HOSPITAL MEDICAL PERSONNEL'S PERCEPTIONS OF ENGLISH COMPETENCY AND IMPACT ON QUALITY OF MEDICAL SERVICES: A CASE STUDY OF A PRIVATE HOSPITAL IN BANGKOK

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Abstract

English has been used as a vital communication tool between English speaking patients and hospital medical staff. "Language Barrier" is the priority trigger of greatest effect on the quality of health care services. Then, medical staff should be developed with respect to their English proficiency in order to improve the quality of healthcare services. The research served as a response to the issue of using English as Specific Purpose in the medical career and therefore this research has been conducted. The purpose of this research study was to show the relationship between English proficiency of medical staff with the quality of health care services in a private hospital. This study has classified the level of self-perception of English proficiency of medical staff, found the impacts of low competency of English on the quality of health care services and defined the contributing factors that influence self-improvement of English proficiency. The anticipated outcome of this study was to improve competency of English of medical staff.

Keywords : *Self-Perception, English Proficiency, Medical Staff, Impact on health care services*

Introduction

The hospital where the study was connected was one of the private hospitals located on Sukumvit Road. There were both outpatient and inpatient units. In the past, almost all of the patients were Thais but after the hospital passed the Joint Commission International (JCI) standard, the population of foreign patients has increased. All staff, both non-professional and professionals, and they have used their L1 (the Thai language) as the main tool for communication. Since the hospital has received the Joint Commission International (JCI) standard, English is important as a second language to communicate with foreign patients. The principle of hospital has emphasized high quality services and providing appropriate treatment and healthcare by carefully selecting the best options and technology available.

As for Thai people, the main language they use for communication is their mother tongue (L1). English language (L2) is not used for communication at home. So, they are not familiar with English, which is a problem of communication with the native/non-native speakers. This study determined self-perception and self-improvement of English competency of the non-native medical staff and the effect of English competency on the quality of healthcare services at present. This research studied the level of self-perception and the contributing factors of self-improvement of English competency of non-native medical staff in career of a private hospital in Thailand in relation to the effectiveness of quality of health care services for foreign patients who use English as the mother tongue and second language. In light of use of the English language in Thailand, Thai people have used it as a foreign language, and English is not their mother tongue. Therefore, the problem of communication of using English has become a language

barrier between Thai people and foreigners. Sneha Mishra (2016) stated that language barrier is one of the most common communication barriers which cause misunderstandings and misinterpretations between people.

In the medical career, there are many English speaking patients who have been treated and English is a vital communication tool between English speaking patients and non-native English speaking medical staff. "Language Barrier" has been the first to affect the quality of health care services. Moreover, the problem of language barrier still occurs with non-native speaker medical staff and foreign patients. Then, the effect of this barrier would probably affect the quality of health care. English is very important and has a direct effect on the quality of healthcare. The decreased quality of health care, medication errors, financial problems, etc. are caused by English competency in communication between the non-native medical staff and native and non-native patients.

Therefore, the research was done to find the solution to improve the English competency of medical staff in the hospital and to help improve the quality of health care services, as well.

Research Questions

1) How do the non-native English speaking medical staff perceive their level of English proficiency?

2) How do they perceive the impact of their level of English proficiency on the quality of healthcare services?, and

3) What are the contributing factors of self-improvement of English proficiency?

Literature Review

The researcher includes, in a part of medical area, nurses who are the first persons that patients will face in the medical career. The medical staff should not only prepare and provide trained translators or interpreters to patients but they are also considered to be persons, who transfer health care information and treatment. Thus, they mainly affect to the quality of health care of patients. Regarding the quality of health care, medical staff with Limited English Proficiency (LEP) should improve their English for specific purpose (ESP) to drive the customers to reach their expected outcomes of health care without insecurity.

Limited English Proficiency (LEP) Effects on Health Care Comprehension

As for medical career provided at private hospitals, there are many interpreters and translators, not only in English, who are provided for the patients. It comes as no surprise that most of the medical staff cannot provide their health care need via effective communication on English. Language barrier is still a vital factor when staff are attempting to access quality health care, which leads to the several adverse events which consist of lack of accurate information, financial problem, prolonged hospitalization, medical error, increased cost associated with that readmission, interventions out of misunderstanding and instructions that cause misunderstanding, decreased health safety, and low patients satisfaction (Elisabeth Wilson, Alice Hm Chen, Kevin Grumbach, Frances Wang, and Alicia Fernandez, 2015). With regard to the medical areas in which English is seen as a vital communication tool.

