Needs Analysis and Situational Analysis: Designing an ESP Curriculum for Thai Nurses

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ABSTRACT

This paper describes the needs analysis and situational analysis for designing an ESP curriculum for Thai nurses. The study was based on a needs and situational analysis of the target group. The expanding medical tourism industry in Thailand conflicts with nurses who are not comfortable communicating practically in English. Their predominant needs included speaking and listening skills and vocabulary related to the field, which would allow them to develop a higher quality of service. The study was based on quantitative and qualitative data including needs analysis questionnaire, situational analysis – observation and nurses', patients' and hospital's director's interview.

1. **Introduction**

Curriculum design still brings up important issues to many teachers as course developers. Different kinds of English courses have been developed. Despite numerous books outlining curriculum design strategies and processes to follow, many of the English courses do not address the specific needs. Seeking and interpreting information about one's students' needs are the most important skills that a course developer must develop. Many problems in L2 classes are a result of teachers not paying attention to learners' interests and ignoring students as a source of essential information. Giving considerable attention to making a particular course serve a particular group's interests will bring up many advantages such as learners who are actively involved in learning the language.

To enhance the learner motivation and participation a language course designed that best suits the learner's interests and needs would contribute to facilitate their learning. The design of English for Specific Purposes (ESP) courses can prepare students for professional

communication. Richards (2001) says that the ESP approach to language teaching is a response to a number of practical concerns: for instance, the need to prepare materials to teach students who have already mastered general English but now need English for use in employment, in this situation, non-English background nurses. The nurses will study English in order to carry out a particular role, to communicate effectively with foreign patients.

In a nursing career, nurses provide education that helps clients change lifelong habits. Nurses communicate with people under stress: clients, family and colleagues. Nurses deal with anger and depression, with dementia and psychosis, with joy and despair. Nurses return to school to specialize, write grants for research proposals, and become entrepreneurs. Nurses become administrators, leaders, case managers, infection control specialists, quality experts, and educators. Nurses cross international boundaries to share knowledge needed to promote worldwide health. Nurses must be assertive to ask the right questions and make their voices heard.

There are several English courses designed for the nursing field around the world. In Thailand's case, the numbers of medical tourists are increasing and English is needed; nurses are expected to be able to communicate with the patient (customer) in English. In order to do this, nurses must have the ability to communicate effectively with them and to deal with different situations that might arise.

Realizing the urgent needs of a potential health care staff, a curriculum of English for Specific Purposes will be designed and developed for a group of nurses that are working in a hospital in Chiang Mai, Thailand. The role of an ESP curriculum is to bring to the learners what they desperately need in real life. Curriculum planning can be seen as a systematic attempt by educationalists and teachers which include a focus on what educational purposes should be attained. Yule (2000) says that pragmatism focuses on real life experiences as the main source of knowledge and education. While some Thai Nurses may already have general English ability, focusing on English for their specific situations is needed.

Difficulty with English is often cited as a factor that leads to Thai nurses' lack of confidence. Communication with patients from different cultures is often complicated by language differences. A curriculum designed for nurses and their special needs will help to build

their confidence in talking with foreign clients. Including the cultural factors into the course will be useful to the nurses when starting a conversation with the patient, such as asking questions and talking to them about their background. In conclusion, the Thai health care system needs nurses with the language ability and the cultural knowledge to meet the health care needs of foreign patients. Nurses need to be able to use English competently.

Objectives of the Study:

The study aimed to address two main objectives:

1) To design a learner-centred specialized English curriculum to improve the Thai nurses communicative skills.

2. Literature Review

2.1 ESP

ESP has a long history in the field of English teaching. It started in the 1960s when general English courses did not meet learners' needs. There are three reasons common to the emergence of all ESP courses: the demands of a Brave New World, a revolution in a linguistics, and focus on the learner (Hutchinson & Waters, 1987). There are two key historical periods of life into ESP. First, the end of the Second World War in 1945 brought with it an "…age of enormous and unprecedented expansion in scientific, technical and economic activity on an international scale for various reasons, most notably the economic power of the United States in the post-war world, the role of international language fell to English (ibid, p.6)". English became the accepted international language; it created a new generation of learners who knew specifically why they were learning a language. Second, the oil crisis of the early 1970s resulted in Western money and knowledge flowing into the oil-rich countries. English suddenly became by business and commercial pressures to apply an influence (ibid).

