Empathy Development through ESP: A Pilot Study

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SVILUPO DI EMPATIA ATTRAVERSO ESP (INGLESE PER SCOPI SPECIFICI): UNO STUDIO PILOTA

Abstract

The paper is devoted to ethical awareness which has become one of the main concerns in medical education and healthcare nowadays. The paper discusses empathy development in medical students as a significant element of their professional training. It is reported that empathy should be implemented in the academic curriculum of medical schools and universities as a part of a multidisciplinary approach. The authors argue that empathy could be developed in a foreign language classroom. They illustrate their statement by providing real class examples in which empathy-developing content is incorporated in English for specific purposes (ESP) for medical students. The students’ empathy level was measured at the beginning and at the end of the course with a balanced emotional empathy scale (BEES) questionnaire. The analysis of the results of the comparative assessment indicate positive dynamics of empathy levels in the medical students tested, after the course was completed. The authors conclude that ESP can be effective in supporting and improving the required empathy levels of future healthcare workers to help them to deliver their humanitarian services successfully.

Keywords: Balanced Emotional Empathy Scale (BEES) Questionnaire, Empathy development, ESP (English for Specific Purposes), Medical students, Professional training.
1. INTRODUCTION

Medical practitioners appear to have a special status in any society. In exercising their professional skills and abilities, they are expected to reveal high standards of morality and ethics. Riddick (2003, p. 8) with reference to The Code of Medical Ethics focuses on the principal objective of the medical profession as «[...] service to humanity with full respect for the dignity of man» and emphasizes the role of physicians, who «[...] should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion». Analysing humanitarian aspects of healthcare he (Riddick, 2003) highlights the significance of medical ethics in a physician's work and describes a physician's professional competence in terms of its inseparable connection with compassion towards patients’ dignity and respect for human rights.

In order to successfully perform this mission, health care workers should have professional competencies allowing them to provide adequate care for patients. Additionally, their personal qualities are supposed to be beneficial for efficient doctor-patient interaction based on mutual respect and understanding. Nowadays the concept of medical competence as a complex phenomenon comprising professional knowledge and skills, such as diagnostic, therapeutic, preventive etc., and moral concepts and views has been profoundly established in medical training and practice. Moreover, a number of researchers consider moral and ethical components of professional medical competence to be the foundation stones of modern medicine.

However, our review of ethical related studies in Russia and worldwide has revealed an alarming underestimation of the need for ethical awareness in healthcare, which is a concern. Moreover, doctor-patient relationships being the cornerstone of medical practice are currently facing new challenges. For example, the doctor's obligation to maintain patient confidentiality is impinged due to an era of computerized medical records and managed care. In addition, the traditional paternalistic approach, in which the physician makes decisions and the patient submits them, is being widely rejected nowadays, as it can hinder obtaining a positive clinical outcome. Furthermore, certain issues of everyday medical practice such as respect and equal treatment, communication and consent, making decisions for incompetent patients and maintaining patient confidentiality, have been interfered crucially due to the new paradigm shift in doctor-patient relationships from paternalism to autonomy; physicians have now lost their ultimate control in decision-making.

Although the doctor-patient relationship is inevitably influenced by internal factors, such as the medical practitioner’s competence, it has always been exposed to external trends, such as public attitudes and opinions. This
is only natural since the doctor-patient relationship is deeply incorporated into public health care which, in turn, has long become an influential social institution. This social character of medicine means that health care workers are mandated by the extraordinary responsibility and burden to provide care for those in need, manifesting a high level of responsibility, self-regulation, dignity and respect, thinking and acting with their patients’ requirements uppermost in their minds.

1.1. Defining empathy for healthcare and medical education

Empathy is an important ethical component in medicine that makes a considerable contribution to an overall clinical outcome. Medical educators consider empathy to be a crucial aspect of healthcare which is due to be developed in the course of medical education. Moreover, many medical practitioners and educators believe that empathy should be assessed on admission to medical school. All in all, empathy is an essential feature of professional competence of healthcare workers. This is the reason why empathy as a capacity to understand or feel what another person is experiencing appears to be a part of ethical education in medical schools and universities. It should be implemented in the academic curriculum of medical schools and universities not only as a separate course but as part of a multidisciplinary approach, and as an integral part of various disciplines.

