A STUDY OF ENGLISH LISTENING COMPREHENSION PROBLEMS OF PHARMACISTS IN THAILAND

BY

APHINAN WATCHARAPICHART

AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN CAREER ENGLISH FOR INTERNATIONAL COMMUNICATION

LANGUAGE INSTITUTE

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AN INDEPENDENT STUDY

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ENTITLED

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ABSTRACT

Effective listening is a critical component of pharmacy practice, ensuring accurate communication between pharmacists and patients and directly contributing to treatment safety and clinical outcomes. This study investigated the English listening comprehension challenges faced by Thai pharmacists in healthcare settings, with a particular focus on patient consultations. A total of 474 pharmacists from across Thailand participated in the study. An exploratory research design was employed to gain in-depth insights into their listening difficulties. Data were collected through a developed questionnaire which was validated using the Index of Item-Objective Congruence (IOC). The findings revealed that a majority of pharmacists experienced difficulties when patients mixed English with another language or spoke rapidly without pauses. Many participants also reported mentally translating English into Thai during consultations, which hindered real-time comprehension. Limited exposure to diverse English accents and unfamiliar terminology related to symptoms and medications were also identified as a barrier to effective communication. The study highlights the need to improve English listening comprehension among Thai pharmacists, which is essential to enhance communication accuracy and ensure safe, patient-centered pharmaceutical care.

Keywords: English listening skills, Pharmacists

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CHAPTER 1
INTRODUCTION

1.1 Background of the Study

In the era of globalization, English has become more than just a foreign language. English has become a key tool for communication in many professional fields, including in the field of finance, technology, logistics, education, healthcare, or other industries. As industries increasingly operate across national borders, the ability to communicate effectively in English has grown in importance. Today English is widely seen as the main language used in international trade, scientific research, academic discussions, and diplomatic relations (Crystal, 2003).

In today's world, as the world becomes more connected, English has become a global language that people from different language backgrounds use to communicate and work together (Seidl Hofer, 2011). Since English has been widely used in several aspects of communication, the status of English itself varies. For example, people who grow up in English-speaking countries usually learn the language naturally. This is called English as a Second Language (ESL). On the other hand, people in non-English-speaking countries like Thailand often learn English in classrooms, with limited chances to use it in real life. This is called English as a Foreign Language (EFL) (Harmer, 2007).

In the healthcare sector, English is the primary language used in medicine, pharmaceuticals, research, and academic. It is also the language in which clinical guidelines are developed and shared worldwide. In many international settings, healthcare professionals rely on English to communicate with medical professional, patients, colleagues, and global partners. The importance of English has grown as healthcare systems become more connected and diverse with professionals often working with patients from different linguistic and cultural backgrounds (Jenkins, 2018).

Among the four main language skills of listening, speaking, reading, and writing, listening is often the most important in real-life communication (Vandergrift, 2007). While speaking may seem more noticeable, it is the listening skill that helps

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professionals truly understand patients, respond correctly and building trust (Brown, 2001). Listening is also one of the most difficult skills for EFL learners to develop, listening happens in real time. You can't pause or go back in a real conversation. Listeners need to understand words, tone, speed, and meaning all at the same time (Field, 2008). Problems in listening come from three mains areas: the speaker, the listener and the context.

Other related problems include but are not limited to nervousness, grammar, and trouble staying focused (Vandergrift, 2007). The way a person speaks can also affect how well others understand them. Fast speech, strong accents, unclear pronunciation, or informal expressions can make speech harder to follow (Goh, 2000). Listening skills require more than just hearing. Learners need to understand connected speech, intonation, and key messages, while listening in real time (Field, 2008). They also need to deal with fast speech, new words, and different accents (Vandergrift, 2007).

As Thailand continues to position itself as a premier destination for medical tourism and a regional healthcare hub, pharmacists play a vital role in healthcare communication. Their responsibilities extend beyond dispensing medications to counseling patients, explaining potential side effects, and guiding treatment plans (WHO, 1994). In hospital and community pharmacy settings, pharmacists frequently interact with international patients, making English proficiency essential for delivering safe and effective care (Chaoprasert & Elsey, 2020).

Given the significance of English in healthcare settings, it is essential to strengthen pharmacists' communication skills, particularly in listening abilities. Effective listening is fundamental to patient care, as it ensures accurate understanding during consultations. Listening difficulties can lead to serious misunderstandings, such as misinterpreting symptoms, confusing medication names, or overlooking critical dosage instructions. Even minor communication gaps can compromise treatment outcomes and patient safety, highlighting the importance of proficient listening skills in pharmacy practice.

Recognizing this need, the Pharmacy Council of Thailand has introduced training courses aimed at enhancing pharmacists' communication abilities, with the expectation of improving their English skills, focusing on all four language skills. Although the course is not compulsory, it is highly encouraged as a valuable

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opportunity for professional development. The course includes both lectures and online sessions delivered via social media platforms. This growing emphasis reflects an increasing awareness of the pivotal role that effective listening plays in professional pharmacy practice.

Strengthening pharmacists' listening comprehension not only minimizes medical errors, but also fosters greater patient trust and satisfaction, contributing to higher-quality healthcare services. Addressing these problems is important for the professional growth of pharmacists. This study therefore aims to investigate the English listening problems faced by Thai pharmacists and explore their perspectives on how to improve their listening comprehension skills. By identifying key areas of difficulty, this study will contribute to designing more effective training for future and current pharmacists.

The findings of this study will be valuable to organizations, such as the Pharmacy Council of Thailand and universities in designing specialized English listening training programs for pharmacists. The data can inform the development of workshops, seminars, and curriculum improvements that enhance language support for pharmacists. By strengthening their English proficiency, particularly in listening, pharmacists will be better equipped to provide high-quality care in Thailand’s increasingly international healthcare environment, ultimately reinforcing the country's goal of becoming a global medical hub.

1.2 Research Objectives

1. To investigate English listening problems faced by Thai pharmacists.
2. To compare the English listening problems among three groups of Thai pharmacists working in hospitals, drugstores, and educational and research sectors.
3. To provide suggestions for Thai pharmacists to improve their English listening comprehension.

1.3 Research Questions

1. What are the English listening problems faced by Thai pharmacists?

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2. What are the similarities and differences of the English listening problems among three groups of Thai pharmacists working in hospitals, drugstores, and educational and research sectors?

3. What are the suggestions for Thai pharmacists to improve English listening comprehension?

1.4 Definition of Terms

The definition of terms used in this study is as follows

1.4.1 Pharmacists

Licensed healthcare professionals registered with the Pharmacy Council of Thailand who are responsible for providing primary healthcare services, counseling patients on medication use, and dispensing medications (International Pharmaceutical Federation [FIP], 2012).

1.4.2 English as a Foreign Language (EFL) and English as a Second Language (ESL)

English as a Foreign Language (EFL) refers to the study of English in environments where English is not the primary language of daily communication, typically for international communication or academic purposes. In contrast, English as a Second Language (ESL) describes learning English in settings where English serves as the dominant or official language, and learners study it primarily for everyday interaction, integration into the community, education, or professional advancement (Brown, 2007; Harmer, 2015). In the context of Thailand, the Ministry of Education classifies English learning as English as a Foreign Language (EFL), since English is not used in everyday communication and is primarily taught as a foreign language for academic, professional, or global communication purposes (Ministry of Education, 2008).

1.4.3 English Listening Comprehension Problems

These problems often occur due to a combination of factors related to the speaker, the listener, and the context. According to Goh (2000), Vandergrift (2007),

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and Flowerdew and Miller (2005), listening comprehension problems can be categorized into three main areas:

1. Problems related to speaker, listener and context. Problems related to speaker may include fast speech rate, unfamiliar accents, unclear pronunciation, use of idiomatic expressions, slang, or complex sentence structures. These elements can make it difficult for listeners to follow and interpret the intended message accurately.

2. Problems related to listener involve the listener's own language proficiency, including limited vocabulary knowledge, lack of grammatical understanding, poor decoding skills, and insufficient background knowledge.

3. Problems related to context arise from the environment or situational factors in which listening occurs. These may include background noise, technical disturbances, and unfamiliar topics. In workplace settings, time pressure and the complexity of professional terminology can also add to listening challenges. Other-related problems, such as environmental, emotional, motivational and attitudinal can also affect English listening problems. Distractions like background noise, feelings of anxiety or low confidence, and a lack of interest or motivation can make it harder for listeners to focus and understand spoken messages. These factors may reduce attention and engagement, leading to poor comprehension.

1.4.4 Improving English Listening Skills

The process of enhancing learners' ability to understand spoken English effectively in various contexts is essential. However, listening skill development can differ across generations, as each generation has unique learning preferences, technological exposure, and educational experiences. Moreover, listening skills are important not only for learners but also for ordinary people in everyday life, professional environments, and social communication (Richards, 2008). For instance, younger generations, such as Millennials and Gen Z, often engage with digital media and benefit from interactive, technology-based listening tools, while older generations may prefer traditional, structured approaches. Tailoring listening improvement strategies to match generational learning styles can lead to more effective skill development and greater learner engagement (Prensky, 2001; Vandergrift, 2007).

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1.5 Scope of the Study

This study focuses on licensed pharmacists currently working in pharmacy-related fields, whose licenses are officially registered with the Pharmacy Council of Thailand. To ensure that the results are both relevant and practically applicable, the research narrows its scope to pharmacists who regularly use English in their professional roles. It explores various challenges in listening comprehension, including those related to the speaker, the listener, the context, and other contributing factors. The ultimate goal is to identify key difficulties and provide suggestions for improving English skills among pharmacists, particularly within the professional setting of pharmaceutical practice.

1.6 Significance of the Study

This study examines the challenges Thai pharmacists face in understanding spoken English, recognizing that language barriers can negatively impact professional communication, patient consultations, and collaboration with international healthcare professionals. The findings are expected to offer valuable insights for relevant organizations, such as the Pharmacy Council of Thailand and academic institutions, enabling them to design English training programs that are better aligned with the actual needs of pharmacists.

By addressing the specific listening comprehension problems identified in this research, such programs can help both pharmacy students and practicing pharmacists improve their ability to understand spoken English in a variety of professional situations whether in patient counseling, interdisciplinary teamwork, or continuing education. Ultimately, the study aims to support the development of pharmacists' English communication skills, contributing to their professional competence, building stronger pharmacist–patient relationships, and enhancing their capacity to engage in an increasingly globalized healthcare environment.

1.7 Organization of the Study

This study, entitled A Study of English Listening Comprehension Problems of Pharmacists in Thailand, is organized into five chapters:

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Chapter 1: Introduction, this chapter presents the background of the study, research objectives, research questions, definition of terms, scope of the study, significance of the study, and organization of the study.

Chapter 2: Review of Literature, this chapter reviews relevant literature supporting the study on English listening comprehension problems among Thai pharmacists. It is divided into six sections: the concept of communication, language barriers, English listening comprehension problems, strategies to improve English listening skills, previous related studies, and a chapter summary.

