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Nursing English Nexus

Edited by Mike Guest & Jeffrey Huffman



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Nursing English Nexus

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From the Editor

Welcome readers to the October, 2021 issue of Nursing English Nexus online magazine. Globalization is a buzzword in all professional domains in Japan, and nursing is no exception. In this issue, the topic of globalization is realized in three distinct articles that all aim to offer a 'broader' perspective on nursing language education.

Naoko Hara from the Japan Educational Foundation Shuto Iko College of Medical Care & Welfare discusses how globalization does not always imply English teaching but instead advocates for the emerging movement of "Plain Japanese" as a means of communicating with foreign patients in Japan. Lourdes Herrera and Emiko Suzui describe the rationale behind an implementation of a successful new Global Nursing Curriculum at Otemae University. Finally, Takae Sato from the International University of Health and Welfare discusses how nursing students' "Willingness to Communicate" decreases as they advance through training and what might be done to improve the situation.

We hope you enjoy these articles and will consider contributing to Nursing English Nexus in the future. Submissions can be sent to the editors at janetorg.nexus@gmail.com and should be received by February 28, 2022.

Michael Guest
University of Miyazaki, Faculty of Medicine
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>.



From the New Editor

Greetings, JANET members and Nexus readers. I am delighted to be joining in a more active capacity, and I extend my heartfelt gratitude to the eminently imitable JANET leaders, including Editor Mike Guest, for welcoming me aboard as co-editor. By way of self-introduction, I have served as assistant professor in the Graduate School of Nursing Science at St. Luke's International University in Tokyo for the past nine years.

During that period, I have grown to feel that my role falls in the "nexus" where language teaching and learning (situated in the humanities and social sciences) meet the healthcare sciences and professions. Negotiating that nexus can be thorny at times, but I am convinced that therein lies the key to a broader and fuller educational philosophy that meets the needs of future nursing professionals in local and global contexts. I truly look forward to sharing and deliberating with everyone in this burgeoning community through the medium of the written word!

Jeffrey Huffman

St. Luke's International University, Graduate School of Nursing Science

Co-Editor, Nursing English Nexus

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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医療系大学学生の英語で話すことについての意識の変容調査

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Abstract: Many studies indicate the importance of English skills for medical professionals in communicating with foreign patients in hospitals. However, maintaining motivation and securing spare time for learning English is difficult for health care students due to curriculum requirements for passing national examinations. To develop a better English course that is applicable to clinical training without interfering with course requirements, this study focused on how Willingness to Communicate (WTC) evolves in first-year and second-year health care students. Three consecutive attitudinal surveys were conducted over two years to investigate how WTC had changed in health care students. An additional survey asked how English was used beyond English classes. Although a year-long English course improved the WTC of first-year students, WTC declined to the starting level when English classes were not included in the second-year curriculum. While some second-year students listened to English music or videos, many did not use English at all. Developing learning support systems to help health care students maintain acquired English skills is therefore urgently needed to satisfactorily meet the English needs of hospitals.

在日・訪日外国人の増加に伴い、日本語を第一言語としない外国人患者数が増えている(厚生労働省, 2020)。COVID-19パンデミックにより一時的に訪日外国人数は減少しているが、感染症の収束に従い再び越境移動が容易に可能となれば、その人数は急増することが予想される。全国の医療機関を対象に行った外国人患者受け入れ実態調査によると、調査に協力した4,534病院のうち約半数の病院で外国人患者の受け入れ実績があった(厚生労働省, 2020)。外国人患者の受け入れ態勢を多言語化の整備状況からみると、対人による通訳、電話通訳、もしくは自動翻訳デバイスが利用可能である2次医療圏は全体の約88%にもなる。医療機関を受診する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も必要に応じて通訳や翻訳デバイスなどを適宜介すべきであるが、あいさつや気遣いなどの言葉かけ、救急や終末ケアなどの場面では相手の第一言語で、それが困難であれば「共通語としての英語」で行われることが望ましい。医療従事者が患者に合った方法でコミュニケーションを試みる態度は患者とのラポール形成の一助となる。

日本医学英語教育学会(2019)は医師が最低限習得すべきコミュニケーションスキルの一つとして、「英語で患者を案内することや良好な関係を築くことができ、基本的な医療面接を行える」ことを「医学教育のグローバルスタンダードに対応するための医学英語教育ガイドライン(最終

版)」で示している。その目標達成のために、「教員は普段から医療目的のための英語(English for Medical Purposes)を講義で多用すること。学習者は学習した内容を英語ではどう表現するかをその都度考えながら学習することが望まれる。」と例示し、普段の授業から英語での表現やコミュニケーションを意識する必要性を指摘している。医師国家試験では英語による症例問題も出題されること、医学系論文はそのほとんどが英語で執筆されることなどから、医学会において英語とは共通語であり必要不可欠なコミュニケーションツールである。

一方で、医師とともに医療の現場を支える看護師など医療スタッフは英語運用能力をどのようにとらえているのか。上林ら(2020)は、東京都内の大学病院及び総合病院に勤務する看護師を対象に外国人患者対応研修に関するニーズ分析を実施し、調査協力した過半数の看護師が外国人患者の看護にストレスや不安を感じていることを確認し、その対策の一つとして語学研修の必要性を指摘した。また日常の業務の中で必要性を感じる内容は「専門的な言語」としての英語よりも、英語による「一般的なコミュニケーション」能力であることも明らかになった。Willey(2016)は東京都や大阪府のような大都市ではなく、いわゆる「地方都市」に位置する病院であっても、看護師は外国人患者とのコミュニケーションのために、医師は情報検索や書類作成、そして患者とのコミュニ

ケーションのために少なくとも週に一度は英語を使う機会があると報告しており、リスニング及びスピーキングスキルの習得に焦点を当てた更なる語学研修の必要性を訴えている。いずれにしても、英語運用能力とは日本国内に勤務する医療従事者にとっても習得すべきコミュニケーションスキルの一つであることは明らかである。

医療福祉系大学で任意参加の海外研修に参加しない意向を示した学生を対象にその理由を探った調査（斎藤，2021）では、「経済的負担」に次いで「英語でのコミュニケーションが不安」，「学科の勉強に支障が出る」などを理由に参加を見送る学生が多いことも判明した。多くの医療系大学では語学系科目を含む一般教育科目の履修を1-2年生で終えた後は専門科目の学習が中心となり，また長期休暇中には集中講義，臨床実習，国試対策講座なども重なることから，英語学習へのモチベーションを維持，向上させる機会は多くない。一定数の学生が英語によるコミュニケーションに対する不安を抱え，その不安を解消する機会を得ないままに臨床の現場に出て外国人患者の対応に当たることが多いというのが現状である。

