

# Nursing English Nexus

*Edited by Mike Guest & Mathew Porter*



*The E-Magazine of the Japan Association for Nursing English Teaching*

## Nursing English Nexus

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## From the Editor

The October 2020 (4-1) issue of Nursing English NEXUS offers readers a very eclectic assortment of eight articles. Originally, we called for 'My Nursing English Story' contributions, which eventually morphed into 'My COVID-19 Story', of which we received four very interesting contributions. The English teaching team at Nara Medical University has pooled together their experiences and reflections on how the COVID-19 experience affected their classrooms, teaching materials, and the workplace in general from the perspective of instructors. Sayaka Nagai, a second-year nursing student at Nara Medical University, recounts how COVID-19 has affected her studies and lifestyle from a student's perspective. Donald Patterson offers his own Nursing English story, specifically how he adapted to and managed online courses during the pandemic. Noriko Suzuki relates how empathy for her nursing students influenced her Covid-19 teaching choices.

Beyond these thematic contributions, this issue also encompasses two full research articles and two research proposal outlines. Donald Patterson discusses motivation for healthcare students, arguing that clearer connections need to be made regarding the future application of healthcare students' English, while Tomie Watanabe analyzes lexical usage in the Global Nursing Community, utilizing core nursing documents as sources. The research proposals come courtesy of Takae Saito, who proposes to study how English as a Medium of Instruction (EMI) is being implemented in specialist colleges in Japan, while Motoko Sando proposes a plan to develop a comprehensive glossary of English loanwords as used in Japanese within the healthcare fields.

We hope that readers find this issue fruitful and remind you that we are always looking for contributions. Please send your manuscripts to [mikeguest59@yahoo.ca](mailto:mikeguest59@yahoo.ca) by Feb. 28th, 2021.

Michael Guest  
Co-Editor, Nursing English Nexus

**Call for papers:** We welcome anyone with an interest in any aspect of nursing English education to submit an article – in English or Japanese – in one of the following formats:

- Research articles (between 3000-4000 words)
- Issue theme articles / reports (up to 2000 words)
- Reports / introduction of current research projects – "My kaken" (up to 1500 words)
- Discussion / observations / polemics / opinions (up to 1500 words)
- Short summaries or reviews of books or articles (up to 1500 words)
- Interviews with nursing educators (up to 1500 words)
- Reviews of nursing English materials and / or technologies (up to 1500 words)
- Short, practical teaching tips (up to 1000 words)

Submissions for the April issue must be received by February 28 and the October issue by August 31. Information about the submission process and a style guide can be found at <https://www.janetorg.com/nexus>.



## Simon Capper

### A Message from the Executive Director

Welcome to the latest edition of JANET's online journal, Nursing English Nexus.

One of the reasons that we chose this title for our journal was that we wanted to serve as a focal point, one that could help to make connections between anyone – nurses, nurse educators, English teachers and learners – anyone who had an interest in nursing English. The title seems particularly appropriate with this edition, given the varied nature of the articles that we've received.

As we become more socially distanced, it feels increasingly important that we have a chance to learn from and understand how each of us is coping with the new reality. Whether by sharing our experiences, sharing ideas, resources or knowledge, we owe it to each other to offer the support to meet the challenges that we're currently facing.

As you may already be aware, JANET is now overseeing another means of enabling this support. Our JANET website 'Discussion Forum' never really took off in the way that we had hoped, so last month we started up a Facebook group, Teaching English to Japanese Nursing Students, in the hope that it would facilitate discussion, and perhaps also reach like-minded people who hadn't yet come across JANET. If you haven't already joined it, please take a look.

But first, please enjoy this edition of Nursing English Nexus, and if there's anything in it that is of particular interest to you, why not head over to Facebook, join the group and share your thoughts? For this, and any other aspect of nursing English teaching, we'd love to hear from you.

**Mission:** The Japan Association for Nursing English Teaching (JANET) was formed in order to provide a forum for improving the quality of teaching, learning and research in the field of nursing English education in Japan. We aim to encourage collaboration between English teachers and nursing professionals, and support teachers to better serve the needs of the Japanese nursing community.

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## Nursing English Teacher Reflections on Some of the Novel Challenges Presented by the Novel Coronavirus

Paul Mathieson<sup>1</sup> (mathieson@naramed-u.ac.jp), Sufian Elfandi<sup>1</sup>, Rima Ghashut<sup>1</sup>, Melissa Hamilton<sup>1</sup>, Claire Murray<sup>1</sup>, Francesco Bolstad<sup>1</sup>

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The COVID-19 crisis has touched nearly every aspect of our lives. Both individually and collectively, we have all had to change our ways of doing things and adjust to what is still for most an unsettling “new normal”. As language educators, some of the challenges that we have faced – and are still facing – have changed the way that we teach, and may continue to have an effect long after the tumult of 2020 is behind us.

This paper comprises accounts from four teachers teaching a first-year nursing English course at a public medical school in Japan. In early April 2020, in the face of the rapidly escalating public health crisis brought about by COVID-19, our institution decided to switch from face-to-face lessons to an emergency remote teaching (ERT) format. We use the term ‘ERT’ in this paper in order to distinguish between the current pandemic-enforced teaching and learning environment, and more traditional conceptualisations of online teaching (Hodges et al, 2020).

This ERT approach continued until the beginning of June 2020, when our institution switched from a full ERT format to a hybrid format, combining online classes and face-to-face classes. In this hybrid format, students in our course took two classes per week, alternating between online classes and face-to-face classes on a ‘one week on, one week off’ basis. Classes in both online and face-to-face formats were conducted synchronously.

The switch to an ERT format in April 2020 was understandable in the circumstances. However, as with so much else that is related to this coronavirus pandemic, it created an array of challenges for both teachers and students at our

institution. This was especially so because we had only one week to prepare to switch from the usual face-to-face class format to the new ERT format.

In this paper, we attempt to highlight the nature of some of the many challenges faced by teachers and students at our institution in the first semester of 2020. We present accounts from four nursing English teachers about their experiences this year in the areas of (1) technology, (2) lesson planning and class materials, (3) delivering classes in both an ERT format and a hybrid format, and (4) communication between teachers and students.

### New Technology — Sufian Elfandi

Technology is a cornerstone of modern life, and dealing with new technology forms an essential component of our quotidian life. However, the technological difficulties caused by the COVID-19 pandemic challenged both teachers and students alike.

After deciding to move our classes to an ERT format, we had to move quickly in order to prepare for ERT courses. The process started with our English department having to choose the best technology platform to do that. We decided to use the free educational tool Edmodo for the asynchronous coursework and Zoom for the synchronous online classes in both our medical English and nursing English courses. Students were aided in this challenging technology journey by explanatory YouTube videos, which were prepared by teachers and were uploaded to Edmodo. These videos explained how to use the abovementioned platforms, as well as other aspects of our courses.

## Edmodo

From the outset, teachers had to create Edmodo accounts, set up their classes on Edmodo, share class codes through the university email system, and ensure that all of their students had joined the online classes. As for the students, they also had to create new Edmodo accounts, get used to the new platform, and join their online classes.

At the beginning of the semester, each teacher made a ten-minute self-introduction video, as students did not have a chance to meet their teachers in person. First-year nursing students made a short, three-minute self-introduction video so their peers and teachers could learn something about them. This also served as practice for the presentation videos that were part of the first-year nursing course assessment later in the semester.

Because there is a 100-megabyte size limit on videos which are directly uploaded to Edmodo, students were instructed to either compress their videos or to upload them to a personal YouTube channel and share the link with other students via Edmodo. This created tremendous challenges and stress for students and teachers alike, as most students were not familiar with making and uploading videos.

In addition, some of the vocabulary and grammar quizzes were done through Edmodo. Since some students were clearly struggling with the new technology, we had a practice online quiz before the official quizzes started. Nevertheless, the online quizzes continued to pose problems for students and teachers throughout the semester. Some students missed the scheduled time for the quizzes, either because of technological issues with Edmodo or because of slow Internet connections. Since tests are an assessed part of the English course, we made special arrangements (such as online and/or face-to-face re-tests) for those students. While this created more work for the teachers, it helped to ease student stress and anxiety.

## Zoom

Teachers also had to ensure that all students had downloaded the Zoom application and created their own Zoom accounts. There were significant challenges and concerns with setting up and using Zoom as well. Initially, students had various communication difficulties during Zoom sessions because of slow Internet connections, and voice interference from other participants. The latter problem was solved by muting the class and then unmuting individual students or by using the 'whiteboard feature' in Zoom. This feature allows teachers to write on a virtual whiteboard and share the screen with the students in their Zoom class. It enabled teachers to ensure that students got important messages about upcoming classes and coursework and also reinforced teaching points by giving students more than one opportunity to listen to and comprehend what was being taught.

## Lesson Planning, Resources, and Materials — Claire Murray

Because this semester was the first ERT experience for most of our teachers and students, we decided to post all of the class materials before each lesson on Edmodo. This was done to help our students understand how the lessons were structured and with the intention of putting them at ease. It also fitted with the 'flipped classroom' model that our institution has urged all course co-ordinators and teachers to implement. The materials included an outline of that class's activities and homework, plus documents, videos, or website links that would be used in the class. These materials were also saved in folders that all students had access to.

From the teachers' perspective, especially initially, the biggest challenge was the time it took to prepare the materials and lesson outlines. Furthermore, we had to prepare the materials and post them in Edmodo well in advance of the class to give students time to print them out (if

necessary). This task was made easier by the fact that the workload of preparing class materials was able to be divided between the four teachers who usually run concurrent classes based on the same content. Lastly, only materials that were digital could be shared. Some printed documents or photos could not be used unless they were digitised.

Looking from the students' perspective, having to read and understand a 'wall of English' (the lesson outlines) could be intimidating and time-consuming. Furthermore, some students did not have access to a printer in order to print the class materials. As we were using Zoom for the synchronous component of the classes, it could be awkward to use a digital version of the materials at the same time, especially if students had to write on the materials.

