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Tıp Fakültesi Öğretim Üyeleri ve Asistan Doktorlarının Mesleki ve Kişisel İngilizce Dil İhtiyaçları Analizi

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Abstract

As it is the case in many other majors, the need to become proficient in English is crucial for medical professionals mainly because they need to keep their knowledge and skills up-to-date, which requires them to follow recent changes and developments in the profession both in and out of the country. In this regard, as the language of science, English also dominates the literature in medicine. For this reason, to what extent medical professionals need English language skills both professionally and personally is a matter of concern for language teaching professionals. With this in mind, the current study examines English language needs of faculty members (FMs) and postgraduate assistants (PGAs) working at Faculty of Medicine at a state university in Turkey. 29 PGAs and 26 FMs from various departments responded to a 26-item, 4-point Likert scale assessing their needs on four macro skills; *listening, reading, speaking, and writing* complemented by micro skills. The results mainly revealed that on a professional basis, the FMs had stronger perceptions regarding their language needs than the PGAs did, while the PGAs' perceptions of personal needs for reading and writing were found to be stronger than the FMs'. Additionally, the perceptions of both participant groups regarding their personal language needs were slightly lower than their professional ones, which may stem from the fact that being demanding and competitive, a medical career requires high standards to attain professional achievements where external drives and forces become more significant.

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Öz

Diğer pek çok alanda olduğu gibi, tıp profesyonelleri için de İngilizcede yetkin olmak temelde ülke içinde ve dışında meydana gelen değişim ve gelişimleri takip ederek bilgi ve becerilerini güncel tutma gereksinimden ötürü oldukça önemlidir. Bu bağlamda, bilim dili olan İngilizce, aynı zamanda tıp alan yazınını da etkisi altına almaktadır. Bu nedenle, tıp profesyonellerinin hem mesleki hem de kişisel anlamda İngilizce dil becerilerine ne derece ihtiyaç duydukları dil öğretim profesyonelleri için bir düşünce konusudur. Bu noktalardan hareketle, bu çalışma Türkiye'de bulunan bir devlet üniversitesinin tıp fakültesi öğretim üyeleri ve asistan doktorlarının İngilizce dil ihtiyaçlarını incelemektedir. Çeşitli bölümlerden 29 asistan doktor ve 26 öğretim üyesi, mikro beceriler ile desteklenen 4 temel beceriye, *dinleme, okuma, konuşma ve yazma*, ilişkin dil ihtiyaçlarını 26 madde ile ölçen 4'lü Likert-tipi bir ölçeğe cevap vermişlerdir. Sonuçlar temelde mesleki anlamda, öğretim üyelerinin dil becerileri ihtiyaçları algılarının asistan doktorlarınkinden daha kuvvetli olduğunu, öte yandan asistan doktorların okuma ve yazmaya ilişkin kişisel ihtiyaçları algılarının ise öğretim üyelerininkinden daha güçlü olduğunu göstermiştir. Bununla birlikte, her iki tarafın kişisel dil ihtiyaçları algılarının mesleki ihtiyaçlarından bir miktar daha düşük olduğu görülmüştür. Bu durum ise, zor ve rekabetçi olan tıp kariyerinin, mesleki başarılara erişmek için, dışsal motivasyon ve dürtülerin daha belirgin olduğu yüksek standartları gerektiriyor olması gerçeğinden kaynaklanabilmektedir.

Makale Bilgisi

Anahtar Kelimeler: Dil becerileri, dil öğretimi, ihtiyaç analizi, mesleki amaçlı İngilizce

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Introduction

Whatever the profession is, English, as the lingua franca for business, communication, science, technology, and education, is a priority worldwide. In this regard, the importance being attached to English in medicine is no exception, mainly because being proficient in English is fundamental for medical professionals as they need to maintain and further their professional learning and development by following the changes and developments in their field which requires them to reach extensive medical literature mostly written in English (Radu, 2008). Moreover, those some other professional activities such as communicating with colleagues across different countries, attending international conferences and seminars also call for a certain degree of competence in English. Thus, stemming from these specified needs, English has a central place in medical professionals' lives.