The quality of health care can be promoted by effective communication (Garling Report, 2008). The increase in effective safety and quality of health care can arise by giving importance to communication. Effective nursing practice and quality of care is increased by effective communication (Mullane and Kothe, 2010). English must be good enough to understand the more complicated concepts they may encounter when receiving healthcare. Elisabeth Wilson, Alice Hm Chen, Kevin Grumbach, Frances Wang, and Alicia Fernandez (2005) mentioned that the effect of language barriers will occur to medical comprehension and increase the risk of adverse medication reactions.

Language barrier encountered in health care setting may compromise the quality of healthcare which decreases the access to primary and preventive care, impairs patient comprehension, decreases patient adherence, and diminish patient satisfaction.

English for Specific Purposes (ESP)

Hutchinson (1987) stated that, "ESP is an approach to language teaching in which all decisions as to content and method are based on the learner's reason for learning". Moreover, from early 1960's, ESP has emerged as one of the major areas of EFL teaching today. There are three types of ESP as divided by David Carter (1983), who identifies English as a restricted language, English for Academic and Occupational Purposes, and English with specific topics. This study is focused on "English with specific topics" that mentioned about how effective English communication is related to the quality of care and patient safety.

English as Global Language

Kachru (1994) presented the spread and growth of English as the Global language by dividing people into three groups of English speakers which are consisted of native speakers, speakers of English as the second language, and speakers of English as a foreign language.

There are three concentric circles of the spread of English as coined by Kachru (1994) which are coined the terms 'Inner circle', 'Outer circle', and 'Expanding circle' and yet these concentric circles have represented English which is used across cultures and languages" and also the patterns of acquisition and the functional domains in each circle.

This research study has been conducted in Thailand which is included in the "Expanding circle" that has used English as a foreign language (EFL). This circle refers to English being used as a foreign language as the most useful communication tool of international communications (White, 1997) English is now overwhelmingly widespread in international settings. It is the language of choice in international organizations, companies as well as academic world (Katzner, 2002, p.39). It is also commonly used in the domains of the internet, international mass media and entertainment (Phillipson 1992).

Research Methodology

Population

This research was a study on non-native medical staff in private hospital. There were 465 non-native staff that were the population of this study. Then, the sampling size was calculated by the formula of Yamanae (1973). The participant total was 215 persons.

$$n = \frac{N}{1 + Ne^2}$$

$$n = \frac{465}{1 + 465(0.05)^2} \quad = \; 215$$

Sampling Design

The participants of this research study were defined by the formula of Yamanae, Taro (1973).

Yamanae, Taro (1973) simplified formula for proportions

$$n = \frac{N}{1 + Ne^2}$$

n = the sample size

N = the population size

e = the acceptable sampling error (0.05 is commonly used)

* 95% confidence level and e = 0.05 are assumed *

Research Design

This research study was based on mixed modes which was a case study at a private hospital in Bangkok. Mixed-mode research is a methodology for conducting research that includes collecting and analyzing data both of quantitative which is survey questionnaire and qualitative (interview).

Research Instruments

Both quantitative (survey questionnaire) and qualitative (interview) instruments were constructed based on the theories and examples of previous studies. Special panels checked the validity of the instrument and readability. There were three special panels who have checked the questionnaire. After that the questionnaire was revised following their suggestion.

Data Collection

There were 2 instruments for this mixed mode research design which were survey questionnaire and interviews.

In collecting quantitative data, the survey questionnaire was constructed for piloting and checking the understanding of respondents in each question. Nunan (1992) and Brown and Rodgers (2002) mentioned that the way to check the understanding of participants about questionnaires, especially in terms of the language use is piloting the questionnaires. After piloting, some question were revised and after the revision of the questionnaire, there were 215 respondents having to respond to and answer the questionnaire by themselves.

In collecting qualitative data, there were 6 participants who participated in this part of quantitative data analysis. The data was collected by interviewing participants who were the non-native staff in this hospital. The participants spent about 10-15 minutes on being interviewed. They were interviewed concerning all the 6 domains which consist of sharing working experience in this hospital, the barriers of medical staff who cannot speak English, the impact of low English competency on the quality of health care services, the way to improve their English competency, the contributing factors to improve their English proficiency and the advantages of a high level of English competency of the non-native medical staff.