However, there were many advantages to online lesson outlines and materials. Posting class activities and homework for lessons increased student autonomy. Students read the outlines and materials before class, and they knew what they were responsible for completing. Furthermore, the materials and lesson outlines were always available for students. This was helpful if students were absent, as it was easy for them to find the lesson information. It was also beneficial for students who were struggling to keep up, as they had the option to use translation software for the materials and lesson information. Another advantage was using digital materials like videos and music without the hassle of setting up the equipment in the classroom.

Teachers used online resources such as Quizlet, Kahoot, YouTube, and surveys. These resources were intended to provide a fun aspect that was otherwise missing from online classes, and students seemed to enjoy them. However, the biggest challenge of these resources was that students were asked to learn how to use many new platforms in English, which was time-consuming and frustrating for the students. This

also meant the teachers had to troubleshoot students' problems which created an additional burden for teachers. Furthermore, some resources were not used as we did not want the students to have to learn yet another online platform.

As it seems classes at our institution will continue to be taught in an ERT format, we intend to include class objectives in the lesson outlines in order to increase student autonomy. Secondly, we also aim to use a platform that allows for shared documents so that students can work on activities together in real time.

### **Delivering Classes in ERT and in Hybrid Formats — Melissa Hamilton**

The pedagogical issues that will be discussed in this section relate in particular to the hybrid ERT and face-to-face class format that was implemented in the latter half of the semester. There were both positive and negative aspects to this hybrid approach.

Beginning with the positive aspects, since these were first-year students, most had never met their classmates before. This meant that the face-to-face portion was of great benefit to the students. They could meet in-person, get to know each other, and develop closer friendships. Conversely, one benefit of the ERT portion was that students were not coming to school every week, so opportunities for exposure to COVID-19 were fewer. Each year group was in a "bubble" and attended campus on different weeks, so there was also less contact with other students even when on campus.

Additionally, students had less homework as part of the face-to-face portion of the course. Typically, ERT or distance learning courses involve many individual homework tasks, activities, and quizzes. However, our hybrid approach meant that tasks could sometimes be completed during class time. We felt that with less homework, student stress could be decreased. This also allowed teachers to check students' work more

easily and correct any common problems or misunderstandings in face-to-face classes.

A final benefit was the increased online and offline contact students had with their teacher. Not only could the students ask questions of their teacher and of each other during class, but they also had the ability to easily contact the teacher online via Edmodo. This allowed students to ask for different kinds of feedback. In fact, under the ERT and hybrid format, we noticed that there seemed to be more online requests for private assistance than was the case for our regular entirely face-to-face class format.

Despite the many positives that emerged, there were, of course, numerous negative aspects of the hybrid teaching approach that was implemented at our institution. The irregularity of the schedule was confusing for both teachers and students. Our institution initially aimed to have first- and second-year students (both medical students and nursing students) receiving face-to-face classes on an alternating 'one week on, one week off' basis. However, while this worked in theory, there were numerous weeks where other events or activities (such as health checks) disrupted this 'week on, week off' schedule. Accordingly, students were sometimes uncertain whether they were supposed to come in or stay home. While this was easily fixed with reminders from the teachers, it was a common problem and contributed to teachers' overall stress levels.

There were other negative aspects which mostly impacted teachers. For one, conducting hybrid lessons during a pandemic was stressful. In face-to-face classes, teachers needed to take into consideration the safety, sanitation, and layout of the classroom. Furthermore, since they needed to account for social distancing, sanitation and safety concerns, the existing class content for face-to-face classes, needed to be significantly adapted. This was time-consuming, and teachers found that there was tension between safety concerns and creating engaging classes. For

instance, pair or group activities that are typical of many language classes often needed to be removed altogether or redesigned. Similarly, any tasks that would normally be repeated with multiple partners to reinforce a skill, grammar structure, or vocabulary point were impractical in our hybrid classes. Students could not switch partners multiple times easily or safely.

### **Changes and Challenges in Teacher-Student Communication — Rima Ghashut**

Effective classroom communication is a crucial component of the teaching process. However, in order for effective classroom communication to occur, teachers must create a classroom environment that actively encourages open communication between teachers and students. This is particularly important during periods of heightened stress and anxiety, as has been the case during the current coronavirus pandemic. Cantor (2020) demonstrated that during difficult times, providing safe and supportive learning environments and focussing on creating strong teacher-student and student-student relationships becomes paramount. Although it is easy in such circumstances to focus effort on the development and delivery of revised academic materials, it is equally important to devote time and energy to developing confidence and trust between teachers and students.

The COVID-19 pandemic has had a considerable impact on interpersonal communication between teachers and students, and has changed the way we communicate in many ways. This has affected all aspects-of-both in-class and out-of-class communication, including verbal, non-verbal and written communication. Whereas feedback to and from students is usually immediate in face-to-face classes, the effectiveness of such feedback has become much more difficult to measure in the ERT environment. For example, even simple requests such as asking whether students have questions or whether anything is unclear have

been far more challenging during ERT classes. In many cases, this has made it difficult for teachers to get a sense of how the flow of the learning process is going within classroom.

The lack of out-of-class communication with students has also been a considerable disadvantage of the current format. Whereas students and teachers are usually able to communicate informally in hallways and while eating lunch together, under the restrictions imposed by ERT classes and university guidelines for face-to-face interaction these less formal avenues of communication have been limited. This has meant that students have had few chances to ask questions and confirm their understanding in a low stress environment and teachers have been unable to benefit from the feedback that these opportunities provide.

### **Direct and indirect classroom communication**

Initially, one of our main concerns was that freshmen students would be significantly disadvantaged by the absence of face-to-face classes. In particular, the potential paucity of opportunities for direct communication between teachers and students was something that teachers were concerned about. For instance, even something as seemingly simple as reading students' facial expressions in order to gauge understanding was made more difficult by the ERT format. This form of communication is important not only between teachers and students but also among the students themselves.

With the shift to ERT classes, both teachers and students had to adapt to new methods of communicating, such as via online platforms like Edmodo. Edmodo has many merits in terms of communication for both teachers and students. Teachers were able to make individual comments on the students' essays, with students being able to reply directly to the teacher with questions or inquiries. From an English language teaching standpoint, an added bonus was the fact that our

students were managing all of these communication tasks in English. Furthermore, students could reach their teachers by sending direct messages through the Edmodo messaging feature. This was particularly beneficial, since our students often find it difficult to reach their teachers outside of class time.

We believe that these methods of communication helped to build a level of trust and connection between teacher and student that may not have been possible prior to this year. Furthermore, the addition of the social media connection between teachers and students also meant that alerts and notifications often appeared, reminding students (and teachers!) about upcoming assignments or tests. This in turn boosted teacher-student communication beyond class time.

### **Teacher load and student burden**

Any new way of teaching and learning typically comes with both advantages and disadvantages. The initial ERT and then the later hybrid formats caused significant stress for teachers. Teachers had an expanded range of tasks to undertake, including preparing new class materials, marking a wider array of classwork and assignments, as well as having to deal with complex administrative duties. This juggling act was often overwhelming, and it made meeting each individual student's needs difficult.

The communicative burden created by this situation was also challenging for students. Teachers often sent important information and announcements via Edmodo, and this led many students to feel urged to check their computers or phones regularly. This increased level of communicative stress is reflected in one first-year nursing student's feedback to her teacher, as she wrote: "We always have to think about our homework. Homework comes in by email, so I wonder when it will come." Hence the inconvenience of receiving notifications and

emails around the clock cast a shadow of stress and anxiety on both teachers and students.

### Conclusion

Teacher patience, ingenuity, and creativity have been stretched to their limits by the unusual circumstances of this past semester. In a sense, the pandemic created an opportunity to challenge ourselves to create and run engaging and educational ERT, followed by hybrid courses at our institution. However, dealing with new and unfamiliar technology, the stress of preparing a range of new or revised materials in a short space of time, as well as pandemic-related sanitation and safety concerns and teacher-student and student-student communication difficulties, made this semester one of the most challenging we have ever faced.

Looking beyond the frenetic and frustrating environment that has been forced upon us in 2020, there is a sense that, despite all the hardships, our teachers, our students, and our institution as a whole are now better prepared to face whatever educational challenges await us in the future. The nursing English courses at our university have certainly benefitted from the creation of a range of new and improved online materials and formats for delivering lessons, as well as new means to foster and encourage communication and understanding between faculty and students. It is nice to think that, for our institution at least, some positives have emerged from this otherwise calamitous period in our history.

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## My Struggles as a Nursing Student During the Coronavirus Pandemic

Sayaka Nagai (ns319045@naramed-u.ac.jp)

Nara Medical University

The coronavirus pandemic has changed our daily life, work and learning environment dramatically. Nara Medical University (NMU) is no exception. NMU called for numerous changes not only to our course content but also to students' personal lives. Because NMU is a medical university, it set up stricter regulations for all students in order to minimise any risks of infection. This report introduces some of the unprecedented learning experiences that I have undergone during the coronavirus pandemic as a second-year nursing student at NMU.

In April, one day before the entrance ceremony for the new academic year, nursing students at NMU received an email from the university. The email required all students to take back all of the materials that were stowed in their personal lockers. This implied that something unusual would happen for our course. Many of us brought suitcases on that day, and although most of us were still unsure about what was happening, we were all excited about meeting our classmates again. However, the head of the NMU nursing department announced that we were not able to take classes on campus. Instead of that, they encouraged us to do self-study at home.

Since then, nursing students have been doing self-study following the materials that explained the details of our homework assignments: which subject has what kind of essays, required word counts and so on. That learning style accelerated a feeling of desolation and swamped us with deadlines. In addition, this prompted anxiety about our future careers due to our perceived insufficient understanding of what we were learning.

In May, our online classes finally started. However, as it seemed totally unprecedented for our lecturers to teach online lectures, many

technical problems occurred during our lectures, which disrupted the classes. Nonetheless, taking lectures while being able to listen to and see the lecturers gave us reassurance and motivation. But the situation deprived us of the opportunity to experience technical and practical training by physically using nursing equipment and materials, which is mandatory in preparing for working as nurses.