A foreign language for specific purposes is a compulsory course in an academic curriculum in medical schools and universities in Russia. This entitles foreign language teachers to develop language and cultural competence in the students of medicine. Foreign language teaching (FLT) is able to contribute to the moral and humanistic development of future health care professionals. As indicated in the literature (Humphreys & Wyatt, 2014; Halbach, 2015; Hanks, 2015; Sahin & Yildirim, 2016 etc.) foreign language, being a humanitarian discipline possesses an enormous educational potential; this allows developing moral standards of medical students in the process of FLT. The most important personal traits necessary for successful professional activity of a doctor are patience, tenacity, insistence, respect, thoroughness, sociability, compassion and empathy.

Empathy is stated as taking a special place in the range of professionally significant personal traits of health care providers. Meshcheryakov and Zinchenko (2004) in their psychological dictionary define empathy as an attention towards other people. Empathy is understood as emotional generosity, sensitivity and attention towards other people, their problems, troubles and joys; in Psychology glossary empathy is highlighted as an ability to perceive
other people’s feeling «not in a physical sense, but in an emotional sense». Rogers (1959) in his definition of empathy pays special attention to the ability to understand another person without losing certain conditionality of a situation. Empathy in his opinion is an ability of an individual to precisely experience another person’s feelings and emotions, either positive or negative, without losing his own selfhood, bearing in mind the «as if» condition. Taking all rational definitions into account, the authors share the opinion of Berger (1987), who describes «clinical» empathy and focuses on it as an ability to feel oneself at another person’s place passing through the same feelings.

Empathy is manifested in the intention to render assistance and support. It is based on high moral standards which a future doctor should possess. Consequently, empathy development is one of the compulsory components in medical education. Thus, we argue that a foreign language (FL) can be an effective tool in empathy development, just as a FL classroom can be an appropriate setting. There have been a number of studies on empathy-enhancing educational interventions in undergraduate medical education. For instance, Batt-Rawden et al. (2013, p. 1174) in their systemic review of literature on empathy developing content suggest «that educational interventions can be effective in maintaining and enhancing empathy in undergraduate medical students». Stepien and Baernstein (2006, p. 529) indicate «that empathy may be amenable to positive change with a range of interventional strategies». Laura Cunico et al. (2012, p. 2022) evaluated «the effect of a specific empathy training course for nursing students on empathic tendency» and came to «encouraging» results.

However, most researches emphasize that empathy assessment is limited by inadequate measurement instruments and varying definition of empathy. It is also notable that most reviews on teaching empathy involved educational interventions in specifically medical courses for undergraduates of medical schools, whereas the opportunities of a foreign language classroom of Russian medical universities have never been discussed so far. Therefore, we have attempted to incorporate empathy-developing tasks into a foreign language course for medical students with the aim of detecting the potential of English for Specific Purposes for teaching empathy.

Ethical content of medical texts, audio and video resources could become a selection criterion for their classroom use. This ethic-oriented approach in material selection supported by communicative classroom activities creates an auspicious environment facilitating empathy development in medical students. Our hypothesis, thus, is that ethical content of teaching resources implemented through communicative and reflection stimulating activities such as role plays and discussions contributes to empathy development in the FL class settings. In this regard the aim of this study was to prove that empathic
abilities in medical students could be developed by ethic related issues and stimulating activities implemented through English for Specific Purposes.

2. Research methodology

2.1. Research design

The research design of the methodology to be employed was determined by its aim and experimental character. At the preparatory stage we selected empathy-developing topics from a variety of materials for reading and listening skills development to create an ethic focused teaching resource bank to be used in ESP classroom for an empathy development purpose. These topics included doctor-patient communication, for example, talking to difficult patients, raising sensitive issues, breaking bad news, discussing preventive measures and life-style changes. The ethical issues covered ageing, obesity, terminal illness, palliative care, sexually transmitted diseases, social deprivation and health risks, cultural diversity in health care. The tasks’ formats varied from gap-filling and multiple choice exercises to group discussions and role-plays. Tailor made tasks were supposed to stimulate students to give their opinion on moral issues and evaluate medical workers behavior in various professional situations. The tasks also included assertive and persuasive strategies’ training and specific empathy-developing cases.

At the start of the course we assessed the level of empathy in the students (empathy level on entry) with the balanced emotional empathy scale (BEES) questionnaire (Mehrabian & Epstein, 1972), Russian version (Raigorodsky, 1998). During the ESP course the students were regularly assigned to complete tasks involving empathy-developing issues. The course included 10 units and was for intermediate level learners of English. At the end of the course the students’ level of empathy was assessed again (empathy level on exit). The results of the entry and exit empathy level tests were then compared and analysed.