However, a one-size-fits-all English for general purposes approach to learning and teaching English cannot be pursued to meet the needs of this specific group of professionals in institutionalized learning and teaching contexts. In this regard, English for Specific Purposes (hereafter ESP) can be used as an approach to course desing that basically focuses on learners and their learning needs (Hutchinson & Waters, 1987) necessitating conducting needs analysis (hereafter NA), the corner stone of ESP. As stated, NAs are undertaken to determine what language skills are needed most by learners and how they should be taught (Dudley-Evans & St John, 1998) and as "a fact-finding process" (Faraj, 2015, p. 122), they help ESP practitioners and researchers not only clarify and validate real needs but also develop objectives meeting them, include appropriate content in the syllabus, design or select appropriate materials, and select and use appropriate assessment and evaluation methodology (Akyel & Ozek, 2010). In this regard, a curriculum that is not based on NA and that does not respond to the needs of its learners, faculty or institution is likely to become worse or stop living suddenly (Kern, Thomas, & Hughes, 2009).

As Dudley-Evans and St John (1998) state, what is meant by *needs* varies, and there have been different terms to describe various factors and perspectives. For instance, in their detailed account of NA, Hutchinson and Waters (1987) categorize needs as; necessities, wants, and lacks. They basically define *needs* as what learners need to do in order to function effectively in the target situation, *lacks* as what learners already know to define what they need to know, and *wants* as their motivation in learning what they need (see pp. 54-58). Within the scope of the current study, *professional needs* refer to those specific tasks and activities that medical professionals do or will need to do in their profession using their English language skills. On the other hand, personal needs, closely linked to wants, refer to medical professional motivations to need the language skills.

Despite its significance and centrality in course desing for medical professionals, a brief search on the existing global literature on NA reveals that it is undergraduate medical students' language needs regarding four macro skills, *reading, listening, speaking, and writing*, which have been primarily examined so far (see Faraj, 2015; Hwang, 2011; Javid, 2011; Naruenatwatana & Vijchulata, 2001; Vahdany & Gerivani, 2016). Of these, only one study has focused on the needs of students regarding academic English use (Naruenatwatana & Vijchulata, 2001). Studies on postgraduate assistants' and medical instructors' perceptions of language needs are very rare (see Iravani & Saber, 2013). Similarly, there is only one study discussing the pedagogical implications of medical students' and faculty members' language needs (Hwang, 2011). An analysis of these studies suggests that it is difficult to identify broad similarities among them with regards to language needs of people in medicine since in some of them speaking skills were the top ones the participant students perceived essential for them (see Faraj, 2015; Iravani & Saber, 2013), while in some others writing skills were needed most (see Javid, 2011). Yet, in Vahdany and Gerivani's (2016) study, the students reported to need reading skills most followed by writing skills.

Similarly in Turkey, several researchers such as Alagozlu (1994), Kayaoğlu and Dağ Akbaş (2016), Taşçı (2007), Yeniçeri (2008) have also looked into medical students' English language needs and found different results in that in Alagözlü's and Taşçı's studies reading was found to be the top skill needed most whereas listening was the most needed skill in Kayaoğlu and Dağ Akbaş's (2016) study. Thus, the variation found in the related body of literature may suggest that perceptions regarding language needs are likely to change due to personal and contextual factors such as the language proficiency level of students, professional goals, professional requirements, workplace demands, and etc. (see Bosher & Smalkoski, 2002; Hull, 2016).

However, to the researchers' best knowledge, no studies have been conducted to uncover English language needs of medical professionals. To address this gap, therefore, this study set out to explore perceived English language

needs of FMs and PGAs at a Faculty of Medicine in a state university in Turkey. To gain a deeper insight, both their perceived professional and personal English language needs were investigated.

Method

Methodology and research purpose

In accordance with the research problem stated above, using survey methodology, the study sought to examine the English language needs of FMs and PGAs regarding four macro language skills; *listening, reading, speaking, and writing* and associated micro skills. As suggested by Nunan and Bailey (2009), the overall purpose of this methodology is to obtain a snapshot of the condition under investigation, especially when it is the most cost-effective and practical method to gather data from a large sample (McCawley, 2009). Since these two features fit well with the purpose of this study, survey methodology was chosen for collecting data.

