

English for Medical Purposes: The Case of Korean Cosmetic Surgeons

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ABSTRACT

EMP (English for medical purposes) has received more interest in South Korea to enhance the English competence of professionals working in medical contexts. Consequently, this study is based on two objectives: 1) to clarify cosmetic surgeons' English needs and 2) to delve into cosmetic surgeons' views regarding EMP courses they attended, focusing on the extent to which those courses met their English language needs. Data were gathered from 21 cosmetic surgeons through semi-structured interviews. The participants work at four hospitals in Seoul, which receive cosmetic surgery clients worldwide. The results conclude that most participants have to sharpen their communicative skills and strategies to establish effective doctor-client relationships and give outstanding health care. Nevertheless, the participants encountered English communication breakdowns because of the need for more productive vocabulary, unusual accents, and pronunciation issues. The cosmetic surgeons stated that the EMP courses they attended were not as helpful as expected, as the content did not match their English language needs at work. Therefore, the results imply that EMP courses' teachers and designers have to create programs to meet the cosmetic surgeons' English language needs.

INTRODUCTION

EMP is a subdivision of English for specific purposes (ESP). Both Kang (2004) and Kurfurst (2004) indicated that the English language is mandatory for medical professionals as almost all medical resources, including journals, books, and international conferences, are presented in English. Kurfurst (2004) also mentioned that English is of pivotal importance to medical students as it is necessary for their study. That is to say, they need English to read journals and textbooks to prepare for exams, discussions, or medical communications. However, medical professionals do not only need English for general purposes (EGP), but they need EMP as well. This means that they need a kind of English that will allow them to understand and communicate in the medical context.

Medical practitioners cannot only depend on English for general purposes (EGP) to avoid the complexity of their occupation. They need another form of English that is called EMP, it is mainly developed to make their understanding and communication much easier. A special linguistic skill is mandatory because of the intricacies of both technical terminology and patient care. Thus, EMP solve this problem and fill the gap by supplying doctors and nurses with the linguistic skills needed to come through in their preferred fields.

LITERATURE REVIEW

English for Medical Purposes

Medical language includes technical terminology and discourse that distinguish it from the language that is used daily in general contexts and conversations. The preciseness and succinctness required in medical contexts find expression through medical terminology,

a special lexicon developed to concisely and clearly express diagnoses, doctor's notes, and other significant information (Gyls & Wedding, 1983). However, many words belong to this complex web of medical language, they are referred to as semi-technical words. They are used in daily communication but have distinct and nuanced meanings when used in medical context. Communication breakdowns usually appear due to that slight variations in usage, mainly between native and non-native English speakers or even between two different native English dialects (Arakelian et al., 2003).

Regardless of its widely use and pivotal importance, the merging of EMP and medical terms raise specific difficulties for patients attempting to understand the information given by their doctors or nurses regarding their condition and treatment. The complex web of specialized language may be an invincible obstacle for clear patient comprehension, which may lead them to confusion.

Yet, the widespread of English as the lingua franca of the scientific world in general and medicine in general still undeniable (Ammon, 1994). Being universally adopted encourages smooth global cooperation among medical practitioners, allowing the exchange of innovative research, techniques, and useful insights that go beyond geographical boundaries.

Considering these intricacies, there is a high demand to fill the gap between medical practitioners and patients concerning language and communication. Many attempts and efforts are made to improve pertinent techniques and procedures for facilitating medical jargons and using patient-friendly language, assuring the essential medical information is forwarded and delivered accurately to all recipients.

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Communicating Cross-Culturally in the Hospitals

Thomas (1983) indicated that appropriate cultural communication entails a delicate interaction between sociopragmatic and pragmalinguistic language aspects. As for the sociopragmatic aspect, it covers the sophisticated web of cultural values that urge interactions in certain cultural contexts. These values are the basis for building communication norms with a particular cultural group. By comprehending these sociopragmatic aspects, cross-cultural communication can be accurately managed by individuals. Dahm and Yates (2013) further stated that understanding and mastering minute details of social norms and hierarchy, people can manage their communication style to suit the expectations of the culture they are interacting with.

As for the paralinguistic aspect, it encompasses proficiency in understanding and skillfully utilizing the linguistic tools in a language. This linguistic flexibility is of pivotal significance to accurately transmit ideas, emotions, and intentions in varied cultural contexts. Dahm and Yates (2013) mentioned that a speaker with high level in paralinguistic aspect can tailor his language depending on the cultural setting via applying accurate language forms, speech acts, and communication strategies that connect with the cultural choices of his interlocutors.

O'Neil (2011) pointed out that the dynamic interaction between these two language aspects becomes obvious regarding how the sociopragmatic aspect impacts the choice and use of pragmatic devices. In cross-cultural communication, pragmatic devices operate as bridges between cultures, enabling the smooth exchange of ideas and meaning. Nevertheless, the accuracy of these devices differs across cultures, making it essential for communicators to exercise cultural sensitivity and adaptability. What may be a culturally adequate pragmatic device in one context may be unacceptable in another, leading to possible misunderstandings or communication breakdowns.