2.2. Research methods and participants

This study is described as a randomized cross-sectional study with multiple cohorts involving one hundred and twenty eight students of Voronezh N.N. Burdenko State Medical University. They were first year male and female
students of the General Medicine, Pediatric, Pharmacy, Dentistry Faculties and the Institute of Nursing. The study was approved by the University Ethic Committee. Participation in the study was voluntary and anonymous. Participants were informed about the aim of the study. The instruments used in the study were presented to participants in the paper format. This comprised a survey on empathy together with questions on gender, age and indication of a faculty of a participant. The BEES questionnaire was used to assess the level of empathy in medical students. The questionnaire consists of 25 statements. The respondents had to express their level of agreement/disagreement with each statement. The answer scale included four options: «agree», «rather agree», «rather disagree» and «disagree». Completion required approximately 15-20 minutes. Examples of the statements of the questionnaire were as follows: «I take to heart my friends' problems», «I would be very anxious if I had to tell bad news to anybody», «I would like to get a profession related to communication with people» and «I am very depressed when I see helpless elderly people». BEES ranges empathy as «very low», «low», «normal», «high» and «very high». High values of empathic abilities are in reverse relation to aggressiveness and propensity to violence; it strongly correlates with the ability to appease, compliance, readiness to forgive others (but not themselves), and readiness to fulfill routine work.

3. Results and discussion

3.1. Empathy assessment «on entry»

The results of the empathy assessment at the beginning of the course can be summarised as follows in the matrix given in Table 1.

<table>
<thead>
<tr>
<th>Level of empathy</th>
<th>Male</th>
<th>% of cohort</th>
<th>Female</th>
<th>% of cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>–</td>
<td>–</td>
<td>9</td>
<td>10.5%</td>
</tr>
<tr>
<td>Low</td>
<td>15</td>
<td>35.7%</td>
<td>26</td>
<td>30.2%</td>
</tr>
<tr>
<td>Normal</td>
<td>24</td>
<td>57.2%</td>
<td>45</td>
<td>52.3%</td>
</tr>
<tr>
<td>High</td>
<td>3</td>
<td>7.1%</td>
<td>6</td>
<td>7.0%</td>
</tr>
<tr>
<td>Very high</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Totals</td>
<td>42</td>
<td>100%</td>
<td>86</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 1 shows the detailed breakdown by gender and faculty of the results of the empathy assessment at the beginning of the course.

Apparently, the data showed a common tendency in both male and female students of different departments. The majority revealed empathic abilities mainly on the low and normal levels (92.9% of the male cohort and 82.5% of the female cohort) with very few on the high level (7.1% male and 7% female).

The participants of the study then started a two-semester ESP (English for Medicine) course of 32 weeks with 2 hours of contact time a week. ESP teachers were due to involve empathy – developing content into most communicative tasks performed in the classroom.

3.2. Empathy development through language activities

FL educators possess a variety of teaching strategies to develop language skills and competences. We have attempted to select those educational interventions which would foster medical students’ empathic abilities along with their foreign language skills. In English for Medical Purposes we have employed a number of oral communication activities including reading and summarizing ethic related texts, small group discussion and debate of moral dilemmas and ethical issues, acting out of doctor-patient dialogues on sensitive issues and role plays, class discussion of a peer «empathic» performance during simulation activities.

Here is a fragment of a teacher’s plan for a typical practical class in the Language of Oral Health Promotion (an elective module for Dental Faculty) consisting of the following activities:
• Vocabulary practice (lead-in and warming-up activity).
• Reading (for example, text National Smile Month in the UK).
• Reading & speaking practice (reading for specific information, discussing the text issues).
• Role-play «A dental student works as a volunteer at National Smile Month».
• Class discussion.

Reading the text and discussing oral health issues provides a solid background for professional vocabulary development, for example, healthcare, oral health, fluoride toothpaste, caries, dental plaque etc. The text describes the UK health charity’s campaign called National Smile Month aimed at oral health promotion and raising awareness of simple hygienic measures able to contribute to wellbeing. The message of the text is that this is a significant issue of public health. Additionally, it is closely linked to ethical aspects of a healthy mouth and an attractive smile which can be sensitive issues for
children, teenagers and young adults. This is the area with which empathy-developing tasks are in tune. Not only does oral health promotion require enthusiasm and passion but it also presupposes a great deal of communicative skills and empathic abilities. The role play «A dental student at the National Smile Month» is an effective learning activity which is simultaneously focused at communicative skills and empathic development. According to the scenario of the role play, dental students were volunteers at the National Smile Month campaign and were to promote oral health amongst the community. 

