่อสัตยวงค์

เสนอต่อบัณฑิตวิทยาลัยมหาวิทยาลัยศรีนครินทรวิโรฒ เพื่อเป็นส่วนหนึ่งของการศึกษา

ตามหลักสูตรปริญญาศิลปศาสตรมหาบัณฑิต

สาขาวิชาภาษาอังกฤษธุรกิจเพื่อการสื่อสารนานาชาติ

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งานวิจัยนี้เป็นการสำรวจถึงการใช้และปัญหาที่พบในการพูดภาษาอังกฤษของพยาบาลโรงพยาบาลราชวิถี โดยรวบรวมข้อมูลจากแบบสอบถามพยาบาลจำนวน 20 คน ซึ่งได้ผลดังนี้:

1. พยาบาลพูดภาษาอังกฤษประมาณ 10 – 19 ครั้งต่อเดือน โดยพยาบาลส่วนมากบางครั้งจะพูดภาษาอังกฤษกับผู้ป่วยชาวต่างชาติในกรณีการให้ข้อมูลและรายละเอียดเกี่ยวกับการดูแลรักษา

2. ปัญหาที่พบในการพูดภาษาอังกฤษ คือ ความผิดพลาดในด้านไวยากรณ์ อุปสรรคในการแสดงออก การใช้คำศัพท์ที่ถูกต้อง การออกเสียง การเน้นคำ การออกเสียงผิด และการขาดความมั่นใจในตัวเอง

ข้อเสนอแนะในการวิจัย คือ ควรจะจัดการฝึกอบรมโดยเน้นทักษะการพูดของพยาบาลพยาบาลควรได้รับการฝึกอบรมโดยชาวต่างชาติเพื่อคุ้นเคยกับสำเนียงและคำศัพท์ในการทำงาน เนื้อหาของการฝึกอบรมการพูดภาษาอังกฤษควรเกี่ยวกับเรื่อง สาธารณสุข และเนื้อหาต่างๆ ไปที่เกี่ยวข้องกับการสื่อสารกับผู้ป่วยที่พูดภาษาอังกฤษ โดยเฉพาะในเรื่องการถามและให้ข้อมูลกับผู้ป่วยชาวต่างชาติ

**A SURVEY OF ENGLISH SPEAKING PROBLEMS OF NURSES
AT RAJAVITHI HOSPITAL**

AN ABSTRACT

BY

MISS ORISA SURSATTAYAWONG

**Presented in Partial Fulfillment of the Requirements for the
Master of Arts Degree in Business English for International Communication
at Srinakharinwirot University**

May, 2006

Orisa Sursattayawong. (2006). *A Survey of English Speaking Problems of Nurses at Rajavithi Hospital*. Master's Project, M.A. (Business English for International Communication). Bangkok. Graduate School, Srinakharinwirot University. Project Advisor: Asst. Prof. Dr. Amporn Srisermbhok.

The purposes of this research were 1) to explore the English speaking skill used by nurses in their daily work at Rajavithi Hospital and 2) to explore the major problems in speaking English. The subject consisted of 20 professional nurses of Rajavithi Hospital. The data were collected by questionnaires and then analyzed according to the research questions. The findings were as follows:

1. The nurses at Rajavithi Hospital spoke English to foreign patients, doctors and nurses from 10 up to 19 times a month. Most of nurses sometimes spoke English to foreign patients with the case to give information and inform them of the nursing care.

2. The speaking problems of the nurses at Rajavithi Hospital were based on grammatical errors, difficulty in self – expression, not being able to use the right words, inappropriate use of intonation, stress, mispronunciation and lack of self – confidence.

From the findings, it suggested that training programs for nurses at Rajavithi Hospital should emphasize the nurses' speaking skill. The nurses should be trained by native speakers in order to familiarize them with accents and vocabulary, which is required at work. The content should focus on related health and general contents relevant to communication with English speaking patients especially asking and giving information to foreign patients.

The Master's Project advisor, Chair of Business English for International Communication and Oral Defense Committee have approved this master's project as partial fulfillment of the requirement of the Master of Arts degree in Business English for International Communication of Srinakhariwirot University.

Project Advisor

.....

(Assistant Professor Dr. Amporn Srisermbhok)

Business English for International Communication Chair

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(Assistant Professor Dr. Amporn Srisermbhok)

Oral Defense Committee

..... Chair

(Assistant Professor Dr. Amporn Srisermbhok)

..... Committee

(Assistant Professor Penny Diskaparakai)

..... Committee

(Dr. U – maporn Kardkarnklai)

The Faculty of Humanities has approved this master's project as partial fulfillment of the requirements of the Master of Arts degree in Business English for International Communication of Srinakharinwirot University.

..... Dean of Faculty of Humanities

(Assistant Professor Chaleosri Pibulchol)

May....., 2006

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Orisa Sursattayawong

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CHAPTER 1

INTRODUCTION

I. Background

Communication is involved in every part of our lives from the time we wake up until the time we go back to sleep. Communication is a two-way process: sending a message and receiving a message. The sending device may be written words or spoken words. In written communication the writer is the sender and the reader is the receiver. In oral communication the speaker is the sender and the listener is the receiver. In both written and oral communication, there is no communication unless the message has been received.

English has become the language of international communication and is an important tool to connect countries in the world together, in terms of relationships, trade, and culture (Klein. 1990: 39). English has an important role in the areas of education, commerce, and international affairs even in the countries where English is not an official language. Due to the importance of English in economical development and international communication, effective business communication in English has become virtually essential for career success. Most organizations and companies need employees who are fluent in English.