Finally, in the beginning of June, the day came when students could have lectures on campus. However, we were only allowed to come to the university one week out of every three. The rest of the time we continued taking online classes. Additionally, the practical training, which was supposed to involve being assigned to look after actual patients at the hospital, was cancelled and replaced with practice using mannequins in the nursing school.

The spread of coronavirus has greatly affected our learning experience as nursing students at NMU. Nursing students are supposed to become more familiar with nursing and medical terminology and procedures through lectures not only by listening but also by seeing, touching, and interacting. This includes learning not only the technical aspects of nursing care, but also such things as bedside manner. Although nursing students have tried to fully utilise the few occasions that allowed us to be on campus to study, many challenges and anxieties for our future still remain.

## My Nursing English Story: Initial Impressions of Teaching Online

Donald Patterson (patterson@seirei.ac.jp)

Seirei Christopher University

Over the past few months I have found it interesting to learn how differently each university in Japan has managed the first semester taught during the COVID-19 pandemic. I know of colleagues who have not set foot on campus in months and those who have not missed a day. I have heard of approaches including asynchronous on-demand lessons, synchronous lessons taught online via teleconferencing software such as Zoom or Microsoft Teams, cautious in-person lessons, and hybrid approaches. I know of schools that have taken a unified approach and those that have let the professors decide where and how to teach. In this short article, I would like to share my experience.

My university postponed the start of the 2020 school year for two weeks, pushing the end of the semester into August. It was decided that most courses, including English, would be delivered synchronously in their regularly scheduled times via Zoom. I had used Zoom before for meetings, but never for teaching. Together with other teachers at my school, I spent those first two weeks of April familiarizing myself with Zoom's functions and reimagining how I would teach.

I continued to go to campus and taught in an empty classroom using the classroom computer with my own laptop also logged into Zoom to allow me to see the class from the students' perspective. I taught while standing up, which seemed to give my delivery more energy. I also found that lessons went better when I asked students to turn their cameras on. It was easier speaking to an audience I could see, and students also seemed more engaged. Zoom keeps participant records, which I used for attendance.

I created PowerPoints with the main lesson points, new vocabulary and expressions, embedded audio and video, and various language activities. I

used the "breakout room" function to create pairs and smaller groups for discussion, paired readings, and role plays. There have been several Zoom functions that I would like to keep using for in-person classes. For example, the chat function allows you to ask students quick comprehension questions and get responses from everyone. There is also a survey function that enables you to poll students and share the results instantly, which is fun. The virtual whiteboard and screen annotate functions were also useful for encouraging greater participation.

In addition to Zoom, I used Google Classroom to post course updates, homework assignments, quizzes and tests created with Google Forms, and Quizlet (<https://quizlet.com>) to share vocabulary lists and activities.

Here is a sample lesson plan for my nursing English course. This 80-minute lesson was taught via Zoom using a textbook. The theme was "assessing patients' symptoms" (with thanks to my colleagues, Professor Aya Tsuchie and Professor Nami Takase, for their input).

- Greeting: Teacher welcomes the students and asks them how they are. Students respond via chat. This is also a chance to check that the audio is functioning for everyone.
- Today's plan: Teacher introduces the lesson's goals and activities via PowerPoint.
- Warm-Up Conversation: Students are provided discussion questions and put into breakout rooms (2-4 people) for a short conversation (approx. 5 mins).
- Vocabulary: Students are asked to write the names of symptoms (cough, fever, runny nose, etc.) they know in English on a virtual whiteboard.

- Vocabulary: Students match English symptom names with images and Japanese terms. Teacher checks comprehension with the chat function before showing the answers.
- Key Expressions: Teacher introduces key expressions; students complete a grammar activity in the textbook. Listen and repeat to practice pronunciation.
- Listening: Students complete a medical interview form about a patient's symptoms while listening to audio of a nurse and patient dialogue.
- Writing: Students write about a time when they were sick and what symptoms they had.
- Speaking: Students role play a medical interview with a partner in a breakout room using the symptoms they wrote about. Teacher may visit a few breakout sessions to monitor the students' progress.
- Writing: Students write a report of their partner's symptoms and post to Google Classroom.
- Quiz: Students take a quiz via a Google Form posted to Google Classroom.
- Homework: Students are assigned homework from the textbook; discussion questions to answer on Google Classroom; and are provided with word cards to study new vocabulary on Quizlet.
- Closing: Teacher sums up the main points of the lesson and says goodbye. Teacher remains online for a few minutes in case there are any additional questions.

The students returned to campus in Week 11 for a few in-person lessons as there had been no new reported cases of COVID-19 in the area for several weeks. However, after an outbreak, classes went back online.

My students had begun preparing for their final project, which was meant to be an in-class

PowerPoint presentation on the topic of healthcare-related NGOs (as an aside, I'd like to thank Franklin [2019] for inspiring the topic). The students coped well with the sudden return to online classes and were all able to give their presentations via Zoom using the share screen function to display their PowerPoint slides.

Despite the initial learning curve and concerns about technical malfunctions during class, I enjoyed teaching on Zoom more than I thought I would. Basically, I was able to reproduce most things I would normally do in a face-to-face class, albeit virtually. It has also pushed me to learn more about teaching with technology, to be more concise with my lesson goals, and to nearly go paperless.

This is not to say that teaching online is perfect. There's no replacement for direct interaction with students. I miss getting to know the students as the semester progresses, being able to walk around a class to monitor students' progress, and doing activities that involve getting everyone up and moving and meeting new people. Nonetheless, these online tools have enabled me to continue teaching and my students to continue learning in safety during this challenging time, for which I am grateful.

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## My Experience as a First-time Nursing English Teacher during COVID-19

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This is my first time writing about my experience with English and Nursing, especially as a nursing English teacher during the COVID-19 pandemic. In fact, this is my very first time to write anything related to teaching Nursing English because this past semester was the most unique teaching experience of Nursing English in my life.

I am Japanese and graduated from a college in the USA with a nursing degree as an international student, so I am a nurse. Because of family circumstances, I came back to Japan in 2012 and became a teacher in nursing in a Japanese university. Seven years later, I moved to Nagano to teach nursing and also nursing English for the first time. I had never taught English nor nursing English previously, so this was a challenge but I was very excited because I love both English and nursing.

Because of this early year's COVID-19 outbreak, all classes had been changed to online classes. It was very challenging since we had to change, create, or redesign all class materials for online classes, especially for Zoom. It took so much time to prepare for the classes to teach and was particularly tough to prepare for five or six classes at the same time.

One of them was 'Nursing Medical English' which is an elective class, so only 15 students were assigned. The professor in charge of this class had published a book called "Medical Terminology Basic 101" in order to teach medical terminology according to categories such as prefixes, roots, and suffixes etc., so we used this textbook mainly to teach medical vocabulary in an easily structured way.

Since this was my first-time teaching Nursing English, I wanted this class to be fun, so I brought a relaxed and casual manner into the online class. I started the class taking roll by calling their first

names and asking, "How are you?" They mostly replied with comments like, "Here. I am excited today," "Here, I am tired...", and "Here, I am ok".

I also emphasized the importance of pronunciation as a base, so I started teaching pronunciation of the basic alphabet, practicing the actual sounds of English, and not reading it as if it were Japanese. I spoke mostly English during the class and asked the students to feel the meaning of words itself and not merely to memorize the Japanese translation of the words.

As the classes progressed, students gradually grew increasingly tired due to taking all their classes online every day, as all students had been sitting and studying different nursing subjects online from 9 to 5 endlessly, with lots of homework.

Since I also taught other general content classes such as basic nursing, nursing assessments, nursing practicum, and so on, I knew how tired they were, so I tried to incorporate the contents of those classes into the English classes because when connecting the materials, students could learn the vocabulary and contents more effectively, as well as decrease their work volume (this was actually how I managed when I was a busy nursing student in the USA.)

For example, after they studied a nursing assessment on each body system in regular content classes, I provided copies of those anatomical terms of each system in English. I hoped that learning those systems in Japanese would be efficiently connected to learning medical terminology in English thus making them easier to remember those difficult terms in both languages. It also gave them chances to learn the same content twice which could help them to memorize the more difficult nursing content easily.

We did not assign homework after class, in

order to give students more time to rest. We also only carried out three exams since we knew that the students had been studying all the nursing content so hard at home in uncertain circumstances, and knew how the students were tired every day, as their other classes were filled with many assignments and difficult exams. I was also feeling less energy left for teaching all my own classes with all the extra work made necessary under the restricted COVID-19 situation, so I definitely also felt my students' fatigue and boredom. Hence, my department professor and I did not give any further assignments in order to decrease the total volume of work from students' other classes.

In the end, we received satisfactory evaluation results, as we were evaluated with an average of more than 4.5/5 overall. Students reported that they enjoyed the class and felt our enthusiasm for the class. However, compared to other general classes I was involved with, I felt that an increased satisfaction in their progress and sense of accomplishment would be needed to improve this class for the future. The other classes that had very difficult exams, such as nursing assessment and basic nursing practicum, were evaluated as being 'very satisfying'.

That made me realize that although it is tough for students to learn nursing, providing opportunities to learn more and to take on difficult tasks could lead to a much better sense of satisfaction among students. It seemed that those content classes involving many teachers and nurses participating in teaching nursing were more satisfying for nursing students.

As a result, I learned that although nursing students are always busy with studying, and although it is much tougher to do so under the conditions of COVID-19, they are still eager to learn nursing to improve themselves as nursing students. That is the beauty of nursing. Hence, I certainly will try to improve my teaching of Nursing English to make it more effective and filled with passion and energy as this uncertain period goes on.

