Targeting Learner Empathy in EFL Education for Nursing Students

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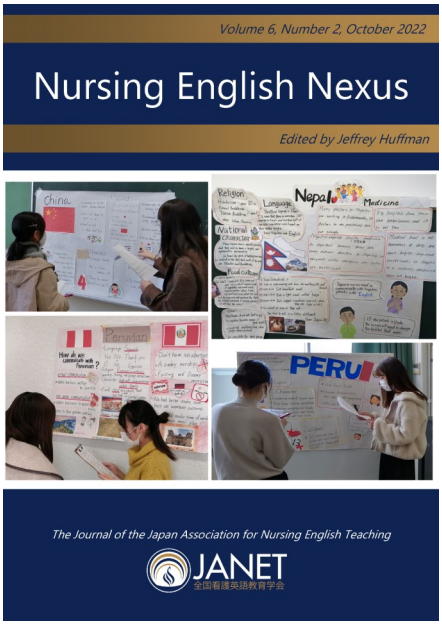

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***Abstract**: Frequent interaction with foreign-born residents and visitors to Japan is a challenging characteristic of nursing practice. With such interactions predicted to increase, the ability to take patient perspectives to achieve cultural understanding and develop intercultural competence can be expected to grow in importance. This research outlines an EFL approach to assisting nurses in developing intercultural competence through empathy-building exercises centered on pre-recorded video interviews with foreign-born residents of Japan. Building on research and practice in the field of narrative medicine, this approach, currently employed by the author to teach third-year university students majoring in foreign language studies, is likely to assist learners in developing cognitive empathy (i.e., the ability to understand and assess situations from alternate perspectives) to achieve greater proficiency and competence in providing service to foreign-born patients.*

Keywords: EFL, narrative medicine, empathy

Within EFL education there is a growing recognition that for L2 learners to attain advanced levels of English proficiency, cultural competency, sometimes referred to as intercultural competence (IC), is also required. Although no definitional consensus exists, broad agreement has formed around the idea that IC involves "understanding others' worldviews" (Deardorff, 2006, p. 249), and "the ability to see the world through the others' eyes" (Sercu, 2005, p. 2). IC involves the empathic ability to engage in perspective taking from outside one's worldview, and to consider issues and interactions from the standpoint of people from other cultures.

The importance of assisting learners in developing perspective-taking ability has been identified in disciplines other than EFL, particularly medical training programs. Within medicine, the field of narrative medicine has emerged to assist medical trainees in empathizing with patients, whose perspectives they learn to take in order to achieve understanding and provide improved levels of care. According to Charon (2006), patient-caregiver communication is often hampered by disconnects, most prominently the conceptual divide concerning illness as life-altering, emotional event versus detached, clinical understandings. By facilitating caregiver ability to view illness from multiple perspectives, narrative medicine workshops and interventions help learners gain insight, understanding, and compassion towards individuals and groups with whom they may share few similarities, such as elderly patients with chronic health problems.

Coming into frequent contact with non-Japanese patients, caregivers in Japan require additional training in order to deliver adequate care. While foreign-language proficiency is prerequisite to achieving successful outcomes, caregivers who possess the ability to engage in perspective taking from the standpoint of other cultures, that is, to understand what it is like to be a non-Japanese seeking medical attention, can be expected to deliver superior care.

The present research outlines developments in the field of narrative medicine, and reviews video-based educational interventions employed to develop empathic ability and understanding towards patients in medical programs. Finally, an empathy-centered, video-interview-based approach as a component in EFL curricula is introduced.

Empathy Defined

In psychology, empathy is generally understood as consisting of two sets of processes: cognitive and affective. Cognitive empathy, characterized

by Goldie (2000) as "a process by which a person centrally imagines the narrative (including the thoughts, feelings, and emotions) of another person" (p. 195), involves the ability to discern, to varying degrees, the thoughts and feelings of others. In short, it is our ability to *think* ourselves into another's mental state. In its simplest form, it involves reading body language, while more complex forms of perspective taking involve imagining how one would feel in the situation of another, to imagining how others think and feel in *their* shoes.