医療の現場では患者やチーム医療スタッフと言語を問わず，積極的に効果的にコミュニケーションを取ろうとする意志が必要不可欠である。コミュニケーションを取るか否かの決定権が自分にある時に自発的にコミュニケーションを取ろうとする意思，“Willingness To Communicate: (WTC)”に着目した研究がコミュニケーション研究や語学関連の研究ではこれまで多く行われており，MacIntyre, Clément, Dörnyei, and Noels (1998) はWTCに影響を及ぼす因子をヒエラルキーで図式化した（図1）。この図からは第二言語でコミュニケーションを取るにはWTCが必要になるが，そのWTCは特定の他者とコミュニケーションを取りたいという欲求とその状況におけるコミュニケーションに自信を持てるかに直接影響されることが分かる。それらは更に言語不安，学習動機，そして個人の性格など様々な下位因子の影響を受けており，「英語で話す」ことは外的・内的要因が複雑に関係した結果行われていることが分かる。WTCを一つの指標とすることで，長期間にわたって英語学習を続けてきた学生達が今後その英語運用能力をいかに社会で，臨床の場で生かしていくのかを

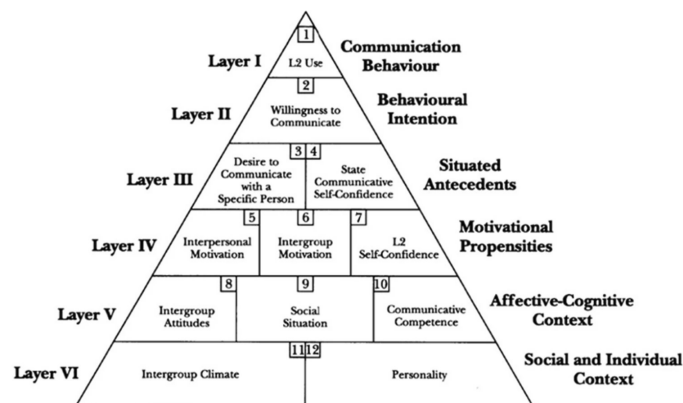


図1

Heuristic Model of Variables Influencing WTC (MacIntyre et al., 1998)

測ることが可能となる。

よって本研究では医療系大学学生のWTCに着目し，彼らの英語で話すことに対する意識が入学時からいかに変容するか，また英語関連科目の履修がない期間には彼らがどのように英語に触れているかを明らかにすることを目的とする。

調査方法

調査実施日及び調査手続き

計3回に及ぶ質問紙調査を実施し，全ての調査手続きを筆者が行った。各回の回答に要する時間はおよそ5分であった。第1回調査：授業終了後に調査紙を配布，回答後回収した。第2回調査：回収の都合上，Google formで質問を作成し，回答URLを授業終了後にCALLシステムから配布して調査協力を呼び掛けた。第3回調査：授業開始直前に調査紙を配布，回答後にレポート提出ボックスに提出を呼び掛けた（表1）。なお，調査協力は任意である旨，回答内容が評価に影響を及ぼすことはない旨，そして2020年12月に受験したTOEIC L&Rのスコアを参照する可能性がある旨を口頭及び書面にて確認し，同意を得た。

表1

回答集計の概要

調査回	実施時期	媒体	回答数	有効回答数	WTC Cronbach's α
第1回	2019年4月中旬	紙	105	101	.933
第2回	2020年1月上旬	オンライン	99	96	.935
第3回	2020年12月下旬	紙	94	92	.940

被調査者

栃木県の私立医療福祉系大学保健医療学部の1学科の2年生約100名（1年生終了時に受験したTOEIC L&Rスコアの平均340.0, 中央値345.6）。第2回調査で海外滞在の経験の有無及び滞在期間を尋ねた結果、74%（有効回答数96のうち71名）は海外滞在経験がなく、滞在経験がある学生でもその大部分は滞在期間が2週間以内（23名、24%）であり、2週間以上にわたる海外滞在歴がある学生は少数であった（2週間－1か月の滞在経験者が1名、6か月以上の滞在経験者が1名）。2020年度はCOVID-19パンデミックにより海外渡航制限が出ていたことから、第3回調査では海外滞在歴は不問とした。

調査内容

Willingness To Communicate in L2 (WTC) McCroskeyら（1992）が開発し、Yashima（2002）が日本語に翻訳したWTCの評価スケールを全3回の調査で使用した。ここでは、英語でコミュニケーションするかしないかは完全に自分に決定権があると想定し、「知り合いの小グループで会話する」、「知らない人のグループにプレゼンテーションする」、「友人の大きな集まり（会議）で発言する」などの異なる状況において、友人・知り合い・知らない人を対象にした場合、どの程度英語でコミュニケーションを取るかを尋ねた。0%を「絶対コミュニケーションしない」、100%を「必ずコミュニケーションする」とする100段階尺度評価であった。全調査回のクロンバッハの α 係数は表1のとおりであり、全ての調査において内的整合性は十分に高いと判断した。

英語に意図的に触れた時間とその目的 被調査者らが所属する学科ではほぼ全ての学生が語学関連の科目履修は1年生で終えることから、2年生では自ら英語に触れようとしない限り英語に触れる機会はない。過去1週間で意識して英語に触れたか否かを「はい・いいえ」で尋ね、さらに「はい」を選択した学生にその目的と合計時間を選択式で尋ねた。具体的には目的の選択肢として「勉強や研究を目的とした文献調査、趣味を目的とした本・雑誌・ウェブ上の文章を読むこと、英語力向上を目的とした学習、映画・ドラマ・ニュース視

聴、音楽を聴くこと、外国人とのコミュニケーション」を設定して複数回答可とし、また「その他」の自由記述欄を設けた。さらに、その合計時間を調査するために、「過去1週間でこれらの目的のために合計でどの程度の時間を使いましたか？」の設問に対して「30分以内、30－1時間、1－2時間、2－4時間、4－6時間、6時間以上」から一つ選択させた。また全3回の調査で回答を整理する目的で学籍番号の記入を求めた。

分析及び結果

WTC

空白を含む回答または全ての項目に同じ数値で答えているなどを除いた各調査回の有効回答数は表1の通りであった。また、長期間にわたる海外滞在経験がある場合、英語で話すことに対する抵抗が減ることが考えられることから、3か月以上に渡って英語圏に海外滞在歴があった1名はWTCの分析対象から除外した。そのうち全3回の調査に回答した80人分のデータを最終的にWTCの分析対象とした（表2）。