English has become the lingua franca in many countries. Although, Thai language is the official language in Thailand, English is considered to be the first foreign language taught in Thailand for many decades (Sakarik. 1979: 8). Therefore, when Thai people need to communicate with people from other countries, either in business, economics or policies, an international language is needed.

In Thailand, English has become an international language in both public and private sectors. It is estimated that a number of Thais who use and speak English are 600,000 to one million (Phinit-Akson. 2002: 55). English also plays a crucial and dynamic role in Public Health Profession.

Thailand will be a Medical Hub of Asia. The plan aims to encourage both the public and private sectors to develop their health service business to meet international standards. Turning Thailand into a healthcare hub would not only help the country stimulate its economy and draw revenue sources, but also promote tourism and international relations. The Royal Thai Government believes that the project will enable Thailand to earn substantial income from medical treatment and other related services, such as dental care, annual medical check-ups, spa services, traditional Thai massage, long-term health care, food, medicine, and cosmetics (Ministry of Public Health (MOPH). 2005: Online).

In 2004, about 970,000 foreign patients came to use health service in Thailand, bringing in 1.9 billion baht. In 2013, approximately about 2,000,000 foreign patients will come to use health service in Thailand. Thailand will earn about 8 billion baht (MOPH. 2005: Online) because, Thailand is equipped with modern medical equipment and can offer full-cycle health services.

Nurses' role is one part of hospitality that makes up the medical services sector of individuals and organizations, which perform services for people and business to achieve their goals. MOPH, Thailand plans to improve the English language skills of Thai nurses, so that they will be able to communicate more easily with foreign patients to help support Thailand's campaign to become the Medical Hub of Asia. The nurses are medical communicators among doctors and patients. It is very important for the nurses to be able to

speak in English. Speaking well can have a good effect on their professional and personal life. In particular, when they are in an office, they use English to inquire foreign patients about their background, give instructions including providing health education concerning the disease patients have. They also need to communicate with overseas colleagues occasionally such as attending an international conference and visiting foreign doctors or nurses for professional development. Therefore, speaking skill is most required to enhance their English.

In order to effectively take care of patients, the nurse needs to acquire a basic knowledge about speaking. It is very important for the nurse to communicate in English, which is advantageous for their professional performance. Speaking skill has become a necessary tool for nurses in order to obtain a job, get promoted, and perform effectively in the working world. It is crucial to the success of every hospital and nurses who strive for both personal and organizational goals. Effective use of English communication plays a vital role in enhancing organizational success.

II. Statement of the Problems

There are problems in the development of nurses' language performance because they are weak at speaking English. Although they have studied English for ten years, they are still unable to speak fluently (Siriwong. 1984:5).

Nurses have speaking problems. It is difficult to verbally express what they want to explain to other people. They have trouble putting their thoughts into words. Although, they can understand what others speak, they can't speak well. A discriminating ear does not

always produce a fluent tongue. The biggest problem most nurses face in speaking is their own fear. They worry that they will not say things correctly or that they will look stupid so they are not brave enough to talk. Speaking effectively with patients is an integral part of delivering optimal healthcare.

Many qualified nurses have some practical and academic experiences necessary to perform well in medical settings, but they lack speaking skill. Nurses who have limited English speaking can not provide the service for the foreign patients fluently. Foreign patients are also less satisfied with the care received and may risk experiencing medical errors.

Among the four language skills, speaking is mostly important for nurses because they need to contact with foreign patients and discuss with doctors and other nurses. However, referring to the researchers' primary interview with Miss Chankarn, the nurse at Phrayathai Hospital, and Ms. Rangnoondaeng, the nurse at Rajavithi Hospital, the comments were that the nurses' speaking skill is poor. Additionally, the researcher has interviewed with Mr. Rinchen, the foreign patient and found out that the nurses can not understand basic English at a normal speed and lack confidence.

Therefore, this research focuses on the English speaking uses and problems of nurses at Rajavithi Hospital. The researcher will survey the actual speaking problems and the findings will be used as factors in planning effective English speaking courses for the nurses.

III. Objectives of the Study

The major objectives of this study are the followings:

1. to explore the English speaking skill used by nurses in their daily work at Rajavithi Hospital.

2. to explore the major problems in speaking English.

IV. Research Questions

The research questions are the following:

1. How often do nurses at Rajavithi Hospital speak English to foreign patients, doctors and nurses?

2. What kind of problems occurs when they speak English?

V. Significance of the Study

The Ministry of Public Health aims at pushing Thailand as the Medical Hub of Asia. Consequently, Thai nurses should be able to speak English fluently to communicate and interact with foreigners. Speaking is necessary for educational and occupational success. The higher level of speaking proficiency the nurses have, the better they can develop and improve the qualities of their work and organization. Therefore, the findings of this research will support the way to organize the English speaking courses to develop the nurses' speaking skill.

VI. Scope of the Study

This study focuses on the English speaking uses and problems of nurses at Rajavithi hospital. The samples of this research were twenty nurses who have worked in nursing units at Rajavithi Hospital.

Rajavithi hospital, a famous general hospital located near the Victory Monument, was selected as the samples of this research because this hospital under the Department of Medical Services, MOPH, provides medical science training for overseas doctors, nurses, as well as provides medical care services for foreign patients. Moreover, foreign patients recognize medical expertise, and many VIP guests of MOPH have often exchanged ideas and knowledge about medical science to improve the quality of its services.

