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# 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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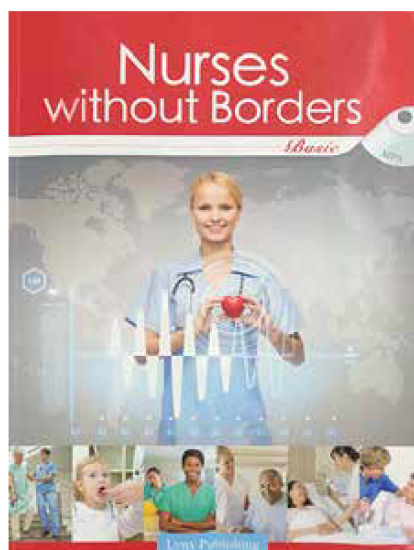
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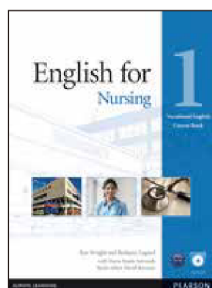
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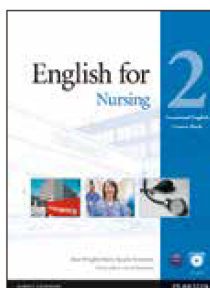
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CEFR: A1, A2



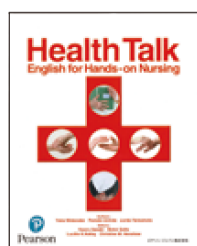
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### From the Editor

On the heels of JANET's very successful first-ever conference in Fukui in June comes this, our 3rd issue of Nursing English Nexus. Since the last issue we have added several reviewers to our team who have contributed greatly to the current issue and we'd like to thank them deeply as they make the process smoother and all of our jobs that much easier.

Thanks also go out to our contributors, who, for this issue, provided us with three full articles and three shorter reports.

In this issue, **Cindy Chiu, Kumiko Nakano, & Junko Omori** detail a model workshop designed to introduce cross-cultural competency into nursing care programs.

**Dion Clingwall** discusses some of the benefits of introducing Nursing lab classes based on his own positive experiences.

**Shinobu Hattori** writes on bridging the gap between General English and the practical English required for managing in-service scenarios.

**Yoshiyuki Nagaya & Glenn Squires** raise a number of issues regarding the implementation of the Economic Partnership Agreement (EPA), which calls for Japan to host a number of foreign nurses.

**Mathew Porter** outlines the status of Nursing English programs at private universities in Japan.

**Sachiko Takahashi, Rie Ikeda, & Akiko Morimoto** report on an inbound program regarding students from Hong Kong visiting Okayama.

We hope you enjoy this issue and remember that we always welcome contributions in a number of categories from full research articles to reports to lesson plans to commentary to reviews to teacher testimonies. Our next issue is scheduled for April, 2019 so if you'd like to contribute, please follow the guidelines (which can be found at [janetorg.com/nexus](http://janetorg.com/nexus)) and send your manuscript to Nursing English Nexus at [janetorg.com@gmail.com](mailto:janetorg.com@gmail.com).

Michael Guest, Editor  
Nursing English Nexus

**Simon Capper****A Message from the JANET Coordinator**

Welcome to the third volume of JANET's e-Magazine, Nursing English Nexus. This edition comes in the wake of our very successful 2018 JANET conference in Fukui. The event was a great chance to meet and share ideas with nursing English educators from around the country, the presentations were unfailingly stimulating and informative, and it's pleasing to see some of them now appearing as articles in Nexus.

You may have noticed that all the articles are in English, but please be assured that, while English has to be our main operating language, we are keen to be a genuinely bilingual resource for nursing English teachers in Japan. We welcome Nexus contributions and conference presentations in both Japanese and English, so please feel free to share your experience, knowledge and wisdom in your preferred language.

As always, we're looking for volunteers, particularly those who can help us to reach our bilingual and developmental goals, so if you have any time or energy that you'd like to share with us, we'd love to hear from you.

Finally, our thanks to all the contributors to this issue, and my own personal thanks to the hardworking editorial team that makes Nursing English Nexus possible. Take a bow Mike Guest, Mathew Porter and our editorial review board. Your efforts are greatly appreciated.

**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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**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>>.

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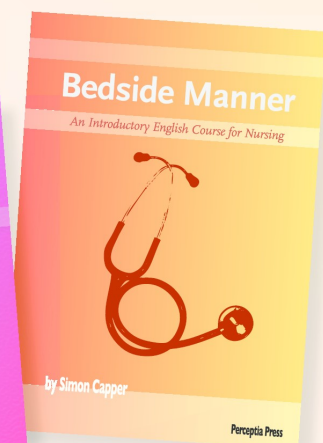
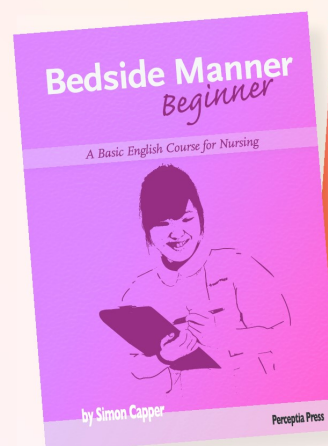
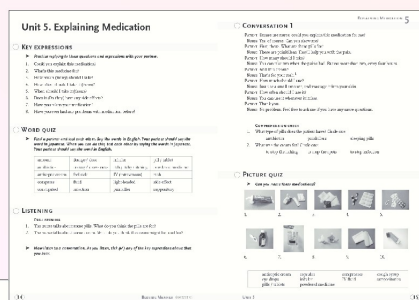
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## Workshop to Promote Patient-Centered Cross-Cultural Care Among Japanese Nursing Students

Cindy H Chiu<sup>1</sup> (cindychiu@med.tohoku.ac.jp), Kumiko Nakano<sup>1</sup>, & Junko Omori<sup>1</sup>

<sup>1</sup>Tohoku University Graduate School of Medicine, Department of Health Sciences, School of Nursing

**Abstract:** *Cultural competency in nursing care is fundamental to an ethical healthcare system and a pre-requisite of practicing nurses. In Japan, where the topic of cultural competency in healthcare is becoming more relevant, there is minimal guidance for nursing educators. In 2017, we designed and launched a 2-day pilot workshop to cultivate cultural competency through the cross-cultural patient-centered approach targeting Japanese nursing students in Tohoku University. We utilized novel teaching methods, including 1) the use of self-reflection and discussion to develop self-awareness and insight; 2) providing a safe space for foreign patients and future nurses for sharing their experiences, connecting, and promoting empathy; and 3) the application and consolidation of their learning through creating and sharing concrete tools with potential end-users. Qualitative evaluation was conducted through anonymous student feedback forms. Student feedback suggested that the workshop successfully conveyed the principles of cultural competency. Invited foreign participants also highlighted the positive impact of the class, which they said made them feel that their voices were heard. We hope that our workshop model can provide new ideas for other nursing educators, and trigger the important conversation to include cultural competency in the National Nursing Curriculum.*

**Keywords:** Cultural competency, nursing education, curriculum development, cross-cultural care, Japanese nursing students.

