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เพื่อการเข้าสู่ประชาคมเศรษฐกิจอาเซียนของนักศึกษา

Needs Analysis of Studying English for
Medical Students in a University
with the Aim of ASEAN Economic Community (AEC)

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การวิจัยนี้ใช้ทฤษฎีการวิเคราะห์ความจำเป็นเพื่อให้ทราบปัญหา ความจำเป็น และความต้องการของการเรียนภาษาอังกฤษสำหรับนักศึกษาคณะแพทยศาสตร์เพื่อ การเข้าสู่ประชาคมเศรษฐกิจอาเซียน การวิจัยนี้เป็นการวิจัยแบบผสมทั้งเชิงปริมาณ และเชิงคุณภาพ โดยสำรวจข้อมูลจากประชากรทั้งหมดสี่กลุ่ม ได้แก่ นักศึกษาแพทย์ แพทย์ ผู้บริหาร และผู้ป่วยชาวต่างชาติ งานวิจัยนี้นำเสนอเฉพาะข้อมูลเชิงปริมาณ ของปัญหาและความจำเป็น ซึ่งสำรวจจากนักศึกษาแพทย์ที่เป็นนักศึกษาแพทย์ ชั้นปีสุดท้ายในภาคการศึกษา 2557 และฝึกปฏิบัติงานที่ 4 โรงพยาบาลใน

ภาคตะวันออกเฉียงเหนือของประเทศไทย จำนวน 162 คน เครื่องมือที่ใช้ คือ แบบสอบถามซึ่งทดสอบค่าความเชื่อมั่นอยู่ที่ระดับ .93 ข้อมูลที่ได้รับจะถูกนำไปวิเคราะห์โดยใช้สถิติเชิงพรรณนา จากผลการวิจัยสรุปได้ว่า (1) นักศึกษาแพทย์มีปัญหาภาษาอังกฤษทุกทักษะในระดับปานกลาง แต่ประสบปัญหาทักษะการพูดภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการในระดับสูง และ (2) นักศึกษาแพทย์มีความจำเป็นในภาษาอังกฤษทุกทักษะในระดับสูงที่สุด แต่มีความจำเป็นในทักษะการอ่านภาษาอังกฤษทั่วไปในระดับสูง ซึ่งประโยชน์ที่ได้จากผลงานวิจัยนี้จะเป็นแนวทางเพื่อ (1) พัฒนาเนื้อหาการสอนวิชาภาษาอังกฤษเพื่อให้นักศึกษาแพทย์มีความตระหนักถึงบทบาทของภาษาอังกฤษในสายวิชาชีพแพทย์ในบริบทของประชาคมเศรษฐกิจอาเซียนมากขึ้น (2) ส่งเสริมทัศนคติที่ดีและเพิ่มแรงจูงใจในการเรียนวิชาภาษาอังกฤษของนักศึกษาแพทย์ (3) ออกแบบวิชาภาษาอังกฤษที่สอดคล้องกับสถานการณ์ในปัจจุบัน และ (4) เป็นประโยชน์ต่อนักวิจัยท่านอื่น ๆ ในการนำไปประยุกต์ใช้ในบริบทที่เกี่ยวข้องหรือในบริบทอื่น ๆ

คำสำคัญ : ประชาคมเศรษฐกิจอาเซียน, ภาษาอังกฤษเพื่อวัตถุประสงค์เชิงวิชาการ, ภาษาอังกฤษเพื่อสายวิชาชีพแพทย์, การวิเคราะห์ความจำเป็น

Abstract

This study employs a theory of needs analysis. It explores medical students' problems, needs, and wants in studying English in preparation for AEC. This study uses mixed methods of both quantitative and qualitative approaches. The subjects of this research include medical students, doctors, administrators, and foreign patients. This research paper presents the quantitative data of medical students including 162 medical students who were externs during the academic year of 2014 at four hospitals in the northeast of Thailand, and addresses only the problems and needs of medical students. Questionnaire is adopted as a research instrument. The Cronbarch's alpha reliability coefficient of the questionnaire was .93. Research data from the questionnaire were analyzed by descriptive statistics (including percentage, frequency, mean, and standard deviation). The research findings were as follows. (1) The medical students had problems with overall English skills at the moderate level, but the main problem was speaking skill concerning English for Academic Purposes (EAP) which was at the high level. (2) The medical students needed overall English skills at the highest level, but they perceived reading skill for General English as also being at the high level. The findings from this research provide guidance: to develop the content of English teaching so that medical students are more aware of the role of English in the medical field in AEC; to promote better attitudes and motivation among students in English classes; to design courses relevant to real situations; and to contribute the findings or data which support and benefit other researchers to apply in related or other research contexts.

Keywords : AEC, English for Academic Purposes, English for medical profession, needs analysis

1. Introduction

This section is divided into four parts: rationale of the study, theory and related literature reviews, objectives of the study, and research questions.