Effective communication can be severely influenced, in a certain culture, by misusing accepted norms. This may lead to misinterpretations, offense, or even ruin relationships between people from different cultural environments. Hence, cultural competence, which comprises a grasp of sociopragmatic and pragmalinguistic dimensions, is of greatest significance for promoting harmonious and respectful cross-cultural communication in diverse contexts, including hospitals.

When doctors and patients descend from different cultures and languages, the intricacies of reaching clear and accurate cultural communication are prone to become magnified, offering a true challenge. In the medical domain, the anticipations imposed on healthcare professionals who come from diverse linguistic backgrounds and lack acquaintance with local sociopragmatic values can be overwhelming, as they may strive to proficiently utilize precise pragmalinguistic devices during their communication with patients (Dahm & Yates, 2013). Essential aspects of patient care, such as

holding fast yet meaningful conversations, understanding and transferring instructions, conveying suitable descriptions of medical conditions and treatment plans, and reliably diagnosing patients' health cases, all express vital moments where intercultural healthcare graduates often come across difficult obstacles (Jirwe et al., 2010).

Lu *et al.* (2009) illustrated that the consequences of these challenges are deeply rooted and can extensively affect patients and healthcare specialists alike. On one hand, it is possible that patients may feel frustrated and disappointed with the quality of care they receive, leading to possible negative results for their overall well-being. Being incapable of accurately communicating with their healthcare providers, patients can be left with overlooked problems, suspicions, and uncertainties, further complicating their medical process. The building of a substantial doctor-patient relationship, essential for promoting confidence, and overall patient satisfaction can be impeded by communication breakdown.

On the other hand, healthcare practitioners may unintentionally seem impersonal or distant according to their patients due to communication barriers (Dahm, 2011). Despite their best intentions, the incapacity to proficiently attach and empathize with patients from various cultural environments can produce a perception of distance and separation, potentially damaging the patient's trust in the healthcare expert's competence. This absence of rapport can negatively impact the recovery process and reduce the patient's sense of being sincerely treated and comprehended.

Accordingly, the design of EMP courses should be designed to address the unique needs of the learners. The purpose of these courses lies in improving the communicative skills of EMP learners, considering the technical nature of medical English, which is strongly dependent on its context. Medical English requires a more specialized approach unlike general English that may emphasize more general language skills and basic grammar. Healthcare practitioners rarely prioritize mastering accurate sentence structure in their everyday work, as their primary focus is providing high-quality patient care.

Medical English is an advanced form language, containing an extensive lexicon of medical terminology, jargon, and specific linguistic nuances. Thus, Niazi (2002) said that the pedagogical methods utilized in EMP classes must reflect the typical needs of this field. The objective is not simply to teach basic grammar and sentence structure but to allow students to proficiently employ English in their social communication and careers, particularly within the medical context.

To reach this goal efficiently, EMP courses should integrate authentic medical situations, case studies, and role-playing activities that simulate realistic situations healthcare professionals face. These immersive learning experiences allow learners to master the nuances of medical communication, including patient consultations, medical history taking, diagnosis, treatment planning, and

conveying critical information to colleagues and patients alike.

Additionally, because medical English usually includes interdisciplinary collaboration, EMP classes can adopt elements that ease communication among healthcare professionals. This interdisciplinary training improves the capability of learners to work as unified teams, boosting effective healthcare delivery and patient safety.

Purpose of the Study

This study employed a qualitative research approach to delve into the English language needs of Korean cosmetic surgeons, presenting a thorough investigation of their views on the EMP classes they had attended and the extent to which these classes met their specific English language needs. The special focus of this research makes it the first of its kind in the Korean context, representing a substantial contribution to the language and medical education domain. By adopting a qualitative method, the study aimed to capture the rich and nuanced insights of the participants, allowing for a more in-depth understanding of their language learning experiences and the complexities of their language requirements in the context of their occupation.

As language and communication play a key role in the global medical community, revealing the English language needs of Korean cosmetic surgeons can have far-reaching implications for improving their professional development, promoting cross-cultural cooperations, and assuring optimal patient care. By considering these hitherto unknown dimensions, this research has the prospect of informing the design and implementation of designed EMP courses that fulfill the linguistic needs of Korean cosmetic surgeons, thus encouraging them to communicate with confidence and accuracy in English within their medical context.

The innovative nature of this study not only acts as a useful resource for curriculum designers and language teachers in medical English but also paves the way for future research efforts to develop further its basis and investigate other specialized medical settings and linguistic needs in various international contexts. As the world continues to witness an increasing influx of

globalized medical communications and cooperations, the consequences of this study hold promise in enhancing our understanding of language learning needs in medical settings and promoting a more inclusive and efficient healthcare landscape. In essence, this study represents a significant leap forward in bridging the gap between language education and medical training, ultimately contributing to language pedagogy, healthcare communication, and cross-cultural understanding in cosmetic surgery in Korea.