English for Specific Purposes is a movement based on the proposition that all language teaching should be tailored to the specific learning and language use needs for identified groups of students – and also sensitive to the socio-cultural contexts in which these students will using

English (Celce – Murcia, 2001).   English for Specific Purposes is known as a learner-centered approach, since it meets the needs of (mostly) adult learners who need to learn a foreign language for use in their specific fields, such as science, technology, medicine, leisure, and academic learning. ESP programs are developed because there is a demand, because there is a need for language courses in which certain content, skills, motivations, processes and values are identified and integrated into specialized, often short-term, courses.

2.2 Needs Analysis and Situational Analysis

Needs analysis is the basis of training programs and aid development programs. It is the cornerstone of ESP and leads to a focused course. The main purpose of conducting a needs analysis is, according to Gardner and Winslow (1983:76), "to produce information which when acted upon makes courses better adapted to students' needs" and "part of the object of formal needs identification is to back up one's proposals with quantitative evidence of their importance". Furthermore, they added, "in many cases, concrete evidence of particular needs, such as these surveys produced, could be directly used as part of the course validation / approval procedure."

Analyzing the specific needs of a particular learner group serves as the prelude to an ESP course design, because it determines the 'what' and 'how' of an ESP course. The information will help to select and prioritize as closely as possible what students will need to do. Given that, the purpose of an ESP course is to enable learners to function adequately in a target situation, that is, the situation in which the learners will use the language they are learning. The ESP course design process should proceed by first identifying the target situation and then carrying out a rigorous analysis of the linguistic features of that situation. This process is called by Chambers' (1980) 'target situation analysis" (Hutchinson & Waters, 1987).

Mostly ESP courses are design for adult learners who have a superior cognitive ability that can render them more successful in certain classroom endeavors. Their need of sensory input can rely a little on their imaginations. Adults usually have acquired self-confidence and they are more able to handle abstract rules and concepts, they have longer attention spans for material (Brown, 2001).

2.3 Curriculum Development

A curriculum is the nexus of educational decisions, activities, and outcomes in a particular setting. Designing a curriculum for a general language course has outstanding steps which a course designer must work through to develop the subject matter courses. Yalden (1987) writes that "setting up a new course implies a skillful blending of what is already known about language teaching and learning with the new elements that a group of learners inevitably bring to the classroom: their own needs, wants, attitudes, knowledge of the world, and so on."

The literature demonstrates that there are a few guidelines for conceptualizing an entire course. According to Taba (1962) the curriculum process includes the following seven steps: diagnosis of the needs, formulation of objectives, selection of content, organization of content, selection of learning experiences, organization of learning experiences and determination of what to evaluate and the means of evaluation. Richards (1984) begins his survey of the field by pointing to the narrow conception of curriculum development that exists within language teaching, where the focus has been almost exclusively on language syllabuses, that is, on the specification of content and input, to the exclusion of other crucially important aspects of the curriculum development process such as needs analysis, methodology and evaluation. However, Dubin and Olhstain (1986) revealed a broader perspective on curriculum design and the many facets to be considered in the process, such as language setting, patterns of language in society, the political and national context, and group and individual attitudes.

As Graves (2000, p.9) notes "designing a language course is a work in progress in its whole, in its parts, and in its implementation." In the preceding research the course designer's task will begin with adopting aspects of these dynamic approaches starting with the most fundamental feature, the needs analysis and situational analysis. Then the course designer must work through curriculum and syllabus construction; prepare the materials and finally modifying the course according to the feedback.