1.1 Rationale of the Study

English is accepted as an international language, according to Hutchinson and Waters (1987). English is considered to be the first language taught at all levels of education in Thailand where English is not the mother tongue. Especially in the medical field, English is needed for doctors for keeping up with developments in science and also needed by all medical students for study using textbooks and journals only available in English (Hutchinson & Waters, 1987). Moreover, English is also needed in an ASEAN context as the lingua franca.

According to Department of ASEAN Affairs (n.d.), Thailand is one of the ASEAN members, and will join AEC which is one of three pillars of ASEAN community in 2015. The objectives of this commitment are to form a united industrial standard. Next, AEC aims to increase the mobility of labor, goods, services, and investment within the ASEAN region. From the information of National News Bureau of Thailand (2013), Declaration of ASEAN Concord II or Bali Concord II approved Mutual Recognition Arrangements (MRAs) that sets to pave the way towards free flow of skilled labor in seven professions, comprising doctors, dentists, nurses, architects, accountants, engineers, and surveyors. So medical practitioner is one of the seven professions that have the free mobility to work within ASEAN under Mutual Recognition Arrangements (MRAs). Skilled labor must have qualifications in line with ASEAN standards. Moreover, Charoensuk and Charoensuk (2011) mention that all of professions need to develop their working skills and languages skills, i.e. English, Thai, and ASEAN languages.

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Upon opening of AEC to Thailand, it is estimated that ASEAN and foreign people will go to Thailand for many objectives. They may get sicknesses and have accidents during their stay in Thailand, and need to get treatment from doctors. Furthermore, one factor that affects the rising number of foreign patients is medical tourism because there are people from all around the world traveling to Thailand to get medical services. Thailand Medical Tourism Cluster (n.d.) mentions that the medical services of Thailand are widely accepted by domestic and international patients because of the quality and affordable prices. In addition, Thai government has started a policy to promote Thailand as a medical hub for medical services since 2004. Suvinijjit (2013) shows the statistic of foreign patients who had medical treatments in Thailand. The number has been rising continuously from 2008 to 2012.

Within ASEAN community, English is regarded as a lingua franca to communicate among ASEAN countries (Charoensuk & Charoensuk, 2011). English has become the medium language of use in ASEAN, and plays a vital role in higher education especially in the field of sciences. As for general English, doctors and medical students use English in their daily life for social purposes. In the academic field of medicine, Naruenatwatana and Vijchulata (2001) said that English also plays a vital role in medical studies because the students have to read medical textbooks and professional journals which are mostly written in English. Moreover, medical students need to use English for studying their subject, furthering education, and also for their careers in the future. In the medical field, the quality of medical services is more important. English is a vital tool for doctors to communicate with ASEAN and foreign patients. Although medical students are familiar with English, the emphasis is only on medical studies because the students have to read medical textbooks and professional journals which are mostly written in English. Fluency in every English skill is beneficial for medical students in terms of education and working in ASAEN countries and in the future.

Preparing English skills should be initiated by the medical students because they will be professional labor (workers) in the future. The content of English courses must serve the medical field in real situations. To design English courses in the medical field in real situations, one of the necessary factors is to address medical students' needs and problems in studying the English language. Moreover, Thepsiri and Pojanapunya (2012) say that the attitudes and motivation of language learners have proved to influence the learner's proficiency and success. Teachers have to prepare courses that will help to improve learners' attitudes and motivation towards English learning, and enhance learners' English communication capabilities for further education and career. As for the content of the course, needs analysis is a reliable survey to identify the learners' needs and problems to identify the target English content that learners need during and after the courses.

1.2 Theory and Reviews Related Literature

1.2.1 Needs Analysis

This study uses the needs analysis theory of Hutchinson and Waters (1987) in order to study the target needs of medical students who need to use English in the target situation, and to consider necessities, lacks, and wants which are determined by the desires of the medical field in an AEC context. Furthermore, this research paper presents only the necessities (needs) and lacks (problems) of the medical students. The following is an explanation of the types of needs:

Hutchinson and Waters (1987) distinguish between target needs and learning needs which can be described as follows:

1.2.1.1 Target needs involve what the learners need to do in the target situation. This type is related to the target situation in terms of necessities, lacks, and wants.

Necessities are needs determined by the desires of the target situation, which is what learners have to know for effective functions in the target situation.

Lacks are the necessities which learners lack. In other words, the learner's lacks are the gaps between the target proficiency and the existing proficiency.

Wants are the learners' perceptions of their needs. The learners' perceptions possibly conflict with the perceptions of course designers, sponsors, and teachers. Hutchinson and Waters claim that the learners' perceived wants can have a great impact on their motivation in the learning process, and cannot be underestimated.

1.2.1.2 Learning needs involve what the learners need to do in order to learn in the existing learning environments along with their knowledge, skills, and strategies. In other words, the learning need is the route as compared with the journey that starts from the starting point (lacks) to the destination (necessities), and there might be some dispute as to what the destination should be (wants).

In addition, needs (necessities) and problems (lacks) are linked to each other. If there is some dispute between needs and problems, it will reveal existing problems. In other words, needs identification is a process to address problems of a target population and solutions to overcome these problems towards the target situations.