MATERIALS AND METHODS

The Hospitals

Four hospitals were included in this study and were all located in Seoul: Yonsei Severance Hospital, Kangbuk Samsung Hospital, Seoul St. Mary's Hospital, and CHA Medical Center. These hospitals are considered distinctive as they receive many foreigners who come to do cosmetic surgery every year (medical tourism). By focusing on these medical institutions renowned for their international patient base, the study opens up possibilities for generating knowledge that can shape and refine ESP courses targeted at medical professionals and practitioners who encounter diverse cultural and linguistic backgrounds in their practice. Moreover, the number of foreigners who live in Seoul is the largest in South Korea. This means that these hospitals may release findings that can be of pivotal importance to those who teach EMP.

Participants

The study meticulously chose 21 expert cosmetic surgeons as participants, they participated in semi-structured interviews. The meticulous selection process aimed to organize a diverse group of professionals who are competent in their fields. To join this study, a strict criterion was set, asking each participant to possess at least three years of hands-on experience exclusively within the four distinguished hospitals under examination. To ensure a comprehensive exploration of the subject matter, the study thoughtfully recruited participants representing diverse specialties within the field of cosmetic surgery (Table 1).

Table 1: Cosmetic surgeons' names

Name	Years of experience	Specialty
John	8	Facial contouring
Lily	7	
Mason	5	
Chloe	5	
Chris	13	Body contouring
Evan	11	
Christina	9	
Johanna	8	
Victoria	3	

Elly	15	Facial rejuvenation
Rachel	11	
Clara	6	
Jack	14	Skin rejuvenation
Leah	9	
James	7	
Ryan	22	Hair planting
Angela	10	
Paul	7	
Daniel	6	
David	9	Breast enhancement
Mia	7	

Note. The participants were given English names by their ESP instructors

Instrument

The instrument employed for data collection was a semi-structured interview meticulously designed to collect comprehensive data from the participants. Spanning from the 20th of February to the 25th of June 2019, these interviews offered a window into Seoul’s diverse field of EMP and cosmetic surgery practices.

The interview procedure is composed of a carefully designed set of 15 thought-provoking questions. These questions were adapted to obtain detailed responses from the 21 seasoned cosmetic surgeons who agreed to participate in the study, engaging them in the research process. The semi-structured format accurately balanced between offering a flexible conversational flow and assuring reliable and consistent data gathering.

One considerable element of this research was the deliberate decision to conduct all interviews in English. This inclusive strategy allowed seamless communication

with doctors from various linguistic backgrounds, promoting an encouraging environment for the participants to voice their experiences expressively. Each interview session, lasting about 45 minutes, was thoughtfully allocated to give enough time for the doctors to delve into their professional journeys and share insights.

Data Analysis

Data were analyzed following the five steps suggested by Chang (2010): transcribing, conceptualizing, propositionalizing, graphing, and theorizing. This indicates that the first step of the analysis was to transcribe the 21 semi-structured interviews in the English language. Second, codes were formed and ranked according to Miles and Huberman (1994). Third, generating themes for the collected data (Table 2). Fourth, setting a schematic diagram to indicate relations between themes. Fifth, trying to compare the findings of this study with the literature.

Table 2: Themes of the study

English use	Difficulties of English	Importance of English	Variety of English teaching methods
Medical English Everyday English	Scarcity of vocabulary Strange and difficult accents Pronunciation issues	Strengthening the doctor-client relationship Various English communicative needs	Traditional language teaching methods Communicative language teaching methods

RESULTS AND DISCUSSION

Results

English Use

The findings revealed details about the various ways doctors use the English language. They showed two different contexts where it played a significant part in their professional careers. First, English functioned as a vital medium for adequate communication at hospital, where it was realized in the form of medical English as a specialized register full of medical jargon and expressions peculiar to medical English. This variety of language allowed for accurate transmission of critical medical data, fostering effective cooperation among healthcare practitioners. Second, English played another significance

where it became a link between the doctors and their foreign clients. This aspect of English usage included a somewhat more informal and colloquial tone. This helped to convey clear interactions and build a rapport with foreign patients seeking plastic surgery.

Medical English

All the participants unambiguously endorsed the use of English and its inherent acronyms as the most suitable and efficient ways for communicating in the medical field. If I feel that my client may understand what I am saying to my nurse, I chose to hold a conversation full of acronyms (John).

The use of acronyms or abbreviations to refer to diseases

or laboratory reports is time saving. For example, if a client has blood pressure I just say “BP” to communicate the information with medical staff (Lily).

English for Every Day Communication

Besides its significant position in medicine, English is salient in enhancing adequate communication between doctors and patients of different cultures. This global linguistic connection provides an efficient means of communication and guarantees that patients are treated and diagnosed in the best way possible with the sense of being understood. One aspect that forms the basis of this cross-cultural communication is the ability to paraphrase, which doctors and healthcare providers particularly excel in. These professionals are well aware of the possibility of having language barriers come up while explaining certain terminologies in the medical field, and therefore, they employ various techniques of paraphrasing in order to ensure that they communicate relevant information in a way that will be easily understood by the patients.