In many western countries, especially in countries such as the United States with a long history of diverse cultural backgrounds, cultural competency has already been incorporated into the nursing education curriculum for several decades (Flood & Commendador, 2016; Campesino, 2008). It has been shown that culturally competent nursing care results in improved quality of care, improved patient satisfaction, positive patient health outcomes, and decreased health-related disparities (Gallagher & Polanin, 2015; Ervin et al., 2006; Waite et al., 2010).

In Japan, cultural competency in healthcare has become more relevant in recent years. Japan has become one of the top tourist destinations in the world with a total of 28.7 million visitors in 2017 alone, and the number continues to grow each year (Japan National Tourism Organization, 2017). The total number of foreigners living in Japan is also on the rise (Ministry of Internal Affairs and Communications, 2017), especially with Japan's recent immigration policies becoming more receptive to foreign laborers and foreign

highly-skilled professionals. The Economic Partnership Agreement (EPA) has also sponsored care workers and nurses from several Southeast Asian countries to be trained to work in Japan (Vogt, 2017). If these trends continue, nurses will only have more exposure to foreigners, either as potential patients or colleagues, making it critical that our future generation of nurses are well-equipped to care and work for an increasingly diverse community.

As the International Council of Nursing stated under the Code of Ethics, "Nursing care is respectful of and unrestricted by considerations of age, color, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status." (International Council of Nurses, 2012, p. 1) In addition, the World Health Organization (WHO) also emphasized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." (World Health Organization, 2018, p. 1) Therefore, cultural

competency in nursing care, in essence, is actually a fundamental obligation and duty as a practicing nurse.

Although cultural competency in nursing care is not yet a prescribed compulsory topic on the National Nursing Curriculum (Japanese Nursing Association, 2016), there are encouraging signs recognizing its importance. For example, emphasis was placed on preparing nurses to care for a diverse society and culture in the latest revision of the sample model curriculum in 2017 (Nursing Human Resources Development Working Group for University Education, 2017). However, although this optional topic was recommended, there is currently minimal guidance for nursing educators who wish to teach this topic in Japan. Consequently, there is a growing urgency for teaching methods and materials for the Japanese context.

Past literature on the topic of cultural competency education in healthcare has largely focused on the trans-cultural or multi-cultural approach derived from the Culture Care Theory (Leininger & McFarland, 2002). Culture Care Theory is an established nursing theory that emphasizes culture and care as essential concepts in nursing, and is aimed at using culture care research findings to provide culture-specific care that is believed to be culturally appropriate, safe, and beneficial to people of diverse cultures (Leininger & McFarland, 2002; Leininger & McFarland, 2006). However, despite the enormous impact this theory has had on highlighting culture as an integral part of humanity, it has often been "misinterpreted" and became a superficial application of learned cultural knowledge during nursing care, where it tends to direct nursing students to remember specifics of cultural and religious preferences, rules, and habits of certain cultural groups. More recently, it has been recognized that this approach is not only prone to stereotyping, it is also literally impossible to memorize rules from every single culture and

religion that exist in our current world (Epner & Baile, 2012; Lancellotti, 2008; Allen et al., 2013). In addition, even within the same ethnic group, culture may differ by personal characteristics such as age, sex, and personality. Therefore, in our workshop, we introduced cultural competency in nursing care based on the cross-cultural approach adapted from Epner and Baile's patient-centered principles (Epner & Baile, 2012). The cross-cultural approach focuses on foundational communication skills, health beliefs, and unique characteristics of each individual (Epner & Baile, 2012). Epner and Baile emphasized the key to cultural competence as "patient-centeredness build on respect, sensitivity, composure, partnership, honesty, astuteness, curiosity, and tolerance" (Epner & Baile, 2012, p. 41). Ultimately, they emphasized the universal human need to be heard and cared for with empathy.

In this article, we hope to share our course design and experiences from our pilot workshop to benefit other nursing educators and future nurses. We hope our teaching plan may serve as a possible teaching model for other nursing educators wishing to try a novel approach to teaching cultural competency.

### Course Description

This course was a workshop developed and taught for the first time among fourth-year (final year) undergraduate nurses in Tohoku University in Japan. The two-day workshop was held on two separate days one month apart on 19 December 2017 and 19 January 2018. The course was developed by three teaching staff, two with public health nursing licenses, and one specializing in global health. Two of the three teaching staff have collectively worked in multi-cultural settings in approximately twenty countries. The class was taught in English, with bilingual teaching staff available in class to provide language support as required.



## Course Objectives

The objectives of this workshop were: 1) to give nursing students an opportunity to reflect on their identity and values as a nurse caring for our increasingly diverse community; 2) to encourage critical thinking and communication of their opinions; and 3) to promote the development of cultural competency through a cross-cultural patient-centered approach.

### Day 1

**Introduction to cultural competency in nursing.** Day 1 started off with an ice-breaker to help students to enter the mindset for the class by thinking about their own culture and those of a foreigner they know. Students were then asked to reflect on the meaning of culture and cultural competency, and why they think cultural competency is important for a nurse. Discussions were guided by the teaching staff who highlighted the relevance of cultural competency in nursing.

**Self-reflection and discussion.** The students were then guided through a series of self-reflection exercises where they first reflected on their experience as a nurse, including the envisioned characteristics of a nurse and the characteristics they gained during the past four years of nursing education and training. They were then asked to do an exercise which was adapted from the concept of "the ideal self" under the intentional change theory (Boyatzis & Akrivou, 2006). The purpose of the exercise was to help participants to create a personal vision of the kind of health professional they aspire to be.

The second part of the self-reflection focused on their experience as a patient. Students were first asked to reflect upon and journal about a time when someone close to them experienced a medical situation followed by an imaginary scenario of the same medical situation occurring in a foreign country where they could not communicate with the health professionals in the local language. The reflection ended by asking

students to journal about what health professionals could say and do to make them feel better in the imaginary scenario.

For all the self-reflection exercises, students were asked to write freely about anything that came to mind without worrying about grammar or spelling. After each self-reflection, they were first asked to share what they wrote with another classmate, and on some occasions, to share what they felt comfortable sharing with the whole class.

**Experience sharing by foreign community members and healthcare provider.** In the afternoon session, three guest speakers were invited to share their experiences with the students. One guest speaker was an international student from Kenya, another was a homemaker from Taiwan living in Japan, and the final guest speaker was a Japanese healthcare provider with experience supporting foreigners seeking healthcare in her clinic.

The experience sharing session was conducted in an informal, conversational style guided by the teaching staff. The foreigners were asked to share one positive and one challenging experience while seeking healthcare in Japan, as well as explain the most important factors that made the experience positive, and what else could have been done to improve their experience during the challenging events. One foreigner described her hospitalization experience during her pregnancy which created a lot of anxiety and resulted in her returning to her home country for her delivery. The other foreigner described an experience of being refused treatment in a health clinic due to language barriers. The healthcare provider was also asked to share her motivation in making greater efforts to providing for foreigners and all the steps she took to accommodate foreigners in her clinic.