1.2.2 English for Specific Purposes (ESP)

Over years, the teaching of English as a foreign language has developed increasingly rapidly and widely. English teaching is considered as a trend and English for Specific Purposes (ESP) has become a popular term in recent years. The abbreviation ESP can be interpreted as representing either English for Special or Specific Purposes. These terms are international terms and mostly applied for the English language for special purposes (Robinson, 1980).

The term of ESP itself has changed in significance. Formerly, ESP stood for English for Special Purposes, although an increasing number of scholars, practitioners, and institutions now use English for Specific Purposes (Robinson, 1980). The history of the ESP movement has been long. This term can be traced back to economic activities in the 1950s and 1960s.

After the end of World War in the mid-1940s, English became increasingly more important as a lingua franca with international developments and expansion of technology and commerce, and the economic power of the United States made English an international language. As English is accepted as the international language of technology and commerce, it created a new generation of learners who had specific reasons for learning English, for example, doctors who needed to keep up with developments in science and all medical students who needed to study from textbooks and journals only available in English (Hutchinson & Waters, 1987). Another main reason for the emergence of ESP, also identified by Hutchinson and Waters (1987), is the oil crisis of the early 1970s. English became big business, and its subject became the wishes, needs, and demands of people.

1.2.3 English for Academic Purposes (EAP)

English for Academic Purposes (EAP) is one of the branches of ESP that focuses on the specific needs of the learners in an academic context and, as Holme (1996) mentions, EAP is a kind of ESP. Holme (1996) also said that ESP and EAP have developed together. It has been proposed more recently that EAP deals with a wider content area than ESP. EAP has identified particular kinds of skills such as listening and note-taking that students have to master, not just because it enables an understanding of terminological subjects such as legal and engineering. So, EAP is specialized. Accordingly, an ESP course is given to students who have to specialize in an identifiable area of language or of skills. EAP offers such an area, but the zone of specialization is very wide. In other words, EAP

is a wide-angle lens of ESP, but it can be more narrowly focused. Ewer (1975) said that the English Teaching Information Center (ETIC) makes a distinction between English for Academic Purposes (EAP) and English for Occupational Purposes (EOP) as the two main branches of ESP. EAP is concerned with English communication skills which are for study purposes in formal education systems. English for Science and Technology (EST) is the key area within EAP. On the other hand, EOP is concerned about the precise demands of specific occupations such as in medicine, commerce, and technology. It places emphasis on communicative ability in English.

1.3 Objectives of the Study

1.3.1 To explore the problems of medical students studying English in an AEC context.

1.3.2 To explore the needs of medical students studying English in an AEC context.

1.4 Research Questions

1.4.1 To what extent do medical students have problems for studying English in an AEC context?

1.4.2 To what extent do medical students have needs for studying English in an AEC context?

2. Method

This section describes the methodology of the study including population and participants, research instruments, and data collection and analysis.

2.1 Population and Participants

This research was conducted at four hospitals in the northeast of Thailand. The target population of the present study include medical students, doctors, administrators, and foreign patients. However, this research paper presents

only the quantitative data of medical students including 162 enrolled medical students who were externs during the academic year of 2014 at a university in the northeast of Thailand, and no longer took English courses. The reason for choosing this group is that they have experience in the learning process, and are important sources of information about English learning problems and needs. The sampling method for the medical students is purposive sampling. This group comprises final-year students including 271 medical students. Using the table for determining sample size proposed by Krejcie and Morgan (1970), the sample size was 162 students.

2.2 Research Instruments

A questionnaire is the instrument used to gather data from medical students regarding background information, opinions on the importance of English, opinions on English proficiency, frequency of using English, and problems and needs learning English for the AEC. The construction of the questionnaire is based on a review of the literature on English for Specific Purposes (ESP), English for Medical Purposes (EMP), English for Academic Purposes (EAP), needs analyses, and related research concerning needs analysis, as well as the medical students' English textbooks.

The primary questionnaire was compiled from data gained during the preliminary interviews with the medical students, doctors, and English teacher concerning English uses, problems, and wants categorized into three types of English: (1) General English, (2) English for Academic Purposes (EAP), and (3) English for Specific Purposes (ESP). The preliminary interviews were in Thai in order to avoid problems of ambiguity and word interpretation.

A research tool for a pilot study is a questionnaire constructed from preliminary interviews as mentioned above. The aim is to test the questionnaire as to whether it is of appropriate length, whether the questions are clear and

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understandable, and whether the wording is appropriate. Also, additional comments and suggestions may be used to develop and adapt the questionnaire to compile the final version.

In the pilot study, the respondents, 30 medical students and doctors, were required to fill out the questionnaire, identify ambiguous words or statements, and provide some comments, suggestions, and opinions.

The data obtained from the pilot study, and the draft questionnaire was evaluated for reliability by using Cronbach's alpha coefficient. The Cronbarch's alpha reliability coefficient of the questionnaire was .93.