表2

WTC集計結果

調査回	実施時期	<i>M</i>	<i>SD</i>	<i>N</i>
第1回	入学時	47.50	20.35	80
第2回	1年生終了時	53.05	17.84	80
第3回	2年生終了時	46.46	19.41	80

ダミー項目を除いた12項目について、McCroskeyの評価スケールに従いWTCを算出した。海外滞在経験の有無、そして英語力が入学時、1年生終了時、2年生終了時のWTCに影響を与えるかを調べるために、WTCを従属変数とし、海外滞在経験の有無（被験者間要因）とTOEICスコアの上位グループ（被調査学科のTOEIC L&Rの中央値を上回るスコアの学生たちを上位群、下回るスコアの学生たちを下位群とする被験者間要因）の2要因を独立変数に、各調査回の3水準（被験者内要因）で繰り返しのある混合モデル分散分析を行った。結果、調査実施時期の主効果は有意であった（ $F(2, 152) = 3.78, p < .05, \eta^2 = .05$ ）。海外滞在経験の有無及び英語力とWTCとの交互作用は有意ではなかった（ $F(2, 152) = 1.50, n.s., \eta^2 = .02$ ）。

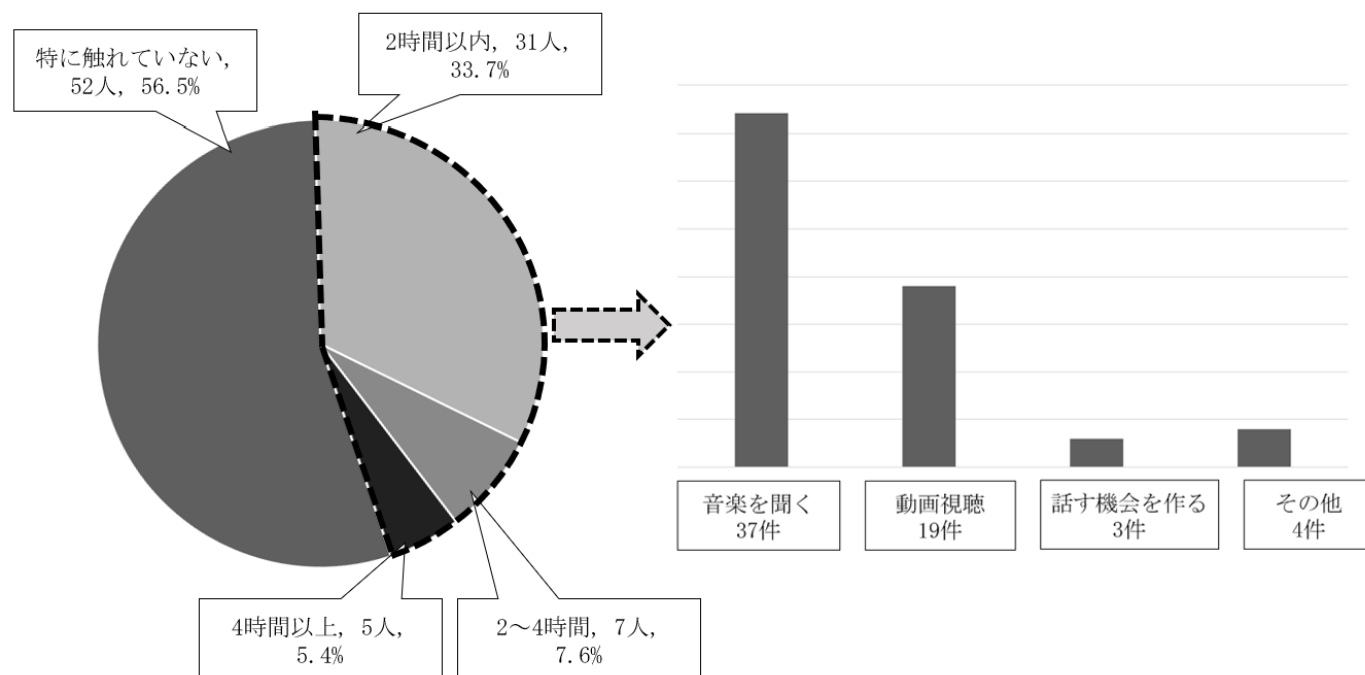


図3
英語に触れた時間とその目的

具体的にどの調査実施時期においてWTCに差があるのかを調べるためにBonferroniを用いた多重比較を行った結果、第1回調査（入学時）と第2回調査（1年生終了時）、第2回調査と第3回調査（2年生終了時）でWTCに5%水準で有意差が確認されたが、入学時と2年生終了時のWTCには有意差がなかった。McCroskeyの評価スケールはWTCが0から100の数値で算出され、82以上であればWTCが「高い」、52以下であればWTCが「低い」とされる。ゆえに、被調査者らのWTCは入学時には「低い」域にあったが英語関連科目を1年間にわたって履修した1年生終了時ではWTCが上昇し「普通」の域に達したものの、英語関連科目の履修がない生活を1年間送った2年生終了時では入学時と同じ程度にWTCが「低い」状態に戻ったと言える（図2）。

英語に触れた時間と目的

第3回調査で過去1週間の間に英語に触れたか否かを質問したところ（有効回答数92）、過半数（52人、56.5%）の学生が「特に英語に触れていない」と回答した。過去1週間で「英語に触れた」と回答した学生に合計時間とその目的（複数回答可）を尋ねた結果、英語に触れた時間は過去1週間で合計2時間以内である学生が多数であり、その目的は英語で「音楽を聴く」が最も多く、次いで英語で

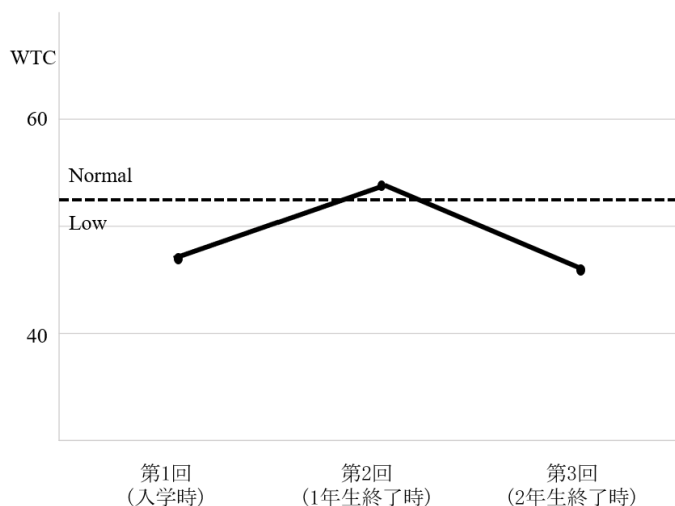


図2
調査時期別におけるWTCの推移

「映画・ドラマ・ニュースを視聴する」が多かった。「その他」の目的として「英語科目を再履修しているから」等の記述が見られたが、文献や図書、ウェブページなどを英語で読む学生はほぼいなかった（図3）。