# Nursing and Social Work Students' Effort Levels, Attitudes, Motivations, and Test Scores in Studying English

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**Abstract:** The present study sought to learn how much effort nursing and social work students at a university in Japan were willing to expend on their English studies. It also examined whether there were significant correlations between their self-reported effort levels and their attitudes towards English and motivations for studying it; and whether there were significant correlations between their scores on a standardized English proficiency test and their effort levels, attitudes, and motivations. In this quantitative study ( $N = 16$ ), data was collected from a standardized English proficiency test and a questionnaire adapted from Taguchi, Magid, & Papi (2009) on learner attitudes and motivations. On average, students reported a neutral attitude towards their effort levels in learning English and appeared to be more motivated by intrinsic personal goals than extrinsic pressures. Results showed a moderate correlation between standardized test scores and "the ideal L<sub>2</sub> self", suggesting that the clearer an image students had of how they would use English in the future, the better their academic achievement level in English.

**Keywords:** learner motivation, effort, ideal L<sub>2</sub> self, language proficiency

How important is motivation in language learning? Dörnyei and Csizér (1998, p. 203) called motivation "one of the most important factors that determine the rate and success" of second language learning, and many other researchers have concurred (Chen, Warden, & Chang, 2005; Masgoret & Gardner, 2003; Sugita & Takeuchi, 2010). However, studying learner motivation is complicated because it contains a mix of several variables including the learners' attitudes toward the learning situation, their objectives in studying, their feelings about themselves, and a host of other pressures (Shea, 2017, p. 140).

Several studies have been conducted on foreign language learning motivation in Japan. Irie (2003) conducted a meta-analysis of studies on motivational factors for Japanese learners of English spanning the early 1990s to the 2000s. The studies suggested that Japanese students had some interest in using English to converse with native speakers, which is to say they had a degree of integrative motivation (i.e. desire to learn a language in order interact within a community of people using the target language). However, the majority of the studies suggested that instrumental

motivation (i.e. having a specific, functional reason for studying) was more important (Irie, 2003). For most Japanese learners of English that means achieving success with standardized examinations. Indeed, Berwick and Ross (1989) found in a longitudinal study that Japanese learners' motivation to study English appears to peak in their final year of high school at the point of maximum utility for them as represented by university entrance examinations. The desire to achieve high examination scores and enter a good university can be a strong motivator, but it is largely an extrinsic and instrumental kind of motivation. Once the examinations are finished, the students' prime motivator is lost and interest declines (Berwick & Ross, 1989).

Many studies on language learning motivation cite Dörnyei's (1994) L<sub>2</sub> (second language) motivational self-system, which analyzed motivation on three levels: the learner; the learning situation; and the language itself. At the level of the learner, Dörnyei (1994) asked whether the motivation is more intrinsic or extrinsic; at the level of the learning situation, he examined the effects of the teacher, the class, and the course on the learner's

desire to learn; and at the language level, he asked whether the learner's purpose is instrumental or integrative. Instrumental motivation refers to the desire to learn another language for a specific functional use, such as nursing, and integrative motivation refers to wanting to learn in order to live within a community of people using the target language or interact with people from that community in a general way. Dörnyei and Csizér's (2002) work on learner motivation in Hungary found that integrativeness was the most important component of the L<sub>2</sub> motivation construct for determining L<sub>2</sub> proficiency.

Taguchi, Magid, and Papi (2009) replicated Dörnyei and Csizér's (2002) Hungarian study in Japan, China, and Iran with a total sample size of nearly 5000 people, and found a high correlation between integrativeness and the learners' *ideal* L<sub>2</sub> self (i.e. concept of who they would like to be), and instrumentality highly correlated to their *ought-to* L<sub>2</sub> self (i.e. the concept of who they *should* be). They also found Japanese learners were somewhat differently motivated than their Chinese and Iranian peers in that they had a harder time envisioning themselves using English professionally.

## Research context

The university under focus in the present study, referred to here as University A, is located in central Japan, and specializes in healthcare with programs in nursing, social work, and rehabilitation. While English is not offered as a major, there is an English portion for the entrance examination and English as a foreign language is a compulsory course for all first-year students.

The impetus for the study was the researcher's desire to better understand how much effort the students at University A were willing to put into their English studies, what attitudes they held regarding English, what motivated them to learn English, and what relationship these factors had with a standardized English proficiency test.

There is reason to believe that Taguchi, Magid, and Papi's (2009) findings mentioned above would largely be applicable to University A's context as the participants in both studies were university students with an average age around 19 years.

However, there is one major difference in that University A is primarily a healthcare-focused school whereas over a quarter of Taguchi, Magid, and Papi's (2009, p. 72) sample was composed of English majors, with the rest coming from other disciplines. The researcher was interested to learn if the more career-focused healthcare majors would result in different effort levels, attitudes, and motivating factors toward language study.

## Research questions

This study was guided by the following research questions with regard to nursing and social welfare majors at University A:

1. How much effort are nursing and social welfare majors willing to expend on their English studies?
2. Are there significant correlations between nursing and social welfare students' effort levels and various attitudinal and motivational factors?
3. Are there significant correlations between nursing and social welfare students' English proficiency test scores and effort levels and their English test scores and various attitudinal and motivational areas?

## Method

### Participants / Setting

The participants were sixteen ( $N = 16$ ) female university students (1<sup>st</sup> year = 8, 2<sup>nd</sup> year = 8). Fourteen of the students were enrolled in the School of Nursing and two were enrolled in the School of Social Work. Participation in the study was voluntary, and the study was conducted with

ethics approval from the university's institutional review board.

## Procedure

The data was collected at the end of the 2017-18 academic year. Quantitative data was collected using a questionnaire developed by Dörnyei and Csizér (2002) for use in Hungary and subsequently adapted by Taguchi, Magid, and Papi (2009) for use in Japan, and the ACE (Assessment of Communicative English) Test, a standardized test produced by the Association of English Language Proficiency Assessment (<http://npo-elpa.org/ace/>).

A time was arranged for participants to take the proficiency test. The test was comprised of three parts: listening; vocabulary and grammar; and reading. One hour was allotted for the test and students filled in their answers using a standardized mark sheet.

The questionnaire was given in Japanese as a Google Form and comprised a total of 67 statements related to English language learning and culture. Participants were presented with Likert scales with which to express their level of agreement or disagreement or strength of feeling for each statement. The scale ranged from 1 through 6 with no neutral option. The following designations were used for the statements/questions: 1 = strongly disagree/not at all; 2 = disagree/not so much; 3 = slightly disagree/so-so; 4 = slightly agree/a little; 5 = agree/quite a lot; 6 = strongly agree/very much.

The questionnaire probed motivations in several categories as described below. The questionnaire items that correspond with each category are also listed.

- Effort level: Students' self-report on the level of effort they put into English. (5, 17, 28, 41)
- Ideal L<sub>2</sub> self: How students imagine themselves using English in the future (8, 20, 33, 58, 66)

- Ought-to L<sub>2</sub> self: Students' image of how they should be studying English related to duties, obligations, and responsibilities. (13, 25, 38, 62)
- Family influence: Students' perceptions of parental encouragement or pressure to learn English. (2, 14, 29, 40)
- Instrumentality (promotion): Students' motivation to learn English related to its functional use, in order to achieve personal goals. (6, 18, 31, 55, 64)
- Instrumentality (prevention): Students' motivation to learn English related to its functional use in relation to obligations so as to avoid failure. (10, 23, 36, 60, 67)
- Attitudes to learning English: How students feel about their English studies. (12, 24, 37, 61)
- Cultural interest: Students' interest in the music, books, films, TV and other media of English-speaking countries. (43, 46, 49, 52)
- Attitudes to L<sub>2</sub> community: Students' feelings towards native speakers of English. (44, 47, 50, 53)
- Integrativeness: Students' interest in learning English in order to integrate into an English-speaking community. (45, 48, 51)

## Results

### Questionnaire Reliability

Prior to addressing the research questions, Cronbach's alpha coefficients were calculated for each of the study's factors, using JASP statistical analysis software (<https://jasp-stats.org/>), in order to check their internal consistency. Table 1 presents a comparison of the alpha coefficients from the present study and the Japanese portion of Taguchi, Magid, and Papi's (2009) study.

**Table 1**

*Comparison of Cronbach's alpha coefficients for attitudinal and motivational factors*

Factor Name	Japan (Taguchi et al., 2009)	University A (Present study)
Effort Level	0.83	0.85
Ideal L2 Self	0.89	0.80
Ought-to Self	0.76	0.84
Family Influence	0.83	0.90
Instrumentality (Promotion)	0.82	0.87
Instrumentality (Prevention)	0.73	0.84
Attitudes to Learning English	0.90	0.90
Cultural Interest	0.77	0.65
Attitudes to L2 Community	0.86	0.81
Integrativeness	0.64	0.23

Note. Alpha coefficients greater than 0.9 = excellent, 0.89 – 0.8 = good, 0.79 – 0.7 = acceptable, 0.69 – 0.6 = questionable, 0.59 – 0.5 = poor, and less than 0.5 = unacceptable (George & Mallery, 2003).

As can be seen in Table 1, the present study produced coefficients largely in line with those of Taguchi, Magid, and Papi's (2009), with most areas within a 0.1 range of difference. University A's lowest coefficient, *integrativeness* at 0.23, was also the lowest for Taguchi, Magid, and Papi (2009), but was deemed unacceptable according to George and Mallery's (2003) guidelines for assessing alpha. As a result, *integrativeness* was discarded as a factor from the present study.

**RQ1.** How much effort are nursing and social majors willing to expend on their English studies?

To answer this question, students were presented with four statements related to the degree of effort they were willing to put into their English studies. Table 2 presents the descriptive statistics for these items together with the mean responses from Taguchi, Magid, and Papi's (2009) study for comparison purposes.