Setting and participants

The study was carried out at the Faculty of Medicine of a Turkish state university founded 35 years ago. Under 3 main areas known as basic, internal, and surgical medical sciences, the faculty has 42 departments where an approximate number of 205 FMs and 332 PGAs worked when the study was carried out. Obtaining permission to carry out the study in 10 of these departments including *obstetrics and gynecology, family medicine, anatomy, physical therapy and rehabilitation, plastic, esthetics, and reconstructive surgery, physiology, radiation oncology, general surgery, medical biochemistry, and medical microbiology,* 29 PGAs and 26 FMs participated in the study. A great majority of them were males (n=41), while the rest were females (n=14). 4 of the FMs and 3 of the PGAs had studied abroad i.e. the states, UK, or Pakistan either for their postgraduate education or for short-term e.g. 6-month internships. The PGAs had 5 years of professional experience on average, while it was about 16 years for the FMs. Last but not the least, both FMs and PGAs need to meet the institutional English-language requirement to be staffed at the faculty. To be able be placed for their postgraduate training, PGAs have to take a foreign language proficiency test conducted either by assessment, selection, and placement center (OSYM) or the Ministry of Health, and at which they need to obtain a minimum score of 50. FMs need to provide evidence of their knowledge of English as well. In this sense, it can be claimed that both groups of participants had English language background.

Instrumentation

For data collection, a NA questionnaire was used which consisted of two sections: Section 1 contained questions about participants' background information and Section 2 included a 26-item scale eliciting their perceived English language needs. The scale was based on a 21-item instrument by Naruenatwatana and Vijchulata (2001). While developing the scale, the items in the original one were examined to determine whether they represented the language skills used by medical professionals in their profession. As a result, some items from the original version such as *listening to the radio, practice interview, reading English newspapers and magazines, writing exams,* and *taking lecture notes* were excluded, while some other new items such as *listening to classroom presentations and discussions, giving instructions to patients, asking about symptoms, reading clinical labrotory reports* were added. As for the writing skills, the only micro skill coming through Naruenatwatana and Vijchulata's study was *writing term papers* as the rest (5 items) were written by the researchers. The items were categorized under four macro language skills complemented by micro skills and each measured on a 4-point Likert scale ranging from *very essential* to *unessential*. After this initial stage, expert opinion was also sought for the final version, and a medical doctor who was doing her specialization at that time, now a FM, responded to the questionnaire and commented on the representativeness of the items. Upon the feedback elicited, the questionnaire was given its final form. As a final step in instrumentation, Cronbach's Alpha coefficient *(α)* was calculated to measure the internal consistency of the scale. The overall scale reliability was found as *α.90* indicating excellent internal consistency, and reliability coefficient was *α*.80 for listening skills, *α.*85 for speaking skills (good internal consistency for both), *α*.90 for reading skills, and *α*.78 for writing skills suggesting acceptable internal consistency (see Gliem & Gliem, 2003). After ensuring the validity and reliability of the instrument, the researchers proceeded to data collection.

Data collection and analysis procedure

Once the permission of the faculty board was obtained to conduct the study, the researchers got in touch with the secretaries of the departments to briefly inform them about the study and also to ask if they could collaborate with the researchers to deliver the NA questionnaires to the FMs and PGAs in their departments. A total of 130 questionnaires were given to them including a written consent form for the participants of the study. 80 participants voluntarily completed the survey in a five-day time span. However, 25 questionnaires were disregarded due to incomplete data during data analysis phase, which brought the total number of usable questionnaires to 55. For the analysis, descriptive statistics, i.e. means and standard deviations, were calculated and inferential statistics (t-tests) were performed.

Findings

To have an overall understanding regarding the professional language needs of both group of participants, the responses provided for four macro skills of *reading, listening, speaking* and *writing* were analyzed (see Figure 1).