VII. Limitations of the Study

The limitations of this study are as follows:

1. This study investigates uses and problems in speaking English by the nurses working for Rajavithi hospital, a hospital under the control of the Ministry of Public Health. Therefore, the findings from this study can not necessarily be generalized to nurses at other hospitals.
2. This study is limited to the opinions of the information based on questionnaire.

VIII. Definition of Terms

1. Nurses refers to the nurses who worked at Rajavithi Hospital, a hospital under the control of the Department of Medical Services, Ministry of

Public Health, Thailand.

2. English Speaking Skills

refers to speaking skills of the nurses at

Rajavithi Hospital.

3. English Speaking Problems

refers to the problems in English speaking

skill and manners of speaking performed the

nurses working for Rajavithi Hospital.

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter is an overview of the related literature including (1) aspects of oral communication (2) types of speaking situation (3) asking questions (4) barriers to speaking (5) characteristics of effective speakers (6) effective speaking (7) English for specific purposes and (8) related research.

I. Aspects of Oral Communication

Baird & Knowler (1960: 5 - 6) stated that oral communication includes (1) the speaker, (2) the ideas in the speech, their organization, and the language in which they are presented, (3) the process of communication itself (voice, articulation of sounds, and bodily actions), (4) the audience (listeners and observers), and (5) the speaking situation (the events and influences within a particular time and place).

The Speaker

The speakers demonstrate their abilities and skills both in thinking out their ideas and in adjustment to their listeners. They reveal their mental and emotional processes and something of their personality.

The Speech

The speech itself is made up of ideas, which are organized and embodied in language. A speech of serious intent deserves careful attention to the thought and the way

it is supported by illustrations, facts, and details. The ideas must be organized; speakers must have order, unity, and coherence so as to be clear to the audience.

The Communicative Processes

The communicative processes are the means by which speakers effectively transmit their ideas to others. They are the exercise of their voice and the physical activity accompanying the use of their voice. Language symbols are shaped orally by the movements of their tongue, teeth, lips, vocal cords, and breathing apparatus; facial and other bodily gestures, posture, and visual aids to help convey their meaning.

The Audience

Communication is basically a social process and involves a speaker and a listener-observer. The speaker, in the formulation and selection of their message, takes their audience – one, hundreds, or thousand – into account; the better the speaker knows them and adjusts his communication to them, the more effective the communication. The ultimate goal or purpose of most speeches is to get a response from these listener-observers.

The Speaking Situation

Speechmaking takes place at a given time and place. The speaking situation is marked by the character and attitudes of the audience, their immediate purpose in being present, and the social, physical, and other conditions in which the communicative situation occurs. Thus the speaker or speakers, their speeches, and the audience combine to create

a set of influences that stamps the time and place. It is important that speakers take due account of the physical surroundings in which they talk, of their own character, and of that of their audience as affected by the events, customs, and other factors that may relate closely to what they have to say.

II. Types of Speaking Situation

Bowman & Branchaw (1997: 162) stated that speaking is an important method for communicating knowledge and expressing ideas. Being able to verbally communicate effectively to other individuals or to groups is essential in school, business, as well as their personal life. There are three kinds of speaking situation:

1. Interactive speaking situation is face-to-face conversations and telephone calls, in which speakers are alternately listening and speaking, and in which they have a chance to ask for clarification, repetition, or slower speech from their conversation partner.

2. Partially interactive speaking situation is when giving a speech to a live audience, where the convention is that the audience does not interrupt the speech. The speaker nevertheless can see the audience and judge from the expressions on their faces and body language whether or not he or she is being understood.

3. Non-interactive speaking situation is when recording a speech for a radio broadcast.

III. Asking Questions

Nurses use questions in order to ask for the patients' background and symptoms. Therefore, they should know how to ask questions.

Clark (2000: 29) mentioned that questions are the heart of communication. Asking good questions is particularly important in speaking. The standard response to that question is "Because we want to know something". Whether speakers are speaking themselves or listening to others asking questions forms an important part of the communication process. By asking relevant questions speakers can extract a good deal of information. Questions are the heart of any information gathering process. Six reasons speakers ask questions are 1) to gain information, 2) to stimulate conversation, 3) to gain the other's views, 4) to check agreement, 5) to build rapport and trust and 6) to verify information.

The Two Major Types of Questions

Klein (1990: 50) stated that there are only two basic types of questions – closed and open. Each type is very important to the communication process. Closed questions are generally simple information gather questions. Response to a closed questions is usually a "yes" or "no" or a very brief answer. Open questions are generally more stimulate and require longer, more complex answers. Open questions are used to draw out a wide range of responses on a broad topic. They often ask for opinions, thoughts, or feelings.

Tips on How to Ask Questions

Quinn; et al. (1996: 9) suggested that some general strategies to help speakers formulate their questions in a way that helps they meet their objectives are to use easy and simple questions and avoid ambiguous questions. They should focus on the point and wait for the right time to ask questions. Mastering the art of asking questions will help speakers gain the information they need, build trust, stimulate the views and opinions of others, and verify information.

IV. Barriers to Speaking

Bove'e & Thill (2000: 17) mentioned that communication is successful only when the receiver interprets the message as intended by the sender. When speakers send a message, they intend to communicate meaning, but the message itself does not contain meaning. The meaning exists in speakers and in the mind of their receiver. To understand each other, speakers and their receivers must share similar meanings for words, gestures, tone of voice, and other symbols. The barriers to speaking are differences in perception and language, poor listening, mispronunciation, emotion interference, cultural difference, vocabulary, physical distractions and lack confidence.