**Development of easy-to-use tools for foreigners in healthcare settings.** After the experience sharing session from the guest

speakers, the students were divided into two groups to brainstorm ideas for their final projects. Both groups were asked to develop something they believed would be useful to assist foreigners seeking healthcare in Japan, based on their learning from day 1 of the workshop, over a one-month period. Their final products were assessed and contributed to their final grade for this course.

## Day 2

**Self-reflection and discussion.** Day 2 of the workshop started with reflections of learning from day 1 of the workshop. The students were then introduced to the concept of a multi-cultural versus a cross-cultural approach to cultural competency. Specifically, they were asked to reflect on several principles proposed by Epner and Baile (Epner & Baile, 2012, p. 36). These included several principles which describe the universal human need to be heard and cared about, including the importance of considering the patients' family during medical treatment, the significance of physical touch, and verbal and non-verbal communications. The students were asked to discuss with their peers the meaning of these principles and to share a personal story or example demonstrating each principle. They were also asked to brainstorm what they can say and do to practice these principles as a nurse. To conclude the session, the students were reminded of Epner and Baile's golden rule, that "All people really care about is being cared about." (Epner & Baile, 2012, p. 41).

**Sharing of tools with foreign community members.** In the afternoon session, the two foreigners from the first session and a third foreigner from Mexico were invited to participate. Guests were first briefed on the students' learnings from the first session, and they were then invited to share their thoughts from the first session. The students then directly interacted with the foreigners to explain the tools they developed and received direct feedback. One

group described a bilingual handbook they created to guide healthcare providers in explaining the different aspects of giving birth in Japan to foreign expecting mothers. This handbook covered a list of things to prepare before hospitalization for delivery, the importance of the Maternal and Child Handbook, childbirth and childcare allowances, birth registration, and what to expect during and after delivery. The other group developed a quick reference guide for foreigners visiting a clinic, including information about seeking healthcare in Japan, things to bring to the clinic, phone numbers for free interpreter services, emergency numbers, as well as useful Japanese phrases and vocabulary in the healthcare setting.

**Final self-reflection on key learnings.** At the end of the workshop, the students were asked to do a final self-reflection which was graded along with the products they developed. This self-reflection consisted of 1) their most important learning from the workshop; 2) three ways that they can put what they learned into practice; 3) concrete ways to further disseminate the tools they developed; and 4) who they might teach what they learned in this workshop to and why.

## Evaluation

**Student feedback.** The majority of the students stated that their favorite thing about the class was the experience sharing with foreigners. One student (student A) stated, "I noticed that this [experience-sharing from foreigners] was good for both foreigners and us students!" Another student (student B) described, "Just having the experience and chance to chat with foreigners can help students to have more confidence and develop a strong will to help them." One student (student C) declared, "I want to be a pioneer and change our environment to make foreigners more comfortable!" She also mentioned her most important learning, "It is important to have interest in foreigners and show

that we care about them, even if we cannot communicate well by speaking or understand them fully. It is important to look at each person as a unique individual instead of holding prejudices or stereotyping." Student D mentioned the best way she can practice cultural competency as a nurse is, "...to be open, to be fair, and to be kind."

**Guest feedback.** The guest speakers also seemed to have benefited from sharing their experience in the workshop. One of the guest speakers (foreigner A) said during the workshop, "I feel like I finally got closure, I've kept this experience bottled up inside of me for so long with no one to tell." She thanked the students for "...making me feel accepted into this society." The other guest speaker (foreigner B) also expressed a feeling of being heard: "I feel touched that through sharing my personal story, something concrete is coming out of this. I feel happy that someone is doing something about this and I hope things will gradually improve for us foreigners seeking healthcare here." The healthcare provider also reported that after the workshop, she went back to her workplace and took concrete action immediately, by creating an English version of the patient registration form for her clinic.

### Discussion

In this paper, we have described a pilot workshop where we tested a novel approach to teaching cultural competency to future nurses in Japan. Specifically, we adopted the following methods: 1) the use of self-reflection to develop self-awareness and insight, often utilized in the disciplines of psychology and counseling (Dewey, 1938; Myers, 2003); 2) the focus on two-way discussion and mutual inquiry in the classroom to engage students based on adult learning theory (Merriam, 2002; Knowles, 1970); 3) the creation of a safe space for patients and nursing students to share their experiences and connect, to promote empathy and compassion (Brunero et al., 2010;

Jeffrey, 2016); and 4) the application and consolidation of their learning through creating concrete tools based on the patients' needs and sharing them with potential end-users. Most importantly, we adopted the patient-centered approach which we believe is the way forward to teaching cultural competency, as it can be more widely applied across cultures (Epner & Baile, 2012).

In Japan, there has been a growing push to encourage nurses to think critically and advocate for patients' rights and well-being in an increasingly complex healthcare system. (Bradbury-Jones et al., 2007; Stockhausen & Kawashima, 2003). The current shift from a hospital-based to a community-based healthcare system, technological advances in medicine, and the increasingly diverse patient population, all bring new challenges to the current nursing field. To navigate these complexities, nurses these days need to advocate for the patients while interacting with various types of health professionals to provide holistic care. The above teaching methods were selected to empower nursing students to develop critical thinking skills and encourage them to express their opinions. Based on the student feedback in this pilot workshop, we believe the workshop, which utilized a combination of a patient-centered approach and a self-reflective teaching strategy, successfully conveyed the fundamental principles of cultural competency. We were surprised that this workshop benefited not only the nursing students but also the invited guests, creating a win-win situation for all involved.

As Japan is becoming more globalized, there is a growing need for culturally competent nurses. Given that cultural competency is not yet a required topic for nursing education in Japan, there is little information available on how other universities in Japan are addressing this increasingly important topic. We hope that our workshop model can be a useful example for other nursing educators developing similar

courses, and can initiate the important conversation of introducing cultural competency as an official subject into the National Nursing Curriculum in Japan. For the next step, we hope to better understand the current situation of cultural competency education for nursing students in other nursing schools across Japan, to further build a case to advocate towards this cause. Ultimately, we hope to cultivate the next generation of culturally competent nurses who have the capability to provide patient-centered care for our increasingly diverse community.

### Acknowledgments

We would like to thank all students and guest speakers who participated in our workshop and who gave their permission to describe their experiences in this article.