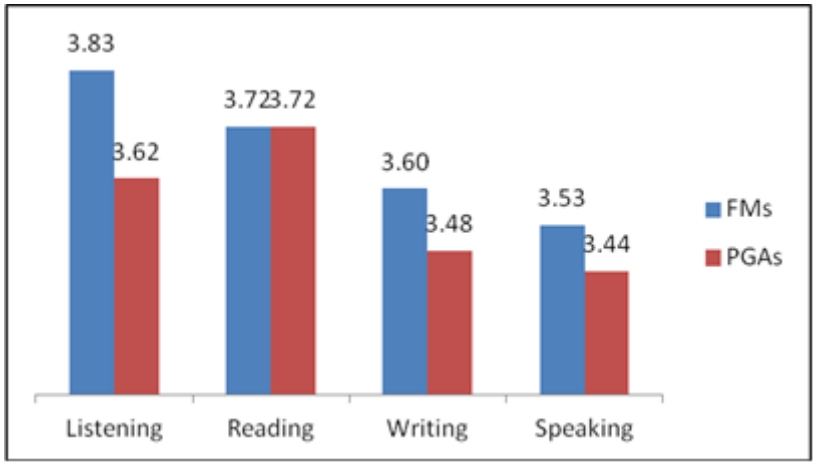

Figure 1. FMs' and PGAs' professional English language needs

As the figure indicates, all four macro skills were perceived to be essential by both groups although the PGAs had slightly lower perceptions in comparison to those of FMs'. Two receptive skills, i.e. *listening* (*M*=3.83) and *reading* (*M*=3.72), were reported to be the most essential skills by the FMs followed by *writing* (*M*=3.60) and *speaking* (*M*=3.53) skills. Similarly, the PGAs perceived the receptive skills to be more essential for their professional needs with the difference that they considered *reading* as the top essential skill (*M*=3.72) followed by *listening* (*M*=3.62), *writing* (*M*=3.48), and *speaking* (*M*=3.44) skills. These findings indicate that the two groups primarily needed English to understand spoken and written discourse more. The priority of the language needs regarding reading skill as reported by the PGAs may be related to the fact that as students yet, this group may be engaged in written discourse more to complete some assignments.

To understand whether the differences in the mean values observed for all macro skills between both groups' perceived professional language needs were statistically significant, t-tests were performed (see Table 1).

Table 1. Independent sample t-test for FMs' and PGAs' perceived professional language needs for macro skills

Macro Skill	Group				*t*	*df*	*p*
	FM		PGA				
	M	*SD*	*M*	*SD*			
Listening	3.83	.49	3.62	.62	1.40	53	.92
Reading	3.72	.80	3.72	.56	0.	53	1.0
Writing	3.60	.75	3.48	.76	0.59	53	.72
Speaking	3.53	.80	3.44	.73	0.43	53	.67

As the table shows, the t-test analysis revealed no statistically significant difference between both participant groups' professional language needs regarding four macro skills (p>.05). This result suggests that academic position does not make any significant difference on medical professionals' perceptions on their language needs possibly because the tasks that both parties need to perform and the language skills that they need to possess to effectively perform the tasks are somehow the same.

Both participant groups were also asked to report their personal needs with regard to four macro language skills (see Figure 2).

Firstly, as Figure 2 shows, when compared with their professional language needs per macro skill (see Figure 1), the order of the macro language skills for both groups' personal language needs did not change.

Despite slight decreases, *listening* (*M*=3.65) and *reading* (*M*=3.52) skills were still perceived to be more essential than *writing* (*M*=3.44), and *speaking* (*M*=3.38) skills by the FMs. For the PGAs, *reading* (*M*=3.69) was still perceived as the most essential skill, which was followed by *listening* (*M*=3.50), *writing* (*M*=3.46), and *speaking* (*M*=3.32) skills.

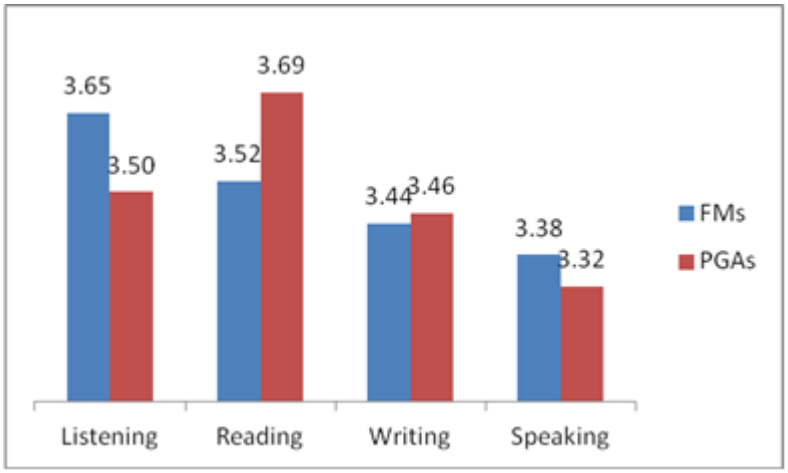

Figure 2. FMs' and PGAs' personal English language needs

For the two participant groups, the sameness of the results pertaining to the order of the macro skills on a professional and personal basis indicate that the medical professionals in this cohort perceived receptive language skills to be more essential than productive ones. However, the PGAs were observed to need reading and writing more than the FMs did, which might be directly related to the postgraduate studies they are required to complete, in which reading and writing are usually considered as the key skills.