Affective (emotional) empathy, by contrast, is defined by Eisenberg and Strayer (1987) as "an emotional response that stems from another's emotional state or condition and that is congruent with the other's emotional state or situation" (p. 5). Differing from sympathy, which involves how another's suffering makes one feel, affective empathy involves the matching of one's emotional state to that of another person's (Feshbach & Roe, 1968). Affective responses to engaging in cognitive empathy include *emotional contagion*, *emotional distress*, and *empathic concern*. Hodges and Myers (2007) explain the three components as follows:

> The first is feeling the same emotion as another person.... The second component, personal distress in response to perceiving another's plight.... The third emotional component, feeling compassion for another person, is the one most frequently associated with the study of empathy in psychology. (p. 296)

The experiencing of empathic concern has been correlated with the experiencing of pro-social attitudes and behaviors toward members of other groups, and even toward groups as a whole (Hodges & Myers, 2007).

For the purposes of the current discussion, this research will primarily focus on cognitive processes of empathy, in particular the ability to engage in perspective taking—the ability to step outside of one's worldview and into that of others. However, a further benefit of engagement in perspective taking involves the emotional responses of learners to taking alternate perspectives: that in gaining increased understanding of patients' suffering, they may also experience empathic concern.

Empathy in EFL Education

To date, educational attempts to foster empathic ability in EFL curriculum have been minimal (Jiang & Gao, 2020), especially when compared with trends in other fields (e.g., medicine), where educators endeavor to prepare learners for effective communication with individuals/groups to whom they differ.

Despite a paucity of research data, some interesting findings have been published. Dewaele and Wei (2012) conducted a statistical analysis of questionnaires completed by 2,158 mono- and multilingual participants, finding a correlation between the frequent use of multiple languages at advanced levels and higher ability to engage in cognitive empathy. The researchers also emphasized the role of empathy in attaining the proficiency to accurately imitate native speakers. For the educator, the need for empathic ability in the creation of supportive, emotionally caring environments has been variously noted (Ehrman & Dörnyei, 1998; Walls, Nardi, von Minden & Hoffman, 2002).

Developing EFL learner ability to interact with awareness and sensitivity towards members of other cultures (i.e., with the ability to see the world from multiple culture perspectives; to be aware of cultural differences) should be an important learning objective, but there are several reasons why this has failed to transpire. Despite a general consensus, beginning with Sapir (1929) and Whorf (1956), that language and culture are interrelated, and a growing support for the belief that language and culture are optimally acquired as components in a unified curriculum (Schulz,

2007), educators widely disagree on the question of how cultural components might best be integrated in EFL curricula (Dema & Moeller, 2012). Furthermore, as early as Brooks (1971), who questioned the validity of teaching Olympian culture (i.e., the musical, literary, and artistic masterpieces of a given culture) at the expense of a focus on low culture, the aspects of culture to be taught—as well as how to teach them—have remained contentious.

One result has been an overreliance on information-centric approaches to teaching culture, which Galloway (1981) characterized as the 4-F Approach (folk dances, festivals, fairs, and food), the Tour Guide Approach (the identification of monuments, rivers, and cities), and the Frankenstein Approach (a taco from here, a flamenco dancer from there, a gaucho from here, a bullfight from there).

Educators have recognized the inadequacy of such approaches. In addition to the importance of obtaining cultural knowledge, Brown (1973) listed empathy as a critical social factor mitigating language acquisition. Bennett (2005) has similarly argued that cultural knowledge itself does not equate to the ability to function competently in cultural contexts. Byram (1997) describes the accumulation of cultural knowledge as representing a cognitive orientation (i.e., what a learner knows about culture); however, he also stresses the necessity of an evaluative orientation, summarized as an awareness and understanding that differences in social norms exist between cultures, and the ability to reflect on such differences from alternative cultural perspectives.

Byram and Bennet have been influential in the development of the concept of intercultural competence (IC), which, as previously mentioned, is a concept lacking definitional consensus. Although unsuccessful in her attempt to forge a definition, in surveying 24 post-secondary institutions Deardorff (2006) was able to identify specific IC components receiving at least 80% support, which she divided into four categories: abilities, skills, knowledge, and attitudes. Curiously, despite agreement that IC involved seeing the world through the eyes of others (i.e., perspective-taking), Deardorff categorized empathy not as an ability, but as an attitude. Nor is Deardorff alone in this non-psychology-based understanding of the nature of empathy. In fact, such misunderstanding is principally to blame for the underrepresentation of empathy in EFL learning objectives. Although a commonly appearing attribute in research on intercultural competence (Fantini & Tirmizi, 2006), empathy, rather than being viewed as a skill to be developed so that learners gain increased cultural understanding through perspective taking, is widely considered to be an attitude characterized by toleration, respect, curiosity, openness, and flexibility. (For a more in-depth discussion of the concept of empathy within the field of IC, see Ostman 2019a.)