Data Analysis

This study used two aspects of data analysis which were descriptive analysis for quantitative data and Coding for qualitative data

Research Findings

1. Quantitative Data

Table 1.1: Self-perception of English Competency

Self-perception of English Competency	Self-rating Scale				
	Very Good	Good	Poor	Very Poor	Frequency
Your overall English speaking skill	8	76	111	20	215
Your overall English reading skill	12	100	87	16	215
Your overall English writing skill	8	77	105	25	215
Your overall English listening skill	10	85	101	19	215
Knowledge of English medical terms	12	99	79	25	215
Confidence in speaking with English speaking patients	12	68	111	24	215
Ability to engage in an English conversation	9	63	118	25	215
Confidence in filling in hospital forms in English	14	67	107	27	215
Ability to give directions or provide information for patients in English	18	89	92	16	215
Ability to understand reports and handle cases in English	9	72	104	30	215
Percent	5.2%	37.0%	47.2%	10.6%	100.0%

In this part of the questionnaire, there were 10 items that the respondents had to rate about their self-perception of English competency. The contents of items were about all of the 4 skills of English which are speaking, reading, writing, and listening. Moreover, the items included competency of using English medical terms, confidence in speaking with patients and filling in hospital forms in English and ability to engage in an English conversation, give directions or provide information for patients in English, and understand reports and handle cases in English.

The respondents were divided in terms of their self-perception of English into 2 groups: satisfied and dissatisfied with their English. As for the satisfied group, they rated their perception of English with very good and good. On the other hand, the respondents who rated themselves as very poor and poor would be classified as dissatisfied with their English competency. 42.2% of the surveyed were satisfied with their competency of English and the fewer items were the group of the dissatisfied with their English which was 57.8%.

The results showed that more than half of respondents were not satisfied with their self-perception of their English competency.

Table 1.2: Impacts of English Competency on the Quality of Health Care Services

Impacts of English Competency on the Quality of Health Care Services					
Item	Rating Scale				Frequency
	Strongly agree	Agree	Disagree	Strongly disagree	
Work performance	82	120	12	1	215
Professional advancement	82	123	10	0	215
Patient satisfaction	85	123	7	0	215

Hospital reputation	94	116	5	0	215
Quality of medical services	96	112	7	0	215
Frequency	439	594	41	1	1075
Percentage	40.8%	55.3%	3.8%	0.1%	100.0%

The table showed that almost all of the respondents (96.1%) agreed that low English competency of non-native staff impacted on the quality of healthcare services which consisted of Work performance, Professional advancement, Patient satisfaction, Hospital reputation, and Quality of medical services. The less member of them were indicated level of disagreement 3.9%.

2. Qualitative Data

2.1 The Contributing Factors for Self-improvement of English Proficiency

This was the last part of the survey questionnaire, and the data analysis in this part was able to answer research question 3 (What are the contributing factors of self-improvement of English proficiency?). The respondents had to complete the questions to reflected on the contributing factors for self-improvement of English proficiency.

There were four codings for the contributing factors that help to improve English competency of medical staff in the hospital which were English Training Course, Incentive Salaries, English Activities, and others.

Table 2.1: Coding of the Contributing Factor

The Contributing Factor	Frequency	Percentage
English Training Course	118	54.9%
Incentive Salaries	83	38.6%
English Activities	20	9.3%
Others	5	2.3%

More than half of the respondents (54.9%) agreed that the English training course was the major factor that should be arranged to help improve their English proficiency. The minor factors included incentive salaries (38.6%), English activities (9.3%) and others (2.3%).

2.2 Interview Results

The participants were interviewed concerning all the 6 domains.

Table 2.2: Working Experience in This Hospital

Age	Work Experience
15-24 Years (2 Participants)	The participants have been working in this hospital for less than 5 years. The following details were their experience in this hospital about using English in medical services. - Both of them were working at Check-up center. They have faced with many English speaking patients such as Arabic, UAE, Qatari, Kuwaiti, Sudanese, Burmese and Bangladesh. - They were not familiar with using English as a communication tool for English speaking because they didn't have lots of experience about medical services. Then, they usually observe the cases from senior nurses, especially the patient who use English for communication. - Both of them said that this hospital is the first career of their work

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	experience. Moreover, they graduated from a government school, so their English competency is not good. - The most skills that they usually use were listening and speaking. They were not confident to fill any hospital forms and did not understand while they were reading documents in English.
25-44 years (2 Participants)	The participants have been working in this hospital for 5-10 years or so. - One participant was working at International Patient Center and the other participant was working at Cardiac Center. - Both of them have had experience with English speaking patients from another private hospital before they came to work here, so they felt confident while using 4 skills for English with English speaking patients.
45-64 years (2 Participants)	The participants have been working in this hospital for more than 20 years - Both of them were doctors. Both of them stated that 70% of their patients were English speaking patients.