2.3 Data Collection and Analysis

When the respondents had completed the questionnaires, the researcher took back all questionnaires for analysis using descriptive statistics to explain demographic information, opinions on the importance of English, opinions on English proficiency, frequency of using English, and problems and needs in studying English.

2.3.1 Percentage and Frequency Distribution was used in the analysis of answers concerning: background information including age and number of years that the medical students had studied English and frequency of using categories of English.

2.3.2 The five-point Likert Scale was used to score the levels for the opinions of the medical students. As for opinions on using English as a tool for studying and working, a specific scale was assigned for each specific criteria as can be seen in Table 1.

Table 1: A five-point Likert Scale criteria for opinions on English usage

Scale	Criteria	Mean Range
5	Strongly agree	4.21 – 5.00
4	Agree	3.41 – 4.20
3	Uncertain	2.61 – 3.40
2	Disagree	1.81 – 2.60
1	Strongly disagree	1.00 – 1.80

As for opinions on English proficiency, a specific scale was assigned for each specific criteria as can be seen in Table 2.

Table 2 : A five-point Likert Scale criteria for opinions on English proficiency

Scale	Criteria	Mean Range
5	Fluent	4.21 – 5.00
4	Good	3.41 – 4.20
3	Fair	2.61 – 3.40
2	Weak	1.81 – 2.60
1	Very weak	1.00 – 1.80

As for problems and needs concerning four English skills in three types of English, a specific scale was assigned for each specific criteria as can be seen in Table 3.

Table 3 : A five-point Likert Scale criteria for problems and needs

Scale	Criteria	Mean Range
5	The highest	4.21 – 5.00
4	High	3.41 – 4.20
3	Moderate	2.61 – 3.40
2	Low	1.81 – 2.60
1	The lowest	1.00 – 1.80

2.3.3 Arithmetic Mean and Standard Deviation were used to summarize the average level of English problems and needs of English learning. The arithmetic mean provided the average level based on the data.

2.3.4 Cronbach's alpha coefficient was employed to determine the reliability of the responses for the items which used a five-point Likert Scale.

3. Results

This section presents the results obtained from the questionnaire data. The findings of the needs analysis of medical students are reported in order to answer the two research questions as follows: (1) To what extent do medical students have problems for studying English in an AEC context? and (2) To what extent do medical students have needs for studying English in an AEC context? The questions for problems and needs were divided into four English skills: listening, speaking, reading, and writing. Each of these skills was categorized under three subtitles: General English, English for Academic Purposes (EAP), and English for Specific Purposes (ESP).

Table 4 : Background information of medical students

Background Information	*f*	%
Gender		
Male	92	57.1
Female	69	42.9
Total	**161**	**100.0**
Number of years which the participants have studied English		
6–10	10	6.2
11–15	45	28.0
16–20	47	29.2
20 up	59	36.6
Total	**161**	**100.0**

($n = 162$)

As summarized in Table 4, the results indicate that of the 161 medical students, 57.1% were male and 42.9% were female. With regard to the number of years that the medical students had studied English, the majority of them (36.6%) reported that they had been studying English for more than 20 years and another (29.2%) said that they had been studying English for 16–20 years.

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Table 5 : Opinions of medical students on English usage

Medical Students' Opinions on English Usage for Studying and Working	M	SD	Level
1. English is a medium language to communicate with foreign people.	4.50	0.75	SA
2. English is more important for you because of the AEC.	4.44	0.80	SA
3. English is important for your study.	4.56	0.65	SA
4. English is highly beneficial for your study in the ASEAN countries.	4.52	0.69	SA
5. English is important fo r your future career.	4.56	0.65	SA
6. English is highly beneficial to your future career in the ASEAN countries.	4.60	0.65	SA

(n = 162)   SA = Strongly Agree

As summarized in Table 5, the five-point Likert Scale was used to score the levels for the opinions as to the medical students' English usage for studying and working. A specific scale was assigned for each specific criteria as can be seen in Table 1. The medical students strongly agreed that all six categories of English were important i.e. **General English:** 1) English is a medium language to communicate with foreign people; 2) English is more important for you because of the AEC − **EAP:** 3) English is important for your study; 4) English is highly beneficial for your study in the ASEAN countries − **ESP:** 5) English is important for your future career; 6) English is highly beneficial to your future career in the ASEAN countries. Comparing each category of English, it is interestingly that the mean scores regarding the importance of ESP in ASEAN countries increased from 4.56 to 4.60.

Table 6 : *Medical students' opinions on their English proficiency*

Medical Students' Opinions on their English Proficiency	*M*	*SD*	Level
1. Listening	3.20	0.96	F
2. Speaking	3.02	1.02	F
3. Reading	3.80	0.81	G
4. Writing	3.09	1.02	F

(n = 162) F = Fair G = Good

Regarding Table 6, the five-point Likert Scale was used to score the levels for the opinions as to the medical students' English proficiency. A specific scale was assigned for each specific criteria as can be seen in Table 2. The medical students described their English proficiency including listening, speaking, and writing skills as being a fair level. By contrast, English proficiency for reading skill was described as being at a good level.