Some EFL educators have begun to reverse this trend. One example of a study targeting learner empathy in a university EFL class is Chen (2018), who adopted Friesem's (2016) digital empathy approach by having students engage in video production (pre-production; post-production; screening) in order to examine how such a multimodal experience could assist students in developing empathic ability when engaging others on digital media. According to the author:

> The findings showed that the video production process helped students to recognize the importance of having more empathy when they were online…. These results suggest that because students have grown up with digital technologies and are active participants in digital spheres, digital empathy is a good starting point to teach students about important social issues. (p. 50)

This final point echoes Friesem's sentiments and deserves consideration: digital media are increasing familiar, requiring minimal introduction

or acclimation compared with other media (e.g., literary narratives).

Attempting to develop learner ability to empathize with victims of cyberbullying, Jiang and Gao (2020) had 49 lower-level vocational school students view 3 documentaries dealing with the issue of cyberbullying, after which they engaged in the production of video projects on various social issues related to bullying. In doing so, students were afforded the opportunity to take victim perspectives. The authors relate one student's experience of playing the role of the victim:

> In our video I acted as the one who was mistakenly taken as an AIDS patient.... By acting this role I understand how painful it could be as a victim and how the spreading of such news on social media can cause great harm and discrimination. (p. 78)

A practical limitation for educators wishing to employ such video-based approaches is the requirement for video production equipment, not to mention significant blocks of class time. However, there is reason to believe that less involved utilizations of video media are capable of achieving positive results. One example is Lasa Álvarez (2017), who argues for the use in EFL classes of scenes from reality TV shows (e.g., *The X Factor*) in which characters narrate their emotional experiences. The author suggests:

> Research in the field has shown the empathic power of reality TV shows and how viewers see themselves as part of a larger community of people who are sharing the same feelings, particularly when watching real people narrating their personal experiences, which are often similar to their own. (p. 21)

The merits of particular reality shows notwithstanding, the capacity for video narratives to engage learners and provide opportunities to take alternate perspectives deserves the attention of EFL educators.

Targeting Learner Empathy: Narrative Medicine

Narrative medicine (NM) began in the 1990s with the practice of physicians-in-training collaborating with patients to compile their narratives—life stories told from the patient's perspective (Charon, 2001). By hearing and writing down their stories, trainees begin to comprehend the patient's suffering, the benefits of which Charon (2004) describes as follows:

> Capacities that medicine now sometimes lacks—attunement to patients' individuality, sensitivity to emotional or cultural dimensions of care, ethical commitment to patients despite fragmentation and subspecialization, acknowledgment and then prevention of error—may be provided through a rigorous development of narrative skills. (p. 863)

Rather than treating illness with clinical detachment, narrative medicine emphasizes the story-like experience of illness, primarily through the understanding of the patient's thoughts and feelings, but also through an understanding of the physician's role in the patient's narrative.

Narrative, simply defined, is "a story or a description of event" (Cambridge Dictionary, 2022). Traditionally, narrative medicine education has tended to be literary in nature, incorporating biography and memoir as well as fictive and non-fictive narrative accounts of patient illness and patient/physician interaction. A typical example is Welch and Harrison (2016), who conducted a four-week literature course—using a variety of genres: novels, short stories, poems, and nonfiction medical narratives—in which patient suffering was presented from various perspectives. Readings were accompanied by written reflections and followed with group discussions. This framework exemplifies the core components of many NM curricula: 1) learners are presented with

narratives), 2) following encounter (i.e., reading) they engage in reflective exercises through which the learner is encouraged to take character perspectives, and 3) they conclude with group discussions through which learners share personal discoveries to learn from one another. Following this basic structure, literature-based interventions have been repeatedly demonstrated to increase *learner empathy* in medical students (see Shapiro et al., 2004; DasGupta & Charon, 2004; DasGupta et al., 2006).