In this regard, paraphrasing entails rewording medical words and other complex terms into simpler terms but retaining the original meaning and clarity. In this way, doctors can explain the meaning of complicated medical terms and actively involve patients in making decisions regarding their health. This approach helps the healthcare provider to establish a good relationship with the patient as well as empower the patient to make the right decisions or choices on his/her treatment thus enhancing healthcare outcomes.

I feel that I use two types of English. The first one is when I communicate with the hospital staff. The second one is when I communicate with my clients. In this case I tend to paraphrase and simplify those medical terms that are not clear even to native speakers (Chris).

As a doctor, I always tailor my English depending on the interlocutor. When I speak to my clients, I try to make my English as clear as possible by focusing more on making special terms understandable (Victoria).

These situations highlight how doctors changed special terms such as “Bacteremia” and “Barotrauma” to non-special terms. However, the notion of technicality needs to be considered in such settings. Simply put, doctors might think that the clients clearly understand those special terms that are repeatedly used in medical communication as part of everyday English. As a case in point, clients may confuse Hepatitis A with Hepatitis C and think it is also a severe disease. The interviewed doctors seemed not to realize that this misunderstanding by the clients may have a negative psychological effect on them. This means that doctors were unaware that they should try to simplify the meaning of these kinds of terms to their clients.

Difficulties of English Language

The interview of this study reported 21 English language difficulties, which were classified into three categories: a scarcity of productive vocabulary (11), unusual accents (4), and pronunciation issues (6).

Scarcity of Productive Vocabulary

Based on interviews’ quotes, the scarcity of productive vocabulary reveals the challenges that health professionals come across when struggling to find precise words while communicating with their clients. Not only do these instances stress the importance of a rich and varied lexicon but show the nuanced nature of medical communication as well.

It sometimes happens that I can’t remember some words to be used while talking to my clients. As an example, I once wanted to say “Don’t drink green tea 24 hours before the surgery” but I forgot what “Green tea” was in English though I was sure that I knew it in English (Christina).

When I read English texts or articles, I understand more than 90% of the words and terms, but I usually can’t retrieve many of them in my conversations (Elly).

Even though these doctors tend not to use medical terms when communicating with their clients, they sometimes encounter conversational English challenges, especially with the productive use of some English words. This reveals that despite the fact that they demonstrated excellent receptive vocabulary competence, their productive vocabulary competence still needs more development. The receptive and productive gap can be evidenced by occasional moments of hesitation when doctors cannot immediately find the right word or phrase to express themselves coherently.

Such instances of hesitation can urge doctors to ask for help from other colleagues to deal with the language barrier. Although they demonstrate admirable commitment to the responsibility of giving appropriate and understandable information to their patients, it also shows that there is a need to establish sustainable improvement in productive language use.

However, even if the doctors try to develop good communication with their patients, some will inevitably interpret an occasional pause or difficulty with a word as a sign of incompetence. Such misinterpretations can influence the doctor-patient relationship and lead to feelings of distrust or uncertainty concerning the doctor’s competence.

Unusual Accents

As doctors mentioned, the difficulty of uncommon accents highlighted the complexities of cross-cultural conversation in the healthcare sector. These encounters with numerous native and non-native accents indicate issues that healthcare specialists should navigate with care and adaptability.

Nowadays, both healthcare practitioners and patients descend from linguistically diverse backgrounds, and therefore, meeting people with unusual accents is unavoidable. Despite the fact that linguistic diversity is an excellent asset to the medical community, it may pose a challenge when it comes to listening and understanding the patients. Some doctors provided examples in which interacting with native speakers with regional accents was

difficult at times due to the speakers' intonation, which might make it challenging to comprehend particular words or phrases. Likewise, interacting with non-native speakers with different accents could present extra difficulties because pronunciation differences would influence communication and mutual comprehensibility. When I know that my client is from Scotland or Ireland, I feel a bit anxious as I usually find it very hard to properly understand these clients' accents. I feel that they speak another language rather than English (Clara). I usually can't understand the English of Vietnamese and Filipinos, their accents sound different from the English language (David).

Pronunciation Issues

Pronunciation issues in medical contexts show an interesting aspect of linguistic dynamics. Some words are consistently mispronounced by doctors and hospital staff, raising questions about the origins of these mispronunciations and their impact on effective communication.

A consensus exists on how those words are typically pronounced, no matter whether or not those pronunciations are accurate. This phenomenon highlights the importance of linguistic practices and the impact that a large medical community can have on pronunciation preferences. Although doctors acknowledged that they might have poor pronunciation of medical terms, six doctors stated that they find it difficult to pronounce correctly.

One part of this admission involves the doctors imitating how these terms are mispronounced by other staff at the hospital. This suggests that pronunciation may have been influenced by language competency as well as peer influence and widespread practices within the healthcare setting. This tendency to follow the often-used and accepted pronunciation, even if it is incorrect, is likely explained by the desire to fit in with the professionals and to have a sense of belonging within the medical network.

I'm pretty sure that the word "diabetes" has to be pronounced as "die-uh-bee-teez", but we all pronounce it as "die-uh-bee-tuss" You might be misunderstood if you pronounce it properly (Jack).