なお、過去1週間で英語に触れた時間の有無がWTCに与える影響を「英語に触れていない」、「2時間以内」、「2時間以上」に分類して独立変数とし、WTCを従属変数として分散分析を行ったが、有意差は確認できなかった。 $F(2, 75) = .703, n.s.$ よって、本調査においては英語に触れた時間がWTCに影響を与えるとは言えなかった。

考察

被調査者らが所属する学科では1年生で必修英語（前期と後期でそれぞれ90分2コマ × 15週）と選択英語（90分2コマ × 15週）を1年次で履修する学生が多く、2年生以降ほとんどの学生が英語関連科目を履修しない。本調査の結果から、入学時と比較すると週に3-4コマの英語科目を履修していた1年生終了時ではWTCが高くなるものの、専門科目の履修が中心になった2年生終了時ではWTCは入学時と同じ程度の「低い」水準まで下がることが明らかになった。学生の多くは海外に滞在した経験がない、もしくはあっても2週間以内という短期間の滞在経験であったが、今回の調査では海外滞在経験の有無はWTCに影響を与えてはいなかった。ただし、今回の調査では海外滞在経験がある学生に対して、その目的を聞いていなかった。八島（2009）はホームステイ経験のある人は、ない人よりWTCが高いと報告をしており、例えば本調査でも海外滞在の目的が旅行であるのか、または現地で積極的にコミュニケーションを図る必要があるような語学研修等が目的であるのかによって分析を変えることができるのであれば、海外滞在経験の種類がWTCに与える影響の有無を調べることができた可能性はある。しかしながら、本調査において海外滞在経験がある学生は圧倒的に少なく、そのような分析も容易ではなかった。いずれにしてもCOVID-19パンデミックにより海外渡航は当面の間規制が続くと予想されることから、大学には海外渡航せずとも、それに近い環境を学生に提供できるようなプログラム構築が急務である。

英語関連科目の履修が終了して1年が経過した2年生終了時では、多くの学生が特に英語に触れておらず、触れていたとしても1週間の間に合計して2時間以内という短時間であり、その多くが「音楽を聴く」、「映画やニュースを視聴する」など娯楽的要素が強い目的であった。調査対象となった学科では、2年生が履修する科目は座学による専門科目と次年度から本格的に始まる臨床実習に向けての演習が大部分を占める。今後、臨床実習時に病棟で外国人患者とコミュニケーションを取る機会を得たり、卒業研究や進学を希望して更なる研究のために英語による文献調査などの機会を得たりすることで、彼らのWTCが変化する可能性もあるが、それらは3年生の秋学期以降になる。1年生終

了時に英語関連科目の履修を経て高くなった英語で話そうとする意思（WTC）が、2年生の英語に触れない期間の後にほぼ消失してしまうことは非常に惜しい。例えば患者対応などを学ぶ一部の演習科目を日本語と英語の両方で行うなど、学生が実践的と思えるような、そして臨床の場で日本語でも英語でも臆することなく患者に接するきっかけとなるような学習機会を取り入れるなど、英語関連科目履修後も継続的に英語に触れる機会を保持できるカリキュラム構築が急務である。

展望

2019年の出入国管理法の改正・施行に伴い、専門スキルを持つ外国人労働者数の増加がさらに見込まれることから、今後は医療福祉の現場でも日本語を第一言語としないスタッフがチーム医療に加わる可能性も大きくなる。また、医療の国際展開によりメディカルツーリズムを利用する外国人患者の増加も考慮すると、多文化社会の多様性を理解しつつ、共通語としての英語によるコミュニケーションスキルを備えた医療従事者のニーズは今後さらに高まることは確実である。

医療系大学で語学教育を担当する筆者としては、学年が進むごとに学生の英語で話すことについての意識がどのように変容していくかを調査し、どの時期にどのようなニーズがあるのかを明らかにすることで、彼らが獲得した英語運用能力の維持向上を手助けできるような教育体制の構築に尽力したい。

参考文献

- 上林千佳・近藤暁子・小泉麻美・二見茜. (2020). 大学病院と総合病院における外国人患者対応研修に関する看護師のニーズおよび参加意欲. 国際保健医療, 35 (1), 27-38.
- 厚生労働省. (2020). 令和元年度医療機関における外国人患者の受入れにかかる実態調査結果（速報版）について. www.mhlw.go.jp/content/10800000/000601510.pdf
- MacIntyre, D.P., Clément, R., Dörnyei, Z., &

- Noels, K. A. (1998). Conceptualizing willingness to communicate in a L2: A situational model of L2 confidence and affiliation. *The Modern Language Journal*, 82(4), 545-562.
- McCroskey, C. J. & Richmond, P. V. (1992). *Willingness to Communicate (WTC)*. www.midss.org/content/willingness-communicate-wtc
- 日本医学英語教育学会. (2019). *Medical English Education guidelines corresponding to the Global Standards for Medical Education*. jasmee.jp/guidelines/
- 斎藤隆枝. (2021). 医療福祉系大学における海外研修参加を希望しない学生の意識調査. *Journal of Medical English Education*, 20(1), 16-19.
- Willey, I. D., McGrohan, G. M., 西屋克己, & 谷本公重. (2016). The English needs of doctors and nurses at hospitals in rural Japan. *Journal of Medical English Education*, 15(3), 99-104.
- Yashima, T. (2002). Willingness to communicate in a second language: The Japanese EFL context. *The Modern Language Journal*, 86, 54-66.
- 八島智子. (2009). 海外研修による英語情意要因の変化--国際ボランティア活動の場合. 大学英語教育学会紀要, 49, 57-69.

Nursing Competencies: Adopting Plain Japanese in Patient Care

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Keywords: multicultural competencies, plain Japanese, healthcare interpreter, English education, language barrier

With increased globalization, as seen in the rising number of foreign residents in Japan as well as the increasing number of visitors, the internationalization of medical fields in Japan has been accelerated. It is essential for nurses, who play a vital role in medical care of non-Japanese, to have multicultural competencies, making English education in nurse training of great importance. It is necessary for nurses to communicate directly with foreign patients in English in some cases. In addition, in those cases when patients do not speak English, and when it is difficult to translate Japanese into the target language directly with the help of translation devices, it might be possible to use English as the mediating language to find the words we need. English is also the most useful means of obtaining information directly from other countries around the world.