The mean for the four effort items was 3.20. This, together with the mode response of 3 for each of the effort level statements, suggests that

**Table 2**

*Student responses to effort level statements (N=16)*

Statements	Mode	Mean	SD	Agree (%)	Disagree (%)
5. If an English course was offered at university or somewhere else in the future, I would like to take it.	3	3.38	1.09	37.5	62.50 (4.26)
17. I am working hard at learning English.	3	2.94	1.39	31.25	68.75 (3.69)
28. I am prepared to expend a lot of effort in learning English.	3	3.38	1.09	37.5	62.50 (3.54)
41. I think I am doing my best to learn English.	3	3.13	1.09	31.25	68.75 (3.29)

Note. SD = standard deviation. Figures in brackets represent the results from Taguchi, Magid, and Papi (2009).

students felt close to neutral about their own effort levels in learning English. Despite mean responses above 3.0 for three of the four items, when the number of participants expressing disagreement (with a response of 1-3 on the 6-point scale) and agreement (with responses of 4-6) were tallied, the majority of students were found to express disagreement with the effort statements, suggesting the majority did not feel they were putting a concerted effort into their English studies.

Notably, the mean responses from University A students was lower for all four statements than in Taguchi, Magid, and Papi's (2009) study. It should be noted that assessing whether these differences were statistically significant or not was beyond the scope of the present study, but the means hint at the possibility of lower English effort levels for participants at University A. The means for Statement 28, regarding the amount of effort students were willing to expend, and Statement 41, asking if they were doing their best to learn English, were similar for the two studies. However, there were large differences in students'

assessment of how hard they were working to study English (Statement 17) and their interest in taking future English courses (Statement 41), with the University A students appearing to express lower levels for both.

**RQ2.** Are there significant correlations between nursing and social welfare students' effort levels and various attitudinal and motivational factors?

Significant correlations were found between students' effort levels and all of the study's attitudinal and motivational factors.

**Table 3**

*Correlations between effort level and attitudinal and motivational factors*

Attitudinal/Motivational Factor	Pearson's <i>r</i>	Correlation Strength
Ideal L2 Self	.66*	strong
Ought-to Self	.53*	moderate
Family Influence	.70*	strong
Instrumentality (Promotion)	.74*	strong
Instrumentality (Prevention)	.51*	moderate
Attitudes to Learning English	.58*	moderate
Cultural Interest	.58*	moderate
Attitudes to L2 Community	.66*	strong

Note. \* $p < .05$ . *P*-values of .05 and below were considered significant. Correlations (*r*) less than .20 = very weak, .20 - .39 = weak, .40 - .59 = moderate, .60 - .79 = strong, .80 or greater = very strong (Evans, 1996).

Table 3 shows the correlations between the composite scores for effort level and various attitudinal or motivational areas. Using Evans' (1996) guide to describing correlation strengths, all of the attitudinal and motivational factors demonstrated either a moderate positive correlation or a strong positive correlation to students' self-reported effort levels. The attitudinal and motivational factor most strongly correlated with effort levels was *instrumentality (promotion)*, and the most-weakly correlated factor was *instrumentality (prevention)*. This contrast suggests that University A students are more motivated by positive personal goals

rather than pressure to avoid negative consequences.

**RQ3.** Are there significant correlations between nursing and social welfare students' English proficiency test scores and effort levels and their English test scores and various attitudinal and motivational areas?

Correlation analysis was conducted in order to determine whether there was a significant correlation between students' performance on the ACE proficiency test and their self-reported effort levels and motivations to learn English. Table 4 presents the results.

**Table 4**

*Correlations between English test scores and attitudinal/motivational factors*

Attitudinal/Motivational Factors	Pearson's <i>r</i>	<i>p</i> -value
Effort Level	-.052	.848
Ideal L2 Self	.501	.048
Ought-to Self	.027	.922
Family Influence	.031	.909
Instrumentality (Promotion)	.128	.637
Instrumentality (Prevention)	.092	.733
Attitudes to Learning English	.328	.215
Cultural Interest	.275	.303
Attitudes to L2 Community	-.023	.933

Note. *P*-values of .05 and below were considered statistically significant.

There was no significant correlation between the students' scores on the ACE English proficiency test and their self-reported effort levels. There was also no significant correlation between the test scores and any of the attitudinal or motivational factors except for *ideal L2 self*, which, following Evans' (1996) guidelines for interpreting correlation strength, indicated a "moderate" correlation. While correlation does not necessarily confirm causality, these results suggest that the clearer an image University A students' have of how they will use English in the

future, the better their performance on a standardized English proficiency test.

### Discussion

This study set out to answer three questions. The first question asked how much effort students were willing to expend on their English studies. The results indicated that University A students had a neutral feeling about their own effort levels to learn English and that most did not feel they were doing their best to learn English. Compared to the participants in Taguchi, Magid, and Papi's (2009) study, University A students' effort levels were lower. Further, the difference in University A students' interest in taking future English courses was notably lower. This is, perhaps, not surprising, as over a quarter of Taguchi, Magid, and Papi's (2009) samples were English majors who would likely have been more inclined and able to take additional courses related to their main area of interest. Furthermore, the more specialized nature of nursing and social work studies does not allow as much room for unrelated elective courses and, at the time of the study, few options existed for University A students to take English courses beyond their second year.

The second question examined correlations between University A students' effort levels and their attitudes towards and motivations for learning English. The correlations between effort and the various attitudinal and motivational factors were all found to be significant. University A students appear to be more motivated in their English studies by intrinsic personal goals, *instrumentality (promotion)*, than extrinsic ones related to avoiding failure, *instrumentality (prevention)*. This makes sense as, having completed their university entrance examinations, students do not face any similar high stakes English activities in order to graduate or find employment. Many students do elect to take the TOEIC-IP test, but as it is not a requirement and their motivation for doing so is more likely to be promotional in

nature.

There was a surprisingly strong correlation between students' efforts and *family influence*. However, the responses to Item 2 ("My parents encourage me to study English"), with a mean of 3.69, and Item 25 ("I have to study English, because, if I do not study it, I think my parents will be disappointed with me"), with a mean of 2.56, would suggest that the influence was more in the form of encouragement than pressure.

The third question examined whether there were significant correlations between students' English test scores and their effort level in English and their test score and attitudinal/motivational factors. Whereas Dörnyei and Csizér (2002) found that *integrativeness* was the most important factor in determining L2 proficiency, the present study determined that the *integrativeness* scale did not have an acceptable level of reliability in the present context. Further, no significant correlations were found between any of the present study's factors and the students' scores on the ACE English proficiency test, except for *ideal L2 self*, which had a moderate positive correlation. This suggests that nursing and social work students may have a different motivational profile than other university students, particularly English majors.

Given that nursing and social work students have chosen majors associated with specific career paths usually within Japan, it may not come as a surprise that the idea of learning English in order to integrate into an English-speaking community is not a particularly relevant one to them. The correlation between the *ideal L2 self* and test scores suggest the importance of helping students to develop an understanding of how they may use English in the future, either for personal or professional reasons, and an image of themselves as successful users of the language.

### Limitations and Areas of Further Research

Despite a general sense of agreement as

represented by relatively low standard of deviation figures for most statements, there are a number of limitations, which may impact the generalizability of the study's results. Most notably, with sixteen participants, the study's sample size was small and lacked any male perspectives. Also, because willing participants were required to contact the researcher about taking part in the study, the possibility of self-selection bias exists. Further studies with larger sample sizes and the inclusion of male participants would address these limitations.

While the comparison between the present study and Taguchi, Magid, and Papi's (2009) provided insights, nearly a decade separates the two studies. It is presumed that the major differences between the two studies could be attributed to the students' different majors, but it is also possible that general interest in English has changed in the intervening years. Moreover, determining whether the differences between the two studies were statistically significant was beyond the scope of the present study. Future studies using Taguchi et al's (2009) scales comparing nursing and social work students major with students in other majors could help educators to develop a better learner profile of their nursing and social work students.

As hinted above, the *integrativeness* scale from Taguchi et al's (2009) questionnaire was found not to have an acceptable level of internal consistency in the context of the present study. Further testing and development of the *integrativeness* scale, particularly with nursing and social work students, is recommended.

### Conclusion

This study offers several interesting points to consider in addressing the English learning motivation of nursing and social welfare students. First, the neutral attitude of the participants indicates a need for greater encouragement. The likelihood of their different motivational profile

suggests the need for a more tailored teaching approach. A needs analysis is recommended to ensure that the language skills and content being taught are in line with what the students understand they need. For example, there is no use in focusing on academic writing skills, if students perceive they will primarily use spoken English with patients in the future.

The finding of a significant correlation between the *ideal L<sub>2</sub> self* and standardized test scores suggests a need for making connections to future applications of English more explicit. Rather than presenting students with a general English program, which may be vague in its application, it may be as Krashen (2004) has argued, more beneficial for English learners to specialize earlier than later.

English programs for nursing and social work students may be designed to include career-related content or courses (i.e. English for specific purposes [ESP] courses such as nursing English). Rather than waiting for upper year courses to teach ESP courses, educators may consider offering them earlier and continuing to offer them as students' content knowledge grows. Program learning outcomes with can-do statements could also give students a better sense of their achievement and tap into the high level of instrumental motivation that students expressed in the present study.

To conclude, I expect many readers can recall being students themselves and sitting in a class thinking, why am I learning this and how will I ever use this? The more an English teacher is able to address these questions, either by answering them directly or by facilitating students to make their own connections, the more clearly students' ideal L<sub>2</sub> self may come into focus. This, in turn, may be one of the best ways of motivating nursing and social work students in their English study.

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## Corpus Analysis for Lexis Usage in Global Nursing Discourse

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**Abstract:** This article is designed to clarify lexis usage in the global nursing discourse community, using a corpus analysis of a recent influential nursing document: *The Future of Nursing: Leading Change, Advancing Health*, published by the Institute of Medicine, the U.S. National Academy of Sciences in 2011 from which a total number of 7822 lemma types were counted. As this document addressed nursing policy as opposed to practice, the most frequent lemmas did not include items connected to diseases, symptoms, and specific nursing practices. Instead, this paper discusses the connotations of the report's choice of lexis regarding more general domain terms, such as, "health" ("health care") vs. "medicine" ("medical care"), "physician" vs. "doctor," "nurses and physicians" vs. "physicians" and "nurses," "professional" vs. "worker," and "transdisciplinary" vs. "interprofessional" vs. "interdisciplinary" vs. "multidisciplinary." Discussion is presented based on the idea of utilizing nurse-friendly language. The author hopes that this article will contribute to genre analysis of English for Nursing Professionals.