When I first started my job here, I held a conversation with one of my colleagues and I correctly pronounced the word "diarrhea" as "die-uh-ree-uh", but my colleague told me that my pronunciation was wrong according to the hospital's standards of pronunciation, I had to pronounce it "die-uh-rear". Funny, isn't it? (Ryan).

That wrong pronunciation does not cause concern among the hospital staff and encourages an exciting facet of language use in the medical context. However, the effects of such mispronunciations are clearly noticeable when the doctors meet their foreign clients. In these cross-cultural interactions, wrong pronunciations create barriers to communication and hence the formation of clients' negative perceptions towards their health care services delivery.

The Importance of English Language for Doctors

All 21 interviewed doctors supported the necessity of the English language in enhancing the doctor-client relationship, which emphasizes the significance of communication within the field of medicine. English plays a vital role in facilitating communication between doctors and patients, ensuring an efficient and accurate exchange of information. In contemporary societies where both healthcare practitioners and patients descend from diverse origins, cultures, and backgrounds, English is vital in creating rapport and trust.

Strengthening the Doctor-Patient Relationship

The consensus that communication is important in the relationship between doctors and patients has been introduced previously (Kuo, Chin, & Chou, 2011). These relationships were found to resemble partnerships. For a doctor-patient interaction to be successful, collaboration and mutual understanding must form the basis of care.

It must be considered how crucial effective communication is in doctor-client relationships. Right from the first meeting, which could be an initial consultation or pre-operative assessment, clear, empathetic talks establish trust and rapport. In such an atmosphere, clients will freely share their concerns about their medical history and express what they expect from healthcare providers. The centrality of good communication between surgeons and other health workers during surgery or any other medical intervention cannot be gainsaid. Through concise, open conversations, all parties can understand various aspects like procedures involved, risks, and anticipated outcomes among others. Doctors must use simple language when explaining complex diagnoses so as not to confuse their patients further, thus causing unnecessary anxiety; also, they should welcome questions from them at every stage while giving necessary reassurance throughout the process.

I have been working here for more than 6 years and I can ensure you that clear and effective communication is always a crucial step toward a successful cosmetic surgery (Mason).

I can't start a surgery unless I properly understand my client (Chloe).

This suggests that there is no doubt in the participants' minds that communication plays a paramount role in forming productive relationships between doctors and their patients. It is an active partnership maintained by effective communication, which is the backbone of a healthy doctor-client connection that includes understanding and empathy as drivers for change in patient care.

As doctors empathize with clients, it creates a deep emotional connection and trust between them. They are not medical cases anymore but rather individual entities who feel seen, heard, and valued as such. With this compassionate approach, they demonstrate how important their health is to them while showing sincerity about what makes them afraid or concerned.

Various English Communicative Needs

It is realized that some medical specialties had unique requirements for English communication skills, among other things, such as hair transplants or breast augmentation surgery, for those who were mostly above 50 years old. This prompted surgeons who specialized in these areas to increase their knowledge regarding the proper use of terms within medical registers so that patients can be given correct treatment on time without any errors during operations.

Also, surgeons from the other four specialties had unique language requirements apart from those mentioned above. The ability to listen and speak English well was compulsory because these surgeons often held extended conversations with their patients when explaining all possible intricacies involved in different surgical procedures, referring to the potential benefits and drawbacks involved. It meant that such talks could be quite complicated, requiring good knowledge of English to ensure the right understanding of every detail by customers.

Variety of English Teaching Methods in ESP Courses

There were ESP courses for doctors at various centers or universities; these courses can be divided into three categories:

- 1) Grammar, reading, and medical vocabulary courses,
- 2) Communicative skills-based courses, and

- 3) Medical vocabulary courses.

Reflecting on teaching methods utilized in these ESP courses, participants compared traditional and communicative approaches. The traditional method used by most teachers among the participants was deemed ineffective because it did not suit any participant's needs at work as it should have, though there were some exceptions, especially those who had been practicing ESP before joining a university or institution which trained them using this method; rote memorization without active learning methods provided them insufficient survival skills in terms of finding themselves capable of surviving in an English-speaking environment.

Alternatively, the idea of the Communicative Method being more successful than any other language teaching approach has been widespread. Many assumed that this method encouraged them to speak without any fear because it created a good learning environment where people felt at ease with each other. The doctors admitted that they were unafraid of making mistakes because they saw such instances as chances to improve and learn.

Traditional Language Teaching Methods

As the participants reported, ESP teachers used two main teaching methods in English: Grammar Translation Method (GTM) and Audio-lingual Method (ALM). Some principles of GTM and ALM are:

Table 3: Some principles of the GTM and the ALM (Larsen-Freeman and Anderson, 2001)

Grammar Translation Method	Audio-lingual Method
The ability to communicate in the target language is not a goal of language instruction.	Language forms do not occur by themselves; they occur most naturally within a context.
The primary skills to be developed are reading and writing. Little attention is given to speaking and listening, and almost none to pronunciation.	Language learning is a process of habit formation. The more often something is repeated, the stronger the habit and the greater the learning.
It is important for students to learn about the grammar or form of the target language.	It is important to prevent learners from making errors. Errors lead to the formation of bad habits. When errors do occur, they should immediately be corrected by the teacher.