Chapter 3: Research Methodology, this chapter describes the research methodology used in the study on English listening comprehension problems among Thai pharmacists. It is organized into six main sections: population, participants, instruments, item-objective congruence (IOC), data collection, data analysis, and a chapter summary.

Chapter 4: Findings, this chapter presents the findings of the study, including demographic information, English listening problems faced by pharmacists, listening problems faced by pharmacist major group, responses from open-ended question, and a chapter summary.

Chapter 5: Discussion, Conclusion, and Recommendations, this chapter includes the summary of the study, summary of the findings, discussion of the results, suggestions of the study, implications of the study, recommendations for further research, and a conclusion.

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CHAPTER 2
REVIEW OF LITERATURE

This chapter reviews the literature and theories related to English listening problems, with a focus on listening comprehension difficulties experienced by pharmacists in general and then narrowed down to those in Thailand. It begins by discussing the theory of communication, language barriers, and the distinctions between English as a Foreign Language (EFL) and English as a Second Language (ESL). The chapter then explores English listening comprehension problems, categorized into four main areas: problems related to the speaker, problems related to the listener, problems related to the context, and other related problems.

2.1 The Theories of Communication

Communication is a natural part of our everyday lives. It is how people share ideas, feelings, information, and experiences with one another. Communication means sending and receiving messages between two or more people. This can happen through spoken words, written texts, body language, facial expressions, or even gestures. The goal of communication is always the same. To create understanding between people (Richards & Schmidt, 2010). There are two main parts in any communication process: the sender, who shares the message, and the receiver, who interprets it. However, for communication to be successful, both sides must understand each other. If the message is not clear, or if there is confusion, communication can break down. This is where problems, such as language barriers or cultural differences, often arise.

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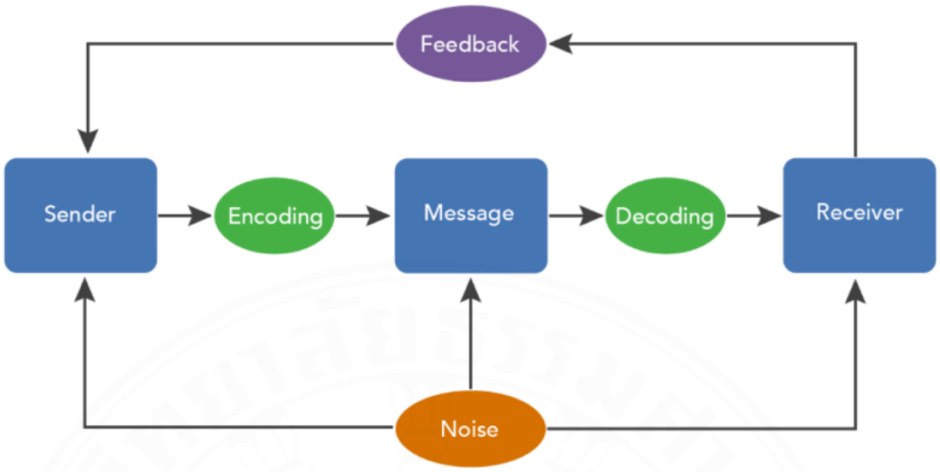
Figure 2.1

The Theory of Communications



In Figure 2.1, The theory of communications shows how communication works. It starts with the sender, who has an idea and turns it into a message (Richards & Schmidt, 2010). This message is sent to the receiver, who then tries to understand or decode it (Harmer, 2007). After the receiver gets the message, they send back feedback to let the sender know if the message was understood (Krashen, 1982). Noise, like background sounds or distractions, can get in the way and make communication harder. The model shows how important it is for both the sender and receiver to clearly share and understand messages, and how feedback helps make sure everyone is on the same page. Communication is not just about words. It also includes tone of voice, emotions, and context. Harmer (2007) explains that communication also involves listening, responding, and adjusting your message based on the situation and the people you are talking to.

Good communication skills are very important, especially in global or multicultural environments. When people communicate clearly and respectfully, it leads to better relationships, teamwork, and understanding. This is not just a communication model, but in reality, communication is more than a simple exchange of messages. It is a dynamic process affected by culture, emotions, personal experiences, and social context. Non-verbal cues like body language and tone of voice also influence how messages are understood. These factors can create challenges, especially when people speak different languages or come from different backgrounds.

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2.2 Language Barrier

A language barrier refers to an obstacle in communication that occurs when individuals do not share a common language or possess differing levels of language proficiency. This disparity hinders effective interaction and mutual understanding, often resulting in confusion, misinterpretation, and communication breakdowns (Ibrahim et al., 2013). It is one of the most common challenges in communication, particularly when people speak different languages or have limited language abilities. Language barriers may arise when individuals are unable to speak, understand, read, or write adequately in the language used for communication. Consequently, this often leads to misunderstandings and difficulties in expressing ideas clearly (Gass & Selinker, 2008).

One of the primary causes of language barriers is low language proficiency. Individuals who lack sufficient vocabulary or grammar knowledge may find it difficult to convey their thoughts or understand others. Even those with a basic command of a language may struggle to communicate effectively if they are unfamiliar with accents, pronunciation, or rapid speech (Ur, 2012). Additionally, language barriers can be exacerbated by nervousness or lack of confidence, especially in formal or professional settings.

Cultural differences are another contributing factor. People from diverse cultural backgrounds may have different communication styles, body language, and ways of expressing emotions. These differences can complicate communication even when both parties speak the same language. Samovar et al. (2013) note that variations in communication styles, gestures, and eye contact across cultures may lead to misunderstanding.

Language barriers can have serious implications in various sectors, including education, healthcare, and the workplace. For instance, students who are unable to understand the language of instruction may fall behind academically. In healthcare settings, miscommunication due to language barriers can result in treatment errors. Therefore, it is essential to improve language skills and foster cultural awareness in order to minimize the negative impact of language barriers.

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2.3 English Listening Comprehension Problems

Communicating in English can be challenging, especially for non-native speakers who use it as a second or foreign language in their work or daily life. In professional settings like healthcare, effective communication is essential, but many people still struggle with various aspects of English, especially in listening and speaking. These difficulties are not just about grammar or vocabulary; they come from a mix of factors involving the speaker, the listener, the context, and other related issues. Understanding these problems helps us identify where communication often breaks down and what can be done to improve it.

2.3.1 Problems Related to the Speaker

When people speak English, they sometimes face problems that make communication difficult. These problems can cause confusion and make it hard for others to understand what the speaker is trying to say. Many of these problems come from the speaker's side and are very common. A significant issue is having a limited vocabulary. If the speaker doesn't know enough words, it becomes difficult to explain ideas clearly. They may repeat the same words or use incorrect ones, which can make the message confusing (Brown, 2001). Another common issue is grammar mistakes.

Using the wrong verb tense or sentence structure can cause misunderstandings, leading the listener to interpret the meaning incorrectly (Richards & Renandya, 2002).

Pronunciation problems are also a major challenge. If the speaker pronounces words incorrectly, stresses the wrong syllables, or uses an unfamiliar accent, the listener may not understand, even if the sentence is simple (Gilakjani, 2016). Sometimes, speakers talk too fast, too softly, or use slang, technical terms, or complex vocabulary, which can make it even harder for the listener to follow, or they overuse fillers (e.‘., ’u‘,' ’u‘,' 'you ’now'), which can distract and confuse the listener (Richards & Schmidt, 2010). There is also the issue when the speaker lacks pauses or natural breaks in speech, which can make it difficult for the listener to process and understand the message effectively (Harmer, 2007).

In addition to language skills, confidence plays a crucial role. Many speakers feel nervous or self-conscious when speaking English. They may worry about making mistakes, which can cause them to speak less or hesitate frequently. This is known as

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language anxiety, and it can prevent people from speaking fluently and comfortably (Krashen, 1982). Finally, some speakers forget to consider the listener's perspective. They may speak too quickly or use difficult words without checking if the listener understands. Effective communicators make an effort to ensure their message is clear and easy to understand, adapting their speech based on the listener ability to comprehend.

2.3.2 Problems Related to the Listener

Listening comprehension is a crucial part of communication, but even when the speaker explains things clearly, communication can still break down if the listener has trouble understanding the message. Many English learners face listening difficulties, which can impact their ability to follow conversations, lessons, or discussions effectively.

One of the common problems is when the listener mentally translates from L1 (first language) to L2 (second language) while listening, which can slow down the process of comprehension. This occurs because the listener tries to understand each word or phrase by translating it into their native language, rather than processing it directly in the targeted language. This mental translation can interfere with fluent listening comprehension and cause delays in understanding (Gass & Selinker, 2008). Studies have shown that L2 learners often rely on their first language when interpreting foreign language input, which may hinder their ability to understand natural speech or follow complex sentences (Macaro, 2005). Unfamiliar accents or different pronunciation styles can also cause confusion. English is spoken in many countries, and various accents can be particularly challenging for listeners who are not accustomed to them. Even when words are simple, a speaker's pronunciation may differ from what the listener has learned, leading to comprehension difficulties (Gilakjani, 2016). Additionally, listeners may struggle with distinguishing between similar-sounding words, which can further hinder understanding. Lack of listening practice and concentration can also impair listening comprehension. Sometimes, listeners become distracted, lose focus, or think about other things during long conversations or lectures, causing them to miss important information. Listening anxiety feeling nervous or stressed while trying to understand the speaker, can block comprehension. Krashen

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(1982) explains that emotional factors like fear and anxiety make it harder for people to absorb language input. Another issue is when the listener struggles with reduced forms of speech (e.g., “wanna,” “gonna”) which are often used in casual conversation and can be difficult for non-native speakers to catch. Additionally, some listeners tend to overanalyze each word, which causes them to miss the overall meaning of the message. This issue can prevent them from understanding the broader context or intent of the speaker (Krashen, 1982). Finally, some listeners fail to provide feedback or ask for clarification when they don’t understand. This lack of interaction makes communication more difficult because the speaker remains unaware that there is an issue, which may lead to miscommunication.

2.3.3 Problems Related to the Context

Communication is not just about the speaker and the listener. The context also plays a big role. Context refers to the situation or environment in which communication occurs. It includes factors such as the place, time, topic, the relationship between people, and even cultural background. If the context is unsuitable or misunderstood, communication can become difficult, even when both the speaker and listener have good language skills. (Harmer, 2007). One common problem is the cultural context. People from different cultural backgrounds may have distinct ways of expressing ideas, asking questions, or demonstrating respect. What is considered polite in one culture may be perceived as rude in another. These cultural differences often lead to misunderstandings and confusion, even when all parties are communicating in the same language (Samovar et al., 2013). In addition, a lack of background knowledge about the topic or unfamiliarity with technical terms or academic content can hinder comprehension. The use of acronyms or abbreviations without proper explanation may also confuse listeners, particularly if they are not familiar with the specific jargon (Richards & Schmidt, 2010). Another problem relates to the physical environment. If a conversation occurs in a noisy or crowded setting, it can be difficult to hear clearly or stay focused. Likewise, in online communication, background noise or technical disruptions can interrupt the flow of conversation and result in misunderstandings (Harmer, 2007). Furthermore, the complexity of the conversation itself can overwhelm

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listeners, making it even more difficult for them to follow and engage effectively (Vandergrift, 2007).