At the same time, government offices and some industries in Japan, especially the tourism sector, are promoting the use of *Plain Japanese* in communicating with foreigners. Plain Japanese is an adjusted form of Japanese that is easy to understand, even for beginners in the Japanese language, children, the elderly, etc. It is a short form using simple words, no honorific or humble forms, and native Japanese words instead of words derived from Chinese (e.g., 測る *hakaru* instead of 測定する *sokutei suru* for [measure].) (医療 × 「やさしい日本語」研究会, 2020).

The Need for Plain Japanese

In the Hanshin-Awaji Great Earthquake of 1995, 199 foreigners died, accounting for 3.09% of the total number of deaths. Compared with the proportion of foreign residents (1.8%) in the area,

the number was rather high. One of the reasons postulated for this is that it was difficult for foreigners to understand warnings about the disaster situation and evacuation (Sato, 2004). Since then, Plain Japanese has drawn greater attention with an emphasis on being easy-to-understand. However, even after the 2011 Great East Japan Earthquake, it was difficult for some foreigners to understand the phrase, "*Takadai ni hinan shitekudasai*", which means "Please evacuate to higher ground" (河北新報, 2011). For example, if they had been told the same thing in Plain Japanese, such as "*Takaitokoro ni nigete*" meaning, "Escape/run to a higher place," they might have saved themselves. With the frequent occurrence of natural disasters in Japan, Plain Japanese has attracted greater attention and has gradually become more widely propagated.

According to survey results from the Ministry of Justice in 2017 (Center for Human Rights Education and Awareness, 2017), more than 85% of foreigners residing in Japan are from countries where English is not their mother tongue, and only 40% of the respondents reported that they could communicate in English. Among the respondents, more than 80% answered that they could use Japanese at a level that does not cause problems in their daily lives. Based on these statistics, it is better to communicate with them in Plain Japanese.

Activity Report on Plain Japanese in Medical Care

Yuko Takeda, a doctor and professor at Juntendo University, noticed this issue and founded a research group in 2019. Members of the group

also include Kazunari Iwata, a professor at the University of the Sacred Heart and an expert in Japanese language education, Hirono Ishikawa, a professor at Teikyo University and an expert in health communication, and Midori Nii, a board member of Citizen's Network for Global Activities who has extensive experience in supporting foreigners in Japan. The author of this report joined the group in November 2020 as a project coordinator.

In the spring of 2020, the research group uploaded a video and scripts of Plain Japanese used in COVID-19 testing to support foreigners amid the COVID-19 pandemic. Afterward, on their homepage they posted downloadable materials and sample conversations using Plain Japanese for various situations, such as consultations, examinations, and the hospitalizations of foreign patients (<https://easy-japanese.info/>). In July 2021, a video in Plain Japanese about COVID-19 vaccinations was released (Juntendo University, 2021), and a leaflet (Appendix) summarizing the key points of Plain Japanese was published and is currently being distributed to various healthcare centers.

Online training sessions about Plain Japanese for medical personnel have also been conducted regularly since 2020. In the 2020 academic year, four workshops for 84 participants in total were held. During the training sessions, worksheets were provided for participants to practice paraphrasing medical terms and complex words. They then role-played with international students (as simulated patients) to simulate a medical professional-patient consultation with scenarios provided, to explain the diagnosis, treatment, or prescription in Plain Japanese. Finally, the international students gave feedback on what items medical professionals should rephrase for Japanese beginners.

Such activities are provided free of charge, and are funded by subsidies from the Tokyo Metropolitan Government, the Ministry of Health

and Welfare, and private foundations.

Multicultural Competency and Plain Japanese

Plain Japanese is beneficial not only for non-native speakers of Japanese but also for elderly Japanese people and people with disabilities or communication problems. It is also useful for healthcare interpreters and sign language interpreters on the job, because it is clearer and easier to understand, making it easier to convey the intended meaning in the target language.

However, there are also limitations with Plain Japanese. For example, one cannot paraphrase the names of diseases in Plain Japanese based on one's own understanding. We need to translate these into the target language correctly. Therefore, both the development of healthcare interpreters and the use of Plain Japanese play essential roles in providing multicultural medical care, as two sides of the same coin. Likewise, it is also essential for nursing educators to help students acquire both English proficiency and the skills to use Plain Japanese simultaneously, as well as to learn how to work with healthcare interpreters, as all of these factors are important in fostering multicultural competency.

The essence of multicultural nursing is to have as wide a range of interpersonal skills as possible and to develop the ability to approach the daily events that medical professionals face every day from various perspectives so that health professionals can benefit both their patients and themselves through successful communication. If medical professionals can use both Plain Japanese and English, and work with the assistance of healthcare interpreters, they can create a much more effective medical environment in which everyone feels that it is easy to receive medical care in today's multicultural and diverse society.

We believe, with the enhancement of English education and the broader use of Plain Japanese, receiving medical care will no longer be a barrier for foreigners in Japan.

References

- Center for Human Rights Education and Training.
(2017). 平成 28 年度法務省委託調査研究事業 外国人住民調査報告書—改訂版— *Heisei 28endo Houmushou itaku chousa kenkyu jigyou gaikokujin juuminchousa houkokusho kaiteiban* [2016 Ministry of Justice Commissioned Research Project Foreign Residents Survey Report-Revised Edition-]. <http://www.moj.go.jp/content/001226182.pdf>
- Iryou x "Yasashii Nihongo" kenkyuukai [Medicine and Plain Japanese Research Group]. <https://easy-japanese.info/>
- Juntendo University. (2021). Juntendo NEWS. <https://www.juntendo.ac.jp/news/20210701-02.html>
- Kahoku News. (2011.6.28). ドキュメント大震災 逃げる その時 外国人（宮城）「避難」言葉の壁厚く. 河北新報アーカイブ *Dokumento Daishinsai Nigeru Sonotoki Gaikokujin (Miyagi) "Hinan" Kotoba no kabe atsuku*. [Tohoku Earthquake Documentary: "Evacuation" The Language Barrier is Thick for Foreigners (Miyagi)] *Kahoku News Archive*. <http://kahoku-archive.shinrokuden.irides.tohoku.ac.jp/kahokuweb/pdfview/K20110628S106X0010>
- Sato, K., Okamoto, K., Takahashi, K., Tanaka, S., Yamaoko, K., Miyao, K. (2004). 地震災害における外国人の被害と災害情報提供 *Jishin saigai ni okeru gaikokujin no higai to saigai jouhou teikyou* [Hardship Suffered by Foreign People from the Hanshin-Awaji Earthquake and Multilingual Disaster Information]. *Bulletin of Social Medicine*, 22, 21-28. <http://jssm.umin.jp/report/no22/22-03.pdf>
- Takeda, Y., Iwata, K., Nii, M. (2021). 医療現場の外国人対応 英語だけじゃない「やさしい日本語」 *Iryougenba no gaikokujin taiou Eigo dakejanai "Yasashii Nihongo"* [Not only English but also "Plain Japanese" for supporting foreigners in medical settings.] Tokyo, Nanzando.