Sixteen participants discussed their experiences with traditional language teaching methods, complaining about their inefficiency in communicating with foreign patients. These traditional ways depended too much on memorizing by rote and grammar drills, which only applies to the needs of medical practice in terms of practical use of language. Most medical practitioners recalled monotonous classroom sessions that required them to sit quietly at desks while listening or seeing some information being passed across; this made them bored and demotivated.

The focus on discrete items like vocabulary lists and grammar rules makes it difficult for a doctor to use English as it is learned. They had no opportunity to learn conversational skills and engaged in meaningful dialogue with clients whose cultural backgrounds differed. However, phrases learned by heart or textbook dialogues failed to establish linkages between healthcare providers

and patients, leading to a lack of understanding within the relationship or the nonexistence of rapport.

Moreover, the problem with traditional methods of teaching was that they could not handle language variation and pragmatics. While treating patients, doctors noted incidents where subtle differences in pitch, tune, or context were indispensable when showing compassion for a sick person. The linguistic subtleties often remained ignored in the normal English language classrooms thereby leaving doctors unable to communicate effectively across cultures.

Moreover, besides the drawbacks of effective communication, there was also a sense among doctors of alienation from language itself. The predetermined syllabus of traditional language classes resulted in less self-expression or a natural rapport with the target language, turning it to become a more robotic than a captivating and fulfilling experience.

My teacher usually provided us with a long list of vocabulary to be translated and memorized for the next class session. I may say that I forgot most of them now. (Evan).

I don't understand why my teacher used to explain everything in the Korean language. I often had the feeling that I was learning Korean rather than English (Johanna). Grammar, grammar, and grammar. My teacher used to correct every single mistake I made, so I decided not to participate or speak in the class (Rachel).

The experiences of participants with traditional teaching approaches revealed an inconsistency between the English they learnt in those courses and the practical language used within hospital settings. This disconnection left them struggling with a vast chasm that obstructed them from communicating well with their clients, especially when dealing with patients who spoke various other languages. The doctors remembered occasions when they utilized the linguistic skills taught through outdated modules in actual hospital contexts just to find out that the vocabulary and phrases they had memorized were not consistent with everyday language used by healthcare practitioners themselves and their patient's vis-a-vis daily activities. They came across new medical terms, slang expressions as well as spoken idioms that did not feature prominently in the conventional classroom setup. As such, it became difficult for doctors to understand patient's concerns properly and give accurate diagnoses or clear instructions thus compromising patient care quality.

When you have a conversation with your clients, you don't have much time to think about the way you should respond to their questions. We did not learn those strategies that would allow us to respond quickly and properly to our interlocutor. What we learned did not match our job requirements (Mia).

Communicative Language Teaching Methods

Only five people out of the participants who took English for Special Purposes (ESP) courses expressed contentment with their learning processes and narrated passionately about their transformation, thus, witnessing a striking growth in their English and communicative skills. The communicative language teaching methods used in these courses were the catalyst that moved them up to a higher level of language proficiency and more profound comprehension of communication abilities necessary for interacting with different clients.

The participants concurred that instead of rote learning language structures like grammar exercises; it seemed like the communicative language approach could actually transport them beyond these boundaries. Their learning environment had become dynamic and involving ones where active participation and practical applications of these language skills became their major focus. This course aimed to engage students in meaningful dialogues, role-playing as well as real-life medical situations simulating challenges that they face in their workplace.

These realistic situations enabled doctors to identify and understand the communication skills required

when relating to patients. They developed techniques for eliciting medical information from patients, listened actively to their concerns, and expressed empathy during consultations. Confidence building through CLT encouraged complex dialogues in foreign languages, facilitating smooth exchanges that transcended linguistic barriers, thus making it possible for the five medics to handle complicated healthcare effectively.

Moreover, participants noted an improved ability to use medical terms appropriately. The programs focused on improving clinicians' knowledge of their subjects through specialized vocabulary that consisted of correct terms and expressions used in their field. Therefore, doctors were highly prepared to explain diagnoses, treatment plans, or any medical advice since they now knew exactly what they meant. Accurate articulation of medical concepts also built a strong professional image, leading to trustful relationships between doctors and patients concerned about quality healthcare provision when dealing with each other in a hospital setting.

Over and above that, the communicative language approach fostered a prosperous and understanding ambiance where discouragement was replaced by the incentive to learn from mistakes and improve linguistically. According to them, however, this environment without claims bestowed independence on their patients to express themselves freely without fear. The practitioners referred to it as an empowering atmosphere that eliminated the aspect of being judged and gave them the right to say anything at any time. They realized that there was always room for improvement when it came to learning languages. This is why they were so committed to enhancing their abilities all the time to deliver outstanding medical services.