2.3.4 Other Related Problems

In addition to issues related to the speaker, the listener, and the context, there are several other factors that can significantly impact communication in English. One important factor in communication is the psychology of the individuals involved. If someone is feeling tired, stressed, or upset, it can be harder for them to focus or understand what others are saying. Anxiety can have a big impact on listening and speaking. People who are nervous about making mistakes may have trouble listening or speaking clearly, even if they know the language well. According to Krashen (1982), emotions like fear and anxiety make it harder for people to understand language. Feeling nervous can also lower confidence, making speakers or listeners more self-conscious, which affects their ability to participate in conversations. MacIntyre and Gardner (1991) add that anxiety can stop people from speaking and listening well, especially in social and academic situations. A negative attitude toward the topic or the speaker can also cause problems. If listeners don't like the topic or have biased opinions, they may not engage with the conversation, leading to misunderstandings (Oxford, 1999).

Another problem is motivation. People who are motivated to improve their English are more likely to listen carefully, practice, and keep improving. Motivation is key to learning a language. Gardner (1985) says that people who enjoy learning English or think it's important for their future goals progress faster and communicate better. On the other hand, people who lack motivation may not try as hard, which can affect their ability to listen and communicate well. Also, lack of listening practice can make it hard to understand English. When listeners don't hear enough English in real situations, they may have trouble understanding fast speech or unfamiliar words. The fear of encountering unknown words or ideas can also prevent listeners from understanding the main message, even if they understand some words.

Learning styles and background knowledge also affect how well people listen. Everyone learns differently. Some people prefer visuals, others learn best by listening, and some need hands-on practice. When teaching methods don't match how someone

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learns best, they may struggle to understand what is being taught. Lightbown and Spada (2013) say that if teaching methods don't fit a person's style, they may have trouble remembering what they hear or see. Having background knowledge about the topic also helps with listening. If listeners don't know much about the subject, it can be hard to follow, even if the language is simple. On the other hand, knowing something about the topic makes it easier to understand new information.

2.4 Improving English Listening Skills

Improving English listening skills requires consistent practice and the use of effective strategies. Research suggests that regular exposure to English, active listening techniques, interactive learning tools, and language development strategies all contribute to enhanced comprehension. One of the best ways to improve listening is through daily exposure to English. People can watch English movies, listen to songs, news, or podcasts. The more they listen to English, the more familiar they become with the sounds and patterns of the language (Brown, 2001). Initially, using English subtitles can aid comprehension, but gradually reducing reliance on them trains the ear to process spoken English more naturally.

Another valuable approach is active listening, which involves focusing on the meaning rather than just individual words. This can be achieved by taking notes, identifying key ideas, and using contextual clues to infer the meaning of unfamiliar words (Ur, 2012). A particularly effective technique is shadowing, where learners repeat what they hear immediately after the speaker. This method not only improves listening skills but also enhances pronunciation and speaking fluency (Gilakjani & Sabouri, 2016). Interactive applications have become valuable tools for enhancing English listening skills. Platforms such as Duolingo, Rosetta Stone, and Babbel provide users with engaging listening exercises that feature a variety of accents and speaking speeds. These applications offer immediate feedback, which supports improvement in both listening comprehension and pronunciation.

In addition to using digital tools, developing grammar, pronunciation, and vocabulary is essential for effective listening. When learners are familiar with common sentence structures and lexical patterns, they are better equipped to anticipate and interpret spoken language more efficiently. Participating in structured English training

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courses can also enhance learners' confidence and provide systematic support for language development. Confidence plays a key role in listening success. Many learners feel anxious when they are unable to understand every word, but it is more important to grasp the overall meaning rather than focusing on individual words (Krashen, 1982). Listening in a relaxed and pressure-free environment helps reduce anxiety and facilitates better comprehension.

To improve listening skills, learners should regularly engage with English-language media, practice active listening techniques, utilize interactive learning tools, and strengthen their overall language foundation. With consistent and intentional practice, they can develop greater listening proficiency and communicate more effectively in English.

2.5 Previous Related Studies

To better understand English listening comprehension problems, it is important to review previous studies. Many researchers have explored the challenges faced by EFL (English as a Foreign Language) learners, especially in communication and work settings, and have identified key issues and strategies for improvement. Goh (2000) found that listening difficulties often stem from limited vocabulary, poor concentration, and stress or anxiety. These psychological factors can make it harder to understand spoken language, especially in high-pressure situations. Vandergrift (2007) emphasized that listening is an active process, requiring both attentions to sounds and words (bottom-up) and using context to understand meaning (top-down). Field (2008) argued that traditional teaching methods often focus on tests instead of practical listening skills, suggesting more interactive and engaging approaches.

In healthcare, Ali and Watson (2011) studied how language barriers affect communication between nurses and patients with limited English. They found that miscommunication can lead to stress and errors, which is also a concern for pharmacists. Al Shamsi et al. (2020) confirmed this and suggested improving healthcare professionals' English skills to ensure better care. In Thailand, Thepvongsa and Klinchan (2020) studied the role of listening skills in healthcare. They found that language barriers hinder clear communication between healthcare providers and patients, emphasizing the need for better English training. Palakaprasith,

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Chotikapanich, and Adipat (2024) looked at how interactive activities help improve listening skills, showing that real-life practice and exposure to different accents make learners more effective at understanding English.

Furthermore, concerning English language usage and problems of English communication for pharmacists, Srisuwan and Kardkarnklai (2014) found that the major problems for Thai industrial pharmacists come from reading and oral communication skills due to the complexity of the reference documents that they needed to read on a regular basis. On the other hand, Phutirat and Suwannapatama (2007), who explored problems and needs of hospital pharmacists' English skills in two private hospitals, found out that the most difficult skills for those pharmacists were writing pharmaceutical documents and job applications and listening to foreign patients' general questions, while reading was the least problematic skill.

Ke Li et al. (2023) found that listening anxiety negatively impacts comprehension, while Horwitz, and Cope (1986) highlighted that anxiety often prevents learners from understanding spoken English. Csizér and Dörnyei (2002) showed that motivation plays a key role in improving listening skills, with motivated learners performing better. Kormos and Trebits (2012) pointed out that self-regulation and learning strategies, like predicting and re-listening, are important for improving listening. These studies show that listening comprehension problems are not just about language knowledge but also emotional, psychological, and contextual factors. For Thai pharmacists, improving English listening skills is essential for effective communication with patients, doctors, and colleagues.

Using these studies as a point of departure in an attempt to provide a path to enhance English communication skills among Thai pharmacists, the present study investigates what problems caused English listening comprehension problems among Thai pharmacists.Together with this, the study aims to provide suggestions that help cope up with such problems to ensure more effective English communication skills, in particular listening skill, for future and current Thai pharmacists.

2.6 Chapter Summary

This chapter reviews the theories of communication, language barriers, and the differences between English as a Foreign Language (EFL) and English as a Second

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Language (ESL). It investigated English listening comprehension problems, categorized into four main problems with the speaker, listener, context, and other related problems. It also provides a review of previous studies related to these problems. The next chapter will explain the research methodology used in this study.

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CHAPTER 3
RESEARCH METHODOLOGY

The objectives of this study are to investigate major problems that cause the English listening comprehension problems of pharmacists in Thailand, compare these problems across three groups of Thai pharmacists working in hospitals, drugstores, and educational and research sectors, and provide suggestions to improve their English listening comprehension. This study is exploratory research in nature, as it intends to collect the data from a large sample of Thai pharmacists. The exploratory approach is adopted in this study to gain a better understanding of the existing problem, the listening comprehension challenges faced by pharmacists, and, by implication, to identify ways to improve their listening skills based on the interpretation of the findings.

This chapter explains the methods and steps used to collect and analyze the data. It is divided into six sections: (1) information about the population, (2) participants and inclusion criteria, (3) an explanation of the research instrument, including Item-Objective Congruence (IOC), (4) data collection procedures, (5) methods of data analysis, and (6) a chapter summary.

3.1 Population

The population for this study consisted of pharmacists in Thailand who were registered under the Pharmacy Council of Thailand with a valid license, which was approximately 50,000 pharmacists across the country (The Pharmacy Council of Thailand, 2024). These pharmacists worked in various sectors, such as hospitals, drugstores, pharmaceutical manufacturing, education, and research.

3.2 Participants

The researcher recruited 474 pharmacists currently working in Thailand at the time of the study. All participants held a valid Thai pharmacy license issued by the Pharmacy Council of Thailand and were employed in pharmacy-related fields. The number of participants was determined using Taro Yamane's formula, applying a 95% confidence level based on the total population of registered pharmacists in Thailand.

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According to the calculation, the minimum required sample size was 397 participants to achieve statistical representation of the population. Consequently, 397 pharmacists were initially targeted for participation. However, a total of 474 pharmacists were ultimately recruited for the study.

All participants in this study were selected based on the following criteria:

(1) They were licensed pharmacists registered with the Pharmacy Council of Thailand and held a valid professional license.

(2) They were currently working in pharmacy-related fields and voluntarily agreed to participate in the study by completing either a questionnaire or an interview.

3.3 Instruments

A structured questionnaire was employed as the primary instrument for data collection in this study. The questionnaire was carefully developed based on the frameworks and findings of previous research conducted by Phoonkum (2020), Julamonthol (2015), Thepvongsa and Klinchan (2020), and Palakaprasith, Chotikapanich, and Adipat (2024). These prior studies provided a solid foundation for the construction of the current instrument, as they addressed similar themes and utilized comparable questionnaire formats.

Items from the original questionnaires were thoroughly reviewed, analyzed, and adapted to suit the specific objectives and context of this study. Modifications were made to ensure clarity, improve readability, and align with the focus on pharmacists' English listening comprehension challenges. To accommodate diverse language preferences and reduce potential language barriers, the questionnaire was made available in both English and Thai. The final version was distributed electronically through Google Forms to facilitate wide accessibility and efficient data collection.

Part I: Demographic Data The objective of this part was to collect information to understand the background of the participants. The participants were asked 7 questions to provide demographic information, including gender, age, pharmacy field, educational background, years of experience, current level of English proficiency, and frequency of using English in daily work (see Appendix A).

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Part II: Self-assessment of English listening problems The objective of this part is to assess the participants' self-assessment of English listening problems. This section aims to identify the frequency and types of listening difficulties that pharmacists encounter while communicating in English. The statements were divided into four parts and included a total of 30 questions: problems related to speaker, problems related to listener, problems related to context, and other related problems.

This section included 30 items, which were measured using a five-point Likert scale. Participants were asked to rate each statement using a five-point Likert scale as follows

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree

Part III: Open-ended question The objective of this part is to gather the participants' additional related problems of their English listening skills. This part consists of 1 question "What other problems do you have with English listening comprehension in your role as a pharmacist in Thailand?"