2.4 Learner-centered approach

A curriculum based on the learner-centered approach contains similar elements to those contained in a traditional curriculum. However, the key difference between them is that, in the

former, the curriculum is a collaborative effort between teachers and learners, since the learners are closely involved in the decision-making process regarding the content of the curriculum and how it is taught. Nunan (1988) says that one of the major assumptions underlying the learner-centred approach it that, given the constraints that exists in most learning contexts, it is impossible to teach learners everything they need to know in class. Therefore, teachers must use class time as effectively as possible and teach the aspects which the learners themselves deem to be most urgently required.

In the learner-centered class learners do not depend on their teacher all the time. They value each other's' contributions, and they cooperate, learn from each other, and help each other. The emphasis is on working together- in pairs, in groups, and as a whole class. The teacher helps them to develop their language skills.

A learner-centered classroom is a place where learners' needs are considered, as a group and as individuals, and they are encouraged to participate in the learning process all the time (Jones, 2007). In this method, the teacher is considered as a member of the team, as a participant in the learning process.

Along with the Curriculum based on learner-centered language teaching is the Communicative language teaching. Widdowson (1978) says that a basic principle underlying all communicative approaches is that learners must learn not only to make grammatically correct, propositional statements about the experimental world, but must also develop the ability to use language to carry out various real-world tasks.

2.5 Task-based language Instruction

One of the challenges that many course developers face involves identifying an organizational structure for their courses. This course plan was designed for an ESP program focusing mostly on task-based instruction, and was designed especially for nurses. TBLT bases arguments for an analytic syllabus which offers the learner target language and is organized in terms of the purposes' for which people are learning language and the kinds of language performance that are necessary to meet those purposes (Wilkins, 1976 cited in Long and Crookes, 1992). Since the communicative approach emerged in the late 1960s, being capable of

using a language in real-world communication has become the main objective in the field of language teaching (Richards, 2001).

In task-based instruction, learners participate in communicative tasks in English. Tasks are defined as activities that can stand alone as fundamental units and that require comprehending, producing, manipulating, or interacting in authentic language while attention is principally paid to meaning rather than form (Nunan, 1989). Instead of beginning the design process with lists of grammatical, functional-notional, and other items, the designer conducts a needs analysis which yields a list of the target tasks that the targeted learners will need to carry out in the 'real-world' outside the classroom. One common issue of the syllabus design is whether a product or a process should be the main focus. Hutchinson and Waters (1983, as cited in Nunan, 1993, p.49) suggest that the best work in the ESP area usually focuses on a process rather than a product. However, in real world situations, language often acts as a means in completing tasks. Therefore, ESP should pay attention to not only the process of learning, but also the product.

Teaching through tasks can create favorable learning conditions for learners' who study ESP. Involving learners in performing tasks that are relevant to their profession, increases learners' motivation and does not emphasize linguistic issues in the primary stages. Task- based learning in language teaching has become an important approach in the last years because it promotes communication and social interaction, referring to learners doing authentic tasks (Ellis, 2003).

3. Research Methodology

It is necessary and beneficial to conduct the whole process of a curriculum in order to custom-design effective language instruction. The research used both qualitative and quantitative methods and was carried out to explore a learner-centered specialized English curriculum for Thai nurses. The curriculum follows the main procedures of designing and developing a task-based model.

3.1 Instruments

To ensure validity and reliability of the results, data was collected from multiple sources, including Thai nurses, foreign patients, the hospital director, TESOL experts, a nursing expert, a class observer and the teacher herself. This is known as the triangulation method, which provides different viewpoints, enabling the researcher to look at something from a variety of perspectives, for more comprehensive understanding (Wiersma and Jurs, 2009). For this study, a total of eleven instruments were used, divided into three sets, carrying out a quantitative and qualitative study.

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The instruments used to collect data included needs analysis questionnaire, situational analysis - observation, curriculum design, experts' evaluations, curriculum evaluation (learners' reflective questionnaire, learners' log, teacher's journal and expert's observation evaluation) and pre-test/post-test. The data collected from the needs analysis and situational analysis was combined to design the curriculum, and the experts' evaluations served to improve it. The curriculum evaluation together with the pre- and post-test helped the researcher to discover whether or not the curriculum was effective. After the data collection and evaluation, the results were compiled and are examined in the discussion section.