Reflecting on such ESP course experience, these satisfied participants thanked all those responsible for their transformational journey through communicative language teaching methods. These programs improved their language capacities while expanding cross-cultural competency, making them more sensitive to the needs and expectations of the international clientele base. Through this immersive experience, these doctors acknowledge that effective language communication enhances patient satisfaction since it realizes that linguistic proficiency is instrumental in providing patient-centered care and overcoming global healthcare's lingual barriers.

The testimonies of these individuals were proof that using communicative language teaching methods could help bridge the gap between classroom learning and practical medical work. This ripple effect was seen in their enriched language skills being carried over into other areas beyond their respective careers and, in the end, raising the bar on care standards, leading to a more inclusive and caring healthcare system.

When I first started the ESP course, I used to make a lot of mistakes but my teacher ignored them and gave me the freedom to express myself. This increased my self-confidence and allowed me to improve my English quickly (Leah).

Our ESP teacher was very helpful as she always tried to facilitate activities and give advice to us. On top of that, she never criticized our English or downgraded it (James). At such courses, doctors who took them ensured they became better at communication without difficulties when talking to clients. Therefore, teachers who knew about English language teaching methods might have taught that kind of ESP course. Thus, rather than using form-based methods, such courses used meaning-based approaches.

Discussion

The implications of findings from this study have significant pedagogical implications in the South Korean context concerning medical English courses. This research has many important facets that may change how language education is done to doctors in that region. Most importantly, it implies that priority should be given to developing conversational English abilities. It is this crucial learning area of medicine, where effective doctor-patient relationships depend on the mutual understanding that figuratively separates between life and death; thus, there is an excellent need for fluent spoken English. The association between fluency and communication with patients is equally as important.

The fact that this study identified a stumbling block (the English paralinguistic limitations of doctors) has emphasized the dynamics involved when establishing meaningful connections with patients from different linguistic backgrounds. This barrier is often invisible but profoundly influential as it thwarts the natural evolution of empathetic doctor-client relationships. Herein lies the significance of empathy expressed through language nuances. Sometimes linguistic constraints drown out empathy, leading foreigners to misunderstand health care workers as detached dispensers of medical knowledge rather than sympathetic carers who have insight into their patients' emotions.

The consequences of these linguistic subtleties are very challenging, and for that matter, medical English learning needs to be transformed to accommodate the difficulty involved. This can be achieved by incorporating appropriate medical ESP programs focusing on doctors' interaction with their patients (both native and foreign). Thus, doctor-patient communication should not be a mere academic exercise but should involve real-life cultural exchanges. Such courses if well utilized could initiate a process leading to the improvement of medical professionals' language competence necessary for effective communication with clients and colleagues in different cultures.

There is a great work done by Rosen and colleagues (2004) that points out the significance of linguistic proficiency and cultural awareness. The influence of this combination is enormously crucial, as it is by this balanced merging of linguistic skill and cultural sensitivity that doctors can surpass obstacles and unite with patients on a deeply human level. This new way of medical

English teaching will elevate the linguistic competence of health professionals and cultivate mutual understanding, empathy, cohesion between doctors and their patients.

Consequently, this study has implications beyond its parameters for South Korean medical English education. The imperatives outlined herein call for a norm shift where conversational English is the foundation of effective doctor-client relationships. There is a need to make doctors proficient linguistic navigators and cultural emissaries; this obligation must be accepted if the future of medicine lies with a new generation of professionals who do more than just treat patients; they also translate across cultures.

As earlier noted, these intricate challenges concerning the English language range from less productive vocabulary to complex, unfamiliar accents and persistent pronunciation problems. However, it must be underscored that linguistic variations are not confined solely to language-related issues; they go much deeper than that since they are ingrained within health care as an institution (Spenceley, 2009). Gerrish (2001) published a significant work that resonates even today, substantiating that foreign patients from diverse cultural and linguistic backgrounds often find themselves trapped in compromised care. This resonance aligns with this paper, which reveals linguistic barriers in medical contexts.

However, there are more disastrous consequences for all those whose lives may be lost due to a lack of appropriate translation services. One realizes how fragile this linguistic chasm is when health and the sustainability of life are at stake. The consequences of miscommunication leading to wrong treatment can be devastating and endanger patients' lives. As an insurmountable barrier, language erodes the foundation for medical practice that depends on accurate diagnosis and curative treatment (Casemore, 2007). The very basis of medical ethics demands a swift response to such breaches to protect and improve the lives entrusted to it.

As a result, good linguistic skills are essential for doctors to communicate effectively. Medical practitioners must, therefore, acquire good language usage skills. English fluency acquisition is not just a superficial addition; this language becomes a tool in the hands of doctors which should be wielded with skillfulness. Fluency and effectiveness in English communication facilitate seamless information exchange and play a crucial role in allaying patients' fears, building trust, and creating a solid rapport. This, in turn, can lead to improved patient-doctor relationships and better health outcomes.

Another significant challenge is that doctors often struggle with understanding the many ways of speaking English, which can exacerbate the problem. This can make it difficult to discuss things adequately and mean that important conversations may never take place. Often characterized by being short but meaningful, these kinds of interactions do not allow patients to reveal the complexity surrounding their illness, past, or worry related to their condition. Such shortened deals can

have widespread consequences; what seems like a simple misunderstanding could turn into a bigger issue in the future, potentially leading to serious consequences for the patient's health.