To ensure the reliability and content validity of the questionnaire, the Item-Objective Congruence (IOC) was assessed by three experts: two pharmacy professors and one language professor. The pharmacy professors evaluated the relevance and appropriateness of the content, ensuring alignment with professional pharmacy practice, while the language professor focused on clarity, grammar, and sentence structure to improve readability and precision. Their feedback was used to refine the questionnaire, ensuring accuracy, clarity, and reliability before the pilot study.

A pilot study was conducted with 15 pharmacists, making up about 3.75% of the total participants in the main study. These pharmacists came from different fields, including hospitals, drugstores, and research sectors. The purposes of the pilot study were to identify ambiguous or unclear questions, assess the consistency and difficulty of the questionnaire items, estimate the time required for completion, and gather feedback for improvement.

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The pilot study was conducted from March 25, 2025, to April 5, 2025, with participants taking approximately 15–20 minutes to complete the questionnaire. Feedback from this phase was used to revise unclear instructions, statements, or questions, thereby enhancing the clarity and overall comprehensibility of the instrument. After incorporating the necessary revisions, the finalized version of the questionnaire was prepared for data collection in the main study.

3.4 Item-Objective Congruence (IOC)

To ensure the content validity of the questionnaire, the Index of Item-Objective Congruence (IOC) method was applied. The development process began by creating questionnaire items based on the research objectives and previous related studies. The draft questionnaire was then reviewed by three experts, including two pharmacy professors and one language professor, who evaluated each item for its relevance to the study objectives. Each item was scored on a three-point scale: +1 if the item clearly measured the attribute, 0 if it was unclear whether the item measured the attribute, and -1 if the item did not measure the attribute.

The IOC value for each item was calculated by averaging the scores from all experts using IOC = (sum of expert scores) ÷ (number of experts). Items with an IOC score of 0.50 or higher were accepted, while those scoring below 0.50 were revised or removed based on expert feedback.

Feedback from the IOC review suggested that some wording needed to be revised to increase specificity. Additionally, several sentences for example I find it difficult to understand patient to speak too fast, were found to be confusing or too broad in scope, particularly concerning pharmacists. These areas were refined to improve clarity and focus.

3.5 Data Collection

For the main study, data were collected online using a Google Forms questionnaire between April 5, 2025, and May 15, 2025. Participants received clear instructions explaining the purpose of the study and how to complete the questionnaire. Each participant took approximately 15–20 minutes to complete it. All responses were submitted by May 15, 2025, after which the data were analyzed and interpreted.

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3.6 Data Analysis

The data collected from participants were analyzed using Microsoft Excel and presented with descriptive statistics including frequency, mean (M) and standard deviation (SD). In part 1, the participants demographic information was analyzed for frequency distribution and percentage to summarize participant characteristics. In part 2 and 3 (the self-assessment of English listening problems sections), the data were collected through a Likert scale and analyzed for frequency distribution, mean (M), and standard deviation (SD). The mean score results were interpreted according to the following criteria.

$$\text{Mean Range} = \frac{\textbf{Maximum score} - \textbf{Minimum score}}{\textbf{Range}}$$

$$\text{Mean Range} = \frac{5-1}{5} = 0.8$$

All scores were interpreted using a mean (M) interval of 0.8. The average mean scores were then evaluated based on the following scale:

Table 3.1 Interpretation of the Mean Score

Mean Score Range	**Interpretation**
4.21 – 5.00	Very High Difficulty – Participants always have difficulty problems in English listening.
3.41 – 4.20	High Difficulty – Participants usually have difficulty problems in English listening.
2.61 – 3.40	Moderate Difficulty – Participants sometimes have difficulty problems in English listening.
1.81 – 2.60	Low Difficulty – Participants rarely have difficulty problems in English listening.
1.00 – 1.80	Minimal or No Difficulty – Participants do not have difficulty problems in English listening.

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The final section included one open-ended question “What other problems do you have with English listening comprehension in your role as a pharmacist in Thailand?” Responses were analyzed using thematic content analysis, where common words or phrases are grouped into recurring themes. The frequency of these themes was examined to identify key patterns and insights related to participants’ listening difficulties and suggested improvements.

3.7 Chapter Summary

This chapter presented the research methodology used in the study. It described the population, participant selection criteria, and the research instrument, including the validation process using the Item-Objective Congruence (IOC). It also explained the pilot testing process, data collection procedures, and methods of data analysis. These steps were carefully designed to ensure the reliability and validity of the findings. The next chapter will present the findings from the study.

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CHAPTER 4
FINDINGS

This chapter presents the results of the study conducted with 474 pharmacists on the English listening comprehension problems of pharmacists in Thailand.

The findings are divided into five parts: (1) demographic information, (2) self-assessment of English listening comprehension problems, (3) listening problems faced by pharmacists working in hospitals, drugstores, education and research, (4) responses from open-ended questions, and (5) a chapter summary.

4.1 Demographic Information

After the questionnaire was distributed via Google Forms to the participants, 474 pharmacists responded. The first part explains the participants' demographics. Most were female, comprising 66.2% of the group, while 29.1% were male. This indicates that more female pharmacists responded to the questionnaire than male pharmacists.

In terms of age, the largest group of participants (37.3%) were between 16 and 30 years old. The second largest group (35%) were between 31 and 45 years old. The remaining 26.6% were between 46 and 60 years old. This indicates that the majority of participants were young or middle-aged pharmacist professionals.

Regarding their workplace, many pharmacists worked in hospitals (41.1%). Others worked in drugstores or community pharmacies (27.8%), while some were involved in education and research (11.4%). The rest were from other sectors of the pharmacy profession, including public health, industry, or regulatory affairs.

In terms of education, most participants (72.8%) had completed a bachelor's degree in pharmacy. A smaller portion (20.5%) held a master's degree, and only a few (6.8%) had completed a doctoral degree. This shows that most pharmacists in the study had undergraduate qualifications.

In terms of experience in the pharmacy field, the largest portion of participants (24.9%) had between 4 and 6 years of professional experience. This was followed closely by those with 1 to 3 years of experience (23.6%). Additionally, 21.7% of the

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pharmacists reported having worked in the field for 7 to 9 years. This shows that most pharmacists in the study had 4-6 years of experience in pharmacy fields.

In terms of current English proficiency based on self-assessment, most participants rated themselves as intermediate (54.6%), followed by beginner level (26.6%) and advanced level (18.8%). This shows that most participants felt their English skills were at a moderate level, meaning the majority of pharmacists in this study had an intermediate level of English.

Regarding the frequency of using English in daily work, most participants (32.3%) reported using it sometimes, followed by 25.5% who used it rarely, and 19.8% who used it often. This shows that, in this study, most pharmacists used English sometimes in their daily work.

4.2 English Listening Problems Faced by Thai Pharmacists

This part reports the findings concerning the participants' self-assessment of their English listening problems. The participants were requested to respond to statements indicating listening problems in four main areas: problems related to the speakers, problems related to the listeners, problems related to the context and other related problems. The questionnaire consisted of 30 items. The data were described by descriptive statistics including mean (M) and standard deviation (SD). Each range below indicates the participants' level of frequency of the listening problems they faced. The average mean scores were interpreted through a scale. (See Table 3.1)

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Table 4.1

Listening Problems Related to the Speakers

Statement: Listening problems related to the speakers	Mean	SD	Interpretation
1. I find it difficult to understand patients who speak too fast when describing their symptoms or asking about medications.	3.45	0.98	High
2. I find it difficult to understand when patients describe their symptoms or ask about medications in English with an unfamiliar accent.	3.53	0.95	High
3. I find it difficult to understand patients when they use slang or unfamiliar terms, such as the runs or the pill, during consultations.	**3.77***	0.96	High
4. I find it difficult to understand patients who speak too softly or unclearly during consultation.	3.44	0.95	High
5. I find it difficult to understand patients who use incomplete grammar or sentence structures when describing symptoms or asking about medications.	**2.78**	1.17	Moderate
6. I find it difficult when patients pronounce symptoms or medication names that do not align with standard pharmaceutical terminology.	3.29	1.05	Moderate
7. I find it difficult when patients mix English with another language.	3.62	1.09	High
8. I find it difficult when patients describe their symptoms too quickly without pausing.	3.69	0.94	High
9. I find it difficult to understand patients who discuss symptoms or medications using stress and intonation patterns that differ from standard English.	3.22	1.01	Moderate
10. I find it difficult when patients come from different age groups, which affects the way patients describe their symptoms or medications.	2.87	1.08	Moderate

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Statement: Listening problems related to the speakers	Mean	SD	Interpretation
Total	3.37	0.77	Moderate

Note. *Highest mean score

The results in Table 4.1 show that participants experienced a moderate level of difficulty with listening problems related to the speakers, with an average mean score of 3.37. This suggests that pharmacists occasionally face challenges when listening to English in their professional duties. The most commonly reported issue was *"I find it difficult to understand patients when they use slang or unfamiliar terms, such as the runs or the pill during consultations."* which had the highest mean score of 3.77. This was followed by the statement *"I find it difficult when patients describe their symptoms too quickly without pausing"* (M = 3.69), and *"I find it difficult when patients mix English with another language"* (M = 3.62). In contrast, the least reported problem was *"I find it difficult to understand patients who use incomplete grammar or sentence structures when describing symptoms or asking about medications"* with a mean score of 2.78. The next section of the study presents the findings on listening problems related to the listeners.

Table 4.2

Listening Problems Related to the Listeners

Statement: Listening problems related to the listeners	Mean	SD	Interpretation
1. I translate English into Thai mentally while listening to patients describe their symptoms or asking about medications.	**3.68***	1.09	High
2. I often miss key points, such as key disease terms or medication names, because I focus too much on individual words.	2.82	0.91	Moderate

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Statement: Listening problems related to the listeners	Mean	SD	Interpretation
3. I feel anxious when listening to patients speak English during consultations or discussions about their illnesses and medications.	3.08	1.14	Moderate
4. I have limited knowledge of English vocabulary such as names of symptoms, medications, and side effects which increases the opportunities of vocabulary misunderstanding.	3.20	1.09	Moderate
5. I often rely on keywords when patients talk about diseases or ask about medications to guess the meaning of what patients are saying.	3.67	0.98	High
6. I lose concentration when patients describe their symptoms or medications in English for an extended period or in a complex manner.	2.84	1.09	Moderate
7. I often feel uncertain whether I understand the symptoms or medications correctly while listening in English.	3.11	1.11	Moderate
8. When listening to conversations in English, I lack confidence about understanding symptoms, medication names, and medication usage compared to reading or writing.	3.27	1.11	Moderate
9. I often avoid asking patients to repeat information about their symptoms, medication names, or usage, even when I do not fully understand.	**2.24**	1.04	Low
10. I find it difficult to differentiate between symptoms and medication names that sound similar in English.	3.09	1.06	Moderate
Total	3.10	0.74	Moderate

Note. *Highest mean score

Ref. code: 25676621040010MUA

The results in Table 4.2 show that participants experienced a moderate level of difficulty with listening problems related to the listeners, with an average mean score of 3.10. This suggests that pharmacists occasionally encounter challenges related to their own listening processes during English communication. The most commonly reported issue was “I translate English into Thai mentally while listening to patients describe their symptoms or ask about medications.” which had the highest mean score of 3.68. This was followed by the statement “I often rely on keywords when patients talk about diseases or ask about medications to guess the meaning of what patients are saying” (M = 3.67), and “When listening to conversations in English, I lack confidence about understanding symptoms, medication names, and medication usage compared to reading or writing.” (M = 3.27). In contrast, the least reported problem was “I often avoid asking patients to repeat information about their symptoms, medication names, or usage, even when I do not fully understand.” with a mean score of 2.24. The next section of the study presents the findings on listening problems related to the context.