Appendix

「やさしい日本語」を話す¹⁰のコツ

- 話し出す前に整理する
→ 全体像を示しましょう
- 一文を短くし、語尾を明瞭にして文章を区切る(「です」、「ます」で終える)
「血圧を測らせていただくので、こちらの椅子に腰かけて頂けますか。」→「血圧を測ります。この椅子に座ってください。」
- 尊敬語・謙譲語は避けて、丁寧語を用いる
「ご記入ください」→「書いてください」
- 単語の頭に「お」をつけない(可能な範囲で)
「お薬」「お会計」→「薬」「会計」
- 漢語よりも和語を使う
「飲酒の習慣がある」→「いつもお酒を飲む」
- 外来語を多用しない
「イレウス」→「腸が動いていません」
- 言葉を言い換えて選択肢を増やす
「測定します」→「測ります、調べます」
- ジェスチャーや実物提示
体温計を腋の下に挟んでください→これ(体温計を見せる)をここ(腋の下を指す)に入れてください
- オノマトペは使わない
「ガンガン」「チクチク」→なるべく使わない
- 相手の日本語の力が高い場合は「やさしい日本語」を止める

一般的な言い方

今日は どうなさいましたか

…? コホッ、コホッ、ヒュー

症状はいつからどれくらいの期間、持続していますか

…?

喘息の既往はありますか

…わかりません

ぜんそく？きおう？

今、使用している市販薬は何かありますか

…いいえ

…しょう？しはんやく？

「やさしい日本語」

今日は どうしましたか

せきが出ます

いつからですか

カレンダーを見せて日にちを確認

子どものころにあります

喘息はありますか

相手がわからないなら、タブレットで翻訳を見せる

今、何か薬を飲んでいますか

ありません かぜ薬を飲みました もうやめました

「やさしい日本語」を用いてみた医療者の感想

「やさしい日本語」を使うことによって、日本人であっても相手の理解が深まり誤解や不安が解消されると感じています。

「やさしい日本語」は外国の方だけでなく日常業務にも必要と思いました。

日本人の高齢者への説明の時に使えます。

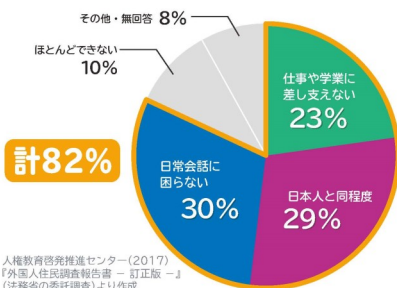
「やさしい日本語」は、相手が受け取りやすい情報の伝え方をすることで、相手からも必要な情報を得やすくなります。

石川ひろの
帝京大学大学院公衆衛生学専攻・教授

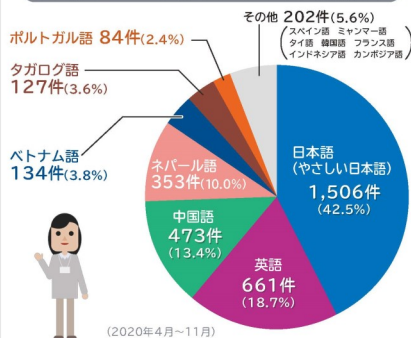
外国人診療で英語よりも通じる「やさしい日本語」

法務省による外国人住民調査で、英語でコミュニケーションをとっている人は4割程度でした。一方、日本語で会話できると回答した外国人は下のグラフのように8割を超えています。

日本に在留する外国人の日本語の会話力



外国人新型コロナ生活相談センター(TOCOS) 相談対応言語

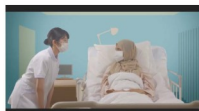


教材紹介 YouTubeで無料公開



日本語専門家によるミニ講義

・「やさしい日本語」の基礎
・「やさしい日本語」のコツ
解説: 岩田一成
聖心女子大学現代教養学部・教授



さまざまな臨床場面での「やさしい日本語」を用いた会話例
協力: 順天堂大学医学部附属順天堂医院



外国人の医療体験インタビュー

司会: 新居みどり
NPO 法人国際活動市民中心
多文化共生コーディネーター

医療 × 「やさしい日本語」研究会ホームページ (HP)
(<https://easy-japanese.info/>)

☆問診票(発熱外来用)・「オノマトペ」言い換えシートなど診療に役立つ資料や教材を自由にダウンロードしてご活用いただけます

☆「やさしい日本語」研究会開催のお手伝いをします
研究会 HP の「お問い合わせ」よりご連絡ください

リーフレットの内容や研究会に関するご照会窓口

順天堂大学大学院医学研究科医学教育学・教授 武田裕子
(医療 × 「やさしい日本語」研究会 代表)
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このリーフレットは、「令和2年度東京都と大学との共同事業 (SDGs 推進と持続可能な都市・東京の実現)」で作成しました。



順天堂大学 帝京大学 聖心女子大学 東京都

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医療 × 「やさしい日本語」

外国人診療 = 英語とお考えの医療者の皆さまへ



「やさしい日本語」とは

「やさしい日本語」は、難しい言葉を言い換えるなど、相手に配慮したわかりやすい日本語のことです。日本語を母語としない方、高齢者、障がいのある方など、様々な方に用いられます。

Embedding Nursing English Education in a Global Nursing Curriculum

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Abstract: *The growing influx of foreign patients poses challenges for medical institutions and healthcare professionals in Japan, where so far only about a hundred medical facilities have been accredited to provide healthcare services to international patients. Such services include culturally appropriate care, healthcare interpreters, and healthcare delivered by professionals who speak other languages (Japan Medical Education Foundation, 2021). Amidst the rising demand for health professionals who speak other languages, and considering that nurses are the health professionals known to spend the most time communicating with patients, this article describes the experience of how a university embedded nursing English education in an undergraduate global nursing curriculum.*

Keywords: nursing English education, global nursing, curriculum design

Global Nursing

Until the mid-2000s, international nursing was understood either as international collaboration in the field of nursing (Tashiro, 2016, p.3) or as nursing practice in other countries. In Japanese, the term *kokusai kango* [international nursing] refers to the field of nursing dealing with international health as well as health care issues related to nursing in different countries.