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## Contextualizing Learning for Japanese Nursing Students — Nursing Labs and Textbooks

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*Abstract: This short article offers insight into the importance of contextualized learning within a nursing English class. There are three main topics that I will be covering: explicit contextualization of course content, active participation of nursing instructors, and employing engaging material. I believe that if teachers would like to carry out a successful nursing English class, they should consider including these three factors.*

For three years I instructed undergraduate nursing English courses at a large, private Japanese university (roughly 30,000 students). During my first year working at this university I was asked to develop a nursing English course for the Faculty of Nursing (this request was based on my previous experience developing two intensive nursing English courses in Canada). I subsequently met with the head of the Faculty of Nursing, and, following several discussions with various nursing professors regarding expectations and potential class content, I agreed to undertake this request.

The main pedagogic approaches I employed to instruct this course were:

- English for specific purposes (ESP) — the course was designed based on input from the nursing faculty and ongoing feedback from nursing students
- Content and language integrated learning (CLIL), content-based instruction (CBI), and content based language teaching (CBLT) — at all times course themes and content were rooted in nursing English, with language focused instruction linked directly to the nursing-based content
- Contextualized learning, which was foundational for the second and third versions of the course when over 25% of class time was held in nursing labs
- Individualized learning, and learner-centered instruction (utilized in order to identify, highlight, and address individual student needs throughout the duration of the courses)

- Computer assisted language learning (CALL) was used at all times to ensure immediate student access to online nursing English resources, and supplemental course materials such as nursing vocabulary lists, quizlet, and in-class references.

During the three years teaching the nursing English courses, the students were highly motivated, hard-working and enthusiastic. The courses also received very high evaluations from the students (an average of 4.6/5 for the combined three years). However, upon completion of the second year's courses something fundamental had changed. Not only were the test score means and in-class task evaluations higher than in the first year, the feedback from both the students as well as the nursing instructors appeared entirely more enthusiastic and encouraging. Why the change?

My own feeling was that the large discrepancy in scores, as well as the even more positive feedback than the first year, were due primarily to the three foundational changes I had implemented for the second year of classes. The three changes were: i) teaching slightly more than 25% of the classes in actual nursing-labs; ii) having the nursing faculty play active roles during the nursing lab classes, and iii) using two new nursing English textbooks. Allow me to explain these in more detail.

### Contextualization: Nursing Labs and Nurse Instructors

The first version of the nursing English course was

carried out entirely in a modified computer lab (a typical classroom that had been refurbished to function as a computer lab), that offered adequate space for pair and group work as well as for students to move around class to interact with each other during nursing role-play tasks.

Although students evaluated this course very highly (4.5/5) and reported that they enjoyed the activities, they agreed with my suggestion that future versions of the course include a more contextualized experience by incorporating actual nursing environments.

To address this suggestion, in versions two and three of the nursing English course, nursing labs were used as the classroom for 4 of the 15 lessons. The 11 other lessons took place in a spacious modern computer lab. Most importantly, nurse instructors agreed to take part in the nursing lab lessons. The difference in student feedback was profound. All 22 students chose 'Excellent' on the feedback survey when answering the two questions focused on the use of nursing labs, with 6 students including the word "love" or "loved" in their comments. Additionally, the students expressed gratitude, appreciation, and excitement for the opportunity to have worked with their Japanese nursing instructors in English. They welcomed the experience to learn both with and from their professional mentors in such an environment and were eager for more such activities.

As an English instructor of nurses, it is vital to meet with actual nursing professors and attempt to involve them in classroom activities. Their participation adds a level of credibility and professionalism to the course in a way that a language instructor cannot. By having engaging, knowledgeable nursing professors supporting the course instructor's efforts, as well as participating in classroom activities, students reported that their desire to participate was very high, and that their confidence in their own ability to use English when speaking with patients or hospital staff had

increased. Equally as important, both students and nurse instructors reported that they were extremely satisfied with both the regular class activities and those held in the nursing lab, and were excited to work with each other again.

### Textbooks

When I carried out a course needs analysis, both students and professors indicated that although they would like both a structured class with a textbook to refer to, they also suggested a flexible approach that encourages risk-taking and allows for creativity. To this end, a faculty-recommended textbook was adopted, a range of supplemental materials was developed and all classes were carried out in a computer lab (year 1), or a combination of a computer lab and nursing lab (years 2 and 3).

I used two textbooks as fundamental components of each course. One textbook the students themselves purchased, while I used the second one as a supplemental resource for additional photographs and dialogues. In version one of the nursing English course, the students purchased *Clinical Scenes for a New Age* (Tanaka et al., 2009) and I used *Vital Signs* (Morooka and Sugiura, 2009) as a supplemental resource. In versions two and three of the course I chose *Bedside Manner* (Capper, 2013) as the main student text and *Cambridge English for Nursing: Pre-intermediate* (Allum and McGarr, 2010) for use as the supplemental textbook.

The reason for using textbooks was simple: both nursing students and the faculty desired them. However, the textbooks were supplemented with teacher-developed materials as well as the use of online resources (nursing-focused videos, and content-based, educational resource sites), both of which targeted specific vocabulary and phrases for the activities we carried out in class (such as dialogues, interviews, and role-plays).

Although student feedback from the first version of the course was positive regarding the

textbook, the student feedback from the second and third versions of the course indicated that students overwhelmingly enjoyed using the textbook *Bedside Manner*. Specifically, students suggested that it was easy to use, clear, topically relevant, and extremely useful for building contextualized word lists and nursing-appropriate phrases.

### Summary

My own sensibilities regarding the overall success of the course, which compliments the positive feedback from both students and nursing professors, is that the better class experience and improved activity scores were due to the contextualized experience in the nursing lab and the participation of the nursing professors, as well as the new textbooks. More so than students from the initial version of the nursing English course, the students from versions two and three exhibited very high levels of energy in all lessons, expressed an enthusiastic willingness to participate, and laughed heartily at the conclusion of most interactive activities. The positive energy in these courses was contagious, with both myself and various nurse instructors commenting on the excellent atmosphere created by the students' enthusiasm and excitement.

To fellow nursing English teachers that are working in the field of nursing English, specific research based on the contextualization of content within the field is needed. Most current research that examines contextualization is located primarily within the general field of English for specific purposes but is not targeted specifically at either nursing or medical English. This gap needs to be addressed.

To conclude this short article, please let me reiterate, should you be in a position to instruct a nursing English course, consider contextualizing the course through the active use of a nursing lab as a classroom. Additionally, whenever possible, utilize the university's own nursing faculty

members as participants in the nursing lab activities. This contributes to an authentic environment and increases student participation. Finally, consider including contextualized nursing English materials that support practical nursing activities and promote nursing vocabulary acquisition. In doing so, you may find that your own nursing English classes become more invigorated.

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## Teaching Nursing English that Focuses on Students' Future Careers

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*Abstract: In the first part of this report I introduce my experiences teaching nursing English to first- and second-year students using a variety of unsuccessful approaches which motivated me to develop my own textbook and modify my teaching approach. This textbook consists of dialogs covering various authentic medical situations that serve as the basis for role-playing activities. In the second part of this report, I reflect on student reactions to the textbook.*

Since there is no foreign language component to the national examination for nurses, English does not seem to be important for students majoring in nursing at university and therefore they are not so motivated to learn it. However, due to an increasing number of both foreign tourists and residents in Japan, medical institutions are seeing more foreign patients and will need to have medical staff prepared to treat them.