Scott (1986: 4 - 5) stated that there is a series of stages through which a listener comes to accept or remember a message spoken to them. Between each successive stage and the next, there are barriers to speaking:

First, the listeners may not hear or poor listening because of language problems or inappropriate sound environment. In other words, speakers may lack of oral pronunciation skill or may use the microphone with inappropriate sound systems.

Second, the listeners may not understand what they hear because of difficult and technical words. All listeners let their minds wander now and then, plus they are especially likely to drift off when they are forced to listen to information that is difficult to understand or that has little direct bearing on their own lives. If they are tired or concerned about other matters, they are even more likely to lose interest.

Third, that which is understood may not be accepted. This may of course be for rational reasons, but there are also plenty of other hazards. It is difficult to shape a message when listeners are upset, hostile, or fearful. Their ideas and feelings often get in the way of being objective.

Fourth, the speaker may lack feed-back. The inexperienced speaker, talking to an audience, is often quite unaware of what his listeners are thinking.

Fifth, the speaker and the listener may have different cultural background. Communicating with someone from another country is probably the most extreme example of how different backgrounds and cultures may impede communication. Cultural differences can cause communication barriers. When speakers speak with someone from another culture, they encode their message using the assumptions of their own culture. However, the receiver decodes the message according to the assumptions of the other culture, so their meaning may be misunderstood. The greater the difference between the sender's culture and the receiver's culture, the greater the chance for misunderstanding.

Totman (2003: online) stated that they can now work “real time” with people around the world, assisting and serving from thousands of miles away in a flash. What is commonly not considered is the fact that though they are working closely together, they may have vastly different views of the world, various business practices and languages. This can be a mixed blessing or can lead to disaster on many fronts.

V. Characteristics of Effective Speakers

The characteristics of effective speakers are direct to the point and have a pleasing voice and appearance. Moreover, they have to understand the needs of audience, convey suitable language style and communication techniques to deliver understood messages to their target audience. They need to help listeners understand and retain the information through the use of attention – getting verbal and visual devices such as repetition, graphics, and audience participation. (Burns & Joyee. 1997: 9 - 10).

VI. Effective Speaking

Locker (1998: 12 - 13) stated that when speaking in English to people, who speak English, speakers should know their objectives and pronounce words clearly. Moreover, they should respect cultural differences and adapt speaking style to the other person's. Be aware that different cultures may interpret and practice communication differently. For example, in some countries it is considered disrespectful to maintain eye contact with someone.

Because speaking is such an ingrained activity, speakers tend to do it without much thought, but that casual approach can be a problem in business. Speakers have far less opportunity to revise their spoken words than to revise your written words. They can not cross out what they just said and start all over.

Before speaking, they think about their purpose, their main idea, and their audience. Organize their thoughts, decide on a style that suits the occasion (for example, formal or informal, lecture or conversation) and their audience (supervisor or assistant, client or colleague) and edit their remarks mentally. Perhaps the most important thing the speaker can do is to remember the “you” attitude, earning other people’s attention and goodwill by focusing on them. Try to predict how the other person will react and organize the message accordingly. Their audience may not react the way speakers expect, so have alternative approaches ready. As they speak, watch the other person, judging from verbal and nonverbal feedback whether their message is making the desired impression. If it is not, revise it and try again (Bove’e & Thill. 2000: 40).

VII. English for Specific Purposes

The importance of English as an international language continues to increase as more and more people are wanting or being required to learn English. The demands and requirements have resulted in the expansion of one particular aspect of English Language Teaching (ELT) – namely the teaching of English for Specific Purposes (ESP). The demand for this has often come from groups of learners with no need for the ‘general’ English provided by a typical secondary – school English course. Some learners, indeed, have

already completed a 'general' course and will learn English for particular reasons connected with their studies or their jobs. (Kennedy. 1984: 1 – 2)

In Thailand, many universities that have nursing faculties and nursing colleges organize ESP courses, as a requirement for Bachelor of Nursing Sciences such as the Faculty of Nursing, Mahidol University and Bangkok College of Nursing conduct English for Nursing Science course.

In addition, several books are established on ESP such as Parkinson and Brooker (2004: 1) conducted *the Everyday English For International Nurses*. This textbook was designed to meet the communication needs of nurses personnel around the world who do not speak English as their first language. This book helps nurses coming to work in the UK for the first time communicate with patients and staff. It will assist non-EU nurses as they prepare for the English test and adaptation course necessary to practice. Covering a range of subjects, its main purpose is to explain colloquial language that patients might use but is not found in conventional dictionaries e.g. 'to spend a penny' or 'trouble with the waterworks'. In addition to communication skills, it contains practical advice on becoming registered, nursing in the UK, and the organization of the health & social care team. Thamolwan (2004: 1) conducted *Say it in English Book*. This textbook designed useful phrases and sentences for nursing personnel. The content of this book covered English usage in every department. The objective of this book was a guideline English for nurses and general people in public areas.

VIII. Related Research

Ruth (1998: 31) did a survey entitled "Medical Communication: Non-Native English Speaking Patients and Native English Speaking Professionals". The instrument used for collecting data was a questionnaire. The results were that speaking was a key tool that they needed to call for cooperation among individuals in the delivery of health care services. The students health program and international students' patients agreed on several problematic communication areas including medical vocabulary, mispronunciation, lack of confidence and pragmatic problems due to different procedural and cultural expectations. Additionally, each group mentioned problem areas, not being addressed by the other such as prejudice, manner of speaking, appropriate feedback and the effective value of a polite, and kind communicative approach. In summary, these problems fell into the areas of the content of the speech, the manner of speaking, pragmatic aspects of the interactions, and problems relating to different expectations and understanding of the American medical system.