Table 4.3

Listening Problems Related to the Context

Statement: Listening problems related to the context	**Mean**	**SD**	**Interpretation**
1. Background noise in the pharmacies or drugstores during consultations makes it harder to listen to English.	3.45	1.15	High
2. I feel that a busy work environment such as having many patients or long waiting queues affects my ability to listen to English.	3.38	1.18	Moderate
3. I find it difficult to listen to English when I do not have the patient's medical history or records.	**3.35**	1.14	Moderate
4. I find it challenge when patients describe their previous treatments or medication usage in English.	**3.70***	1.05	High

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Statement: Listening problems related to the context	Mean	SD	Interpretation
5. I need to concentrate deeply and prefer a quiet environment when patients talk to me in English about their symptoms, medication usage, or possible side effects.	3.53	1.07	High
Total	3.48	0.99	High

Note. *Highest mean score

The results in Table 4.3 show that participants experienced a high level of difficulty with listening problems related to the context, with an overall mean score of 3.48. This suggests that pharmacists often face contextual challenges when communicating in English. The most commonly reported issue was *"I find it challenging when patients describe their previous treatments or medication usage in English."* which had the highest mean score of 3.70. This was followed by the statement *"I need to concentrate deeply and prefer a quiet environment when patients talk to me in English about their symptoms, medication usage, or possible side effects."* (M = 3.53), and *"Background noise in the pharmacies or drugstores during consultations makes it harder to listen to English"* (M = 3.45). In contrast, the least reported problem was *"I find it difficult to listen to English when I do not have the patient's medical history or records."* with a mean score of 3.35. The next section of the study presents the findings on other related listening problems.

Table 4.4

Other Related Problems

Statement: Listening problems: Other related problems	Mean	SD	Interpretation
1. I feel anxious when I cannot understand what the patient is saying in English ex. Symptoms, drug names.	**3.11**	1.12	Moderate

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2. I feel embarrassed when I ask the patient again about symptoms, drug names, and drug usage.	3.54	1.32	High
3. I feel that I have an insufficient foundation in medical English listening skills.	**3.62***	1.26	High
4. I feel that I lacked opportunities to practice listening to medical English for use in actual situations.	3.24	0.87	Moderate
5. I feel that that I lacked opportunities to listen to various English accents from foreign patients, such as symptoms, medication names, and etc.	**3.11**	1.12	Moderate
Total	3.54	1.32	High

Note. *Highest mean score

The results in Table 4.4 show that participants experienced a high level of difficulty with listening problems related to other factors, with an overall mean score of 3.54. This suggests that pharmacists frequently face challenges beyond the speaker, listener, or context alone. The most commonly reported issue was *"I feel that I have an insufficient foundation in medical English listening skills"* which had the highest mean score of 3.62. This was followed by *"I feel embarrassed when I ask the patient again about symptoms, drug names, and drug usage"* (M = 3.54) and *"I feel that I lack opportunities to practice listening to medical English for use in actual situations"* (M = 3.24). In contrast, the least reported problems were *"I feel anxious when I cannot understand what the patient is saying in English, such as symptoms or drug names"* and *"I feel that I lack opportunities to listen to various English accents from foreign patients, such as symptoms and medication names"* both with a mean score of 3.11. The next section of the study presents the findings, focusing on pharmacists working in hospitals, drugstores, education and research sectors.

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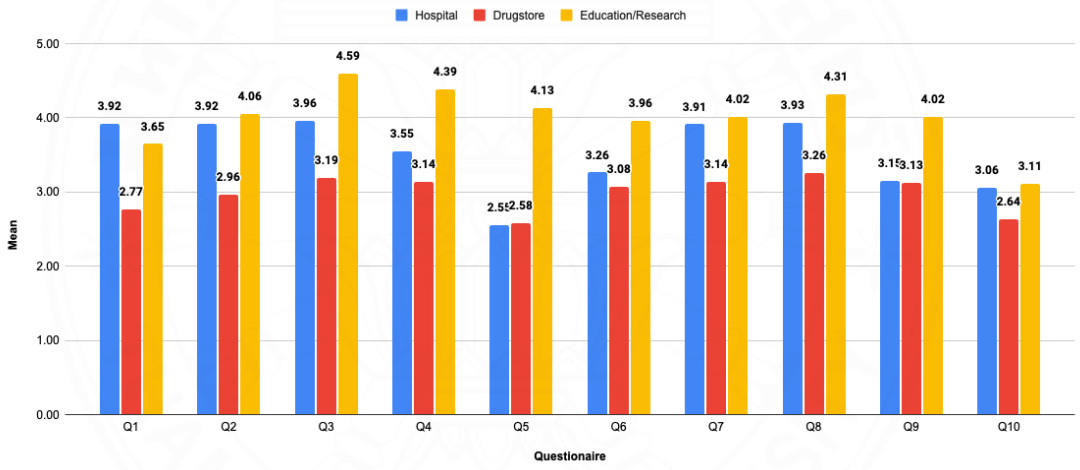
4.3 Listening problems faced by pharmacists working in hospitals, drugstores, education and research sectors.

This section presents the findings of the subgroup analysis focused on pharmacists working in different pharmacy settings. The bar graph shows the differences in the mean scores for each questionnaire item, as reported by pharmacists working in three major pharmacy settings: hospitals (blue), drugstores (red), education and research (yellow).

Figure 4.1

A bar chart of listening problems related to speakers across hospitals, drugstores, education and research.



The graph illustrates the frequency of speaker-related listening problems reported across different work environments. Pharmacists in the education and research sector indicated a notably high frequency of difficulties, particularly in Question 3, “I find it difficult to understand patients when they use slang or unfamiliar terms, such as the runs, the pill, during consultations.”(M = 4.59), Question 4, “I find it difficult to understand patients who speak too softly or unclearly during consultation.” (M = 4.39), and Question 8,” I find it difficult when patients describe their symptoms too quickly without pausing.” (M = 4.31), suggesting that they encounter more speaker-related challenges than other groups. Hospital pharmacists also reported a high frequency of issues, with the greatest difficulties in Question 3, “I find it difficult to understand patients when they use slang or unfamiliar terms, such as the runs, the pill, during consultations.” (M = 3.96), Question 8, “I find it difficult when patients describe their

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symptoms too quickly without pausing." (M = 3.93), and Questions 1, "I find it difficult to understand patients who speak too fast when describing their symptoms or asking about medications." and 2, "I find it difficult to understand patients who speak too fast when describing their symptoms or asking about medications." (M = 3.92). In contrast, drugstore pharmacists reported moderate levels of difficulty, with the highest frequencies in Question 8, "I find it difficult when patients describe their symptoms too quickly without pausing." (M = 3.26), Question 3, "I find it difficult to understand patients when they use slang or unfamiliar terms, such as the runs, the pill, during consultations." (M = 3.19), and Questions 4, "I find it difficult to understand patients who speak too softly or unclearly during consultation." and 7, I find it difficult when patients mix English with another language. (M = 3.14).

In particular, Question 3, which stated, "I find it difficult to understand patients when they use informal language or expressions unfamiliar to me, such as 'the runs' or 'the pill' during consultations," revealed the most significant differences among the groups. Pharmacists in the education and research sector reported the highest level of difficulty (M = 4.59), followed by those working in hospitals (M = 3.96), and finally, those in drugstores (M = 3.19). For Question 1, "I find it difficult to understand patients who speak too fast when describing their symptoms or asking about medications," hospital pharmacists reported the greatest challenge (M = 3.92), followed by those in education and research (M = 3.65), with drugstore pharmacists reporting the lowest level of difficulty (M = 2.77). In contrast, Question 5, which stated, "I find it difficult to understand patients who use incomplete grammar or fragmented sentence structures when discussing symptoms or medications," again showed that the education and research group experienced the highest difficulty (M = 4.13), while both hospital (M = 2.55) and drugstore (M = 2.58) pharmacists reported substantially lower levels.

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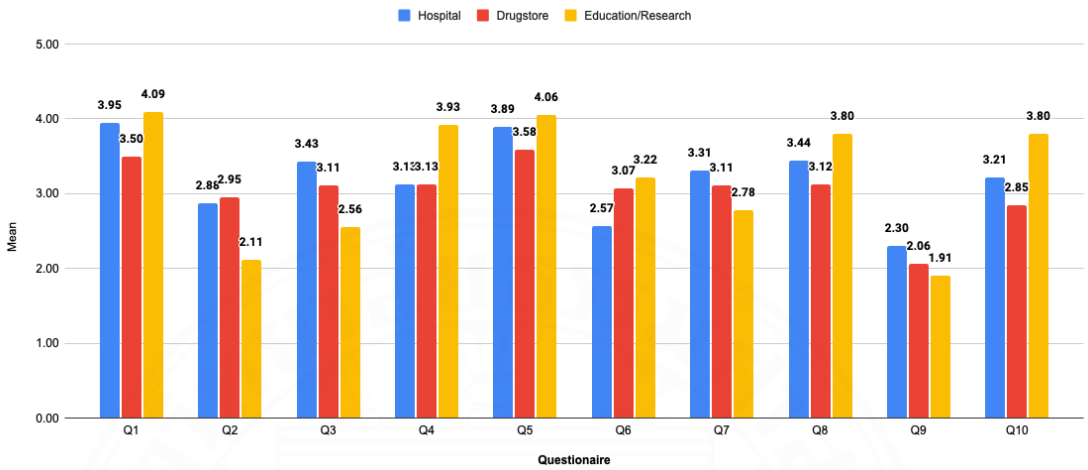
Figure 4.2

A bar chart of listening problems related to listeners across hospitals, drugstores, education and research.



The graph illustrates the average number of listening problems related to listeners. Pharmacists in the education and research sector reported the highest levels of difficulty, particularly in Question 1, (M = 4.09), Question 5 (M = 4.06), and Questions 8 and 10 (M = 3.80), suggesting they face significant listener-related challenges. Hospital pharmacists also reported high levels of difficulty, especially in Question 1 (M = 3.95), Question 5 (M = 3.93), and Question 8 (M = 3.44). In contrast, drugstore pharmacists reported moderate levels of difficulty, with the highest scores in Question 5 (M = 3.89), Question 6 (M = 3.22), and Question 1 (M = 3.50). The lowest scores across all groups appeared in Question 9, where education and research pharmacists reported the least difficulty (M = 2.30), followed by hospital (M = 2.06), and drugstore pharmacists (M = 1.91).