The decreases observed in the mean values of all skills for both groups, on the other hand, show that their professional English language needs are stronger than their personal ones. This is understandable since all professionals are required to posses certain skills and competencies to be able to stay in their professions and to deliver high quality service to the community. Thus, it can be suggested the medical professionals in the study were more driven by the external factors imposed on them by their profession.

Lastly, to see whether any statistically significant difference existed between the participant groups' personal language needs, t-tests were performed (see Table 2).

Table 2. Independent sample t-test for FMs' and PGAs' perceived personal language needs

Macro Skill	Group				*t*	*df*	*p*
	FM		PGA				
	M	SD	M	SD			
Listening	3.65	.75	3.50	.62	0.80	53	.79
Reading	3.52	.98	3.69	.58	-0.77	53	.22
Writing	3.44	.97	3.46	.77	-0.08	53	.47
Speaking	3.38	.96	3.32	.78	0.25	53	.60

As the table shows, there were not any statistically significant differences in perceived personal language needs regarding macro skills between the two groups (p>.05), which might be regarded as an indicator of the strong influence of the professional expectations, requirements on perceived needs.

To make more sense of these overall findings, the micro skills for each macro skill were also analyzed and professional and personal language needs were compared to capture the similarities and differences between these two sets of needs. Initially, the results regarding listening micro skills for the two groups are presented below (see Table 3).

Firstly, both participant groups' perceptions of needs with regard to listening micro skills show parallelism in that the top three micro skills needed most are the same for both groups, i.e. *listening to medical conversations, listening to conference presentations, and listening to lectures.* These findings seem to support the fact that in their professional lives FMs attend conferences, seminars, congresses, and trainings and intract with their colleagues where they need to make use of their listening skills actively and effectively. Similarly, throughout their postgraduate education, PGAs are required to be involved in such professional activities as part of their professional learning and development.

Table 3. FMs' and PGAs' perceived professional and personal needs regarding listening micro skills

Macro Skill Area Listening	**FMs**				**PGAs**			
	Professional needs		**Personal needs**		**Professional needs**		**Personal needs**	
Listening micro skills	***M***	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***
Listening to conversations on general topics	3.76	.52	3.52	.77	3.50	.75	3.50	.58
Listening to medical conversations	3.88	.43	3.69	.74	3.79	.41	3.66	.48
Listening to lectures	3.85	.46	3.69	.74	3.59	.68	3.45	.74
Listening to conference presentations	3.88	.43	3.73	.72	3.79	.49	3.66	.48
Listening to classroom presentations & discussions	3.77	.59	3.62	.80	3.41	.78	3.24	.83
Total	3.83	.49	3.65	.75	3.62	.62	3.50	.62

As for the perceived personal needs, it is observed that the micro skills that the FMs prioritized as their professional needs did not change. *Listening to conference presentations* (*M*=3.73), *listening to medical conversations* (*M*= 3.69), and *listening to lectures* (*M*= 3.69) were found to be the top three micro skills needed more by the FMs. On the other hand, while the top two most needed listening micro skills for personal use were the same as their professionals ones for the PGAs, i.e. *listening to conference presentations* (*M*=3.66) and *listening to medical conversations* (*M*= 3.66), they reported that they needed to listen to *conversations on general topics* (*M*=3.52) as well. This finding may indicate that the PGAs in the study were also interested in using the language for different, presumably personal, purposes other than their profession.

Lastly, the t-test analyses were conducted to understand whether the observed decreases in the total mean values for perceived professional and personal needs of both groups were statistically significant or not. The tests were found to be non-significant both for the FMs, ($t(25)=1.224$, $p=.88$), and the PGAs, $t(28)=1.059$, $p=.85$.