Pleansaisurb (1984: abstract) did a research entitled "A Survey of Needs, Wants and Problems of the Medical Students at Mahidol University for the use of the Four Skills of English". The instrument used for collecting data was a questionnaire. The result indicated that reading was mostly needed of the four skills. Listening and speaking skills were mostly wanted of the four skills while their serious problems were listening and speaking. The content of English courses should focus on related health.

Siriwong (1984: abstract) did a research entitled "A Survey of the Needs, Wants and Expectations for the use of English by Nurses: Undergraduates at Mahidol University". The instrument used for collecting data was questionnaire and interview. The result indicated

there were needs, wants, and expectations for the use of English in all four skills. The problems were listening and speaking skill. Therefore, they wanted to learn English, which emphasized listening and speaking skills.

Naruenatwatana and Vijchulata (2001: abstract) did a research entitled “A Study of the Needs of Medical Students in the Use of Academic English Perceived by Three Groups: Medical Students, Teachers of English and Subject Teacher”. The instrument used in this study was a questionnaire. The findings revealed positive opinions of all three groups on the needs of using academic English and specific English courses tailored for medical students at Rangsit University. All four macro-English language skills (listening, speaking, reading, and writing) were greatly needed. Reading skills were considered the most important. All three groups indicated that they wanted to include every sub-skill of the four skills in the course content. More English courses specially designed and geared to students’ academic needs were recommended as an urgent need for medical students at Rangsit University.

As seen above, researches on English skills in medical science areas were investigated. Therefore, this master’s project was conducted to particularly discover the English speaking skill frequency of their English speaking in their daily work and the problems they face when speaking English, so that the findings can be used as guide in planning an English language training programme to improve the quality of nurses at Rajavithi Hospital.

CHAPTER 3

METHODOLOGY

This chapter describes the methodology of the research. It contains data about the population of the study and sampling, the questionnaire, data collection, and data analysis and statistical procedures.

I. Population

The target population of this study was 20 professional nurses in both practitioner and managerial levels of Rajavithi Hospital. They were working in nursing units, which were dispersed all over the hospital.

II. Sampling Procedures

Twenty professional nurses were randomly selected from nursing units to represent the total number of nurses. Random sampling was claimed to be the best method in selecting samples because all population of the target group had an equal chance to be selected (Pleansaisurb. 1984: 30). The selection criteria were focused early on the nursing units' head, followed by the staff in each nursing unit.

III. Questionnaire

An English – Thai questionnaire constructed to study English speaking skill of nurses at Rajavithi Hospital consisted of five parts.

Part 1: General Information of Respondents

This part only required the respondents to indicate their personal data; age, position, office, the highest education and time spent in working.

Part 2: Frequency of English Speaking Skill Used at Work

This part only required the respondents to specify how often they spoke English in their work. There were four choices: often (20 – 30 times a month), sometimes (10 – 19 times a month), rarely (1 – 9 times a month), or never (0 times a month).

Part 3: Frequency of the Use of English Speaking Skill in Different Contact Situations

A question covered data regarding the use of speaking skill. Four-point scales (often, sometimes, rarely and never) were used. This part only asked the respondents to specify how often they spoke English in different contact situations. Eight sub-items were included. An open-ended statement was also provided if the respondents would like to add comments.

Part 4: Nurses' Speaking Problems

This part included open-ended questions regarding speaking problems the respondents faced when using English at work concentrating on pronunciation, vocabulary, grammar and confidence in speaking.

Part 5: Types of English Speaking Courses Preferred by Nurses

This part only required the respondents to specify the nurses' opinions about their needs concerning the English syllabus, and contents.

IV. Data Collection

The questionnaire was constructed based on the informal interview questions with the nurses at Rajavithi Hospital because the results from the interviews revealed the day to day real work done by such nurses, but not the theoretical ideas presented in textbooks. The first draft was translated from Thai into English in order to get clear understanding among the respondents. Then the bilingual questionnaires were distributed to 20 professional nurses. In some cases if the nurses were unclear, the researcher guidedly interviewed them to get detailed answers as well as related examples.

V. Data Analysis and Statistical Procedures

After collecting the completed questionnaire, the researcher categorized the data, tabulated and analyzed them by using percentage to identify the current English uses, problems and types of the needed English syllabus.

CHAPTER 4

FINDINGS

This chapter presents the findings of the data analysis, consisting of narrative and tables. Five main sections are discussed 1) general information of respondents 2) frequency of English speaking skill used at work 3) frequency of the use of English speaking skill in different contact situations 4) nurses' speaking problems and 5) types of speaking courses preferred by nurses.

Part I: General Information of Respondents

Twenty copies of questionnaire were distributed to the nurses at Rajavithi Hospital.

The respondents' information was classified in Table 1.