**Keywords:** lexis-usage, genre analysis, global nursing discourse, the Future of Nursing, nurse-friendly language

This article aims to clarify the use of lexis in the global nursing discourse community as exemplified in one highly influential policy paper. The paper we selected for a corpus analysis was *the Future of Nursing: Leading Change, Advancing Health* (hereafter, *Future of Nursing (Report)*, or *Report*) (downloadable from <https://www.nap.edu/download/12956>). The *Report* was published in 2011 by the Institute of Medicine (hereafter, IOM), the National Academy of Sciences in the US. Such IOM reports are highly influential on the health policies at various levels of government in the US.

*The Future of Nursing Report* emphasized that it should be nurses who lead the drive to safer and higher quality health care. To enable nurses to accomplish this, *the Report* proposed a number of important policy recommendations to improve the nursing work environment, regulation, education, and practice (Watanabe, 2012, pp. 81-88), which are all currently featured discourse topics within the global nursing community, as global nursing has been significantly influenced by U.S. nursing.

The release of the *Report* in the US, led other countries to release documents regarding their own countries' future nursing visions (Government of Australia, 2014; Japanese Nursing Association,

2015; Scottish Government, 2017). Although I cannot provide an exact figure, *the Future of Nursing* has been referenced and cited by numerous nursing researchers throughout the world. It would not be an exaggeration to say that even though the *Report* is a document pertaining to American nursing, it is also representative of contemporary global nursing discourses. Thus, we hope that a corpus analysis of *the Future of Nursing Report* will give us better understanding of lexis usage within global nursing discourse.

As for English education in nursing, whether for baccalaureate or 3-year nursing diploma programs (usually attached to a hospital), a number of needs analysis have been conducted (Motooka & Kawasaki, 1999; Miyake & Tremarco, 2005; Hirouchi, 2012) resulting in many nursing English text books being published in Japan that provide Japanese nursing students with opportunities to learn clinical dialogue and vocabulary in English (Watanabe, 2019, pp. 111-112).

Recently, however, genre analysis has become the dominant approach in English for Specific Purposes (ESP) education and research (Dudley-Evans, 2000; Takeuchi *et al.*, 2010). Teaching nursing English effectively therefore requires some degree of genre knowledge, particularly for

academic purposes. However, there has not yet been much genre analysis of contemporary global nursing discourse. Therefore, we hope that the present research might help to explain the use of lexes within global nursing contexts and thus will contribute to genre analysis for English for Nursing Professionals.

## Methods

*The Future of Nursing Report* consists of 701 pages including a summary, an overview, a main report, and appendices, including seven supplementary research papers containing further relevant topics. The following items, however, were removed from the full text of the *Report* for the creation of the corpus: the book and chapter titles in the upper margins on each page, the copyright descriptions in the lower margins, plus the references and index.

This study used *AntConc Corpus Analysis Tool Kit Windows 64-bit (3.5.8)* as a concordance and the *Someya Lemma List (no hyphens [sic])* (Anthony, 2019).

First, a corpus was generated from the text. From this, the 100 most frequently used nouns were put together to create a preliminary list. Second, from the corpus, a number of lexical items were extracted which were on the list as they were frequently used in *the Report*, but the usage of which might differ from the same item as they are generally used. Third, a concordance analysis was conducted on those lexical items in order to analyze and clarify their connotations and denotations as used in the *Report*. Further, related historical and social contexts were reviewed to understand why those lexes were used in *the Future of Nursing*.

## Results and Discussion

A total number of 7822 lemma types were included in the corpus of *the Future of Nursing*. From those 7822 lemma types, articles, prepositions, conjunctions, and auxiliary verbs

were excluded. After that, the top 100 lemmatized word-list was created containing only nouns (see Table 1). Those lexical items are the most frequently used by the authors of *the Report*.

**Table 1**

**Top 100 Nouns from the Corpus of *the Future of Nursing***

Order	Words	Frequency	Order	Words	Frequency
1	nurse	6094	51	licensure	238
2	care	3201	52	team	232
3	health	2624	53	area	227
4	practice	1351	54	competencies	227
5	education	1317	55	leadership	225
6	program	1203	56	college	220
7	patient	892	57	BSN	213
8	need	725	58	recommendation	213
9	system	659	59	RNs	213
10	service	612	60	experience	211
11	student	554	61	certification	209
12	workforce	525	62	group	208
13	community	523	63	example	205
14	school	510	64	scope	204
15	physician	475	65	practitioner	203
16	professional	460	66	data	202
17	quality	453	67	RN	202
18	setting	450	68	access	201
19	role	438	69	evidence	201
20	degree	424	70	fund	200
21	work	395	71	outcome	200
22	board	394	72	improvement	198
23	policy	394	73	management	197
24	hospital	393	74	shortage	197
25	profession	391	75	development	193
26	graduate	388	76	knowledge	191
27	model	388	77	delivery	189
28	change	367	78	process	188
29	faculty	365	79	demand	185
30	level	362	80	standard	184
31	university	353	81	license	183
32	committee	351	82	baccalaureate	182
33	country	343	83	challenge	182
34	medical	328	84	family	181
35	advance	324	85	information	178
36	organization	319	86	reform	178
37	provider	319	87	requirement	176
38	support	303	88	specialty	174
39	future	302	89	plan	171
40	study	300	90	commission	169
41	population	290	91	regulation	165
42	register	289	92	curriculum	164
43	research	287	93	result	164
44	report	284	94	staff	163
45	APRN	283	95	opportunity	162
46	skill	283	96	technology	160
47	home	273	97	issue	157
48	cost	259	98	NPs	155
49	association	247	99	medicine	149
50	focus	246	100	APRNs	147

## Nursing Report

As Table 1 shows, the lexis used in *the Future of Nursing Report* is significantly different from those typically taught at undergraduate classes in nursing. Words referring to diseases, symptoms, and specific nursing practices do not appear in Table 1. One reason for this is that *the Future of Nursing* is obviously a document aiming to create

and develop better nursing policies. For example, early in the *Report* it is stated that, "Nurses have great potential to lead innovative strategies to improve the health care system. However, a variety of historical, regulatory, and policy barriers have limited nurses' ability to generate widespread transformation" (pp. 4-5).

From the corpus, I identified some lexical items which were frequently used in *the Report* in Table 1, but of which I felt usage might be different from the same items in general use, believing that such lexical items were likely preferred by the nursing discourse community. Once identified, I contrasted these items with the way they are generally used.

In order to further enable this discussion, I would like to introduce the term, *nurse-friendly language*. The notion of nurse-friendly language was first proposed by the Truth about Nursing, a powerful advocacy group for upgrading the image and profile of nursing and nurses in the US. According to the Truth about Nursing, "...the language we use affects how people think about nursing and health care generally" (2008a). In the media, and in society in general, nurses and nursing have often been depicted in ways that are insensitive to their values, often through the use of inappropriate words and expressions. Such an examination of the use of lexis in *the Report* will give us better understanding of nurse-friendly language as used in the wider nursing community.

In the discussion, I will also occasionally mention how certain Japanese clinical words tend to be translated into English in a "nursing unfriendly" manner among Japanese healthcare workers, which may negatively impact the image of Japanese nursing and nurses when participating in more global nursing discourse.

The numbers shown in parenthesis mark the frequency of the particular lexical usage in the *Report*

## Health (Health Care) vs. Medicine (Medical Care)

"Health" or "health care" and "medicine" or "medical care" may sometimes be used interchangeably in English. All of those words can be translated into 医療 *iryo* in Japanese. Originally in Japan, "medicine" was literally translated as 医 *i* or 医学 *igaku* and "medical care" into 医療 *iryo*. *I* and *igaku* were generally considered to refer to a physician's discipline while *iryo* was conventionally thought of as physician's practice. Although *iryo* actually has a broader meaning than merely physician's practice, "medicine" or "medical care" might be chosen as English equivalents rather than "health" or "health care" by nurses and other health care professionals, as well as by the general public both in Japan and around the world.

However, *the Future of Nursing Report* did not frequently use the terms "medicine" (149) or "medical care" (6). This important document instead overwhelmingly chose "health" (2624) and "health care" (1020) or "healthcare" (56).

As stated above, "medicine" and "medical care" have conventionally been considered to be limited to physicians' discipline, treatments, and procedures. On the other hand, neither "health" and "health care" denote "mere access to biomedical care [but encompass] prevention and health promotion, mental and behavioral health, and primary care services; public health; acute care; chronic disease management; transitional care; long-term care; palliative care; end-of-life care; and other specialty health practices" (p. 37).

These medical disciplines are not separate from, but rather subsumed under, the superordinate term "health care". For example, "acute care" is often viewed as accompanying general medical care with specific medical procedures. However, the *Report* treats "health care" as a superordinate of "acute care", as shown in Example 1.

**Example 1:** "Acute care describes healthcare [emphasis added] provided to treat a condition over a short period of time." (p. 414)

This implies that *the Future of Nursing* considers medical care, as well as the various subordinate disciplines of medical care, to be subsumed under the superordinate term “health care” (or ‘healthcare’). “Health” or “health care” have broader meaning and usage ranges.

As for the terms “medicine” and “medical,” *the Truth about Nursing* states as follows:

“The media and others often use the terms “medicine” or “medical” to refer to health care generally. Some feel that these uses equate the practice of physicians with all health care, and disregard the contributions of nurses, social workers, pharmacists, and other professionals. They may also lead some to the mistaken conclusion that these other professions are subsets of or subordinate to medicine.” (2008a)

If nurses are thought of as mere subordinates of physicians, it will be impossible for nurses to take the lead in quality care. Sandy Summers, the founder and executive director of the Truth about Nursing, also wrote in her book, *Saving Lives*, “Language is powerful. Unfortunately, too many common words and phrases, with deep roots in our culture, reinforce damaging assumptions and stereotypes about nursing” (2015, p. 302).