When the reading micro skills are considered, the FMs reported *reading medical textbooks and reports* (*M*=3.81) as their top professional need followed by *reading medical journals* (*M*=3.77). Although still relatively high, *reading clinical laboratory reports* (*M*=3.50) was perceived as less needed by the FMs in this study. The same micro skills were also found to be the most needed skills for the FMs on a personal basis as well. On the other hand, the PGAs reported *reading medical journals* (*M*=3.83) as the top micro skill both as a professional and personal need followed by *reading medical textbooks* (*M*=3.69) (see Table 4).

Table 4. FMs' and PGAs' perceived professional and personal needs regarding reading micro skills

Macro Skill Area Reading	FMs				PGAs			
	Professional needs		Personal needs		Professional needs		Personal needs	
Reading micro skills	***M***	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***
Reading medical textbooks	3.81	.69	3.58	.90	3.79	.41	3.69	.47
Reading medical journals	3.77	.71	3.58	.90	3.83	.38	3.83	.38
Reading medical reports	3.81	.69	3.62	.90	3.72	.65	3.66	.67
Reading clinical laboratory reports	3.50	1.1	3.31	1.2	3.52	.78	3.56	.78
Total	3.72	.80	3.52	.98	3.72	.56	3.69	.58

Regarding the total means for both types of needs, on the other hand, it is seen thet there is no big difference between the PGAs' perceived professional and personal needs regarding reading (*M*=3.72 and *M*=3.69 respectively), while a sharp decrease can be observed in the FMs' perceptions of personal needs. Yet, the t-test analyses did not yield any statistical differences between the perceived professional and personal needs of neither the FMs, *t*(25)=1.041, *p*=.85 nor the PGAs, *t*(28)=0.279, *p*=.61. From these findings, it can be inferred that the FMs' needs might be more profession-oriented and personally they might not think they need these skills, which might be related to their proficieny level in English, whereas the PGAs might be at a stage whereby they still struggle with reading comprehension skills to fullfil both their professional and personal needs.

The reported needs for the writing micro skills for both groups are presented in Table 5. As can be seen, *writing research papers* is the top professional and personal micro skill needed by the participants. This finding is meaningful in that doing research and making it public is one of the core professional competences in academia, and the participants in this study were also driven by this external motivational source, and thus perceived this as their top need. Yet, the high mean value for the FMs (*M*=3.81) in comparison with that of the PGAs' (*M*=3.66) might be due to the fact that as faculty members they might feel more pressurized to publish research as a job requirement, whereas PGAs are not expected to do so.

Table 5. FMs' and PGAs' perceived professional and personal needs regarding writing micro skills

Macro Skill Area Writing	FMs				PGAs			
	Professional needs		Personal needs		Professional needs		Personal needs	
Writing micro skills	***M***	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***
Writing research papers	3.81	.49	3.58	.95	3.66	.67	3.62	.68
Writing medical reports	3.58	.81	3.54	.95	3.48	.83	3.38	.86
Writing course assignments	3.65	.56	3.58	.76	3.48	.83	3.41	.87
Writing case histories	3.46	.95	3.27	1.1	3.48	.78	3.45	.78
Writing for practical purposes (e.g. e-mail messages, letters or memos)	3.77	.59	3.54	.86	3.48	.57	3.59	.57
Writing instructions/prescriptions to patients	3.35	1.1	3.12	1.2	3.31	.85	3.31	.85
Total	3.60	.75	3.44	.97	3.48	.76	3.46	.77

The FMs also reported *writing for practical purposes* as the second most needed skill (*M*=3.77) for professional purposes, while for PGAs it was the second most essential personal need (*M*=3.59). *Writing instructions/prescriptions to patients* which was found to be needed the least by both participant groups, which makes sense when the fact that both groups work in a context where English is not used as a medium of communication, and they usually deal with Turkish patients. Last, but not least, for both groups, decreases in the mean values for personal needs were detected suggesting strong professional motivations influencing their language needs. However, no statistical differences were found in these perceived needs for the FMs, *t*(25)=0.841, *p*=.80 or the PGAs, *t*(28)=0.14, *p*=.56.

Lastly, the findings related to the speaking micro skills are presented below (see Table 6).