Moreover, a quick search of the internet using the term “international nursing” retrieves entries on travelling nursing, migrant nurses, study abroad programs for nursing students, nursing education programs that can be used across borders, nurses’ international placement, etc. Thus, it is necessary to clarify that the subject of international nursing as currently used in Japan would be the equivalent of global nursing or global health nursing subjects delivered in the nursing curricula of other countries.

The field of international nursing was included in the Japanese curricula of basic nursing education for the first time in 2009. (Ministry of Health, Labour and Welfare, 2009). Although a wide range of international nursing subjects are now present in Japanese nursing education, consensus about educational content has not been achieved yet and the content of *kokusai kango* courses often depends on the aims of each

nursing educational institution and the experience of the instructors in charge of delivering them. International nursing textbooks published in recent years include chapters on the healthcare of migrants in Japan, asylum seekers, refugees, and disaster nursing, showing how the scope of the international nursing concept has evolved.

Global nursing is defined as nursing care delivered to maintain and promote health and equity for all people, integrating both local and global health. Global nursing practice envisions health for the world’s people and is grounded in respect for human dignity, human rights, and cultural diversity (Bauman, 2013). Universities and other educational institutions offering global nursing or international nursing courses need to consider the scope of this definition and the aims of their nursing programs in order to cultivate in future global nurses the competencies that will be required of them. Several global health competencies that could inform nursing education curricula have been identified for nursing and other health careers. *Communication* is one of 12 global health competencies compiled by Clark et al. in 2016, where it was defined as, “having comprehensive knowledge of languages, writing skills and the ability to communicate effectively across cultures” (p. 177). This is a primary objective of the curriculum that is the focus of this

article.

Global Nursing and Nursing English Education

The *Model Core Curriculum for Nursing Education in Japan* (MEXT, 2017, 2018) included a competency component directed at understanding diversity and the needs of foreign patients. Its description does not refer to competencies specifically related to communication in foreign languages. While both public and private Japanese universities acknowledge the necessity of providing English and other foreign language education to nursing students, the number of credits allotted to foreign languages, including English or nursing English education, and their content vary greatly among universities (Porter, 2018). Nursing educational institutions commonly deliver only one required English course and offer one or more elective English courses (Kuchimoto, 2009), leaving English education largely up to the individual.

It is not uncommon to find general English courses listed under the name of "Nursing English" or courses under the title of "English" that are nursing oriented in practice. Some educational institutions still prefer terms such as "Medical English" or "English for Health Sciences" over "Nursing English". While the curricular trend of English education in nursing faculties in Japan deserves further attention, there are compelling reasons to emphasize the value of nursing English to increase the capabilities of future nurses to respond to the health needs of diverse people who may be left behind due to language barriers.

Embedding English Education in a Global Nursing Curriculum

In 2019, a new faculty of nursing was established in our private university located in the Kansai area. The new Faculty of Global Nursing intends to graduate nurses equipped with global health and nursing competencies. Among other global health competencies, verbal and written communication competency in English are

considered to be among the necessary components of a global nursing curriculum that prepares students to provide appropriate nursing care to non-Japanese patients who are native English speakers or have English as a second or foreign language, contributing to equal access to healthcare. Respecting the right to access health care implies that no tourist or migrant visiting or living in Japan would be left behind.

This global nursing curriculum includes four required nursing-oriented English seminars to ensure that all students acquire and improve necessary English communication skills. A seminar format was selected in order to ensure a low number of students per class and to facilitate pair and group interaction. Prior to the beginning of the first academic semester, all students take a placement test and are divided into groups of 25 to 30 students to allow them to learn with peers of similar English proficiency levels (Table 1). In addition, two elective courses in English are offered during the fourth year, and additional elective English courses are available for students who want to improve their performance. The third-year curriculum includes a short study abroad placement at universities and health facilities in 5 countries where students will learn about the nursing systems and nursing education of those countries in English.

Three required seminars on global nursing, conducted in both English and Japanese by faculty licensed in nursing and midwifery, are taught from the first to the third year. Seminars focus on global nursing issues of foreigners visiting and living in Japan, and nursing communication skills necessary to work with foreign patients. During global nursing seminars, students are not classified according to their English proficiency so they have the chance to practice nursing communication skills with each other regardless of their proficiency level. Seminars provide students with opportunities to use English using bilingual questionnaires, to role play with

Table 1

English Subjects in the Global Nursing Curriculum

Semester	Subjects	Teaching Methodology	Instructors
Semester I	Practical English for Nurses I ¹ 15 sessions, 1 credit	Students of similar English proficiency level. Classes of 25-30 students Pair and group work	One native English-speaking instructor per class
	Practical English for Nurses II ¹ 15 sessions, 1 credit	Selected English and medical English textbooks	
	Basic English Exercises and TOEIC ² 8 classes, 1 credit	Students of mixed English proficiency level Support for low proficiency level students English grammar exercises and preparation for TOEIC	
Semester II	Global Nursing Seminar I ¹ 8 sessions, 1 credit	Students of mixed English proficiency level. Classes of 38-40 students Class topic explanation in English; additional explanations, feedback and group discussion on health and cultural issues in Japanese Pair work, bilingual medical questionnaires, nursing English textbook Preparing for the Examination of Proficiency in English for Medical Purposes	Nurses, midwives and public health nurses 3 to 4 instructors per session
	Listening and Speaking in a Global Society ³ 15 sessions, 1 credit(*)	Students of similar English proficiency level. Classes of 25-30 students Pair and group work, role-playing, discussion Selected nursing English textbook	One native English-speaking instructor
	Basic Communication in Global Context ³ 15 sessions, 1 credit(*)	Students of similar English proficiency level. Classes of 25-30 students Pair and group work, discussion and presentation. Emphasis on listening comprehension and speaking. Selected textbook	One native English-speaking instructor
Semester III	Global Nursing Seminar II ¹ 8 sessions, 1 credit	Students of mixed English proficiency level. Classes of 38-40 students Class topic explanation in English, additional explanations, feedback and group discussion on health and cultural issues in Japanese Nursing skills in English, pair and group work. Inpatient care role-playing Preparing for the Examination of Proficiency in English for Medical Purposes	Nurses and midwives 3 to 4 instructors per session
Semester V	Global Nursing Seminar III ¹ 8 sessions, 1 credit	Students of mixed English proficiency level. Classes of 38-40 students Explanation in English, additional explanation and feedback in Japanese Health and cultural issues discussion in English Working with simulated patients in English Preparing for the Examination of Proficiency in English for Medical Purposes	Nurses and midwives 3 to 4 instructors per session
	Academic Writing and Debate Seminar ¹ 15 sessions, 1 credit	Students of similar English proficiency level. Classes of 25-30 students Reading and understanding academic papers. Writing an abstract.	One native English-speaking instructor per group
	Examination of Proficiency in English for Medical Purposes 3 sessions, noncredit course	Students of mixed English proficiency level. Classes of 38-40 students Simulated exams, feedback and explanations in English and Japanese Online tests and self-study materials	Nurses and midwives 2 to 3 instructors per session
Semester VI	Global Nursing Clinical Practice III ¹ 5 countries, 7-10 days, 1 credit	Short-term placement in foreign clinical and educational facilities Interacting in English with health professionals, students and patients from other countries Attending lectures and simulation laboratory sessions in English Presentations and reports in English	Clinical instructors in hospitals and universities Accompanying instructors