TABLE 1 GERNERAL INFORMATION OF RESPONDENTS

Items	Frequency	Percentage
1. Age		
20 – 30 years	8	40%
31 – 40 years	9	45%
41 – 50 years	3	15%
2. Position		
practitioner (C3 – C6)	10	50%
manager (C7 or more)	10	50%
3. Office		
Accident and Emergency Department	2	10%
Out Patient Department	2	10%
Operation Department	2	10%

TABLE 1 (CONTINUED)

Items	Frequency	Percentage
Intensive Care Unit	4	20%
Medical Department	2	10%
Surgical Department	3	15%
Obstetric and Gynecological Department	2	10%
Pediatric Department	3	15%
<hr/>		
4. Education		
Bachelor degree or any equivalent degree	13	65%
Master degree	7	35%
<hr/>		
5. Experience in Working		
1.5 years	2	10%
6 – 10 years	9	45%
10 – 15 years	4	20%
16 years or more	5	25%

The sample in this study compiled 20 professional nurses from 10 practitioners (C3 – C6) and 10 managers (C7 or more) in different nursing units. Their age levels were categorized as between 20 – 30 years (40%), 31 – 40 years (45%) and 41 – 50 years (15%). They had bachelor degree or any equivalent degree (65%), and Master degree (35%). For experience in working, there were 10% of respondents, who have been working for one year and six months, 45% of respondents who have been working between 6 – 10 years, 20% of respondents who have been working between 10 – 15 years and 25% of respondents had worked for more than 16 years.

As shown in Table 1, 45% of the respondents were 31 – 40 years of age and had 6 – 10 years experience in working, but 65% of the respondents graduated with only Bachelor of Nursing Sciences. This inferred that the nurses had nursing experience, but

they might lack of technical vocabulary because Bachelor of Nursing Sciences students mostly used Thai language to study nursing course, so they rarely speaking English as interviewed from Ms. Rangnoondaeng, the nurse at Rajavithi Hospital.

Additionally, the samples were composed of 50 to 50 percent of the practitioner and managerial nurses working for different department. Therefore, the English speaking problems revealed in this research were equally faced by practitioner and managerial nurses.

Part II: Frequency of English Speaking Skill Used at Work

The respondents were asked about the frequency of usage in their work. The data were then classified and summarized in Table 2.

TABLE 2 A FREQUENCY DISTRIBUTION OF ENGLISH SPEAKING SKILL USED AT WORK

Skill	Often	Sometimes	Rarely	Never	Total
Speaking (Percentage)	1 (5%)	11 (55%)	8 (40%)	0 (0%)	20 (100%)

Table 2 shows the frequency and percentage of English speaking skill usage of nurses at Rajavithi hospital. It can be concluded from Table 2 that the respondents "often" used speaking skill for a value of 5% (20 – 30 times a month), followed by "sometimes" for 55% (10 – 19 times a month), by "rarely" for 40% (1 – 9 times a month), and by "never" for 0% (0 times a month) respectively.

As shown in Table 2, it was found that 55% of the respondents sometimes spoke English at work. Consequently, speaking played important roles for nursing careers. This assumption was in compliance with the research of Ruth (1998: 31) stated that speaking was a key tool that medical needed to call for cooperation among individuals in the delivery of health care services.

Part III: Frequently of the Use of English Speaking Skill in Different Contact Situations

The respondents were asked the percentage of situations in value use speaking skill. The data were then classified and summarized in Table 3.

TABLE 3 A FREQUENCY DISTRIBUTION OF THE USE OF ENGLISH SPEAKING SKILL
IN DIFFERENT CONTACT SITUATIONS

Speaking Activities	Often	Sometimes	Rarely	Never	Total
Asking foreign patients' background (Percentage)	0 (0%)	9 (45%)	11 (55%)	0 (0%)	20 (100%)
Asking foreign patients' signs and symptoms (Percentage)	0 (0%)	9 (45%)	11 (55%)	0 (0%)	20 (100%)
Giving information to foreign patients (Percentage)	0 (0%)	10 (50%)	10 (50%)	0 (0%)	20 (100%)
Informing patients of your intended nursing care if taking care of foreign patients (Percentage)	0 (0%)	10 (50%)	10 (50%)	0 (0%)	20 (100%)

TABLE 3 (CONTINUED)

Speaking Activities	Often	Sometimes	Rarely	Never	Total
Discussing with doctors and other nurses to find treatment or taking care of patients if working with foreign colleagues (Percentage)	3 (15%)	6 (30%)	11 (55%)	0 (0%)	20 (100%)
Giving instructions and health education about the disease patients have if taking care of foreign patients (Percentage)	0 (0%)	9 (45%)	11 (55%)	0 (0%)	20 (100%)
Asking doctors about the patients' progress if working with foreign doctors (Percentage)	0 (0%)	9 (45%)	11 (55%)	0 (0%)	20 (100%)
Asking patients to get the results of treatment or nursing care (Percentage)	0 (0%)	8 (40%)	12 (60%)	0 (0%)	20 (100%)

Table 3 indicates the frequency and percentages in using English speaking skill of nurses at Rajavithi Hospital in different contact situations. It shows that the nurses rarely spoke English to communicate with the foreign patients, doctors and nurses. However, 50% of the respondents revealed that they sometimes spoke English to foreign patients with the case to give information and inform them of the nursing care.

Part IV: Nurses' Speaking Problems

The respondents were asked about their speaking problems the respondents faced when using English at work.

1. Pronunciation

The most important aspect of this problem was mispronunciation. They were worried about pronunciation and they often pronounced words incorrectly.

For example, the nurse would like to ask foreign doctor "Could you please check this pharmacy label?", but they mispronounced "label" as "level". Then, the doctor did not get this message correctly.

2. Vocabulary

The problem was vocabulary. They were unable to use proper words to express their ideas a fluently. This was due to their limited knowledge of the meaning of words, technical terms and vocabulary an especially roots, prefixes and suffixes. There were two examples to clarify this problem.