Table 7 : Medical students' opinions on their frequency of using English in different contents

Medical Students' Frequency of Using English	*f*	%
Frequency of using English for general topics in daily life		
1. Never (0%)	4	2.5
2. Rarely (1–20%)	52	32.1
3. Sometimes (21–50%)	72	44.4
4. Often (51–80%)	25	15.4
5. Always (81–100%)	9	5.6
Total	**162**	**100.0**
Frequency of using English for medical study		
1. Never (0%)	0	0.0
2. Rarely (1–20%)	19	11.7
3. Sometimes (21–50%)	53	32.7
4. Often (51–80%)	56	34.6
5. Always (81–100%)	34	21.0
Total	**162**	**100.0**
Frequency of using English for medical work		
1. Never (0%)	2	1.2
2. Rarely (1–20%)	32	19.8
3. Sometimes (21–50%)	55	34.0
4. Often (51–80%)	42	25.9
5. Always (81–100%)	31	19.1
Total	**162**	**100.0**

(n = 162)

Regarding Table 7, the medical students sometimes used English for general topics in their daily life (44.4%) and English for medical work (34.0%). However, they often used English for medical studies (34.6%).

Table 8 : Problems and needs of medical students regarding listening skills

Listening Skills of Medical Students	Problems			Needs		
	M	*SD*	Level	*M*	*SD*	Level
General English						
1. Listening to conversations	3.30	1.04	M	4.56	0.71	TH
2. Listening to the radio/music	3.10	1.04	M	4.07	1.01	H
3. Listening and watching movies/TV	3.16	1.09	M	4.15	0.95	H
4. Listening to ASEAN English media	3.20	1.10	M	4.27	0.95	TH
Total	**3.20**	**0.94**	**M**	**4.26**	**0.77**	**TH**
English for Academic Purposes (EAP)						
5. Listening to medical presentations	3.04	1.19	M	4.36	0.92	TH
6. Listening to medical lectures/ seminars	3.39	1.13	M	4.56	0.83	TH
Total	**3.22**	**1.05**	**M**	**4.46**	**0.81**	**TH**
English for Specific Purposes (ESP)						
7. Listening to foreign patients describe their symptoms	3.35	1.16	M	4.56	0.76	TH
8. Listening to foreign patients explaining concerns/asking questions	3.41	1.15	H	4.57	0.78	TH
Total	**3.38**	**1.11**	**M**	**4.56**	**0.74**	**TH**

($n = 162$) M = Moderate H = High TH = The Highest

As can be seen from Table 8, the results for General English listening show that the biggest problem and need was listening to conversations concerning general topics − the problem was determined at the moderate level (M = 3.30, SD = 1.04), and the need at the highest level (M = 4.56, SD = 0.71). Then, the primary problem and need regarding EAP listening was listening to medical lectures / seminars − the problem was determined at the moderate level (M = 3.39, SD = 1.13), and the need at the highest level (M = 4.56, SD = 0.83). Finally, the participants rated the biggest problem and need for ESP listening was listening to foreign patients explaining concerns / asking questions − the problem was determined at the high level (M = 3.41, SD = 1.15), and the need at the highest level (M = 4.57, SD = 0.78).

The main listening problems were ESP listening, which was at the moderate level (M = 3.38, SD = 1.11), followed by EAP listening, which was at the moderate level (M = 3.22, SD = 1.05), and General English listening which was at the moderate level (M = 3.20, SD = 0.94) by ranking. Besides, the results reveal that the main needs regarding listening skills were for ESP listening at the highest level (M = 4.56, SD = 0.74) followed by EAP listening at the highest level (M = 4.46, SD = 0.81) and General English listening at the highest level (M = 4.26, SD = 0.77) respectively.

Table 9 : Problems and needs of medical students regarding speaking skills

Speaking Skills of Medical Students	Problems			Needs		
	M	*SD*	Level	*M*	*SD*	Level
General English						
9. Speaking with native speakers (British, American, and Australian etc.)	3.33	1.16	M	4.55	0.86	TH
10. Speaking with non-native speakers (ASEAN speakers such as Filipino etc.)	3.55	1.15	H	4.32	0.89	TH
11. Speaking when you travel	3.17	1.12	M	4.28	0.92	TH
12. Pronunciation	3.43	1.16	H	4.30	0.91	TH
Total	**3.36**	**0.91**	**M**	**4.36**	**0.72**	**TH**
English for Academic Purposes (EAP)						
13. Academic discussions	3.62	1.07	H	4.46	0.79	TH
14. Presenting professional research papers	3.63	1.10	H	4.52	0.76	TH
15. Asking/answering questions in class	3.30	1.07	M	4.34	0.84	TH
16. Asking/answering questions at medical seminars	3.60	1.14	H	4.48	0.80	TH
Total	**3.54**	**0.97**	**H**	**4.45**	**0.72**	**TH**
English for Specific Purposes (ESP)						
17. Making small talk with foreign patients	3.05	1.19	M	4.30	0.98	TH
18. Asking about patients' symptoms	3.37	1.09	M	4.54	0.77	TH
19. Using open-ended questions instead of leading questions	3.34	1.13	M	4.38	0.83	TH
20. Requesting/explaining procedures for physical examination	3.34	1.06	M	4.45	0.86	TH
21. Vocabulary usage for diagnosis	2.99	1.22	M	4.29	1.03	TH