As the table shows, the FMs reported *presenting papers at seminars and conferences* and *participating in discussions at seminars and conferences* as the most essential micro skills needed both professionally and personally followed by presenting *videos at seminars & conferences* (*M*=3.73), all of which indicate the international contexts that academics get together where they rely on these micro skills heavily. Contrarily, as could be expected, the micro skills of *giving instructions to patients* and *asking about symptoms* were perceived less essential since English is not used as a means of communication in daily life in Turkey. For the PGAs, on the other hand, *carrying out academic discussions* and *talking to foreign colleagues* (*M*=3.69 for both) were the most essential needs on a professional basis. For personal purposes, they perceived *talking to foreign colleagues* (*M*=3.59) and *presenting papers at seminars and conferences* (*M*=3.45) as their top needs which might be connected to their inner drives to enhance their knowledge and understanding through sharing and interaction. Similar to the FMs, *giving instructions to patients* (*M*=3.24) was the least essential need for the PGAs.

Considering that both groups scarcely have foreign patients, the finding seems to reflect the context they work in. Last but not least, the t-test analyses conducted to see whether the participant groups' personal speaking needs differed from their professional needs showed no statistical differences between these two sets of perceptions (for the FMs $t(25)=0.797$, $p=.78$, for the PGAs $t(28)=0.828$, $p=.79$).

Table 6. FMs' and PGAs' perceived professional and personal needs regarding speaking micro skills

Macro Skill Area Speaking	**FMs**				**PGAs**			
	Professional needs		**Personal needs**		**Professional needs**		**Personal needs**	
Speaking micro skills	***M***	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***
Carrying out general conversations (phone calls, interacting with hospital personnel etc.)	3.62	.64	3.54	.86	3.38	.73	3.38	.68
Participating in classroom discussions	3.42	.99	3.27	1.1	3.17	.93	3.21	.86
Carrying out academic discussions	3.69	.62	3.50	.86	3.69	.54	3.38	.78
Presenting videos at seminars & conferences	3.73	.60	3.54	.86	3.55	.69	3.28	.80
Presenting papers at seminars & conferences	3.77	.51	3.58	.81	3.59	.68	3.45	.78
Participating in discussions at seminars & conferences	3.77	.51	3.58	.81	3.55	.51	3.48	.63
Giving oral instructions at seminars and surgeries	3.58	.86	3.38	.98	3.45	.57	3.24	.69
Giving instructions to patients	3.00	1.2	2.88	1.2	3.03	1.0	2.93	1.0
Asking about symptoms	3.20	1.2	3.12	1.1	3.21	1.1	3.14	1.1
Talking to foreign patients	3.48	.96	3.24	1.1	3.52	.69	3.41	.68
Talking to foreign colleagues	3.58	.76	3.50	.91	3.69	.54	3.59	.57
Total	3.53	.80	3.38	.96	3.44	.73	3.32	.78

Discussion and Conclusion

This study set out to examine the professional and personal English language needs of the FMs and PGAs in a Faculty of Medicine at a Turkish university. Both group of participants reported relatively high levels of needs for four macro language skills with an emphasis on the receptive ones, i.e. listening and reading, followed by writing and speaking both on professional and personal levels. Yet, while the reading comprehension skill was reported as the most essential one by the PGAs, it was listening for the FMS.

The priority given to listening seems to be primarily related to the context that these participant groups study and work in, where English is not used as the medium of communication. Thus, the participants' perceived needs for listening skills is meaningful in that they need to listen to other professionals at conferences, seminars, or training courses more in which active and effective listening has a big role. Those research studies conducted in similar contexts also show that faculty members regard listening as one of the most important skills having role and importance in medical education (see Faraj, 2015; Hwang & Lin, 2010; Hwang, 2011; Kayaoğlu & Dağ Akbaş, 2016).

Similarly, undergraduate medical students also perceive listening as the most important skill to improve for their academic studies and future work (see Chia, Johnson, Chia, & Olive, 1999).

In the same vein, the emphasis that both participant groups put on reading skills could stem from the need that their profession requires extensive reading not only to equip themselves with new knowledge and skills but also to keep their knowledge up-to-date to be able to follow recent changes and developments in the field. Despite the slight difference between both participant groups' perceptions of needs, the results are in line with some other studies conducted in different medical contexts such as Saudi Arabia, Iran, and Taiwan, which report reading skills as the most essential ones (see Alagözlü, 1994; Alharby, 2005; Hwang, 2011; Javid, 2011; Kayaoğlu & Dağ Akbaş, 2016; Taşçı, 2007; Vahdany & Gerivani, 2016). All these studies, reflecting an agreement upon the precedence of reading skills, could also suggest the significance universally attached to English as the lingua franca of medicine, which is developed and strengthened through knowledge production, practice, and sharing.