Table 2.3: The Barriers of Medical Staff That They Cannot Speak English

Age	The Barriers of Medical Staff That They Cannot Speak English
15-24 years	- The staff had low confidence while facing with the patients who have to communicate in English - The staff had less experience to contact English speaking patients
25-44 years	- Even though they had enough experience of contact with the English speaking patients, they feared miscommunication. So, they always let the international service act as a respondent to approach a patient and satisfy his needs.
45-64 years	- The staffs did not know how to approach international patient; they had low self-esteem to respond to the patients' satisfaction. - The staff did not realize the effectiveness of low English competency and they thought that the hospital has provided a translator and international service to serve the patients' needs. - The participants stated that most staff in this hospital have good knowledge about medical terms but they did not have confidence in speaking and communicating with English speaking patients.

Table 2.4: The Impact of Low English Competency on Quality of Health Care

Age	The Impact of Low English Competency on Quality of Health Care
15-24 years	- The English speaking patients will not tell their friends or relatives to get service from the hospital.
25-44 years	- Low patients' satisfaction - Reduce the patient's trust on the hospital

45-64 years	- Low quality of health care services - Effect on the hospital reputation and hospital standard - Effect on professional advancement - Reduce the professional skills of the staffs

Table 2.5: How to Improve Their Competency in English

Age	How to Improve Their Competency in English
15-24 years	- The hospital should usually arrange English classes for staff so that they will feel more familiar with using English and this will increase their self- confidence while they are communicating with English speaking patients.
25-44 years	- They wanted the hospital to usually arrange English classes for staff as well but the lesson should be defined by each unit. Teacher should teach the content about simple vocabulary words and sentences that the staff can use daily their unit.
45-64 years	- The provision of English classrooms is very important but the staff should be taught how to approach the patients with simple words and sentences to respond to the patients' satisfaction. The participant stated that most patients came to hospital with discomfort and in pain. After that, if they meet with the staff who cannot speak English and cannot respond to their needs, then, they would feel dissatisfied with their symptoms of disease and the service of hospital, as well. Most staff feel afraid and have low self-esteem and self-confident when they have to use English as a communication tool with the patients. Then, the staff should learn how to use basic English in the hospital and provide one staff member who is excellent in English skills in each unit. All staff would have more chances to speak and enhance competency in English in their work. Therefore, day by day, they often have to practice using English. Then, they feel more confident while they are contacting English speaking patients.

Table 2.6: Contributing Factors to Improve Their English Proficiency

Age	Contributing Factors to Improve Their English Proficiency
15-25 years	- Incentive salaries - Arrange the English course
25-45 years	- Incentive salaries - Arrange the English course and emphasize about medical communication with non-English speaking patients, emphasize about conversation, especially the procedure eg. blood test, x- ray, then

	Examination in each unit and time for learning should be flexible because staff have different shifts.
45-64 years	- Incentive salaries - Arrange the English course - Arrange the challenging English activities in different units such as essay writing, short story writing or presentation and give them an award or post their write up on the hospital magazine to let other people read or arrange and English camp and English speaking club every week on Friday - Positive reinforcement (let people know that they can use English well) Negative reinforcement (reduce the bonus or incentive)

Table 2.7: Advantage of High Level of English Competency of Non-native Medical Staff

Age	Advantage of High Level of English Competency of Non-native Medical Staff
15-24 years	- To increase patient's satisfaction
25-44 years	- To improve quality of health care services - To improve working performance for staff and to raise professional advancement
45-64 years	- To remain and increase their trust on quality of health care services and then the hospital reputation would rise as well - To increase the hospital profit

Discussion of Results

Summary of Major Findings

The researcher was a participant in part of English for Specific Purposes in medical services and this research has been conducted to evaluate the level of English proficiency of the medical staff and define the impacts of the English language barriers on the quality of healthcare services. Furthermore, this study has explored and suggested the contributing factors that help to improve the quality of healthcare services. There were 2 instruments used survey questionnaire and interviews. The instruments were able to answer all of the research questions. Furthermore, all of the data collected recommend the ways to improve English proficiency to increase the quality of health care services.