As mentioned earlier, *the Future of Nursing* is a document designed to create better nursing policy. Therefore, it can be presumed that the *Report* did not use “medicine” and “medical care” but instead selected “health” and “health care” intentionally. “Health” and “health care” were viewed as nurse-friendly language, while “medicine” and “medical care” were not.

Further lexical selections from the *Report* can also be presumed to be based on the notion of nurse-friendly language.

### **Physician vs. Doctor**

As seen in Table 1, “physician” is used 475 times.

Although “doctor” is widely used as an English equivalent of the Japanese 医師 *ishi* in Japanese, the word “doctor” does not appear in Table 1. A concordance analysis of the *Report* confirms 36 usages of “doctor.” Out of those 36 usages, “doctor” is used only 14 times to mean *ishi*. The remaining 22 usages referred to doctorate degrees in nursing, as follows:

- Doctor of nursing practice (15)
- Doctor of philosophy in nursing (6)
- Doctor of nursing science (1)

In short, in *the Future of Nursing*, the term “doctor” was used primarily to refer to doctorate degree holders. Therefore, if you are an *ishi* in Japanese, you should be referred to as a physician in English. The term “doctor” should be deployed only to refer to those who have a doctorate degree (and in fact there are many such doctors in nursing science).

Health care professionals are taught that they are in an equal position centering on their patient in a care team. Calling a physician a “doctor” unconditionally would erode the basis for the optimal collaboration required by team care. The *Truth about Nursing* states as follows:

“The use of the term “doctor” to mean a “physician” also adds to what some feel is the excessively high regard the medical profession enjoys relative to other health care professions.” (2008b).

It is highly probable that the authors of *the Future of Nursing* considered that using the word “doctor” for a physician is not nurse-friendly language and therefore should not be selected. Though not appearing in Table 1, there were alternative terms referring to “physicians” in the corpus such as MD (97), noted 57 times after excluding those used in proper names, followed by a very few usages of “medical doctor” (5) and “medical professionals” (1).

## Nurses and Physicians vs. Physicians and Nurses

It is also interesting to note whether “nurses” or “physicians” was placed in the prominent position when both words were written together. Conventionally, “physicians and nurses” seems to be used more widely than “nurses and physicians”, which can be supported by quick Google searches of the hyphenated phrases “physicians-and-nurses” and “nurses-and-physicians.”

A Google Search conducted on May 14, 2020 showed that ‘physicians-and-nurses’ registered about 191,000,000 results and ‘nurses-and-physicians’ about 3,700,000. In short, ‘physicians-and-nurses’ was used over 50 times more than ‘nurses-and-physicians.’ Although the results of search engine queries should be considered only as a reference, the fifty-fold difference in use between the two phrases is worthy of note. Many people, including nurses, write in this way without giving it a second thought. This might reflect the widespread notion that the physician is the leader.

Our corpus analysis of *the Future of Nursing Report* indicated that the order of “nurses and physicians” was used 8 times (out of those, 2 usages were for citations) while “physicians and nurses” appeared 4 times (of those, 2 usages were for citations). It can be surmised then that the *Report* intentionally wrote “nurses” before “physicians” (See Example 2). This presents another linguistic example as to how nurses might be respected and treated better in order to improve the quality of health care.

**Example 2:** “*Nurses and physicians* [emphasis added], not to mention pharmacists and social workers, typically are not educated together, yet they are increasingly required to cooperate and collaborate more closely in the delivery of care.” (p. 31)

## Professional vs. Worker

Another interesting lexical choice of note in *the Future of Nursing*, is that of “professional” vs. “worker.” Due to the lemmatization of Table 1, the term “professional” (460) includes both “professional” (255) and “professionals” (205). As “professional” was primarily used as an adjective in the corpus, only “professionals” was checked in order to distinguish the noun.

In our analysis, “professionals” often collocated with “health” (“health professionals”: 137), “health care” (“health care professionals”: 27), and “nursing” (“nursing professionals”: 4). On the other hand, the use of “worker” (69) (“worker”: 16 and “workers”: 53) was less frequent than that of “professional(s),” for example, “health worker” (2)/“health workers” (13) and “health care worker” (2)/“health care workers” (9). We may therefore ask, what is the connotative difference between “health (care) professional(s)” and “health (care) worker(s)”?

A further detailed corpus examination of the *Report* reveals that “health worker(s)” was used 7 times in the phrase “community health worker (s)”. A community health worker is an unregulated worker who has completed short-time training and is volunteering to provide basic health care in his or her community. On the other hand, a nurse is a strictly regulated professional, qualified to lead patient care in a health system. This may then well be the reason why the *Report* did not use the term “workers” frequently, but instead chose “professionals” in health (care) for nurses.

This nomenclature is not only applicable to nurses. As seen in Example 3 below, *the Future of Nursing Report* uses “professionals” as a general term referring to regulated health (care) professionals. The wider nursing discourse community therefore seems to support the idea that nurses, physicians, pharmacists, physical and occupational therapists, medical assistants, and social workers should equally be referred to as

"health (care) professionals."

**Example 3:** "Teams need to include patients and their families, as well as a variety of *health professionals* [emphasis added], including nurses, physicians, pharmacists, physical and occupational therapists, medical assistants, and social workers, among others." (pp. 270-271)

Before moving to the next section, we would also like to address a similar lexical item, "provider" (319) ("provider": 69 and "providers": 250), whose frequency in use is not lower than "worker(s)" and not higher than "professional(s)." Our concordance analysis shows that "providers" was used, for example, as "primary care providers" (54) and "health care providers" (40), to indicate all types of health care professionals and facilities providing some type of care. As for nursing alone, few cases of "provider(s)" appeared in *the Future of Nursing*: "nursing providers" was not used at all and "nursing care providers" was used only four times to indicate all those who provide nursing care in any kind of front-line settings, including (certified) nursing assistants, licensed practical nurses, and registered nurses (p. 38). Therefore, while the term "provider(s)" was occasionally used, we did not find any particular reason to suggest that the term was intentionally selected in *the Report*.

### Transdisciplinary vs. Interprofessional vs. Interdisciplinary vs. Multidisciplinary

*The Future of Nursing Report* calls for team-based health care in which the values of nursing and nurses should be fully demonstrated and evaluated. The leader of the team is not always necessarily a physician. Therefore, to indicate the nature of team collaboration, the adjective often associated with "team" should not be "multidisciplinary" (11), as the meaning of "multidisciplinary" seems to be somewhat hierarchical (Colombia Center for Teaching and Learning, 2020).

Instead, when necessary, a nurse can also be leader of the team to make sure of optimal care for patients. Our concordance analysis shows that "interprofessional" (107) was instead frequently used in the *Report*, as "interprofessional" is often used for clinical practices (*ibid.*). However, attention should also be paid to the use of "transdisciplinary" (7). "Transdisciplinary" is a word indicating a more developed and advanced level of collaboration than "interdisciplinary" (52) (*ibid.*). The use of "transdisciplinary" may enable members to deepen their mutual respect and trust within a team in order to establish higher quality services.

**Example 5:** "Dr. Gerrity [Ph.D, RN] uses the word "*transdisciplinary*" [emphasis added] rather than "multidisciplinary" or "interdisciplinary" to describe the care provided at 11<sup>th</sup> Street. 'Transdisciplinary means you start to break down the barriers between disciplines. Each person learns something about the other person's discipline, and it enriches their own practice,' Dr. Gerrity said." (p. 137)

The *Report* also included a number of case studies as examples of best nursing practices. One of those best practices is illustrated in Example 5. It is notable that a front-line nursing professional with a doctorate degree chose to use the word "transdisciplinary." Although "transdisciplinary" was used only 7 times in *the Report*, the nursing discourse community might expect to see an increase in the usage of "transdisciplinary" in the future.

### Review of Historical and Social Contexts in the US

The discussions above were based on a corpus analysis of *the Future of Nursing Report*. For the last part of our discussion, we would like to briefly review some of the historical and social contexts behind the discourse of the *Report*, which is

relevant to understanding and interpreting the usage of lexis by the nursing community in the US.

Although developments in U.S. nursing nomenclature appear to be well-known in the wider global nursing community, in Japan, such discussion has been largely confined to only a few relevant nursing organizations and societies. This also serves to explain why we decided to analyze the lexical choices made in *the Future of Nursing*.

Academic topics in nursing began to shift from nursing theories and practices to sociological discourse in the US around 1960 and 1970. During that time, the country was hit by a shortage of physicians due to the Vietnam War. Remote, rural areas and minorities were not well-cared for. American nurses "...knew that physician manpower was unavailable and that the nurse with additional skills and knowledge could provide the needed level of care" (D'Antonio et al., 2016, p. 27). As a result, they started to demand prescription rights.

Prescribing medication had been previously authorized only to physicians. However, around that time, a new type of nurse, a Nurse Practitioner, with an expanded scope of practices, including prescription authority, emerged in the US. Such movements facilitated a shift in the country's pre-licensure nursing education from diploma through university programs.

However, shortly thereafter, a conservative (Reagan administration) government exerted fiscal austerity policies, putting pressure on nursing practices and working environments, resulting in poor staffing, deteriorating job satisfaction, increasing turnover, and, finally, a shortage of nurses.

Nurses began to believe that studying theories and skills alone did not enable them to gain sufficient resources to provide the level of nursing care that their patients most needed. Nursing professionals therefore determined that they had to conduct research to be used as a basis for policy-making. This idea gradually spread and

became most widely shared throughout the global nursing community in 1989 when the International Council of Nurses, the largest and most influential global nursing professional association, had its main congress theme center upon "...preparing nurses for a political future and on bargaining to enhance their situation" (International Council of Nurses, 2020).

Given these developments, it can readily be understood why the global nursing discourse community has since become more sensitive in terms of lexical usage.

### Conclusion and Limitations

This article presents one attempt to apply genre analysis within the global nursing discourse community by exploring the lexical choices made by the nursing discourse community through an analysis of the IOM's *Future of Nursing Report*, a document designed to create better nursing policies.