Excerpt 1 represents a few role cards with the participants’ assignments.

<table>
<thead>
<tr>
<th>Excerpt 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You are a volunteer on the National Smile Month. You have to interview three people about their oral hygienic habits and fill in the answers in the Answers Sheet. According to respondents’ answers either encourage them to go on with their routine or recommend them to try something else.</td>
</tr>
<tr>
<td>B. You are a volunteer on the National Smile Month. You have to interview three people about their oral hygienic habits and fill in the answers in the Answers Sheet. Your respondents might have different concerns about oral health or oral hygiene. Try to find them out and give some professional advice.</td>
</tr>
<tr>
<td>C. You are a schoolgirl of 13 years old. You are reluctant to smile widely as you think your teeth are not white enough. Answer a volunteer’s questions and discuss your problem with them.</td>
</tr>
<tr>
<td>D. You are a high school student of 17 years old. You usually feel shy while talking to people as you think your breath is not fresh enough so you always chew gum. Answer a volunteer’s questions and ask for advice.</td>
</tr>
<tr>
<td>E. You are an expert on communication. You have to observe a volunteer – patient interaction and evaluate a volunteer’s communicative behaviour paying special attention to empathic attitude to a respondent’s concerns.</td>
</tr>
<tr>
<td>F. You are a dental hygienist. Devise a questionnaire of about 7-10 questions to find out the respondents’ oral hygienic habits. E.g. How would you describe the health of your teeth and gums? 1. Excellent 2. Good. 3. Average 4. Poor 5. Don’t know.</td>
</tr>
</tbody>
</table>
After completion the role-play was discussed with all the participants. The students expressed their opinion on each other’s general performance and communicative behavior. They also commented on the aims of the oral health campaign - whether they were accomplished or not. The teacher would prompt a discussion on empathic behaviour in case the point was not raised by the students. Excerpt 2 demonstrates a fragment of the discussion.

**Excerpt 2**

T = teacher; S1 = student – expert (role card D), S2 = student – high school student (role card C)

T Do you think Alexander was careful and tactful when he was talking to Mike about his bad breath?

S1 Eh –h, he was straightforward … I mean his question about the smell … Mike didn’t like it

S2 I felt a bit awkward as a patient … Alexander was really a bit pushy.

T Was it because he didn’t understand that was a sensitive issue for his respondent?

Later in the discussion the students analysed each role player’s performance to see whether they were patient, friendly, professional, sensitive and empathic toward their partners. The students came to a conclusion that in most cases their communicative failures were rather due to inappropriate use of the language than to the lack of sensitivity or empathy. This correlation between real emotions and their language manifested in communication was a valuable discovery for the class.

3.3. **Empathy assessment on exit**

By the end of course we assessed empathy level of the students once again.

The results of the empathy assessment at the beginning and at the end of the course can be summarized as follows in the matrix given in Table 2.

Table 2 shows the detailed breakdown by gender and faculty of the results of the empathy assessment at the end of the course.

The results have demonstrated considerable improvement of empathic abilities in all specialty and gender groups. Figure 1 shows this general tendency. Of particular note is the increase shown in those attaining a high level at the end of the course (19% male and 20.9% female) and the step change in the number of females progressing from low to normal levels of empathy.
Table 2. — Empathy assessment on exit.

<table>
<thead>
<tr>
<th>Level of empathy</th>
<th>Male at start</th>
<th>% of cohort</th>
<th>Male at end</th>
<th>% of cohort</th>
<th>Female at start</th>
<th>% of cohort</th>
<th>Female at end</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Very low</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>9</td>
<td>10.5%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Low</td>
<td>15</td>
<td>35.7%</td>
<td>8</td>
<td>19.0%</td>
<td>26</td>
<td>30.2%</td>
<td>8</td>
<td>9.3%</td>
</tr>
<tr>
<td>Normal</td>
<td>24</td>
<td>57.2%</td>
<td>26</td>
<td>62.0%</td>
<td>45</td>
<td>52.3%</td>
<td>60</td>
<td>69.8%</td>
</tr>
<tr>
<td>High</td>
<td>3</td>
<td>7.1%</td>
<td>8</td>
<td>19.0%</td>
<td>6</td>
<td>7.0%</td>
<td>18</td>
<td>20.9%</td>
</tr>
<tr>
<td>Very high</td>
<td>–</td>
<td>–</td>
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<td>100%</td>
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The comparative results have proven our initial hypothesis that even a slight shift of the teaching focus from professional topics only (for instance, diagnosing, treatment, prevention) to both professional and ethical issues (for instance, doctor-patient communication) could contribute significantly to empathy development through the use of the English language classroom. The empathy-developing content incorporated in language tasks can develop compassion and respect for people, communicative sensitivity to patients’ needs and respect for their privacy and dignity.