Speaking Skills of Medical Students	Problems			Needs		
	M	SD	Level	M	SD	Level
22. Explaining side effects of medication	3.39	1.05	M	4.50	0.79	TH
23. Precautions to be taken	3.43	1.05	H	4.49	0.79	TH
24. Giving advices about condition fails to improve/worsens	3.56	1.04	H	4.52	0.80	TH
25. Breaking/communicating bad news	3.83	1.09	H	4.56	0.79	TH
Total	3.37	0.87	M	4.45	0.70	TH

(n = 162) M = Moderate H = High TH = The Highest

As can be seen from Table 9, the most significant problem regarding General English speaking was speaking with non-native speakers concerning general topics (ASEAN speakers such as Burmese, Singaporean, and Filipino etc.) which was at the high level (M = 3.55, SD = 1.15). The participants rated the main need as being speaking with native speakers concerning general topics (British, American, and Australian etc.) which was determined at the highest level (M = 4.55, SD = 0.86). Then, the main problem and need regarding EAP speaking was presenting professional research papers – the problem was determined at the high level (M = 3.63, SD = 1.10), and the need at the highest level (M = 4.52, SD = 0.76). Finally, the participants had two major problems and needs concerning ESP speaking as follows: the first major problem and need was breaking/communicating bad news e.g. using sentences that sound less threatening. This problem was determined at the high level (M = 3.83, SD = 1.09) and the need at the highest level (M = 4.56, SD = 0.79). The second majority problem was giving advice when a patient's condition fails to improve/worsens. This was recorded at the high level (M = 3.56, SD = 1.04), and the second majority need was asking about patients' symptoms and history e.g. chief complaint, history of present condition, and family, which was at the highest level (M = 4.54, SD = 0.77).

The results reveal that the biggest problems participants had was with EAP speaking which was at the high level ($M = 3.54$, $SD = 0.97$), followed by ESP speaking at the moderate level ($M = 3.37$, $SD = 0.87$) and General English speaking at the moderate level ($M = 3.36$, $SD = 0.91$). Furthermore, they needed to speak EAP at the highest level ($M = 4.45$, $SD = 0.72$), followed by speaking ESP at the highest level ($M = 4.45$, $SD = 0.70$) and speaking General English at the highest level ($M = 4.36$, $SD = 0.72$) respectively.

Table 10 : Problems and needs of medical students regarding reading skills

Reading Skills of Medical Students	Problems			Needs		
	M	*SD*	Level	*M*	*SD*	Level
General English						
26. Reading English for entertainment	2.69	1.08	M	3.98	1.12	H
27. Reading English for information	2.86	1.05	M	4.15	1.00	H
Total	2.77	1.00	M	4.07	1.01	H
English for Academic Purposes (EAP)						
28. Reading medical textbooks	2.81	1.25	M	4.41	0.97	TH
29. Reading professional research journals	2.90	1.20	M	4.39	0.97	TH
Total	2.85	1.18	M	4.40	0.95	TH
English for Specific Purposes (ESP)						
30. Reading medical reports	2.66	1.22	M	4.35	1.09	TH
31. Scanning case histories	2.94	1.19	M	4.44	1.01	TH
Total	2.80	1.13	M	4.39	1.02	TH

($n = 162$)   M = Moderate   H = High   TH = The Highest

According to Table 10, the biggest problem and need regarding General English reading was reading English for information e.g. advertisements and newspapers. This problem was at the moderate level (M = 2.86, SD = 1.05) and the need at the high level (M = 4.15, SD = 1.00). Then, the principle problem regarding EAP reading was reading professional research journals which was at the moderate level (M = 2.90, SD = 1.20). Moreover, the primary need regarding EAP reading was reading medical textbooks which was at the highest level (M = 4.41, SD = 0.97). Finally, the participants rated the biggest problem and need of ESP reading as being scanning case histories, with the problem at the moderate level (M = 2.94, SD = 1.19) and the need at the highest level (M = 4.44, SD = 1.01).

The results illustrate that the main problems regarding reading skills were EAP reading which was at the moderate level (M = 2.85, SD = 1.18) followed by ESP reading at the moderate level (M = 2.80, SD = 1.13) and then General English reading at the moderate level (M = 2.77, SD = 1.00) by ranking. The results identify the reading skills needed by the participants as being EAP at the highest level (M = 4.40, SD = 0.95) followed by ESP at the highest level (M = 4.39, SD = 1.02) and General English at the high level (M = 4.07, SD = 1.01) respectively.