The first example was the word "chripodist". This word derived from three words combined together: chiro, podium and ist. Chiro is the prefix means arm or head. Podium is the Greek root means foot, and ist is the suffix means a person practicing or studying an art or science. The nurses didn't know the structure of this word that it came from prefix, root and suffix attached together. Therefore, it was difficult for them to analyse the word structure and guess the meaning of words or medical terminologies.

The second example was that the nurse didn't realize the real meaning of "OR". Once the doctor told the nurse that "the patient needs legs OR". Even if the nurse knew

that "OR" technically means operation, they didn't know that "operate" was the verb form. Then, they said to the patient, "the doctor needs to cut your legs". This might shock the patient.

3. Grammar

The major problem was grammatical errors including errors in tenses, active and passive voice. It was difficult for them to speak the most suitable words to express their ideas clearly and correctly.

For example, the nurse said, "today you has fever high". As seen, the sentence was incorrect in terms of subject and verb agreements and part of speech. The nurse also felt less confident in speaking English.

4. Confidence in Speaking

Lack of self – confidence was the biggest problem in speaking English. They often pronounced words incorrectly. Therefore, they were reluctant to speak English because they felt embarrassed. They felt excited when they were asked to show their ideas in English and they were not confident to show their ideas at meetings because they had problems in pronunciation, vocabulary and grammar.

Part V: Types of English Speaking Courses Preferred by Nurses

The respondents were asked the frequency of their English speaking course to be provided for them. The data were then classified and summarized in Table 4.

TABLE 4 A FREQUENCY DISTRIBUTION OF ENGLISH SPEAKING COURSE FOR
NURSES

Skill	Often	Sometimes	Rarely	Never	Total
Speaking (Percentage)	4 (20%)	8 (40%)	8 (40%)	0 (0%)	20 (100%)

Table 4 shows the frequency and percentage of English speaking course for nurses. The findings in this study clearly revealed that 100% of the respondents needed their organization to provide the English speaking training for them. It can be concluded from Table 4 that the speaking course should be provided "often" by the respondents for a value of 20% (20 – 30 times a month), followed by "sometimes" for 40% (10 – 19 times a month), by "rarely" for 40% (1 – 9 times a month), and by "never" for 0% (0 time a month) respectively. It could be assumed that the nurses were willing to take English speaking course. This support the research of Siriwong (1984: abstract) stated that nurses wanted to learn English, which emphasized speaking skill.

A speaking training program should focus on related health contents. They preferred to study with native speakers and the training should be offered regularly every month or every 3 months.

They had an opportunity to speak English for their routine service. Therefore, they preferred to have an opportunity to practise speaking. To develop their effective communication skill in speaking, authorities concerned should take this into consideration.

CHAPTER 5

CONCLUSION AND DISCUSSION

This chapter presents a conclusion of the study and discussion, including an interpretation of the findings based on the research questions. Finally, suggestions for designing English speaking training programs for the nurses at Rajavithi Hospital are presented.

I. Conclusion

This research investigated the English speaking skill of the nurses at Rajavithi Hospital. In conducting this research, the researcher asked the following questions: (1) How often do nurses at Rajavithi Hospital speak English to foreign patients, doctors and nurses? and (2) What kind of problems occurs when they speak English?

The findings are as follows:

Research Question 1: How often do nurses at Rajavithi Hospital speak English to foreign patients, doctors and nurses?

The nurses at Rajavithi Hospital spoke English to foreign patients, doctors and nurses from 10 up to 19 times a month. Most of nurses sometimes spoke English to foreign patients with the case to give information and inform them of the nursing care. This shows that asking and giving information to patients should be included in ESP speaking courses for nurses.

Research Question 2: What kind of problems occurs when they speak English?

Based on the findings, the speaking problems of the nurses at Rajavithi Hospital were based on grammatical errors, difficulty in self – expression, not being able to use the right words, inappropriate use of intonation, stress, mispronunciation and lack of self – confidence. This shows that problem on pronunciation, vocabulary and grammar results in the lack of confidence among nurses to speak English.

II. Discussion

The findings of this study reassured that speaking was an important skill for nurses. The nurses seemed to have favorable attitudes and positive beliefs toward the importance of speaking English for communication in order to get better job opportunities and for career advancement if they get better chances in training in speaking skill. While their serious problems were their inability to pronounce the words correctly, inability to speak with correct grammar, inability to choose the right words and being nervous when speaking English. This was in accordance with the theory of Bove'e & Thill (2000: 17) who stated that the barriers to speaking were differences in perception and language, mispronunciation, vocabulary and the lack of confidence. The findings of this research also were in compliance with the research of Ruth (1998: 31) entitled "Medical Communication: Non-Native English Speaking Patients and Native English Speaking Professionals" stated that medical vocabulary, mispronunciation, lack of confidence and pragmatic problems affects manner of speaking, appropriate feedback and the effective value of a polite, and kind

communicative approach. The nurses' main duty involved contacting outsiders in many levels, including foreign patients in Thailand and higher authorities in foreign public health profession; therefore, they need to improve their speaking proficiency for their professions in order to communicate more easily with foreign patients and to help support Thailand's campaign to become the Medical Hub of Asia.

In addition, the findings also showed that the nurses rarely spoke English to communicate with foreign patients, doctors and nurses. However, their English speaking skill is not always adequate to meet the requirements of their jobs. These problems, however, can be solved by providing a training in order to enhance their knowledge of technical vocabulary and grammar.