3.2 Context

The hospital selected for this study is considered a large hospital, with 400 beds. It attends 1000 outpatients a day and of those it has approximately 200 inpatients per day. The number of foreign patients at this hospital is increasing and approximately 50% of the daily patients are from all over the world, for example, China, Korea, Japan, America and Europe.

3.3 Participants

The subjects of this study were eight nurses, seven female and one male, with an average age of 28 – 43. All of the participants had studied English for more than ten years; however only 1 of them has a Master in Hemodialysis. The nurses work in three different departments: one from Hemodialysis, two from Emergency, five from OPD. Their level of English proficiency is

intermediate according to the results from the pre-test score. They face considerable challenges to improve their English, and they struggle with lack of time as they have a busy work schedule. Many of them have families and live far from the hospital.

The course took place during a period of thirty hours, five times a week (Monday to Friday), one hour a day. The learners were separated into two groups, because half of them needed to be at work while the other half was in class.

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4. Results and Findings

This chapter details the data analysis. It starts with the information collected in the needs and situational analyses with the purposes of designing a learner-centered curriculum to improve the Thai nurses' communicative skills.

4.1 Quantitative Data from the Questionnaire

The following section outlines the results from the quantitative portion of the questionnaire. It will be divided into two parts. Part one explains about the participants' personal information and English proficiency. Part two presents the data related to the nurses' needs and wants towards the course.

			Frequency	%
2	**Gender**	Female	13	81.25%
		Male	3	18.75%
3	**Age**	23 – 25	7	43.75%
		26 – 30	3	18.75%
		31 – 35	3	18.75%
		36 - 40	3	18.75%
4	**Studied English Previously**	Yes	9	56.25%
		No	7	43.75%
5	**Department**	Inpatient	7	43.75%
		Outpatient	6	37.50%
		Emergency	3	18.75%
6	**Specialization**	Yes (Hemodialysis)	1	6.25%
		No	15	93.75%
7	**Makes an Effort to Improve English**	Yes	6	37.50%
		No	10	62.50%
8	**Frequency of Practicing English Outside of work**	Not at all	12	75.00%
		1 – 2 hours	3	18.75%
		3 - 5 hours	1	6.25

Table 2 illustrates what the nurses identified as their current strengths and weaknesses towards their English proficiency.

	Very weak	**Weak**	**Fair**	**Good**	**Very Good**
Grammar	25%	43.75%	25%	6.25%	0%
Vocabulary	12.50%	37.50%	43,75%	6.25%	0%
Pronunciation	6.25%	43.75%	43.75%	6.25%	0%
Speaking	6.25%	56.25%	25%	12.50%	0%
Listening	0%	62.50%	31.25%	6.25%	0%
Reading	0%	31.25%	56,25%	12.50%	0%
Writing	0%	50%	37.50%	12.50%	0%

Table 3 illustrates the skills that the nurses reported they need the most in their job.

	5	**4**	**3**	**2**	**1**
Speaking	68.75%	18.75%	12.50%	0%	0%
Listening	50%	37.50%	6.25%	6.25%	0%
Reading	6.25%	50%	37.50%	6.25%	0%
Writing	43.75%	0%	37.50%	18.75%	0%

Table 4 points to the situations where the nurses use English the most.

	Frequency	Percentage
Educating patients	10	62.50%
Explaining drug interactions	10	62.50%
Telephone skills	10	62.50%
Giving advice	10	62.50%
Giving instructions effectively	7	43.75%
Checking understanding	7	43.75%
Explaining pathology tests	7	43.75%
Administering medication	6	37.50%
Patient admissions	5	31.25%
Writing in the patient admission form	5	31.25%
Reading a prescription chart	5	31.25%
Patient records	4	25%
Reading a pathology report	3	18.75%
Requesting information by e-mail	3	18.75%

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Table 5 shows the nurses' answers about the cultural topics they want the course to include.