Although no statistical difference was found between the perceived personal and professional needs regarding the macro language skills for both participant groups, their perceived professional needs for all skills were found to be higher than their personal ones, which might be accepted as an indicator of the dominance of professional motivations over personal wants since the medical profession promotes higher standards for education, training, and regulation of practice. Thus, the challenge to maintain professional competence and development across their career may have a defining impact on how they perceive their language needs. Definitely, the explanation of this result requires further studies on the issue.

The third most essential need reported by the participants of this study was writing skills. Both the FMs and PGAs were found to need it mainly for the micro skill of *writing research papers*, which is also similar to the findings of the studies of Iravani and Saber (2013), Faraj (2015), and Kayaoğlu and Dağ Aktaş (2016), in which medical students regarded writing research papers and reports as the most challenging sub-skills they needed to perform to fulfill the tasks and responsibilities of the medical program they were involved. When the fact that FMs need to do research and publish and that PGAs need to write 'at least' their dissertations to complete their postgraduate training is considered, it makes more sense why this micro skill is perceived as an essential, top writing skill need.

Despite being moderately perceived in comparison with the other skills, speaking skills were found to be less needed by both participant groups in this study. This result is congruent with the results of some other studies (see Vahdany & Gerivani, 2016) conducted with medical students and general practitioners and reported speaking skills as the least needed one mainly needed to make presentations at conferences and seminars. In this current study, the least needed skills reported were *giving instructions to patients*, *asking about symptoms*, and *participating in classroom discussions*, which indicates the contextual factors as determining the perceptions of needs. Since the medium of instruction in the program, where this study was conducted, is Turkish, and English is not an official language in Turkey, speaking appears to be a less needed skill.

In the light of the findings discussed above, this study concludes that in EFL settings medical professionals and postgraduate assistants have the tendency to favor receptive skills more as they have limited exposure to the language and also restricted chances to use the language for communicative purposes such as talking to foreign patients or colleagues, tutoring courses, or managing and participating in classroom discussions and talks.

Besides, as a profession which is driven by excellence, standards, rules and regulations, the job related demands and requirements seem to dominate their perceptions of needs as well particularly to pursue their career-related goals such as being involved in medical conversations and conference discussions both receptively and productively, reading medical texts and reports, and writing research papers.

Complementarily, career path can also be concluded to affect medical professionals' language needs as the PGAs in this study reported lower perceptions of professional and personal needs than the FMs did. In other words, the fact that FMs need to meet the academic requirements as they develop and advance in their career seems to have a defining role on their language needs perceptions when compared to PGAs who have limited requirements to complete their postgraduate training and possibly have no goals to pursue an academic career.

Thus, it may be concluded that needs in a career such as medicine, which is demanding and competitive, are largely defined and determined by professional reasons, career goals, contextual factors, and workplace demands.

These conclusions primarily indicate the significance of conducting NA studies before setting out to design language programs or courses as the discussion of the findings above revealed that perceptions of needs vary, and are highly

context-specific. Thus, defined to be the key stage in ESP (Dudley-Evans & St John, 1998), but not necessarily be restricted to it, NA, as "a fact-finding process" (Faraj, 2015, p.122), proves to be the means which provides English language teaching practitioners and researchers with the evidence not only to clarify and validate real needs but also to develop objectives to meet them, identify content, select appropriate instructional approaches, materials, and assessment and evaluation methods. In this sense, although NA is the first step, it is clear that collaboration between language teaching specialists and medical professionals is required to design sound instructional programs embedded in undergraduate programs to support medical students so that they can develop language proficiency alongside mastering the academic content (see Markos & Himmel, 2016).

Last but not least, what is revealed through the analysis of both participant groups' language needs in this study is limited to the findings obtained through the NA questionnaire. To verify if NA reflects the real needs, further studies are suggested to include one-on-one interviews, observations, and discussions with participants which may let researchers develop stronger and detailed insights into perceived language needs.

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