Students at nursing schools study English for Specific Purposes (ESP), specifically nursing English, which is quite different from the general English they had learnt previously. As studying nursing English at university seems to be difficult for students encountering such content for the first time, teachers are required to take measures to support students' transition to learning nursing English. English teachers at universities thus need to make a concerted effort to bridge the gap between general English and nursing English.

### Approaches

I have taught English for 15 years at a university which consists of a school of medicine and a school of health sciences. The following approaches have been used in two English courses for nursing students: a course called *English* in the first semester of the first year and *Nursing English I* in the second semester of the second year.

#### First Approach

At first, the English course was focused on ESP reading comprehension, organized around a textbook about medicine and human biology written in simplified English. The aim of the

course was to give the first-year students an opportunity to review basic biology, which they had learnt at senior high school, and better understand it through English. Since students study biology-related subjects in other classes, I believed that they would be able to use their prior knowledge to understand what they read in English class. Important grammatical explanations and unknown vocabulary words were described in class, but only when students needed support. Students were required to prepare for the class by reading through the assigned content and looking up the words which they did not know.

From observation, first-year students seemed satisfied with the topics themselves but found it difficult overall to understand the content because of the specialized vocabulary which included anatomy items and the names of disorders and procedures. They were not confident that they were able to understand the meaning of the reading passages. Unable to make connections between related topics in other classes, it was hard for them to understand the content, and this seemed to cause a decrease in students' motivation to study.

#### Second Approach

In the Nursing English I course, I focused primarily on listening comprehension using a televised medical drama from overseas. The aim was to provide students with an enjoyable method for becoming familiar with medical terminology in English by watching a popular television show. Students are generally more interested in authentic audio-visual materials used in a reading

comprehension course, and are especially interested in television dramas even though they were not good at English. In these classes, students were shown the same scene a few times and completed a worksheet with fill-in-the-blank questions. Japanese translations and grammatical explanations were given as a key to recognizing the words needed for the blanks. However, some students were only able to follow the plot without catching any of the English to complete the answers, while others had difficulty choosing the right words from the scene despite being able to understand what was happening in more detail. It seemed that these materials raised students' interest in nursing-related topics and motivation in class, but the materials were beyond the students' listening comprehension level.

### Third Approach

Later, I tried adopting a general reading comprehension focus for the first-year course, using a current affairs textbook not limited to medical or nursing topics. The aim was for students to acquire an interest in current affairs. When asked, students did not show much interest in either watching nightly news programs or reading newspapers, but I believed it was important for university students to be exposed to timely topics and given opportunities to discuss their opinions. It was easy for students to understand current events in English because they could apply their existing knowledge of those events in Japanese. However, they were neither interested in current affairs, except when it concerned something or someone they liked, nor could they see how the course differed from previous English courses they had experienced in high school.

### A New Approach

Based on the above-mentioned observations and reflections, I then created a textbook focusing on actual interactions at hospitals, with the intent of providing students with some idea of how they

will use English in their future careers. Considering the increasing demand of foreign language skills for nurses, I thought it would be effective for students to learn relevant English and train to be able to use English using these actual situations. In addition, since nurses have a lot of opportunities to communicate with other healthcare staff at a hospital, the textbook introduced the roles of other medical staff so nursing students could learn about working as a member of a healthcare team. Using this textbook, I introduced a conversation-centered approach using role-plays and pair work. I believed this would lead to improvements in student motivation and more active participation in class.

### Verifying the Approach

To check the effects of introducing this new approach, I collected reaction papers and end-of-class questionnaires (Appendix 1) at the completion of each of the 15 classes in the second semester between October 2017 and January 2018 from all 132 second-year students enrolled in the faculty of nursing. All responses were anonymous. Students could write anything about the course in their reaction papers. The questionnaire contained multiple choice questions addressing the textbook's relevance, appearance, and the level of difficulty compared to the textbook used in the first-year class, plus an open question seeking feedback on the textbook and its use in class.

### Results and Discussion

Compared to the textbook used previously, 115 (87%) students rated the new textbook relevant or very relevant to their future careers. Not only did most students believe the classes based on this textbook would be useful and helpful for their future careers, students also indicated that the contents of the textbook were useful for their daily lives. For example, giving patients directions to the examination rooms can also be applied to

giving customers directions to the lavatory in their part-time job situations. In addition, 102 (77%) students felt the difficulty level was suitable. The appearance of the textbook, including the size of characters and use of colors, was also rated highly by 126 (95%) students.

In open comments and reaction papers, students reported greater interest in studying nursing English and increased motivation to study it because they were able to get clearer ideas of the types of interactions they would have with foreign patients in hospital situations. Since each dialog in this textbook is based on an actual medical situation, students can imagine their future working environments, which can contribute to increasing their motivation toward studying nursing English as indicated by Miyama (2000).

Furthermore, the conversation-centered approach adopted with the textbook focusing on role-playing in class helped make learning more practical and realistic. Students were actively involved in role-playing by changing the voices according to the roles and were able to perform despite having difficulty remembering expressions. Working in pairs or groups enabled students to feel at ease when studying English, even if they were not good at English. It is widely known that less apprehension when studying a language is effective for its acquisition (Miyama, 2000). These results make me believe I was able to help bridge the gap between ESP and general English and found a way to teach my nursing students practical and meaningful English more effectively.

### Conclusion

As illustrated above, I arrived at my current approach through a process of trial and error with other approaches and teaching materials, finally deciding to create my own textbook. When I created the textbook, I had the situations and dialogs reviewed by an interpreter at the

university hospital. This helped me feel more confident and comfortable teaching because I was sure that students would eventually encounter the situations and dialogs we practiced. I was also confident that the vocabulary and expressions introduced in the textbook would be useful to students in both their future and present lives.

It seems that students enjoyed role-playing, imagining as if they were nurses in the hospital, and I think this clear image of their future selves helped increase their motivation toward English learning. In addition, the practice of role-playing and a conversation-centered method supported by the textbook seemed to have reduced my students' anxiety about English. I also observed more cooperation as students seemed more comfortable to ask each other questions and try to solve problems together.

The presence of nurses with English skills is a benefit to both patients and healthcare staff for safe and secure care. These nurses are needed in response to the growing number of foreign patients requiring language support. If teachers can guide nursing students to ESP by helping them see that specific English is useful for their future careers but can also be adapted to general English used in daily lives, students can learn nursing English more actively without much difficulty. In this way, teachers can bridge the gap between general English and ESP and thereby better enable students to care for foreign patients in the future.