As for self-perception of English Competency, there were 10 items under study with 215 respondents and the result shows that most of them were dissatisfied with proficiency, abilities and confidence. But, there was only Knowledge of English medical terms that more than half of the respondents were satisfied with their competency. Furthermore, most of the respondents agreed that low of English competency would affect the quality of healthcare services with respect to work performance, professional advancement, patient satisfaction, hospital reputation and quality of medical services.

As for open-ended questions, this part concerned the contributing factors that motivate self-improvement of medical staff about English competency. The researcher used coding qualitative data. In the open-ended question in the survey questionnaire, the researcher had arranged four codes for a qualitative analysis on this part consisting of

incentive salaries, English training course, English activities and other. The results showed the frequency in each codes.

As for interviews, all of the data have been analyzed analyzed by based on Donald Super's career model. All collected data were coded into 6 domains which consisted of sharing working experience in this hospital, the barriers of medical staff who cannot speak English, the impact of low English competency on the quality of health care services, the way to improve their English competency, the contributing factors to improve their English proficiency and the advantages of high level of English competency of the non-native medical staff.

All of the collected qualitative data focus on the contributing factors that can motivate self-improvement of medical staff about English competency. These data would be explained more in the recommendations below.

Recommendations

According to the findings that, more than half of the respondents had low self-perception of their English and most of them have agreed that major impact of low English proficiency of medical staff in the hospital was on the quality of health care services. Therefore, the researcher would like to recommend the contributing factors that influence improvement of English proficiency of non-native English speaking medical staff.

There were 4 contributing factors that the researcher would like to recommend to the hospital for improving English proficiency of the medical staff which were regular practices, substantial incentives, practical training courses and materials, and effective supervision and sufficient support.

1. Practical Training Courses and Materials

The training course should be divided into two main sessions with different purposes. The first session is about general conversation between English speaking patients and medical staff that all of the staff in the hospital should know for communicating with patients. The section part is more specific for each unit.

The staff should be taught words, phrases, and sentences that are usually used in their unit because they will often use that such words, phrases, and sentences. Then, they will not be afraid to use English to communicate with English speaking patients.

In each session, the hospital should arrange proper time for each unit. This is because if the English training course is arranged only in the morning, any department whose staff have night shift work, cannot attend the training.

After the training course has been offered, the hospital should provide a mini-book that include words, phrases and simple sentences that they have to know and are usually used in their departments. Then, they can practice using them when they are working and facing with the real situation.

2. Regular Practices

Different taxonomies of ESP are offered by different educationalists. David Carver (1983: 20f) identifies three types of ESP which include English as a restricted language, English for academic and occupational purposes and English with specific topics. Because of this research study relates to English for academic and occupational purposes, the researcher would like to recommend that the hospital practice their English competency about occupational purposes (medical career).

After they attend English training course, they will be taught words, phrases, and simple sentences that usually use in their units. They should learn general conversation, specifically more about their units because each unit will focus on different purposes such as x-ray unit, blood correction unit, general medicine unit and international unit. All of the medical staff should practice every day; it can promote their self-esteem and they will feel more familiar

when they are using English to communicate with English speaking patients. They should practice 4 skills (reading, writing, listening and speaking) in simple sentences every day.

4. Substantial Incentives

There are not only incentive salaries that can motivate medical staff to improve their English proficiency. According to the Maslow's（1943, 1954）hierarchy of needs, the staff should be promoted and the psychological needs and self-fulfillment needs should be provided as well.

The training course can improve staff is English proficiency. Thanks to a suggestion from interviews about reinforcement, the researcher would like to recommend that the hospital provide a positive reinforcement such as arranging the challenge and providing awards for the winners such as award presentation ceremony for staff of the month, career advancement or promotion. On the other hand, staff who cannot communicate with the patients in English should be given a negative reinforcement (punishment)

5. Effective Supervision and Sufficient Support

If the staff are not under supervision, they will not often use English. So, the researcher would like to recommend that every day the director or supervisor should randomly visit the staff in the department while they are working with English speaking patients.

As for the sufficient support, the staff should be coached by an English professional. In each unit, there should be at least one staff member who is an English speaking staff member or one who can use English well. They can observe and suggest the correct way to other staff members about communication in English with English speaking patients.

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