The hospital must take charge of providing an appropriate intensive training to all nurses. The course should be designed according to the level of English speaking skill needed. With regard the course syllabus design, the findings revealed that sometimes the nurses spoke English to foreign patients with the case to give information and inform them of the nursing care. Therefore, ESP speaking courses for the nurses working for Rajavithi Hospital should include lessons in asking and giving information to patients, which mostly emphasized on medical diagnosis and treatment context. Additionally, the findings indicated problems in pronunciation, vocabulary, and grammar affecting good command of speaking English. Consequently, drills in pronunciation, essential English grammar (sentence patterns and parts of speech), and vocabulary analysis (root, prefix and suffix) should be included to provide language knowledge to them. Finally, the model dialogues should be written in sample English with subject-verb-object patterns and easy vocabulary in order that the nurses can easily remember the model. The non-verbal communication and oral

communication strategies should be trained to increase the nurses' confidence in speaking English.

III. Suggestions

Based on the overall findings, the training programs for the nurses at Rajavithi Hospital should emphasize speaking skill. The hospital should provide the effective English training courses to meet their needs.

The training program should focus on the improvement of English speaking skill in order to encourage the nurses to be more effective on speaking English. The nurses should be trained by native speakers in order to familiarize themselves with accents and vocabulary, which is required at work. This is in accordance with the finding that mispronunciation resulted in lack of confidence in speaking English. They also need to be familiar with English spoken discourse and to use them quickly and appropriately in different contact situations. With regards to the content, the emphasis should be based on related health and the English course should be organized regularly at least 2 - 3 hours / week.

IV. Recommendations for Further Research

Based on the findings, the following areas for further research are suggested:

1. Further research concerning English speaking skill at other hospitals such as Rama Hospital and Siriraj Hospital should be conducted because information from other hospitals would be useful for nurses' professional development in order to make Thailand become the Medical Hub of Asia. The result of such studies may reveal additional

information on the problems concerning speaking skill needed in nursing or related health contents.

2. Further research concerning English speaking skill should be conducted to identify the doctor's speaking problems so that different points of view will significantly contributed to the development of English speaking course design.

3. Further research should be conducted to identify the nurses' needs, problems, and wants in oral and written English language skills. The findings should be compared to those of this study, therefore the results would be useful for colleges or universities and training institutes for their course or syllabus design.

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APPENDIX

Questionnaire

This questionnaire is prepared by Miss Orisa Sursattayawong, a graduate student of the Business English for International Communication Program, Department of Western Languages, Faculty of Humanities, Srinakharinwirot University, who is now working on a Master's Project entitled "A Survey of English Speaking Problems of Nurses at Rajavithi Hospital". The purpose of this questionnaire is to explore English speaking need of nurses at the Rajavithi Hospital and the problem they face when speaking English.

Your response to the questions will be very useful for the study. Many thanks for your kind cooperation.

Part I: General Background

Instruction: Please read and write your answer and / or put a check in the box provided according to your opinions.

1. Personal data

1.1 Age

1.2 Position practitioner (C3 – C6)

manager (C7 or more)

1.3 Office Accident and Emergency Department

Out Patient Department

Operation Department

Intensive Care Unit

Medical Department

Surgical Department

Obstetric and Gynecological Department

Pediatric Department

Other

(Please specify.....)

1.4 What is your highest education level?

- below a Bachelor degree
- Bachelor degree or any equivalent degree
- Master degree
- Doctoral degree

1.5 How long have you been working as a nurse?

- less than 1 year
- 1.5 years
- 6 – 10 years
- 10 – 15 years
- 16 years or more

Part II: Frequency of English Speaking Skill Used at Work

Instruction: Please read and place a check in the box of each item according to your opinions concerning English speaking skill used in your work.

- Often = 20 – 30 times a month
- Sometimes = 10 – 19 times a month
- Rarely = 1 – 9 times a month
- Never = 0 time a month

In your career, how often do you have to speak English?

Skill	Often	Sometimes	Rarely	Never
Speaking				

Part III: Frequency of the Use of English Speaking Skill in Different Situations

Instruction: Please read and place a check in the box of each item showing the frequency of your English speaking skill used.

Often = 20 – 30 times a month
 Sometimes = 10 – 19 times a month
 Rarely = 1 – 9 times a month
 Never = 0 time a month

1. How frequent do you have to **speak** English for the following contact situations?

Speaking Activities	Often	Sometimes	Rarely	Never
Asking foreign patients' background				
Asking foreign patients' signs and symptoms				
Giving information to foreign patients				
Informing patients of your intended nursing care if taking care of foreign patients				
Discussing with doctors and other nurses to find treatment or taking care of patients if working with foreign colleagues				
Giving instructions and health education about the disease patients have if taking care of foreign patients				
Asking doctors about the patients' progress if working with foreign doctors				
Asking patients to get the results of treatment or nursing care				
Others (please specify)				

Part IV: Nurses' Speaking Problems

Please state your problems (if any) concerning as follows:

1. Pronunciation

.....

2. Vocabulary

.....

3. Grammar

.....

4. Confidence in Speaking

.....

Part V: Types of English speaking courses preferred by nurses

1. Do you think English speaking course should be provided for nursing staff?

- Yes No

(If yes) how often should English speaking course be provided for nursing staff?

With your preference in English speaking course:

Often = 20 – 30 times a month

Sometimes = 10 – 19 times a month

Rarely = 1 – 9 times a month

Never = 0 time a month

Skill	Often	Sometimes	Rarely	Never
Speaking				

2. How should speaking training program be organized?

.....

VITAE

VITAE

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