	Frequency	Percentage
Festivals	7	43.75%
Lifestyle	7	43.75%
Food	6	37.50%
Clothing	4	25%
Geography	3	18.75%
Music and dance	3	18.75%
Culture shock	2	12.50%
Art	2	12.50%
Others (museums and temples)	2	12.50%

Table 6 shows the nurses' preferences regarding what they perceived to be useful activities for learning English.

	Frequency	Percentage
Pair work	8	50%
Whole class	7	43.75%
Group work	4	25%
Out-of-class work	3	18.75%
Individual	1	6.25%
Suggestions	0	0%

4.2 Results from the Structured Interviews

A) Nurses' interviews

After administering the questionnaire the 16 nurses were interviewed individually in order to get more detailed information. According to the nurses' interviews, the majority of the nurses serve a foreign patient every day. One of the nurses reported that there are Asian, European and American patients being admitted to the hospital daily. The nurses explained that conversations with patients mostly deal with general nursing care, such as getting the patients' information and history (in order to fill in the patients' records and registration), triage, signs and symptoms, health education, giving advice and explaining procedures, such as X-ray and laboratory tests, and drug interactions. As a final point, two nurses mentioned that they were not able to give directions inside the hospital to patients in English.

The majority of the nurses said that they feel anxious and challenged when interacting with foreign patients. They enjoy talking with the patients but they do not have enough confidence because of their lack of vocabulary and pronunciation problems. They feel scared of having misunderstandings because of their bad pronunciation; in fact there were many situations where the patients could not understand them. Also, one of the nurses referred to listening

problems she had on the phone because the patients' accent and vocabulary made the conversation hard to understand.

Regarding the problems the nurses encounter when they communicate with the patient, the majority stated that they have misunderstandings due to lack of vocabulary, sentence constructions and question forms. Others mentioned that when listening, especially on the phone – accents and rate of speech make it difficult for them to understand. They have to ask for clarification and repetition numerous times. Some claimed that another problem they have is giving explanations, such as appointments, using time expressions. Lastly, one nurse said that often she needs somebody to help to translate what the patient is saying because she cannot understand.

Finally, all of the nurses stated that through the course they hoped to improve their English to be able to communicate more effectively with patients. The statement below expounds upon this:

> *"I would like to talk about communication and conversation. I want people to understand about communication and conversation with the patient. To ask the patient how is he feeling today, what is the problem. Talk with the doctor about the right symptoms." (Nurse – 3)*

Additionally, the majority mentioned that they wanted listening practice in order to understand the patient. They also asked for help in sentence formation, such as giving advice and information related to health and vocabulary.

B) Patients' interviews

The patients were interviewed a week after the nurses' interviews. The purpose of interviewing the patients was to get their opinion about the nurses' English proficiency. During the observations there were patients in the hospital for different reasons. One patient had diabetes, one girl was trying to find out about her allergic problems, and another patient unfortunately was there because of a motorbike accident and two more were there having

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checkups. These patients actually were the ones who accepted being interviewed but there were difficulties finding more because most of the patients did not want to talk.

According to the five patients interviewed they have been attended very often by a Thai nurse. The majority of the patients revealed that it was hard to understand the nurses at the beginning but by now they had gotten used to it. One patient said that *"…they don't talk much, they just do their job*." (Patient 4)

It is clear that the nurses may have a lack of proficiency in English and therefore they do not talk much with the patients. Again, the patients who said that they had gotten used to it did so because they knew the procedures and they knew how to deal with them. They also mentioned that they had been in Thailand for many years and that they had a better understanding of the Thai culture. There is an urgent need for the nurses to break this barrier and improve their English skills and confidence.