Question 1, In particular, which asked whether participants mentally translate English into Thai while listening to patients describe their symptoms or ask about medications, revealed noticeable differences among the three groups. Pharmacists in the education and research group reported the highest mean score (M = 4.09), followed by those in the hospital group (M = 3.95), while drugstore pharmacists reported a lower level of agreement (M = 3.50). For Question 9, *"I often avoid asking patients to repeat information about their symptoms, medication names, or usage, even when I do not fully understand"* all groups reported low levels of agreement, with the education and research group at M = 2.30, hospital group at M = 2.06, and drugstore group at M

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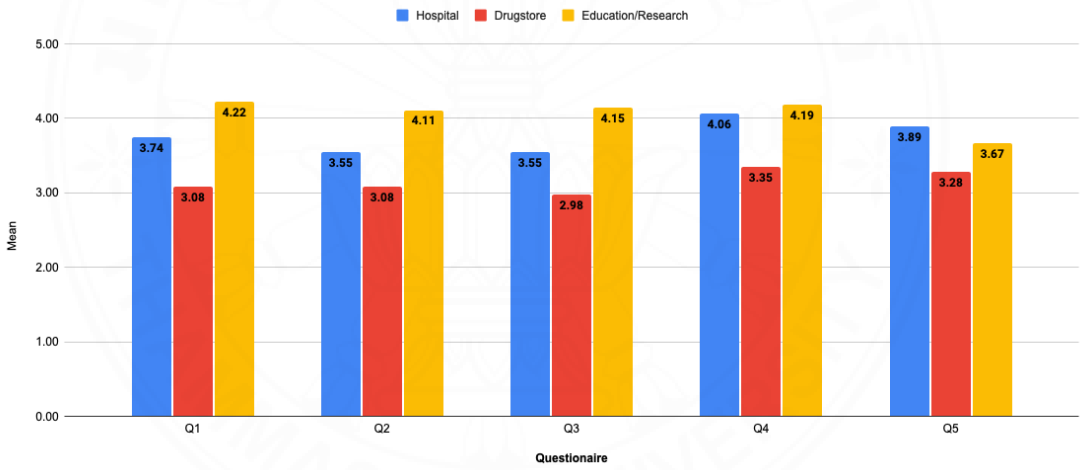
= 1.91. For Question 2, *"I often miss key points, such as disease terms or medication names, because I focus too much on individual words"* the drugstore group reported the highest level of difficulty (M = 2.95), followed by the hospital group (M = 2.88), while the education and research group reported the lowest (M = 2.11). In Question 3, *"I feel anxious when listening to patients speak English during consultations or discussions"* the hospital group reported the highest (M = 3.43), followed by the drugstore group (M = 3.11), while the education and research group reported the lowest (M = 2.56).

Figure 4.3

A bar chart of listening problems related to context across hospitals, drugstores, education and research.



The graph shows the average number of listening problems related to listeners across different work environments. Pharmacists in the education and research sector reported the highest levels of difficulty, particularly in Question 1 (M = 4.22), Question 3 (M = 4.15), and Question 4 (M = 4.19). Hospital pharmacists reported moderate to high levels of difficulty, especially in Question 4 (M = 4.06), Question 5 (M = 3.89), and Question 1 (M = 3.74). In contrast, drugstore pharmacists consistently reported lower levels of difficulty, with their highest scores in Question 4 (M = 3.35), Question 5 (M = 3.28), and Questions 1 and 2 (both M = 3.08). These results suggest that listener-related listening problems are more common in education and hospital environments than in retail pharmacy settings.

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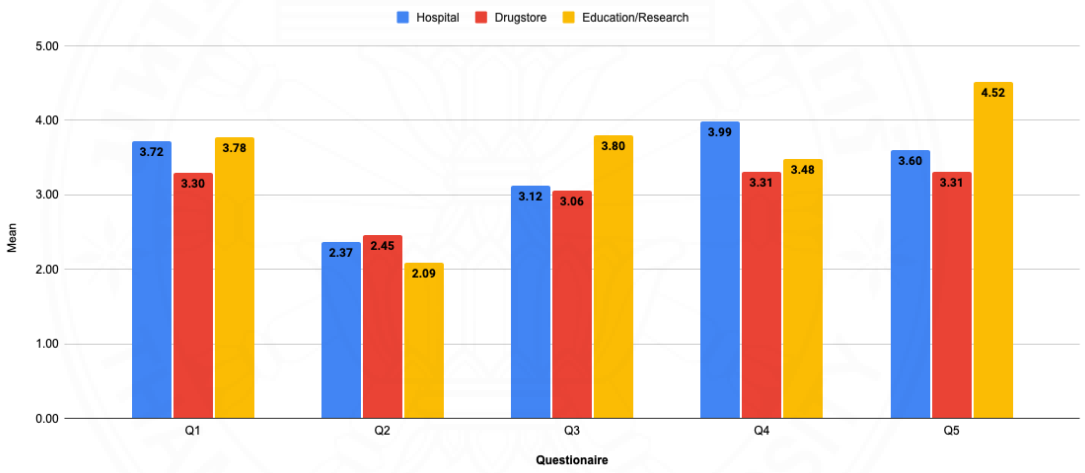
In particular, Question 5, which states *"I need to concentrate deeply and prefer a quiet environment when patients talk to me in English about their symptoms, medication usage, or possible side effects"* revealed that the hospital group experienced the highest difficulty (M = 3.89), followed by the education and research group (M = 3.67), while the drugstore group reported the lowest level of difficulty (M = 3.28).

Figure 4.4

A bar chart of other related problems across hospitals, drugstores, education and research.



The graph showed the average number of other related problems. Pharmacists in the education and research sector reported the highest levels of difficulty, particularly in Question 5 (M = 4.52), Question 3 (M = 3.80), and Question 1 (M = 3.78). Hospital pharmacists also reported relatively high levels of difficulty, especially in Question 4 (M = 3.99), Question 5 (M = 3.60), and Question 1 (M = 3.72). In contrast, drugstore pharmacists reported the lowest scores in most items, with their highest being in Question 5 (M = 3.31), followed by Question 4 (M = 3.31) and Question 1 (M = 3.30). all three groups reported lower scores for Question 2.

In particular, Question 4, which states *"I feel that I lack opportunities to practice listening to medical English for use in actual situations"* showed that hospital pharmacists reported the highest level of difficulty (M = 3.99), followed by the education and research group (M = 3.48), and the drugstore group (M = 3.31).

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Question 2 *"I feel embarrassed when I ask the patient again about symptoms, drug names, and drug usage"* showed a different trend. The drugstore group reported the highest level (M = 2.45), followed by the hospital group (M = 2.37), while the education and research group reported the lowest (M = 2.09).

4.4 Responses from Open-Ended Questions

The last part of the questionnaire included an open-ended question. A total of 74 out of the 474 participants (15.61%) provided suggestions in this part. The suggestions are summarized and categorized into four parts as follows.

Table 4.5

Responses from Open-Ended Questions

Suggestions (N = 74)	Frequency	Percentage (%)
1. Problem related to speaker		
1.1 Practice Issues	18	23.88
1.2 Vocabulary and Accent Issues	13	17.91
1.3 Daily Usage Issues	8	11.94
2. Problems related to listener		
2.1 Communication with Foreign Patients	8	11.94
3. Problems related to context		
3.1 Environmental and Workplace Issues	6	8.96
4. Others		
4.1 Training and Learning Opportunities	10	13.43
4.2 Emotional and Psychological Barriers	6	7.46
4.3 Others	5	4.48
Total		100.00

Table 4.5 illustrates additional responses from the open-ended questions. 74 participants gave suggestions in this part, The researcher translated the responses using Google Translate. Practice Issues, made 23.88% of the total responses. For example, participants reported statements such as *"I don't use English very often in my daily work"* or *"I have few opportunities to use English at work and Sometimes I cannot*

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recall the right vocabulary when I need to communicate" This indicates that many pharmacists still feel they lack sufficient opportunities to practice English listening skills effectively. For instance, several respondents mentioned that they rarely encounter native speakers, some stated that they forget terminology due to infrequent use in real-world settings.

Vocabulary and accent issues were also prominent, accounting for 17.91% of the responses, highlighting the ongoing challenge of comprehending diverse accents and specialized terminology. Respondents noted difficulties in understanding medical terms and the wide variation in accents among foreign patients. Some participants expressed frustration with their inability to recognize common slang or informal phrases used in consultations. For example, one respondent stated, *"I still lack practice in medical English because I already have a heavy workload every day."*

Training and learning opportunities were highlighted by 13.43% of respondents, suggesting a desire for more formal training in English. Common suggestions included more workshops on listening comprehension and targeted practice with international patients. For example, one respondent stated, *"The pharmacists who work here will improve their communication and interaction skills with international patients-eventually, they won't be as worried."*

Daily usage issues and communication with foreign patients each represent 11.94%, reflecting the situational difficulties pharmacists face in using English consistently. Respondents emphasized the limited opportunity to use English at work and the difficulty in finding a middle ground when communicating with non-native speakers. For example, one respondent stated, *"The main points are that there are fewer opportunities to practice in real-world scenarios due to the service location."*

Problem related to context, including environmental and workplace issues, accounted for 8.96%, showing how certain work settings may limit English exposure. Respondents working in predominantly Thai-speaking areas indicated that they have little to no interaction with international patients.

Emotional and psychological barriers, such as lack of confidence or nervousness, were noted by 7.46% of respondents. Comments revealed that some feel anxious when speaking to foreigners and fear making mistakes, leading them to avoid such interactions.

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Other related problems, comprising 4.48%, capture less common but relevant challenges reported by the participants. Examples include reliance on translation apps like Google Translate and occasional confusion over unfamiliar phrases or idiomatic expressions.

4.5 Chapter Summary

This chapter presented the results from 474 pharmacists who responded to the questionnaire. The findings were divided into five parts: demographic data, self-assessment of English listening problems, comparison of problems across different workplaces, open-ended responses, and a summary.

Overall, pharmacists experienced moderate to high levels of difficulty in English listening, especially when patients used slang or mixed languages. Pharmacists in the education and research sector reported the most problems, followed by those working in hospitals, while drugstore pharmacists reported the least. The next chapter will discuss the meaning of these results and provide suggestions for practice and future research.

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CHAPTER 5
DISCUSSION, CONCULSION AND RECOMMENDATIONS

This chapter discussion and conclusion the findings of the research. The three research questions are also discussed based on the findings presented in chapter 4. This chapter consists of seven parts: (1) summary of the study; (2) summary of the findings; (3) discussion of the results; (4) suggestions; (5) Implication of the study; (6) recommendations for further research and (7) Conclusion.

5.1 Summary of the Study

This section revisits the objectives of the study, the participants, the methodology, and the data analysis. The objective of this research was to investigate major problems that caused the English listening comprehension problems of pharmacists in Thailand, compare these problems across three groups of Thai pharmacists working in hospitals, drugstores, and educational and research sectors, and provide suggestions to improve their English listening comprehension. The participants in the study were 474 pharmacists. Data collection was conducted using a questionnaire distributed via Google Forms. The questionnaire consisted of three parts: demographic information, self-assessment of English listening comprehension problems, and additional recommendations. The data were analyzed using Microsoft Excel and presented using descriptive statistics, including frequency, mean (M), and standard deviation (SD).