### Acknowledgements

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## The Importance of Multicultural Understanding in the Health Care Professions: Looking at the Challenges Faced by Foreign Candidate Nurses

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*Abstract: Currently, Japanese society is facing a crisis concerning a decline in population, with fewer marrying and a smaller number of families having children. With the overall population aging, the healthcare system feels an extra burden, which is underscored by a critical shortage of nurses. To help compensate for this, the Japanese government has participated in programs which allow nurses from other countries to have the opportunity to work and live in Japan. This paper will outline some of the difficulties faced by the foreign nursing care workers, with a special emphasis on the need for awareness of cultural differences between the foreign nursing care workers and elderly Japanese patients who need their care.*

The Economic Partnership Agreement (EPA) was formed as an effort to liberalize the service trade among several countries and covers many areas and a wide range of economic activities (Ministry of Health, Labour and Welfare, 2011). Some EPA candidates from Indonesia, the Philippines and Vietnam have successfully acquired national nursing qualifications in Japan (Japan International Corporation of Welfare Services, 2010). However, between 2008 and 2017, only about 20% of 1,203 EPA candidates who have been accepted and who have come to Japan have successfully passed the national nursing exam (Japan International Corporation of Welfare Service, 2018). These statistics show that it has been more difficult than expected for EPA candidates to pass national nursing examinations. Other challenges include Japanese language education measures and the administration of the national examination, as well as changes needed in the workplace environment to accommodate workers from other countries (Inoue, 2011; Ogata, 2011). In addition to communication difficulties due to linguistic differences, some of the staff in the hospitals accepting the candidates have felt it unfair that changes to the workplace environment have become necessary to accommodate the EPA candidates (Hattori, 2010; Miyazawa, 2010). It seems that having to adapt to the workplace environment is another hurdle for the EPA candidate nurses to overcome, making it difficult

for them to stay in those facilities which accepted them (Figure 1).

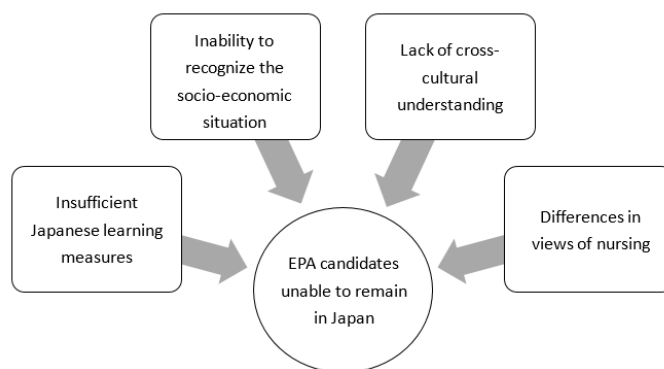


Figure 1. Problems faced by EPA candidates

### Problems faced by EPA candidates

Research in recent years has identified various challenges the EPA candidates need to overcome. These include: Japanese learning measures, recognition of socio-economic situations, cross-cultural understanding, and differences in nursing viewpoints. Each of these will be outlined separately below.

As a result of these issues, EPA candidates often feel that settling in Japan, which was a major incentive behind their participation in the program, has become a difficult reality. Even though they realize the importance of international exchange and intercultural understanding, some EPA candidates who have passed the national exam decide to return to their countries due to their inability to overcome the gap in cultural differences (Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013).



### Japanese Learning Measures

One of the purposes of the EPA is for candidates to acquire the national nursing qualifications and to be able to work in Japan. Yet because of inadequate proficiency in the Japanese language, learning the language has taken precedence over the purpose of passing the national nursing exam (Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013). EPA candidates often face difficulty in conversing fluently as well as in responding to patients' needs and inquiries. Even though communicative proficiency in Japanese is important, there seems to be no system in place to support this need for the candidates after passing the national exam (Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013).

### Recognition of Socio-Economic Situations

The cost of living is high in Japan, and EPA candidates can face real obstacles in having their families join them in Japan, when in fact for most EPA candidates, migrating with their family was a major incentive of working in Japan. Regarding salary, EPA nurses were often unaware of the Japanese social insurance system or how the government deducts taxes from their monthly salary. Some EPA candidates may also need to work as assistants despite being qualified nurses and therefore, they may have complaints about the assistant's lower salary (Mary, 2008; Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013). When considering all these points, we need to question how much the EPA candidates, as well as the staff at the Japanese hospitals, understand the contents of the program or whether it has been explained clearly from the start.

### Cross-Cultural Understanding

Another area of concern arises when EPA candidates encounter the reality of Japanese food and eating customs. These new ways of approaching food and diets might raise a problem for EPA candidates, which can be difficult to overcome if they come from a country with

strikingly different religious and cultural beliefs than the Japanese. EPA candidates may also feel uneasy about the cultural tendency for Japanese to not express their feelings as openly as other cultures might. However, Japanese often appreciate that others are able to read their behavior without explicit conversation (Go, 2012; Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013).

### Difference in Views of Nursing

The methods and understanding of nursing care can also differ between cultures. In EPA candidate countries, the practice of nursing is more involved with the patient and their families, similar to that of a helper or caregiver. Therefore, EPA candidates have had the impression that nursing care in Japan is less involved with the patients (Nagae, Iwase, Furuzawa, Tsubonouchi, Shimai, & Ando, 2013). Moreover, in the workplace environment, Japanese prefer using fewer words to communicate and prefer being able to read the atmosphere or feelings of others.

### Conclusion

In academic studies of cultural differences, we strive for a greater understanding of the human condition. Research for cultural understanding should play a key role in healthcare and will be vitally important in the future of Japan, especially given the dire shortage of nurses in the country, as research clarifying the current state of culturally aware health care is still only in the developing stages. Respect for one's traditional culture is particularly important, but the cultures of others, whether national, regional, social, religious or ethnic, also need to be acknowledged.

For the EPA candidates to be able to adapt to the workplace environment from both the viewpoint of the candidate and of the Japanese hospital, we need to consider not only the nursing education system, but also have a greater understanding of the cultures of the respective participants. By analyzing and fully considering these perspectives, we can clarify the problem of

accepting EPA candidates as future nurses. Given these points, we feel it is important to contribute to the establishment of a support system to substantially accept foreign nationals as EPA nurses, in accordance with the clear objectives from both Japan and participating countries.

If there is no effective, standardized educational system, the methods of educating EPA candidates is left to the accepting facilities, which can vary greatly while support systems for EPA candidates who live in Japan are also lacking. There is currently no report of detailed information regarding Japanese social culture or methods that EPA candidates can use to adapt to their new workplace environments. At present, efforts and policies for EPA candidates are focused on passing the national nursing exam, but there is no mention of support both prior to and while working in Japan. Therefore, the government should provide better cultural orientations, better language support, improved awareness of the candidates' home countries, and continued on-site support for these EPA candidates to be successful in Japan.