C) Hospital Director's interview

Shortly following the patients' interview the hospital director was interviewed to get his opinion about the nurses' English language needs as well as services offered in which English is needed. According to the director, the nurses are in charge of a procedure called triage, which is when the nurses evaluate the patients' needs. From there on, the nurses decide which specialty department the patient should visit. It helps with the circulation of the service. If the nurses do not have the ability to correctly evaluate the patients' illnesses and needs, the patients may see the wrong specialist and receive the wrong treatment. Consequently, the patients may experience fear and lack of trust in the nurses. Also, the nurses help the doctor because they already asked about the signs and symptoms, the patients' history and by checking the vital signs. All of the results must be written correctly on the patients' chart to be properly analyzed by the doctor. One important factor while admitting the patients is that the nurses must be confident that they are asking the correct questions and writing down the information that they get.

Furthermore, the hospital director offered additional information stating that the nurses follow the patients' processes such as laboratory tests and X-ray procedures. In case the doctor orders any IV fluids, the nurses are responsible for accommodating the patient, explaining about

the medication, interactions and the steps of the procedure. Finally, the director's hope for this course is to help the nurses develop more confidence and be able to greet the patients and make them feel welcome by servicing them.

The director mentioned that on the international floor of one of the main buildings, the patients come from different countries, such as Australia, America, Korea, China, England, Japan, and so on. The number of foreign patients is increasing; recently it was 30 to 40 daily. However, the Intensive Care service does not have nurses who speak English there, because they do not have foreign patients very often.

Also he pointed out that the nurses did not speak English well enough to have a conversation with foreign patients. He mentioned again that he needs to keep doing his social rounds to make sure that the patients are being treated as they expect. Also, due to the high costs of medical treatment in Europe and America, and the fact that here in Thailand it is much cheaper, he wants to make sure that the hospital can offer one of the best services in the country. Considering the future plans for the hospital, he reinforced his idea that foreign patients will look at the environment as a whole and if he can improve the hospitals' services, the number of patients would increase more. He has high expectations for the hospital, as seen in the statement below:

> *"Because I plan that this hospital is going to be a secondary care hospital, the one that the small hospitals can refer to." (Director)*

He concluded by mentioning the topics that he wanted the course to address: communication with the patient, politeness and a lesson about food, because he referred to the context of the nurses being able to talk about western style food, since they have a western menu for the foreign patients at the international floor.

4.3 Results from the Situational Analysis: Observations

The observations took place over a period of several weeks. The purpose of the situational analysis was to observe the interactions between nurse and patient to get an accurate picture of the urgent language needs. Patients go to a hospital looking for treatment and to

minimize their fears about illness. A quality of nursing care is provided by trust. Nurses need to adapt to individual clients' needs. Every patient has his own doubt which leads to questions that need an answer. The ability to transmit to the patient a reliable service, even when it is not one's language, is possible when one has the willingness to do that.

While observing the nurses interacting with the patients who were waiting to be called, the researcher could notice that they were anxious and some knew why the researcher was there. The first observations did not go well, some because there were not episodes that were considered valuable for the research. On other days, the patients did not allow the researcher to observe. In these situations, it was decided to step aside and observe from a distance. For that reason, the observations that the researcher made were only on the Outpatient area, which provided enough information, since most of the course addressed procedures that took place there.

One aspect that really grasped the researcher's attention was that most of the nurses actually do not ask for permission before doing such procedures as checking the patients' blood pressure and verifying their temperature. Also, when the nurses asked patients basic questions for filling in the admission forms, the majority of the nurses did not explain what they were writing and did not use complete questions. The intonation of their voices was quite soft and sometimes difficult to hear. This is related to Thai culture, "Thai people are smiling, pleasant, humble and patient people who laugh easily, speak softly" (Bosrock, 2012). They seemed anxious and intimidated by the foreign patients.

During the observation at the triage station, when a foreign woman came in, the nurse made a signal for her to sit down. Without any polite request, the nurse just grabbed her arm and abruptly began checking her blood pressure. Suddenly the patient asked: "Is everything normal" Unfortunately, the nurse did not reply because she did not know how to answer the question. It matters a lot to the patients to know about their health, however she could not explain the measurements of simple vital signs. Consequently, this kind of situation can result in an uncomfortable situation, where the patient could have doubts about the service in general. However, many nurses even with a low English proficiency level seemed to care a lot about the

patients by demonstrating their best effort to make a patient feel comfortable during procedures; they tried to compensate their lack of English with attentive service.