Table 11 : Problems and needs of medical students regarding writing skills

Writing Skills of Medical Students	Problems			Needs		
	M	*SD*	Level	*M*	*SD*	Level
General English						
32. Social writing	3.10	1.14	M	4.22	0.95	TH
Total	**3.10**	**1.14**	**M**	**4.22**	**0.95**	**TH**
English for Academic Purposes (EAP)						
33. Taking notes from medical textbooks	3.04	1.14	M	4.29	0.97	TH
34. Writing an examination/term paper	3.35	1.13	M	4.46	0.81	TH
35. Formats/styles for writing articles	3.52	1.08	H	4.47	0.77	TH
36. Vocabulary usage for writing articles	3.41	1.10	H	4.46	0.76	TH
Total	**3.33**	**0.95**	**M**	**4.42**	**0.75**	**TH**
English for Specific Purposes (ESP)						
37. Writing case histories/medical reports	3.23	1.13	M	4.41	0.88	TH
38. Writing medical prescriptions	2.94	1.25	M	4.36	0.98	TH
39. Using passive voice to write referral letters	3.33	1.12	M	4.44	0.80	TH
40. Writing advices to foreign patients	3.54	1.09	H	4.51	0.75	TH
Total	**3.26**	**0.96**	**M**	**4.43**	**0.74**	**TH**

($n = 162$) M = Moderate H = High TH = The Highest

According to Table 11, the problem and need regarding General English writing were; writing English for social writing – the problem was determined at the moderate level ($M = 3.10$, $SD = 1.14$), and the need at the highest level ($M = 4.22$, $SD = 0.95$). Then, the main problem and need regarding EAP writing were formats/styles for writing articles in medical journals. This problem was recorded at the high level ($M = 3.52$, $SD = 1.08$) and the need at the highest level ($M = 4.47$, $SD = 0.77$). Finally, the participants rated the primary problem and need concerning ESP writing that was writing advices to foreign patients.

The problem was at the high level (M = 3.54, SD = 1.09) and the need at the highest level (M = 4.51, SD = 0.75).

The results suggest that the most significant problems regarding writing skills were EAP writing at the moderate level (M = 3.33, SD = 0.95) followed by ESP writing at the moderate level (M = 3.26, SD = 0.96) and General English writing at the moderate level (M = 3.10, SD = 1.14) by ranking. Moreover, the results show that the participants needed ESP writing at the highest level (M = 4.43, SD = 0.74) followed by EAP writing at the highest level (M = 4.42, SD = 0.75) and General English writing at the highest level (M = 4.22, SD = 0.95) respectively.

4. Discussion and Conclusion

This section is divided into three parts: a summary of the study, discussions of the results, and conclusion. The section will discuss with reference to the two research questions as follows: (1) To what extent do medical students have problems for studying English in an AEC context? and (2) To what extent do medical students have needs for studying English in an AEC context?

4.1 A Summary of the Study

This research paper reports quantitative data based on a needs analysis of medical students in university studying English in preparation for use in AEC. The findings from the questionnaires are summarized in two main parts.

The first part provides background information and the opinions related to English usage and skills. The majority of medical students were male and had been studying English for more than 20 years. They strongly agreed that all six categories of English were important and ESP was highly beneficial for use in ASEAN countries. Also, they described their English proficiency, including listening, speaking, and writing skills, as being at the fair level. By contrast, their reading skill was described as being at the good level. Finally, they *sometimes* used

English for general topics in daily life and English for medical work; and, *often* used English for medical studies.

The second part includes the problems and needs regarding English skills of medical students as follows:

Table 12 : Problems and needs regarding English skills of medical students

English Skills	Problems			Needs		
	M	*SD*	Level	*M*	*SD*	Level
General English						
1. Listening	3.20	0.94	M	4.26	0.77	TH
2. Speaking	3.36	0.91	M	4.36	0.72	TH
3. Reading	2.77	1.00	M	4.07	1.01	H
4. Writing	3.10	1.14	M	4.22	0.95	TH
English for Academic Purposes (EAP)						
1. Listening	3.22	1.05	M	4.46	0.81	TH
2. Speaking	3.54	0.97	H	4.45	0.72	TH
3. Reading	2.85	1.18	M	4.40	0.95	TH
4. Writing	3.33	0.95	M	4.42	0.75	TH
English for Specific Purposes (ESP)						
1. Listening	3.38	1.11	M	4.56	0.74	TH
2. Speaking	3.37	0.87	M	4.45	0.70	TH
3. Reading	2.80	1.13	M	4.39	1.02	TH
4. Writing	3.26	0.96	M	4.43	0.74	TH

(n = 162) M = Moderate H = High TH = The Highest

From Table 12, it can be seen that the medical students had problems with overall English skills at the moderate level. That is, overall they sometimes encountered difficulties with English skills related to General English, EAP, and ESP, although the speaking skill for EAP was perceived as being at the high level

($M = 3.54$, $SD = 0.97$). As for the needs of the medical students, they required overall English skills at the highest level. These findings indicate, overall, that they are always required to use their English skills for General English, EAP, and ESP. However, they usually also needed to use reading skill concerning General English at the high level ($M = 4.07$, $SD = 1.01$).