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## An Overview of Nursing English Curricula at Private Universities in Japan

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*Abstract: Although English is a required part of almost every degree-granting university undergraduate program in Japan, little is known about the characteristics or suitability of English courses within undergraduate nursing programs. This study investigated the 2017-2018 curricula of 159 (98.1%) nursing programs at 156 private universities in Japan using information publicly available online such as syllabi, curriculum maps, and graduation requirements. The analysis focused on course availability, course content, and teaching staff. It was found that 792 (79.4%) English courses were offered in the first and second years and 444 (42.2%) of all course sections focused on medical English. Additionally, part-time teaching staff and faculty members borrowed from other departments made up the majority (n=317, 59.8%) of instructors teaching English to nursing students. These results suggested that revisions to the curriculum are needed. Although in many schools it may be challenging to identify faculty members who can advocate for these changes, data from this study can support nursing school administrators in evaluating their curricula and making revisions to provide the most appropriate and effective English education for nursing students.*

**Keywords:** nursing English, medical English, university English curriculum

In 2006, English teachers in Japan were heralding the coming tide of English for Specific Purpose (ESP) classes which would sweep into universities across the country, appropriately tying English study to students' future career fields. (Evans & Squires, 2006). Evans & Squires even predicted that, "English for Specific Purposes (ESP) will become the norm not the exception in Japanese universities, replacing general English curricula" (17). Over a decade later, one would expect that the English curricula within nursing departments today would consist mainly of classes addressing the specific English needs of present-day nurses in Japan.

Although the real-life needs of Japanese nurses have not yet been explored on a national scale, Willey, McCrohan, Nishiya, and Tanimoto (2016) investigated the English needs of 490 nurses working at a large university hospital and 517 nurses at a large prefectural hospital in the same rural prefecture. They found that 64% of the nurses at the university hospital (UHN) and 63% of nurses at the prefectural hospital (PHN) had ever used English in their work during any time in their career. Talking to patients and their families was the most frequent reason given by both sets of nurses (UHN=89%, PHN=100%), but additional reasons varied by type of hospital with nurses at the university hospital communicating with other

medical staff (UHN=22%, PHN=6%), getting information from the internet or journals (UHN=17%, PHN=8%), and preparing manuscripts (UHN=6%, PHN=0%) more frequently than nurses at the prefectural hospital. Nurses in the Willey, McCrohan, Nishiya, and Tanimoto study were also asked about their experience studying English at university and the relationship of English to their careers. Nurses in both groups reported low satisfaction and low relevance to their work; however, they recognized the necessity of English. Furthermore, when asked what nursing students should study, the most common response from both groups was speaking and conversation followed by medical/nursing English, listening, and reading. Less common responses included TOEIC/TOEFL test preparation, presentation and debate, and writing.

In Japan, nursing education is regulated by the Act on Public Health Nurses, Midwives and Nurses, which requires that nursing institutions be designated by the Ministry of Education, Culture, Sports, Science, and Technology (MEXT). When establishing a nursing program, administrators must ensure the curriculum, facilities, and faculty meet the standards not only for tertiary education but for nursing education as well and submit supporting documents to that end to MEXT (Uehata, 2017). These documents can provide

insight into the rationale of nursing program administrators when designing English curricula, a rationale that often designates English as a tool necessary for nurses to communicate with patients who cannot speak Japanese and to access and participate in the international nursing community. A representative example comes from a private women's university in Nagoya which applied to establish a new nursing department in 2009. Their proposal included Chinese, Portuguese, and English language courses, but specifically outlined the above reasons for emphasizing oral English communication skills and reading skills (Sugiyama Jogakuen University, n.d.).

In the 12 years since Evans & Squire's (2006) prediction, the number of nursing programs at private, public, and national universities has increased from about 100 to over 250, a 150% gain, with the largest increase due to the number of new private nursing universities or existing private universities adding a nursing department (MEXT, 2017c). Additionally, during that same period, the number of foreign residents in Japan has grown by 20%, from around 2 million to 2.5 million (Ministry of Justice, 2018), and visitors by nearly 500% — from under 6 million to 28 million (Japan National Tourism Organization, 2018). The need for nursing programs to provide their students with English courses of sufficient quantity and relevant content has never been higher, but are nursing programs doing enough to prepare their students to use English in their future careers? This study seeks to answer that question by examining three areas of the English language learning curriculum: (1) course availability, (2) course content, and (3) teaching staff.

## Methodology

### Definitions

This paper describes the organization and delivery of educational content at a variety of

administrative levels and contains some terminology that may be confusing due to the different ways these terms are used by speakers from different English-speaking regions. For the purpose of this paper, *program* indicates an administrative unit within a university that is responsible for the planning and delivering of educational content leading to a specific degree. *Curriculum* refers to all of the courses, compulsory or optional, available to students in a program in fulfillment of requirements leading to that degree. A *course* is an 8- or 16-week series of classes covering a single subject. Courses may have *sections*, a version of a course that is taught to different students or by a different teacher. Courses or sections follow a *syllabus*, a document outlining the objectives, content, and other details relevant to delivering the subject matter to students.

### Data Collection

The author consulted the list of designated nursing programs for 2017 (MEXT, 2017b); this list contains all the certified national, public, and private universities, vocational colleges, and training schools with nursing programs and is updated and released by MEXT annually. At the start of the 2017 school year, there were 162 nursing programs at 156 private universities recognized by MEXT, accounting for 63% of Japan's 246 nursing programs and comprising nearly 70% of the country's nursing students.

Using the contact information for the 156 private universities listed, the author accessed the universities' official websites and reviewed publicly available resources including curriculum charts, graduation requirements, teaching staff introductions, syllabi, and other official documents for details about the English courses available to nursing students in each program.

Of the 162 nursing programs, 3 programs did not provide enough information online and were eliminated. The information collected from the



remaining 159 (98.1%) programs included the names of English courses, whether the course was required or elective, and in which year the course was available. Additionally, syllabi for 859 courses, accounting for 95% of the English courses offered within the 159 programs, were downloaded and used to gather names and affiliations of the course's instructors and descriptions of course content. Based on these details, categories were identified for course content and instructor affiliation. For each of the three areas explored, the number of programs and syllabi providing sufficient data for analysis differed and are noted where applicable.

### Data Coding and Analysis

**Availability.** Availability refers to two characteristics of a course: requirement and allocation. Courses were coded based on whether they were required or elective and to which year they were allocated in the curriculum. Course availability was examined from two perspectives — first from the program level using data about graduation requirements from the 159 (98.1%) nursing programs and second from the course level relying on information taken from the syllabi of 829 (96.5%) English courses offered by these nursing programs.

Three complexities related to data coding were identified: required elective courses — courses belonging to a group from which a designated number of credit hours is needed, mixed major courses with a large number of course sections, and courses assigned to multiple cohorts. The treatment of each of these complexities are indicated in the relevant sections below.

**Content.** Course content was coded using categories determined by a review of course titles. Titles were first examined for the words nurse, medical, clinical or health in English or Japanese, supplemented by course details from syllabi. This permitted the creation of two content-based

categories: medical English (ME) and general English (GE). These categories were then subcategorized based on language skills and content.