Therefore, the weave of language stretches from linguistics to health care, and this is what makes them sacred. This implies that bridging the linguistic chasms should not be regarded as a mere choice but rather as a moral commitment that guarantees the all-round well-being of patients. From expanding on vocabulary to recognizing different accents, the journey toward linguistic proficiency in medicine is both transformative and spiritual.

It is also interesting to note that doctors find these learning materials extremely satisfying. Their confirmations reverberate as they describe these carefully designed courses and walk the thin line between general English for non-specialists and specialist English for specialists. A balancing act of their professional language needs and aspirations has created a harmonious merger that meets their English requirement within medicine. These resources have evolved into universal tools for enhancing their technical skills and developing their speech patterns, allowing them to communicate easily with different people within an area of expertise.

The consistency between these findings and Cameron's (1998) ideas is striking. Cameron's article stresses two perspectives on language skills – highly specialized jargon used within a particular specialty, as opposed to flexible everyday conversation style ability required outside any specialization area. Thus, one dimension fits into another; this highlights the ESP curriculum mosaic, where doctors can switch within various medical specialties without difficulty while dealing with fellow human beings.

However, there is a rare challenge amidst this mosaic of success that depends on the comprehension of doctors and patients, particularly in terms of complex terminology associated with medical products. All the doctors interviewed shared this view about the interview in an apparent partnership of ideas – it is essential to avoid specialist English when talking to clients. Instead, they tend to use non-specialist or semi-specialist terms. This approach may, however, give rise to another problem: doctor-patient misunderstanding.

This dichotomy underscores a significant paradox: the need to simplify communication for mutual understanding can inadvertently create a linguistic gap. The crux of the matter is that non-specialist terms, while seemingly straightforward, can be significantly different from mutual understanding. Clients who are shielded from specialist jargon can still find themselves navigating through ambiguous and unfamiliar verbal territories. Therefore, effective communication can sometimes lead to confusion and misunderstandings, necessitating patient assistance in interpreting the nuances of their treatment procedures.

This highlights the necessity for rethinking and adapting medical ESP courses at every level. This means we must also ensure we bridge this gap through our pedagogical

approach. These courses could morph into effective communicative interventions by infusing its curriculum with strategies that bridge “the language divide” and maintain integrity in medical terms. Thus, in today's changing landscape in medical ESP instruction, one must navigate the complexities of technical language and subtle shared meaning, focusing on effective medical communication, which is an art and science.

The position of ESP teachers stuck to traditional language teaching methodologies plays a massive role in shaping doctors' proficiency in speaking and listening skills in English. This comes as no surprise since the South Korean education system is known for its grammar translation method and audio-lingual method, which still live on in ESP courses and throughout school and university curricula. Sticking to such a model that values accuracy over fluency can only mean one thing – most doctors lack good communication skills, which generally fluctuate between mediocre and poor.

This reflects a culture of schooling where form is often more important than function. As a result, many students, including medical professionals, know all about complex sentence constructions yet have no idea how real-life conversations work. However, this difference between accuracy and fluency may be best understood by comparing it with learning individual notes of music instead of blending them into a harmonious symphony. However, this information suggests possibilities – an opportunity for change through collaborative teaching as an appropriate response towards this chronic situation of inefficiency in communication skills training among healthcare providers. Collaborative pedagogies have the power not only to address content knowledge but also to take care of communicative needs that are embedded within any subject matter itself. It shows us that we should get away from teacher-centered lectures where students do nothing more than listen passively because they need something that will make them involved during their learning process.

In medical ESP, this collaborative approach extends beyond the classroom and meets the practical needs of medicine. When combined, subject knowledge and language skills are potent agents for growth, where communication skills take on new meaning in this supportive context; no longer mere recipients but active practitioners who can negotiate professional intricacies and interact with patients/communities effectively and empathetically.

Therefore, collaborative teaching becomes an educational tool and a vital connection between language development and medical practice integration so that doctors become knowledgeable about their fields while being articulate in their communication within diverse settings of modern healthcare delivery systems.

CONCLUSION

The rise of South Korea into a global hub has brought about gigantic changes in many aspects, especially

cosmetic surgery. As medical tourism increases, the urge for effective communication in a medical setting has also increased; this brings ESP courses in Medical English to help health professionals acquire the necessary language skills. However, this research points to a gap between such courses and real-life English competence that could enable doctors and nurses to communicate effectively with foreign patients. Most healthcare professionals need more language competencies for quality patient care. It thus demands a revision in the medical ESP courses to shift from merely teaching technical language to emphasizing communication. Educators and curriculum planners should introduce innovative approaches to help physicians acquire competencies to surmount language barriers effectively. Besides basic medical knowledge and empathetic thinking, communication skills are essential for trust between care providers and patients. As caregiving in the South Korean environment is gradually becoming more diverse, linguistic improvement will help create a better, friendlier system that can meet all patients' needs.

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