The medium of literature continues to play a leading role in narrative medicine-based medical education, but recognition of the capacity of video media for development of learner empathy has steadily increased. The following sections outline research in the field of medicine in which video-based interventions have been successfully utilized.

Video Media, Empathy, and Medical Education

In recent decades, video media has come to be seen as an effective educational tool. This trend has been particularly prevalent in the field of medicine, where researchers have attempted to measure the effectiveness of video-based interventions to achieve learning objectives (see Kuhnigk et al., 2012; Shankar, 2019; Gorring et al., 2014; Cambra-Badii et al., 2020).

In describing the use of film in medical education for psychiatry students, Dave and Tandon (2011) identify several benefits. Unlike traditional didactic teaching, video media stimulate auditorily and visually, and are often more memorable. Furthermore, "films offer a resource to teach about sensitive clinical issues… in a safe and ethically uncomplicated environment" (p. 302), offering reduced stress when compared with physical encounters (e.g., with patients; with members of other cultures). In addition, when compared with physical encounters, videos often contain a more complete presentation of individuals (e.g., of a patient's treatment; of an individual's life story). Finally, video educational interventions "offer students multiple perspectives on illness not usually seen in short psychiatry placements, for example those of a wider network of carers or of transcultural issues" (David & Tandon, 2011, p. 302), and have the added benefit of being able to be paused and rewatched to emphasize learning objectives or engage in group discussions. The use of films in education, sometimes referred to as *cinemeducation*, has become a growing feature of medical curricula (see Alexander et al., 2005).

Within the field of medicine, the use of videos to facilitate experiential learning reflects a shift in education: from knowledge-based to *competency-driven*, where learning objectives describe a performance ability to be acquired by the learner, such as to communicate empathetically with patients and caregivers (Dave & Tandon, 2011). The inclusion of empathetic communication as a competency and as a learning objective are germane to this research, which advocates for the application of this approach in nursing education settings.

Video Media for "Lived Experiences"

As discussed above, narrative medicine has reconceptualized empathic perspective-taking as a competency essential to gaining an understanding of patients. The idea of empathy as an educational objective has emerged in response to the educational question of how to help future doctors, nurses, and health care workers acquire the empathic skills that underscore quality care. Heidke et al. (2018) elaborate:

> It is a challenge for educators to teach empathy about a particular population group without the lived experience of the people central to the interaction. Without the understanding of what it is like to be vision impaired, or homeless, or be a migrant from another country, it is difficult for a teacher to legitimise such

> situations in transforming knowledge. Exposing students to the various population groups they may ultimately be caring for, and allowing them to hear the stories and lived experiences of people, has the power to transform students to adopt an empathic stance…. (p. 31)

Despite the crucial nature of *lived experiences* for skills acquisition in curricula focused on competency-centered learning objectives, facilitating such experiences within the parameters of medical curricula poses a significant hurdle for educators.

With the spread of narrative medicine curricula, educators in medical departments have been quick to realize the potential of video narratives to facilitate learner ability to engage in perspective taking. One example is Sweeney and Baker (2018), who created videos in which patients related information regarding their hospital experiences, including physician interactions. The videos were used in a module centered around the issue of health care communication from the perspective of the patient. Following viewing, medical students provided written feedback and engaged in facilitated discussions. Finally, students completed a questionnaire (the Patient-Practitioner Orientation Scale, PPOS). According to the researchers, "students reported changes in their approach to patients, including introducing themselves more often, and taking measures to make patients feel more at ease on ward rounds" (p. 336).

Similarly, Ahmadzadeh et al. (2019) divided 133 medical students into four groups: group A (three-hour communication skills workshop); group B (watch a movie (*The Doctor*); group C (movie + workshop); group D (no intervention). While groups A, B, and C all displayed improved scores on an empathy instrument (Jefferson Scale of Empathy, JSE), only groups A and C (workshop; movie + workshop) retained these results one month later. The researchers note that merely viewing an empathy-inducing movie results in transient effects on empathy, whereas the workshop (where students had the opportunity to reflect and discuss content) produced prolonged benefits. Such results add support for the incorporation of self-reflective exercises and group discussion, as the act of viewing an interview or movie, however emotionally evocative, cannot by itself be expected to function as an adequate experience for the development and retention of competencies.