There are several potential limitations to be considered that may restrict generalization of the results obtained. Firstly, our study was performed at a single undergraduate medical school. Secondly, to evaluate the level of empathy we used measurements obtained from self-reported instruments of
the participants. Finally, the number of students participating in the study was too small to be representative of the total population. Nevertheless, our findings demonstrate that we cannot disregard the fact that empathy can be developed in a foreign language classroom. Further researches are necessary to identify in details how empathy can be developed in the course of ESP training.

4. Conclusion

Our experience of ESP teaching to medical students has vividly demonstrated that ESP as a compulsory discipline in the academic curriculum of the medical university has a great potential capacity for empathy development in future healthcare workers. The results of our study seem to have proven the following points:

1. Empathy assessment can be a relevant pedagogical measurement to be used in English language teaching (ELT). It can indicate empathy levels in language learners and provide ESP teachers with useful information for their course planning. The assessment of empathy level in students of General Medicine, Pediatric, Dentistry Faculties and the Institute of Nursing was generally recorded as low and normal before the start of the course.

2. Specifically arranged ELT activity stimulates medical students to understand problems of doctor-patient relations, allows evaluating their own behaviour in situations of professional communication, and develops positive attitudes towards participants of communication (patients, colleagues), compassion and empathy. Small groups and class discussion and debates on moral dilemmas and ethic-related issues, role plays and wind-up reflection on students’ performance appeared to be effective classroom activities in terms of empathy development.

3. Empathy-developing content is viewed as particular medical and social topics which need most carefully handling in professional communication, e.g. ageing and geriatric pathologies, obesity, terminal illness, palliative care, sexually transmitted diseases, social deprivation and health risks, cultural diversity in health care, etc. Including this content in ELT resources has proven to be effective in many aspects of professional medical training, including appropriate communicative behavior and interpersonal skills, tolerant and respectful attitude to patients and colleagues through role playing in ESP scenarios.

4. The results of the empathy assessment on exit have demonstrated positive dynamics of empathy levels in medical students when introducing tasks
aimed at the discussion of moral and ethical issues of medical workers’ behaviour in the process of ELT.

In conclusion, we would like to emphasize that although further research in this area is obviously necessary with a larger sample of medical students in order to ascertain if there are definable trends and variations depending on such factors as the gender or faculty of the student being tested, our primary findings and preliminary observations support the idea that ESP could have a significant potential to improve the empathy development of medical students to help them to deliver their humanitarian services successfully. The empathy developing content of teaching resources combined with stimulating teaching strategies puts the ESP course among other humanitarian and professional disciplines able to enhance empathy in medical students. This is particularly essential for medical training and healthcare in Russia with its current demand for empathy.

REFERENCES


**Riassunto**

L’articolo è dedicato alla consapevolezza etica che è diventata una delle principali preoccupazioni dell’educazione medica e della sanità al giorno d’oggi. Il documento descrive lo sviluppo di empatia negli studenti di medicina come elemento significativo della loro formazione professionale. Si ritiene che l’empatia dovrebbe essere implementata nel curriculum accademico delle scuole mediche e delle università come parte di un approccio multidisciplinare. Gli autori illustrano come l’empatia potrebbe essere sviluppata in un corso di lingua straniera. Essi forniscono esempi di lezioni reali in cui il contenuto ritenuto utile per lo sviluppo di empatia è proposto nei corsi di inglese per scopi specifici (ESP) per gli studenti di medicina. Il livello di empatia degli studenti è stato misurato all’inizio e alla fine del corso con uno specifico questionario di empatia (BEES). L’analisi dei risultati della valutazione comparativa indica una tendenza positiva di crescita dei livelli di empatia negli studenti di medicina testati, dopo che il corso è stato completato. Gli autori concludono che l’ESP può essere efficace nel sostenere e migliorare i livelli di empatia necessari dei futuri operatori sanitari voltì ad aiutare gli stessi a fornire i servizi di cura e assistenza con successo.

Parole chiave: Emotional Empathy Scale (BEES) Questionnaire, ESP (inglese per scopi specifici), Formazione professionale, Studenti di medicina, Sviluppo di empatia.