Another patient walked into the nurses' station to get his laboratory results. The head nurse of the outpatient department was talking with the researcher during the time of the observation. She saw the patient asking questions about the results of the exams to one of the nurses who could not understand him. Then she walked there to offer help, but because she was not sure about the explanation that she was giving to him, she requested me to help. It was an uncomfortable situation and the results were written in Thai. The patient was trying to figure out what it was about and the head nurse was nervous because she did not have enough vocabulary to clarify it. Worst of all, the exam was an HIV test, though fortunately negative. The nurse kept explaining to the researcher in English how to explain to the patient about the lab results. The patient's question was about certain notes that were included on the results but were in Thai. The patient looked at the researcher angrily because of this circumstance. He ended up reading the notes out loud in Thai and the nurse was shocked that he could read. Actually, he could read in Thai, but he was just trying to clarify it. He looked at the researcher and said:

'The nurse can't speak English; see you can't understand her either.'

In the end, he had to be satisfied with his own limited reading of the results because the nurse was not able to clarify anything and the researcher could not read the Thai.

These situations are dealing with ethical issues that the nurse raised by putting all of us in this situation. All in all, because of her lack of confidence, she lost control of the ethical procedures in her handling of this patient. Nurses are one of the first medical care professionals patients encounter, and they have to face numerous situations where their ethics come into question. Maintaining confidentiality of patient records are some obvious issues that need to be understood carefully, especially dealing with different cultural background patients.

5. Conclusion

It is clear that the nurses have an urgent need for English in this service. Cultural differences, a different background knowledge, shyness and lack of confidence are some of the conditions that are preventing the nurses from interacting with foreign patients.

Some important features of the needs analysis questionnaire captured the researcher's attention. The nurses who were selected by the head nurse to answer the questionnaire were nurses who needed English for work. The majority of the nurses were from the Outpatient department, which is a section of the hospital that all the patients are required to go through. For that reason, an important portion of the course must cover specific topics related to the nurses' needs at that specific department. Another important aspect was the concern about the nurses' lack of time for studying English and doing homework. Since they answered that they do not have much time to practice English outside of work, assignments were not included in the syllabus.

In regard to the nurses' lack of confidence and shyness, when observing the Thai nurses interacting with Thai patients, the researcher realized that they do not talk much; they simply do their job, without explaining a lot about the procedures. My understanding towards this behavior is that it is not only in English that there is a deficiency of explanations and interactions but also in their first language too. However, nurses must know about the importance in different cultures when explaining a procedure and to make sure that the patient knows what is happening. They need to put themselves in the patients' shoes and think about all the fear that the patients might be suffering.

Combining the interviews of the nurses, patients and director, there were several aspects that needed to be included in the syllabus. According to the results, there were important topics to be addressed, such as question formation used to collect patients' information – signs and symptoms, explanations about medications, drug interactions, procedures, making appointment, using expressions of time, accents and communicate on the phone. According to the hospital director the nurses needed to learn some basic English structures to be able to serve the patients, be polite and make them feel comfortable.

The situational analysis confirmed that OPD is the area in which the nurses need English the most. This area is crucial, because it is the beginning of the hospital service. The biggest issue there might be the nurses' lack of confidence in using English for communication and the lack of knowledge about cultural differences.

In conclusion, there were several important aspects from the needs analysis questionnaire, situational analysis and interviews that helped to shape the course, these are: the skills most needed for their job are listening and speaking and the context of the course was designed mostly for outpatient situations. Among the topics related to the nurses' field and that they needed and wanted the course to cover were educating the patient, telephone skills, giving advice, giving instructions, checking understanding, explaining drug interactions and administering medication. Only a few cultural topics were addressed. Finally, based on their preferences, most of the activities during the course were conducted in pairs, groups of 3 or 4, and as a whole class.

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