Other studies reinforce this conclusion. Brand et al. (2017), noting the potential for integrating arts and humanities-based components into medical curricula to promote reflection and empathy, showed a film to first-year medical students (*The Art of the ED*), after which they engaged in individual written reflections. Qualitative analysis of student reflections revealed three main themes: 1) that the film facilitated perspective taking from both physician and patient perspectives; 2) that it fostered understanding of the realities of the emergency department; 3) that it increased awareness of the fragility of life. The authors conclude:

> These findings highlight how visual methodologies (like film) create a safe, non-threatening space to access, experience and process emotion around their perceptions towards EM, and to anticipate and emotionally prepare for their impending clinical experience in the ED. These data support the use of visual methodologies to foster reflective processes that assist medical students to integrate the 'art' of EM, and the development and commitment of core doctoring values of empathy, service and respect for patients. (p. 433)

While films may provide vivid and emotive experiences of patients and healthcare professionals, pre-recorded interviews, if less dramatic, are ideal

for providing learners with relevant information related to patient issues and concerns. Like Sweeney and Baker (2018), Heidke et al. (2018) created a series of recorded video interviews of health care consumers from various backgrounds (e.g., vison impaired, LGBT, African migrant, Tibetan refugee, etc.), which they used in a course for first-year nursing students and delivered using a learning management system (Moodle). The authors explain:

> The pre-recorded interviews were embedded into the 11 weekly modules of this online course as part of the course learning material. Students were to view them and using self-reflection, were encouraged to comment on how the content influenced their views and share these on the online discussion forum. (p. 32)

The results of this three-step process were positive. Employing an empathy instrument (Kiersma-Chen Empathy Scale, KCES), post-intervention scores showed a "statistically significant increase in students' empathy towards vulnerable, disadvantaged and stigmatised population groups" (p. 30). Such results underscore the importance of pairing video viewing with post-video reflective exercises and larger group discussions.

Video Interviews for the Development of Empathy

While a variety of video media are available to educators, pre-recorded interviews are effective in affording learners the opportunity to engage in perspective taking. Unlike other video media, they can be adapted for use as segments, used in conjunction with other interviews, and can be paused, rewound, and watched multiple times without greatly detracting from the viewing experience.

Furthermore, in providing learners with abundant information (concerning the interviewee, their cultural background, etc.), interviews present viewers with narratives that facilitate character identification, a cognitive state where the learner takes on character perspectives, resulting in empathic responses as learners co-experience narrative events, from which they gain an understanding of character challenges and goals (Oatley, 1995).

The specific use of interviews for increased understanding and empathy towards others has been variously reported. Sanson-Fisher and Poole (1980) published one of the first studies reporting positive effects on learner empathy from engagement in interviews with simulated and genuine patients. Maggio and Westcott (2014) reported empathic responses resulting from the process of conducting live interviews with migrants. Shea and Barney (2015) reported employing simulated and clinical interviews to train students to empathically engage with patients during suicide risk assessment interviews. A further example is Garcia et al. (2012), who reported the use of interviews between social workers and professional actors, in which various cultural scenarios were simulated (e.g., an Orthodox Jewish woman who becomes anxious, angry, fearful, and panicked after being told that her adolescent daughter is pregnant) in order to assist in responding empathically to others from differing cultural backgrounds.

Such examples underscore the efficacy of employing video interviews to facilitate the perspective taking and reflection necessary for learners to gain an understanding of individuals and groups to whom they may differ not only in age and health, but also culturally.

Pre-recorded Interviews for the Development of Learner Empathy in EFL Education

Targeting learner empathy through video in English curricula enables educators to pursue multiple goals simultaneously. Through engagement in perspective taking from the standpoint of

members of other cultural groups, learners develop understanding and competence to be applied in future intercultural interactions. Interviews also facilitate the acquisition of cultural information firsthand from members of target cultures, as opposed to survey-based approaches to culture. Such an approach is efficient, as retention of information embedded in stories has been shown to be higher than that presented in expository forms (Marsh & Fazio, 2006; Zwaan, 1994).