5.2 Summary of the Findings

This study explored English listening comprehension problems among 474 Thai pharmacists. Most participants were female (66.2%), aged between 16–30 years (37.3%), held a bachelor's degree in pharmacy (72.8%), and worked in hospitals, drugstores, or education and research sectors. Over half of the respondents rated their English proficiency as intermediate, and most reported using English only occasionally in their daily work.

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The findings revealed that pharmacists experienced moderate to high levels of listening difficulty. Speaker-related problems included difficulty understanding slang or unfamiliar terms (e.g., “the runs,” “the pill”) (M = 3.77) and when patients spoke too quickly without pausing (M = 3.69).

Problems related to listener were also common. Many pharmacists reported mentally translating English into Thai during consultations (M = 3.68) and relying on keywords to guess meaning (M = 3.67). A lack of confidence (M = 3.27) and limited vocabulary knowledge also affected their comprehension.

Problems related to context included challenges in noisy environments and when a patient history was unavailable. Pharmacists found it especially difficult to understand when patients described past treatments in English (M = 3.70). They also reported needing a quiet space to concentrate (M = 3.53), and many felt that busy workplaces disrupted their ability to listen effectively (M = 3.38).

Other related problems involved limited exposure to various English accents and a lack of medical English training opportunities.

The subgroup analysis revealed that pharmacists in education and research consistently faced the highest levels of listening problems across all categories. Hospital pharmacists experienced moderate to high challenges, especially during fast-paced consultations. In contrast, drugstore pharmacists reported the least difficulty, likely due to more routine and familiar patient interactions.

Responses from open-ended questions further emphasized the need for real-life listening practice, improved understanding of medical vocabulary, and more exposure to diverse accents. These findings suggest the importance of tailored English training programs based on specific workplace needs.

5.3 Discussion of the Results

This study investigated English listening comprehension problems among Thai pharmacists and categorized the listening problems into four parts: (1) problems related to the speaker (2) problems related to the listener (3) problems related to the context and (4) other related problems. The results reveal pharmacists face across different professional settings.

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One of the most common problems related to the speaker occurred when patients used slang, informal phrases, or grammar that did not follow standard rules. For instance, pharmacists mentioned that they often had trouble understanding expressions like “the runs” or “the pill” during consultations, which led to confusion or misinterpretation. This is in line with what previous researchers such as Brown (2001), Richards and Renandya (2002), and Harmer (2007) have pointed out that understanding informal or non-standard English can be challenging, especially in real-world situations where language isn’t always used formally. More recently, Kanwal et al. (2024) pointed out that English is now used in many different ways around the world, often influenced by local culture and identity. For Thai pharmacists, this means they may come across patients who speak different varieties of English. So, focusing only on standard English may not be enough. Being familiar with other forms of English can help pharmacists better understand patients, improve communication, and make patient care more effective overall.

Listener and context-related problems were also commonly reported. Many pharmacists mentioned that they often translate English into Thai in their minds and rely on keywords to guess meanings. While these strategies may offer a temporary aid, they tend to slow down processing and reduce comprehension accuracy, especially in real-time conversations. These findings support Gilakjani (2016), who pointed out that habits such as mental translation and keyword-based guessing can interrupt the natural flow of listening and decrease overall efficiency. Other researchers have also noted that unfamiliar accents and varying pronunciation styles further complicate comprehension, particularly in noisy environments such as hospitals. Several pharmacists emphasized the need for quiet surroundings and access to patient history to better understand what is being said. This observation aligns with Harmer’s (2007) argument that background noise and environmental factors can significantly hinder listening comprehension.

Other related problems centered on emotional factors, particularly anxiety and low self-confidence when using English for listening or speaking. According to Krashen’s (1982) Affective Filter Hypothesis and MacIntyre and Gardner (1991), emotional states such as nervousness or fear of making mistakes can significantly hinder language acquisition and communication. When individuals feel anxious, they are less likely to ask for clarification or verify their understanding, even when

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communication is unclear. This was reflected in the present study, where some pharmacists reported feeling uncomfortable asking patients to repeat information or clarify medication names, out of fear that doing so might reflect poorly on their competence. Such hesitation, while understandable, ultimately obstructs effective interaction and may compromise the quality of patient care.

An analysis of participant groups by professional setting revealed notable variations in listening difficulties. Pharmacists working in academic or research institutions reported the highest levels of difficulty, particularly with understanding academic vocabulary, complex subject matter, and unfamiliar accents. These findings are consistent with Gass and Selinker (2008), who noted that technical language and variations in speech patterns often pose challenges in academic listening environments. Hospital pharmacists reported moderate to high levels of difficulty, primarily due to the fast pace of spoken communication and environmental distractions. Specifically, conversations in clinical settings often occur in acoustically challenging environments, where background noise, overlapping speech, and interruptions can impede accurate auditory processing. This supports Harmer's (2007) assertion that such auditory interference can negatively affect real-time listening comprehension. Pharmacists working in community drugstores experienced fewer listening difficulties overall, as their interactions typically involved more familiar and routine conversations. However, some still reported feelings of discomfort or embarrassment when they needed to ask for clarification or repetition, particularly when interacting with non-native English-speaking patients.

These findings indicate that pharmacists require English training tailored to their specific work environments. As Broughton et al. (2003) explain, language instruction should align with the learner's professional role. For example, research pharmacists benefit from academic English that emphasizes technical vocabulary and formal communication; hospital pharmacists should focus on clinical listening skills to navigate fast-paced dialogue and diverse accents; while drugstore pharmacists need conversational English to effectively engage with non-specialist customers. Such targeted training ensures that pharmacists develop relevant listening strategies and terminology suited to their daily responsibilities.

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While this study offers valuable insights, certain limitations remain. The uneven distribution of participants across groups may have influenced the findings. To gain a deeper understanding of the communication challenges faced by pharmacists in real-world settings, future research should incorporate qualitative methods such as interviews.

5.4 Suggestions

After analyzing the data, it is essential to consider the background of each pharmacy field when designing an English listening course. The findings indicate that pharmacists in the education and research sector reported higher levels of listening difficulties. This may be attributed to their specific work environment, which often involves academic vocabulary, complex textbook language, and advanced discussions that differ from everyday conversations. As a result, their exposure to more specialized or technical content may contribute to greater challenges in listening comprehension. Therefore, any training or course development should be customized to address the unique linguistic demands of each pharmacy setting.

5.5 Implications of the Study

Based on the findings of this study, the data can be used to inform the design of English language training programs with a specific focus on listening skills. The results offer valuable insights for organizations such as the Pharmacy Council of Thailand and academic institutions, enabling them to develop targeted programs that address the specific listening challenges faced by pharmacists. For instance, these training initiatives should incorporate practical listening components that reflect real-life professional scenarios such as patient consultations, medication counseling, and inter professional communication. where medical English is commonly used.

5.6 Recommendations for further research

Based on the findings and conclusions of this study, the following recommendations are proposed for future research:

1. While this study focused on English listening comprehension among Thai pharmacists in healthcare-related settings, future research could examine a wider range

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of professional contexts where English is used for example, in regulatory affairs, pharmaceutical sales, or international collaborations. This would allow for a more comprehensive understanding of pharmacists' diverse language demands across different sectors.

2. To gain deeper insight into the challenges and strategies involved in English listening, future studies may benefit from employing qualitative approaches such as interviews or focus group discussions. These methods can reveal detailed experiences, perceptions, and real-world communication practices that are not easily captured through questionnaires alone.

3. Drawing from the results of this study, it is recommended that future research place specific emphasis on other English language skills such as writing, speaking, and reading used by Thai pharmacists, to develop a broader understanding of their overall language proficiency and communication effectiveness in professional settings.

5.7 Conclusion

Effective listening is a critical component of pharmacy practice, ensuring accurate communication between pharmacists and patients and directly contributing to treatment safety and clinical outcomes. This study investigated the English listening comprehension challenges faced by Thai pharmacists in healthcare settings, with a particular focus on patient consultations. A total of 474 pharmacists from across Thailand participated in the study. An exploratory research design was employed to gain in-depth insights into their listening difficulties. Data were collected through a researcher-developed questionnaire, which was validated using the Index of Item-Objective Congruence (IOC).

The findings revealed that many pharmacists experienced difficulties when patients mixed English with another language, used slang, or spoke rapidly without pauses. Participants often relied on mental translation from English to Thai, which interfered with real-time understanding. Limited exposure to various English accents and unfamiliar terminology related to symptoms and medications.

Pharmacists in the education and research sector reported the highest levels of difficulty, followed by those in hospitals, with drugstore pharmacists facing the least. These results underscore the need for targeted English listening training that is specific

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to each work environment. Improving listening comprehension will enhance professional confidence and support safer, more effective pharmacy services in Thailand.

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APPENDICES

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APPENDIX A
QUESTIONNAIRE

A STUDY OF ENGLISH LISTENING COMPREHENSION PROBLEMS OF PHARMACISTS IN THAILAND

The main objective of this questionnaire is to investigate the English listening comprehension problems of pharmacists in Thailand. It is part of a research paper as partial fulfillment of the requirements for a Master's degree of Art in English for careers, Language Institute, Thammasat University. Please be assured that your responses will be treated with confidentiality and be used for study purposes. Your cooperation in answering this questionnaire is highly appreciated.

The questionnaire consists of three main parts

Part I: Demographic information

Part II: Self-Assessment of English listening problems

This part consists of 30 statements addressing problems related to (1) Speaker, (2) Listener, (3) context and (4) other related problems.

Part III: Open-Ended questions

This part consists of 1 question: What is your others related problems with your English listening skills?

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Part I: Demographic Information

Instruction: Please read the following statement and check (√) the bracket or write a short answer for each item.

1. Gender

( ) Male ( ) Female ( ) Prefer not to say

2. Age

( ) 16 – 30 years ( ) 31 – 45 years ( ) 46 – 60 years

( ) 61 – 79 years ( ) more than 80 years

3. Which pharmacy field are you in?

( ) Hospital ( ) Drugstore

( ) Manufacturing ( ) Education/Research

( ) Marketing ( ) Business Owner

( ) Startup Company ( ) Regulatory Affairs

( ) Not in Pharmacy field ( ) Other .....

4. What is your highest level of education?

( ) Bachelor's degree in .....

( ) Master's degree in .....

( ) Doctoral degree in .....

5. How many years of experience do you have in the pharmacy field?

( ) Less than 1 year ( ) 1 – 3 years

( ) 4 – 6 years ( ) 7 – 9 years

( ) More than 10 years

6. How would you rate your current level of English proficiency?

( ) Beginner ( ) Intermediate ( ) Advanced

7. How would you rate your current English listening skills?

( ) Poor ( ) Fair ( ) Good ( ) Excellent

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Part II: Self-Assessment of English Listening Problems

Instruction: Please check (√) the statement that most reflect your feeling and/ or opinion using the scale below.