4.2 Discussions of the Results

4.2.1 Discussion of finding one

To what extent do medical students have problems for studying English in an AEC context?

According to the results in Table 12, the most significant language skill problems of the medical students related to EAP included speaking, reading, and writing. The medical students reported to have difficulties because EAP was difficult. EAP had specific pattern (ex. technical terms and structure) that was different from General English. They said that they needed to practise more in order to use it correctly. Nevertheless, they rarely practiced this category of English. The biggest problem, however, was with ESP listening skill. The medical students said that they each had their own experiences in term of medical practice and communication with foreign patients and they could not understand each other many times. As summarized in Table 12, the participants had overall problems with English skills at the moderate to high level. This was concordant with their opinions on English proficiency; in which they described their English skills proficiency as being at the fair to good level. This was despite the fact that most of them had studied English for more than sixteen years (65.8%). In addition, every medical student needed to study the English content provided in the curriculum. They claimed that they sometimes used English for their daily life and work and often used English for their study.

The present research findings of the medical students' problems were relevant to findings of previous studies. Wanasiree (1985) indicates from the findings of a survey of current needs and problems in using English that the problems of residents were great in listening and speaking. Similar to Boniadi, Ghojazadeh, and Rahmatvand (2013), they reveal from the findings of problems of ESP course that the medical students had problems not only in reading skills but also in other skills: speaking, listening, and writing. They claimed that although the medical students had been studying English for many years in schools, they still faced problems in communicating in English, or coping with their English in other academic fields. They indicated another factor that the medical students did not have much opportunity to use English in their daily life.

Therefore, according to this study, teachers need to be aware of (1) different types of English employed in different contents, i.e. daily life, work life, and academic life of medical students (2) lesson plans should be designed to provide remedies for problems found in this study. Existing English courses must serve the medical field in real situations, address their problems, and support their English communication capabilities for studies and work in the AEC context. Moreover, these courses will enhance students' attitudes and improve their motivation to learn English.

4.2.2 Discussion of finding two

To what extent do medical students have needs for studying English in an AEC context?

The findings set out in Table 12 reveal the needs of the medical students. They show that ESP skills were needed the most including listening, speaking, and writing. The medical students said that these skills are required for future career advancement because they needed to communicate with foreign colleagues and patients, diagnose, and remedy. With regard to the advent of AEC, they assumed

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that the number of foreigners would increase in order to receive medical treatment. Hence, ESP was highly essential. Moreover, this was concordant with their opinions on the importance of English; they strongly agreed that all categories of English were important and ESP was highly beneficial in ASEAN countries. In addition, EAP speaking and reading skills are also needed the most. The medical students claimed that they needed to use EAP in their daily life in order to study, conduct academic researches, present professional research papers, and develop academic skills. In addition, they claimed that EAP was also required for further education and career advancement. More interestingly, from Table 12, General English was also rated at the high to the highest level of need. The medical students said that General English was as a tool to communicate with foreign people and foreign patients in order to make a good relationship and common understanding. Regarding to using English for work, General English could be clarify technical terms when their foreign patients could not understand. Thus, it could eliminate the language barriers. Moreover, they also used it for entertainment and travel. It was basic need that could be applied with EAP and ESP as well. This suggests that General English is important for use in their daily life as well as at work.

The present research findings of the medical students' needs were relevant to findings of previous studies. Pleansaisurb (1984) states from the findings of a survey of needs, wants, and problems for the use of the four English skills that the most needed skill of medical students both in their studies and in their future professions was reading skill. The medical students did not have much need for English especially the writing, listening, and speaking skills. Wanasiree (1985) indicates from the findings of a survey of current needs and problems in using English that the needs of residents were great in reading and writing. Naruenatwatana and Vijchulata (2001) show the finding of a survey of the needs in the use of academic English that the three groups of subjects expressed needs

for reading skills greater than for the other skills, and they wanted all the four macro skills to be included in the course content. Tasçı (2007) expresses from the findings of needs analysis that English reading skills were primarily needed for the medical students in order to do research for their problem-based learning classes. In addition, speaking skills and an interactive way of learning English in groups was very important for them. Boniadi, Ghojazadeh, and Rahmatvand (2013) reveal from the findings of problems of ESP courses that more academically specific English courses were urgently needed, and the teachers should include all the macro skills, especially communication skills, in ESP course.

Therefore, according to this study, every skill for all three categories of English (General English, EAP, and ESP) is essential for medical students in Thailand if they expect to successfully take advantages of career opportunities available in the medical sector of the AEC.

4.3 Conclusion

In conclusion, the medical students had problems and needs with overall English skills. The biggest problem was encountered with EAP speaking skill; therefore, the content of English courses for medical students needs to emphasize EAP in every skill. Moreover, teachers must increase the number of courses for ESP and General English in order to enhance medical students' English communication capabilities. This is because all categories of English are essential for medical students in their daily life as well as in education and for their careers in an AEC context.

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