Historical and social contexts behind American nursing practice have led to the necessity of American nurses conducting research to be used as a basis for policy-making. One outcome of this has been the development and application of lexis that is deemed friendly and sensitive to nurses and nursing in the US.

In my discussion, I have applied the notion of nurse-friendly language when analyzing the corpus in order to reveal some connotative and denotative features of lexical choices made in the *Report*. Most notable among these were that "health (health care)" was more frequently used than "medicine (medical care)," "physician" more so than "doctor," "nurses and physician" than "physicians and nurses", and "professional" than "worker." Also, we might see "transdisciplinary" increase in usage, when used as an adjective collocated with "team" in the future. The discourse community's adoption of these terms should be recognized by Japanese healthcare professionals, teachers, and students.

This study, naturally, has very obvious limitations. Although *the IOM's Future of Nursing Report* was chosen as the most suitable example of global nursing discourse, the report's scope is limited to American nursing. Further study is warranted to research various genres of global nursing discourse, using a broader range of analytical materials.

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## 「私の科研」：医療福祉系大学におけるEMI（英語を媒介とする授業）実施状況調査

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**Abstract:** Project objectives: English is a necessary skill for medical specialists such as nurses in order to communicate with foreign patients and coworkers, even in Japan. Although an increasing number of Japanese universities have implemented EMI (English as a Medium of Instruction), colleges for healthcare specialists are also expected to introduce EMI. EMI allows students to learn practical English through a combination of both liberal arts and medical subjects. However, few such institutions report on their actual practice of EMI. The purpose of this research described in this short article is to clarify the necessary research parameters for the effective future introduction and spread of EMI. Methods: An online survey will be conducted to investigate how EMI is implemented in colleges for medical specialists, as well as its efficacy and challenges.

近年、外国人患者数が増加している。全国の医療機関を対象に行った調査では、調査協力した3,980病院のうち約半数の病院で外国人患者の受入れ実績があった（厚生労働省、2019）。大都市以外に位置する病院でも医師も看護師も英語を使う機会が週に少なくとも1度はあるとの報告もある（Willey, McCrohan, Nishiya, & Tanimoto, 2016）。外国人患者とのコミュニケーションは説明責任の観点から必要に応じて通訳や自動翻訳デバイスなどが活用されるが、あいさつや気遣いなどの言葉かけ、あるいは救急の場面では患者の第一言語や「共通語としての英語」で行われることが望ましい。医療従事者にとって、英語運用能力はコミュニケーションツールの一つとして習得すべきスキルである。

一方、英語と第一言語としない国々の高等教育機関で英語を媒介とする授業：English as a Medium of Instruction (EMI) が注目を集めている。EMIには解釈において幾通りかの違いがみられるが、Dearden (2015) の “The use of the English language to teach academic subjects in countries or jurisdictions where the first language (L1) of the majority of the population is not English.” という定義が広く受け入れられている。EMIとは英語を第一言語としない学習者が一般・専門科目を英語で学ぶことである。英語運用能力については評価に直接影響しないが、学習者は内容理解や授業参加のために必要に応じた英語のスキルを習得することになる。

EMIには「学生の英語力向上」、「教員の英語力維持・向上」、「留学生数の増大」などのメ

リットがあり高等教育機関で積極的に取り入れられているが、その多くは英語を専門とする学部、EMP (English for Medical Purposes) を重視する医学部、もしくは所謂有名大学が中心であり、看護など医療の専門養成機関における実践報告は見られない。よって本研究は医療福祉系大学でEMIの実施状況と課題を調査し、EMI定着のために必要な論点を整理することを目的とする。

### 方法

調査対象校：看護学科を持つ4年制大学

調査方法：オンライン質問紙調査

及び聞き取り調査

調査内容：EMI科目の有無、EMI担当教員の雇用形態や研究背景、EMI科目の概要、課題や展望、Faculty Development活動との関連等

調査予定期間：2020年11月～2021年2月

### 本プロジェクトへの期待

国家資格取得を目指しつつ即戦力となる人材育成が求められる医療福祉系大学では履修要件の都合上、短期留学どころか英語学習を継続することが、動機づけの観点からも、時間的制約の観点からも難しい。また、日本で医療に従事する限り英語運用能力は重要ではないと考える学生も少なくない。EMIはこれまで評価の対象であった英語で「読む、聞く、話す、書く」技能を、本来の役割であるコミュニケーションツールとして、学習者の意識をシフトさせる一助となる。

本調査は、専門性の高い大学でEMIを導入した場合、どの科目でどの時期に実施することが

効果的であるかを判断する材料になる。外国人患者だけではなく、外国人労働者の受入れも増加しており、チーム医療のメンバーとも「共通語としての英語」によるコミュニケーションが必要になることは遠い未来の話ではない。円滑なコミュニケーションを軸にした質の高いケアを提供できる医療従事者養成のためにEMIが定着していくことを願ってやまない。

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## Research Study for Making a Glossary of Nursing Loanwords

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Wakayama Medical University offers a common class called 医療入門：ケア・マインド教育 iryou nyuumon: kea maindo kyouiku [Introduction to Healthcare: Care Mind Education] for Medical students and Health and Nursing students. This class is designed to give students healthcare knowledge and opportunities for skill development by combining lectures and group work. The class also trains students to care for patients by including their families in the patients' points of view.

One day, I asked the students in my English class what care mind means and whether it is English or Japanese. However, no one could give me an immediate answer. The problem is that many students assume words written in katakana, a script used for representing foreign words, are English. Wakayama Medical University actively promotes international exchange programs with overseas universities and hopes students will bring a global perspective to their various roles after graduation. When students talk with people outside Japan, using these katakana expressions in English interactions may lead to misunderstanding. To put it another way, first language interference may be an obstacle for communicating in English. For improving English proficiency skills, learners need to recognize that not all katakana expressions can be used in English.

In the nursing field, many types of katakana expressions exist. Most of them are based on loanwords from English and have the same meanings as English. However, some are abbreviations, such as インアウト (inauto "in-out"), the English "intake and output", others are Japanese creations, such as エンゼルケア (enzerukea "angel care"), the English "postmortem procedure", and still others are used differently from the original sense, such as スクイージング (sukuijingu

"squeezing"), the English "sputum drainage." The National Institute for Japanese Language and Linguistics (NINJAL) published "Suggestions for paraphrasing clinical terminology" in 2009 and the report includes katakana terms as well as many Japanese kanji items.

Several katakana loanword dictionaries for healthcare workers have so far been published in Japan, but most of these refer only to Japanese meanings and simply list katakana spellings. I strongly feel the necessity for a bilingual nursing glossary, devoting space to original meanings and correct English usage.

My specialty is English philology and I have been working on a lexicological study of American English. In order to label words and phrases, I chiefly consult many dictionaries, compare their definitions, and analyze them thoroughly from etymological, morphological, or syntactic standpoints by examining usage examples through literary works. Using this approach, I completed a PhD at Hiroshima University in literature. I would now like to employ those skills that I developed in my philological study to the field of nursing.

Therefore, the purpose of my proposed research is to collect the basic data required for making a glossary of nursing loanwords. I have extracted all katakana words and phrases from the National Nurse Examination and the National Health Nurse Examination, both of which were conducted in February 2020. These contain numerous frequently used katakana from everyday life, words of Japanese origin but written in katakana, and names of diseases or symptoms taken from personal names.

Since I am expected to finish this research by the end of the current fiscal year, I have selected the words and phrases in the list below, according to the order of the Japanese syllabary.

1. アウトカム autokamu "outcome"
2. アカウンタビリティ  
akauntabiritei "accountability"
3. アセスメント asesumento "assessment"
4. インシデント inshidento "incident"
5. インフォームド・コンセント  
infoomudo consent  
"informed consent"
6. エイジズム eijizumu "ageism"
7. エンパワメント  
enpawamento "empowerment"
8. クライシス kuraishisu "crisis"
9. ケア kea "care"
10. コーピング koopingu "coping"
11. コミュニティ・アズ・パートナーモデル  
komyunitei azu paatonaan moderu  
"community as partner model"
12. コミュニティコア  
komyunitei koa "community core"
13. コンプライアンス  
konpuraiansu "compliance"
14. サーベイランス  
saabeiransu "surveillance"
15. スクリーニング  
sukuriiningu "screening"
16. スタンダードプリコーション  
sutandaado purikooshon  
"standard precaution"
17. パターナリズム  
pataanarizumu "paternalism"
18. プリシード・プロシードモデル  
purishiido proshiido moderu  
"PRECEDE-PROCEED model"
19. プレパレーション  
purepareeshon "preparation"
20. マネジメント  
manejimento "management"

These items were selected as representative due to a number of factors, such as: frequency in the two examinations, compound forms, forms combined with the Japanese する suru [to do], and

items parenthesized as glosses. For each of the above items I am currently going through the following steps of analysis:

#### **Step 1: Examine Japanese Definitions of Katakana Expressions**

I am not a nursing specialist, so I need to know the correct meaning of katakana nursing words and phrases. I will initially refer to Japanese/katakana nursing dictionaries and decide how to define each word and phrase in a glossary.

#### **Step 2: Compare Katakana Expressions and English Definitions**

I will check if katakana words and phrases are included in overseas healthcare dictionaries, compare English and Japanese definitions, and clarify any differences. If any significant distinctions are found, I will make explanatory notes in Japanese.

#### **Step 3: Label Katakana Expressions**

I will analyze katakana words and phrases from both morphological and syntactic points of view and classify them into distinctive types based on those characteristics. I will also check the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) review book and see if there are any key differences to note.

#### **Step 4: Make a Database**

I will then compile the above findings into a Microsoft Excel file and create a database for a glossary of nursing loanwords.

This research is supported by a single-year grant for young researchers from the School of Health and Nursing Science, Wakayama Medical University. In terms of English for Specific Purposes (ESP) education, I hope that this project becomes a valuable initial step in making a nursing loanword glossary available online in the future.

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