Note.¹ Required subject. ² Elective subject. ³ One of these two subjects is compulsory.

instructors who play the role of foreign patients, and to experience learning through simulated scenarios with foreign residents who reside in communities near the university.

To create an environment that supports English learning, nursing instructors of courses such as Fundamentals of Nursing and Adult

Nursing teach technical terms in English during laboratory practice, introduce short dialogs and videos in English, etc., and the global health department organizes exchange activities online with nursing students from partner universities.

All students prepare for the Examination of Proficiency in English for Medical Purposes (EPEMP)

Level IV, administered by the Japan Society for Medical English Education. Self-study materials and mini-tests are available in the faculty's e-learning platform and all students join three study sessions organized to prepare for the exam. Level IV is the basic level of the examination; it assesses basic medical vocabulary knowledge and short reading comprehension. The EPEMP was introduced as an extra-curricular activity to motivate students to study medical terminology, to encourage them to practice short paragraph reading comprehension, and to establish a reference point for further self-study (although, needless to say, a nursing English proficiency exam would be a better option). All students take this exam during their third year of studies. The first group of students took the EPEMP in June, 2021.

Challenges of Embedding Nursing English Education in a Global Nursing Curriculum

English education and nursing English education have been embedded in our university's curriculum and these elements are being constantly assessed and improved. Adding nursing English educational content to the already crowded global nursing curriculum has been administratively challenging, but English subjects are considered worthy to support students as they pursue nursing training.

However, we have learned that institutional efforts to provide nursing English education across the curriculum, as well as limiting the number of students per class, does not necessarily translate to improvement in students' ability to communicate confidently in English. Third year students' reflections after seminars revealed that most students failed to make small talk in English with simulated patients, and few of them could explain nursing procedures in plain language or give instructions to patients. Further research is needed to establish which strategies are most effective in supporting learning in these fields.

Another ongoing challenge is that, in spite of

students being allocated to different groups based on a placement test, the test is in a written format and therefore does not evaluate general communication skills. The wide range of student proficiency levels also remains a challenge, so instructors need to use inclusive approaches that reach students at all levels.

Because global nursing curricula prepares nurses to deliver nursing care for the world's people, both locally and globally, nursing English education is particularly relevant in global nursing education curricula that recognize multilingual communication as one of the important competencies global nurses should acquire during their formative years. Specific guidance from the Japanese Ministry of Health, Labour, and Welfare and the Ministry of Education is desirable and would help establish nursing English education standards at the national level.

The new curriculum is expected to produce better-equipped nurses whose professional competencies, including awareness of language and cultural barriers and the ability to overcome them, lead to a higher quality of care for a more diverse range of patients, thereby achieving health equity.

References

- Bauman, S. (2013). Global health nursing: Toward a human science-based approach. *Nursing Science Quarterly*, 26(4), 365. <https://doi.org/10.1177/0894318413500404>
- Clark M., Raffray M., Hendricks K., Gagnon AJ. (2016). Global and public health core competencies for nursing education: A systematic review of essential competencies. *Nurse Education Today*, 40, 173-180. <https://doi.org/10.1016/j.nedt.2016.02.026>
- Ferguson Beasley S., Farmer S., Nunn-Ellison K., Ard N. (2019). International Nursing Program Accreditation. *International Journal of Nursing Education and Scholarship*, 16(1), 20019075. <https://doi.org/10.1515/ijnes-2019-0075>

- Japan Society for Medical English Education. (2017). *Medical English education guidelines corresponding to the Global Standards for Medical Education*. https://jasmee.jp/wp-content/uploads/2017/07/Guidelines_Eng_rev.pdf
- Japan Medical Education Foundation. (2021) *Japan medical accreditation for international patients*. <http://jmip.jme.or.jp/index.php>
- Kuchimoto, S. & Takeuchi K. (2009). 看護基礎教育における英語教育の実態調査—全国看護系大学・短期大学・専門学校の調査結果から— *Kango kiso kyoiku ni okeru eigo kyoiku no jittai chosa – Zenkoku kangokei daigaku, tanki daigaku, senmon gakko no chosa kekka kara–* [Survey on the current situation of English education in basic nursing education: Results of a national sample survey of nursing programs in universities, nursing junior colleges and nursing schools]. *Mejiro Journal of Health Care Sciences*, 2, 49-54. https://mejiro.repo.nii.ac.jp/?action=pages_view_main&active_action=repository_view_main_item_detail&item_id=464&item_no=1&page_id=13&block_id=21
- Ministry of Health, Labour and Welfare. (2009). 看護教育の内容と方法に関する検討会報告書（案）. *Kango kyouiku no naiyou to houhou ni kansuru kentoukai houkokusho (an)* [Review meeting on nursing education content and methodology (Report proposal)]. <https://www.mhlw.go.jp/stf/shingi/2r9852000000122ee-att/2r9852000000122hx.pdf>
- Ministry of Education, Culture, Sports, Science and Technology, Committee for Fostering Human Resources in Nursing Education. (2017). *Model core curriculum for nursing education in Japan*. https://www.mext.go.jp/content/20200428-mxt_igaku1217788_4.pdf
- Porter, M. (2019). Identifying Nursing Duties for the Nursing English Curriculum: A Target Task Analysis Using Written Sources from the Field of Nursing in Japan. *Nursing English Nexus*, 3 (1), 21-31.
- Tashiro J. (Ed.). (2016). ワークブック 国際保健・看護基礎論 *Waakubukku kokusai hoken kango kisoron* [Workbook of International Health and Fundamentals of Nursing Theory]. Pilar Press.