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
Problems related to speakers						
1.	I find it difficult to understand patients who speak too fast when describing their symptoms or asking about medications. ฉันพบว่ามันยากที่จะเข้าใจผู้ป่วยที่พูดเร็วเกินไป เมื่ออธิบายอาการหรือสอบถามเกี่ยวกับยา					
2.	I find it difficult to understand when patients describe their symptoms or ask about medications in English with an unfamiliar accent. ฉันพบว่ามันยากที่จะเข้าใจผู้ป่วย เมื่อผู้ป่วยอธิบายอาการหรือสอบถามเกี่ยวกับยาเป็นภาษาอังกฤษด้วยสำเนียงที่ไม่คุ้นเคย					

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No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
3.	I find it difficult to understand patients when they use slang or unfamiliar terms, such as The runs , The pill ,during consultations. ฉันพบว่ามันยากที่จะเข้าใจผู้ป่วย เมื่อผู้ป่วยใช้คำศัพท์แสลงหรือคำที่ไม่คุ้นเคย เช่น The runs, The pill ระหว่างให้คำปรึกษา					
4.	I find it difficult to understand patients who speak too softly or unclearly during consultation. ฉันพบว่ามันยากที่จะเข้าใจผู้ป่วยที่พูดเบาเกินไปหรือไม่ชัดเจนระหว่างการให้คำปรึกษา					

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No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
5.	I find it difficult to understand patients who use incomplete grammar or sentence structures when describing symptoms or asking about medications. ฉันพบว่ามันยากที่จะเข้าใจผู้ป่วยที่ใช้ไวยากรณ์หรือโครงสร้างประโยคไม่สมบูรณ์ระหว่างการอธิบายอาการหรือสอบถามเกี่ยวกับยา					
6.	I find it difficult when patients pronounce symptoms or medication names that do not align with standard pharmaceutical terminology. ฉันพบว่ามันยากเมื่อผู้ป่วยออกเสียงอาการหรือชื่อยาที่ไม่ตรงกับคำศัพท์มาตรฐานทางเภสัชกรรม					

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No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
7.	I find it difficult when patients mix English with another language. ฉันพบว่ามันยากเมื่อผู้ป่วยพูดภาษาอังกฤษปนกับภาษาอื่นระหว่างการให้คำปรึกษา					
8.	I find it difficult when patients describe their symptoms too quickly without pausing. ฉันพบว่ามันยากเมื่อผู้ป่วยพูดอธิบายอาการของตนเร็วเกินไปโดยไม่มีการหยุดพัก					
9.	I find it difficult to understand patients who discuss symptoms or medications using stress and intonation patterns that differ from standard English. ฉันพบว่ามันยากเมื่อผู้ป่วยพูดเกี่ยวกับอาการหรือยาโดยเน้นจังหวะและเสียงหนักเบาแตกต่างจากภาษาอังกฤษที่คุ้นเคย					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
10.	I find it difficult when patients come from different age groups, which affects the way patients describe their symptoms or medications. ฉันพบว่ามันยากเมื่อผู้ป่วยมาจากกลุ่มอายุที่แตกต่างกัน ทำให้การพูดอธิบายเกี่ยวกับอาการหรือยาแตกต่างกันด้วย					
Problems related to listeners						
11.	I translate English into Thai mentally while listening to patients describe their symptoms or asking about medications. ฉันแปลภาษาอังกฤษเป็นภาษาไทยในใจขณะฟังผู้ป่วยอธิบายอาการหรือสอบถามเกี่ยวกับยา					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
Problems related to listeners						
12.	I often miss key points, such as key disease terms or medication names, because I focus too much on individual words. ฉันมักพลาดจุดสำคัญ เช่น อาการ, ชื่อยา เพราะฉันให้ความสำคัญกับการฟังในแต่ละคำมากเกินไป					
13.	I feel anxious when listening to patients speak English during consultations or discussions about their illnesses and medications. ฉันรู้สึกกังวลเมื่อฟังผู้ป่วยพูดภาษาอังกฤษระหว่างการปรึกษาหรืออภิปรายเกี่ยวกับโรคและยาของเขา					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
14.	I have limited knowledge of English vocabulary such as names of symptoms, medications, and side effects which increases the opportunities of vocabulary misunderstanding. ฉันมีความรู้เกี่ยวกับคำศัพท์ภาษาอังกฤษที่จำกัด เช่น ชื่ออาการ, ชื่อยา, ชื่อผลข้างเคียง ทำให้ฉันมีโอกาสเข้าใจคำศัพท์บางคำผิดพลาด					
15.	I often rely on keywords when patients talk about diseases or ask about medications to guess the meaning of what patients are saying. ฉันฟังคำสำคัญในบริบท ขณะที่ผู้ป่วยอธิบายเกี่ยวกับอาการหรือยา เพื่อเดาความหมายของสิ่งที่ผู้ป่วยกำลังพูด					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
16.	I lose concentration when patients describe their symptoms or medications in English for an extended period or in a complex manner. ฉันสูญเสียสมาธิ ขณะที่ผู้ป่วยอธิบายเกี่ยวกับอาการหรือยาเป็นระยะเวลานานหรือซับซ้อนเป็นภาษาอังกฤษ					
17.	I often feel uncertain whether I understand the symptoms or medications correctly while listening in English. เมื่อฉันฟังบทสนทนาเป็นภาษาอังกฤษ ฉันรู้สึกไม่มั่นใจว่าฉันเข้าใจอาการหรือยาถูกต้องหรือไม่					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
18.	When listening to conversations in English, I lack confidence about understanding symptoms, medication names, and medication usage compared to reading or writing. เมื่อฉันฟังบทสนทนาเป็นภาษาอังกฤษ ฉันรู้สึกไม่มั่นใจเกี่ยวกับอาการ, ชื่อยา, การใช้ยา เมื่อเทียบกับการอ่านหรือการเขียน					
19.	I often avoid asking patients to repeat information about their symptoms, medication names, or usage, even when I do not fully understand. ฉันมักหลีกเลี่ยงไม่ขอให้ผู้ป่วยอธิบายเกี่ยวกับอาการ, ชื่อยา, การใช้ยาซ้ำ แม้ว่าฉันจะไม่เข้าใจก็ตาม					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
20.	I find it difficult to differentiate between symptoms and medication names that sound similar in English. ฉันพบว่ามันยากที่จะแยกแยะอาการ, ชื่อยาที่ภาษาอังกฤษมีเสียงคล้ายกัน					
Problems related to context						
21.	Background noise in the pharmacies or drugstores during consultations makes it harder to listen to English. ฉันรู้สึกว่า เสียงรบกวนในสถานที่ทำงานขณะให้คำปรึกษา เช่น ห้องยา , ร้านยา ทำให้การฟังภาษาอังกฤษยากขึ้น					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
22.	I feel that a busy work environment such as having many patients or long waiting queues affects my ability to listen to English. ฉันรู้สึกว่า ในสถานการณ์ทำงานที่วุ่นวาย เช่น ผู้ป่วยเยอะ, ผู้ป่วยรอคิว ส่งผลต่อการฟังภาษาอังกฤษ					
23.	I find it difficult to listen to English when I do not have the patient's medical history or records. ฉันพบว่าการฟังภาษาอังกฤษยากขึ้น เมื่อฉันไม่มีประวัติการรักษาหรือเวชระเบียนของผู้ป่วย					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
24.	I I find it challenge when patients describe their previous treatments or medication usage in English. ฉันรู้สึกท้าทายเมื่อผู้ป่วยอธิบายการรักษาหรือการใช้ยาที่ผ่านมาเป็นภาษาอังกฤษ					
25.	I need to concentrate deeply and prefer a quiet environment when patients talk to me in English about their symptoms, medication usage, or possible side effects. ฉันต้องมีสมาธิอย่างมากและต้องการสภาพแวดล้อมที่เงียบสงบเมื่อผู้ป่วยพูดกับฉันเป็นภาษาอังกฤษ เช่น อาการ, วิธีการบริหารยา, ผลข้างเคียงของยา					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
Other related problems						
1.	I feel anxious when I cannot understand what the patient is saying in English ex. Symptoms, drug names. ฉันรู้สึกวิตกกังวลเมื่อไม่สามารถเข้าใจสิ่งที่ผู้ป่วยพูดเป็นภาษาอังกฤษได้เช่น อาการ, ชื่อยา					
2.	I feel embarrassed when I ask the patient again about symptoms, drug names, and drug usage. ฉันรู้สึกอายเมื่อฉันถาม อาการ, ชื่อยา , การใช้ยา กับผู้ป่วยซ้ำอีกครั้ง					
3.	I feel that I have an insufficient foundation in medical English listening skills ฉันรู้สึกว่า ฉันมีพื้นฐานการฟังภาษาอังกฤษทางการแพทย์ที่ไม่เพียงพอ					

Ref. code: 25676621040010MUA

No.	Statement					
	Listening problem related to message	**Strongly disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly agree (5)**
4.	I feel that I lacked opportunities to practice listening to medical English for use in actual situation. ฉันรู้สึกว่า ฉันไม่มีโอกาสได้ฝึกฝนการฟังภาษาอังกฤษทางการแพทย์เพื่อใช้ในสถานการณ์จริง					
5.	I feel that that I lacked opportunities to listen to various English accents from foreign patients, such as symptoms, medication names, and etc. ฉันรู้สึกว่า ฉันไม่มีโอกาสในการฟังสำเนียงภาษาอังกฤษที่หลากหลายจากผู้ป่วยต่างชาติ เช่น อาการ, ชื่อยา เป็นต้น					

Ref. code: 25676621040010MUA

Part III: Additional comments

Instructions: Please answer the question and provide examples for clarification.

3.1 What other problems do you have with English listening comprehension in your role as a pharmacist in Thailand?

(คุณมีปัญหาอะไรอื่นบ้างเกี่ยวกับการฟังภาษาอังกฤษในบทบาทของเภสัชกรในประเทศไทย)

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BIOGRAPHY

Name Aphinan Watcharapichart, R.Ph.

Date of Birth April 23, 1995

Educational Attainment

- Doctor of Pharmacy (Pharm.D.)
  Programme in Pharmaceutical Care (First Class Honors)
  Rangsit University
- Master of Science
  Programme in Anti-aging and Regenerative Medicine
  Dhurakij Pundit University

Work Position

- Assistant Secretariat
  The Pharmacy Council of Thailand, Ministry of Public Health
- Head of Project "TeleHealth Thailand"
  Thailand Center of Excellence for Life Sciences (TCELS)

Work Experiences

- Pharmacist Consultant
  Central Watson (Thailand) Co., Ltd.
- Pharmacist Consultant
  Save Drug Center Co., Ltd.
- Pharmacist Manager
  Ping An Good Doctors Technology (Thailand) Co., Ltd.
  Medical Intelligence
  Ping An Good Doctors Technology (Thailand) Co., Ltd.
- Head of Business Development
  Thonburi Healthcare Group Public Company Limited.
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