Adapting pre-recorded patient interviews for use in EFL curricula for preservice nurses requires several changes to the narrative medicine approach (i.e., narrative encountering, following by reflection and discussion) employed in narrative medicine and the research studies outlined above.

To begin, English interviews necessitate exposition of vocabulary and grammatical structures to ensure that content is adequately understood. This may be expedited by providing learners with English subtitles, written transcripts, and follow-up exercises to confirm understanding of content.

A second area of consideration involves the cultural background of non-Japanese interviewees. It may be efficacious to provide learners with an opportunity to gather information regarding interviewee countries/cultures to aid in understanding of patient behaviors and motivations.

Relatedly, the "otherness" presented by foreign cultures presents a challenge to engagement in cognitive empathy, and Cikara et al., (2011), among others, have noted the importance of ingroup-outgroup perception for engagement in perspective taking. Therefore, educators may wish to make efforts to draw learner attention to similarities between themselves and interviewees (e.g., regarding formative experiences, educational achievements, etc.).

With this groundwork in place, learners can begin to engage in reflective activities—specifically, to consider not only how interviewees may think and feel, but also to imagine how the learner would think and feel if placed in the circumstances of the patient. These reflections—ideally written—can subsequently be shared in small-groups discussions or with the class as a whole.

Video Interviews in a Seminar Course for EFL Students

The approach outlined above is currently being employed in a two-semester seminar course for third-year students in the Faculty of Foreign Languages at Kumamoto Gakuen University beginning April, 2022. While results from experimental classes targeting learner empathy in EFL classes employing literature have been previously reported (see Ostman, 2019b; Ostman, 2019c), current research involves the use of *The Database of Immigrant Narratives* (www.icnresearch.net), a MEXT-funded research project (Kakenhi 21K13084) currently containing thirty interviews with immigrants to Japan.

The typical interview begins with a short account of the interviewee's hometown, offering geographical and cultural information that the learner can use to investigate and expand their knowledge of the target culture. Interviewees typically recount information from their childhood, including familial relationships, school events, and other life experiences to which learners are often able to relate. A second set of questions endeavor to uncover the reasons for immigration, as well as the hurdles overcome in adjusting to their adopted country. Finally, interviewees relate their goals and dreams for the future.

Classes are divided into themes (e.g., reasons for immigration, knowledge of Japan before immigrating, etc.) and students are individually tasked with watching video segments, the content of which they must summarize and

present during subsequent classes. Class time is used for group viewing of videos, followed by a discussion of vocabulary and grammatical structures. Students then present summaries of video content, supplemented by input from the instructor. Students next engage in written reflections requiring them to consider the thoughts and feelings of interviewees, as well as how they (the student) would think and feel in similar situations. Finally, students share their reflections and engage in group discussions.

The efficacy of the curricula will be measured using the Scale of Ethnocultural Empathy (SEE), a 31-question instrument developed by Wang et al. (2003), described as "a self-report instrument that measures empathy towards people of racial and ethnic backgrounds different from one's own" (p. 221). Employing a 5-point Likert scale, the instrument was designed to measure empathy across four factors: empathic feeling and expression, empathic perspective-taking, acceptance of cultural difference, and empathic awareness. The SEE will be employed at three points: at the beginning and conclusion of the course, as well as six-months following the completion of the class.

Conclusion

This research has argued for the integration of empathy-centered learning objectives into the L2 curricula for preservice nursing students based on research from the field of narrative medicine. In considering a narrative-based approach to empathy acquisition, the capacity of video media to interest and engage learners has been presented, along with research demonstrating the efficacy of empathy acquisition through video narratives, specifically prerecorded interviews.

Research from NM consistently underscores the importance of following exposures to video narratives with post-viewing reflective exercises and group discussions. By additionally incorporating exercises to facilitate lexical and grammatical understanding, this approach may be adapted to EFL curricula.

Facilitating learner empathic engagement with pre-recorded video patient interviews represents an opportunity for EFL educators to achieve multiple objectives. In addition to presenting learners with authentic and relevant conversational material in the target language, interviews with foreign-born patients enable learners to engage in perspective taking, from which they gain deeper awareness and understanding of cultural considerations underlying the patient experience. Such competence, in turn, is essential in achieving satisfactory healthcare outcomes.

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