**Teaching Staff.** Details about instructors were taken from section syllabi and compared with publicly available information related to faculty and staffing at the host universities. Categories were constructed based first on employment status, part-time or full-time, and then on affiliation for full-time tenured and non-tenured teaching staff. Four categories related to affiliation were identified: (1) nursing department; (2) other medical department such as occupational therapy or acupuncture; (3) non-medical department such as early childhood education or English literature; (4) or center devoted to English or liberal arts education within the university.

**Analysis.** The data were analyzed using descriptive statistics in Microsoft Excel.

## Results

### Course Availability

Looking at curricula, the majority of programs offered English courses to their first- and second-year students, with 158 (99.4%) programs offering courses in the first year and 128 (80.5%) offering courses in the second year. However, the number of nursing programs offering courses in the third and fourth years drops substantially to 52 (32.7%) and 42 (26.4%) respectively (Figure 1).

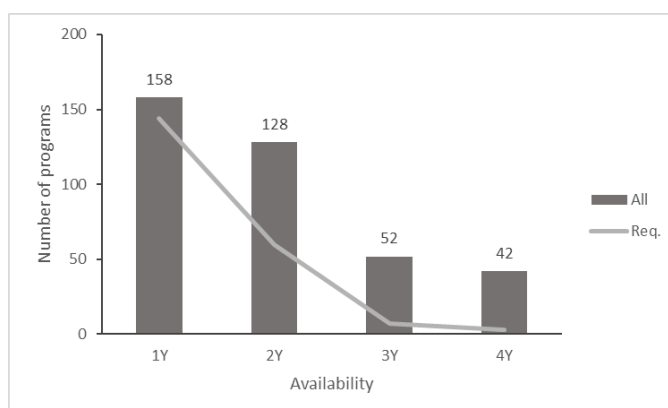


Figure 1. Number of nursing programs offering courses versus number of nursing programs requiring at least one course per year in private nursing schools in Japan, 2017.

Y=school year; Req.=required courses.

According to information from the 829 syllabi, 71 (8.5%) courses were listed as open to more than one cohort. These courses were included in the totals for each cohort able to register for the course, resulting in 471 (56.8%) courses available to first-year students, 321 (38.7%) to second-year students, 113 (13.6%) to third-year students, and 93 (11.2%) to fourth-year students (Figure 2).

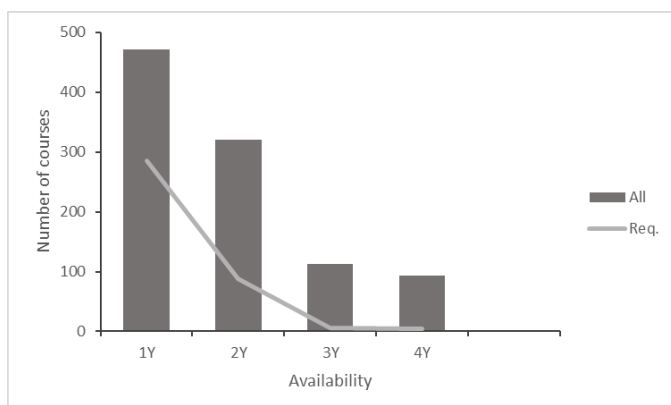


Figure 2. Availability of total courses versus required courses per year in private nursing schools in Japan, 2017.  
Y=school year; Req.=required courses.

Courses available to multiple cohorts accounted for 54% (n=61) of the third-year courses and 62.4% (n=58) of the fourth-year courses.

**Required Courses.** At the program level, an average of 2.92 English courses was required over four years of study. The number of required courses across the 159 programs ranged from zero to eight, with seven (4.4%) nursing programs not requiring any English courses and 14 (8.8%) programs requiring more than five courses (Figure 3).

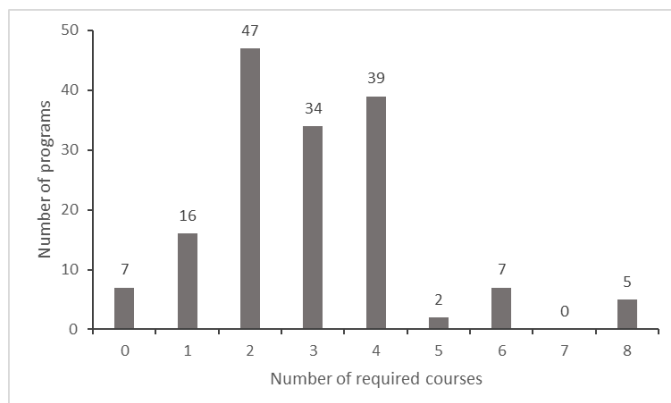


Figure 3. Range of required English courses across all nursing programs in private nursing schools in Japan, 2017.

There were 144 (90.5%) programs requiring at least one English course in the first year, dropping

to 60 (37.7%) in the second year, 7 (4.4%) in the third, and 3 (1.8%) in the fourth (Figure 1).

Of the 821 (95.5%) courses with information about required/elective status, 382 (46.5%) courses were required. Included in this total were 2 courses available to more than one cohort, which were added to the total for each cohort. In addition, there were 42 required elective courses within 8 nursing programs. Some programs grouped these courses with liberal arts courses or other foreign language courses, making it possible for students to avoid taking an English course or to choose another language to study, such as French or German, as was possible at one university. These courses were also included in the total for required courses.

Nearly 75% (286, 74.9%) of required courses were offered in the first year, with almost all the remaining required courses assigned to the second year (88, 23%). In the third and fourth years, there were only ten required courses, six (1.6%) in the third year and four (1%) in the fourth (Figure 2).

**Elective Courses.** The number of elective English courses offered by the 159 programs ranged from zero to seventeen, averaging 2.69 courses. Programs with a large number of electives (8 or more) were more likely to be sharing courses with other departments. At the program level, the number of programs offering at least one elective in the first year was just 51 (32%), which may be due to the prevalence of

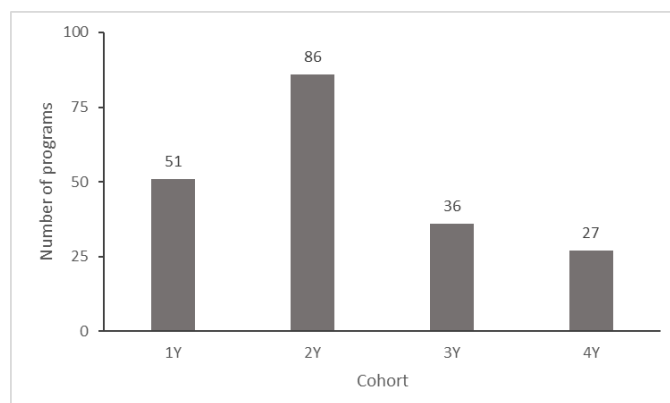


Figure 4. Number of programs with at least one elective in a given year in private nursing schools in Japan, 2017.  
Y=school year.

programs requiring English courses in the first year. Offering electives in the second year was the most common practice, observed in the curricula of 86 (54%) nursing programs. Only 36 (22.6%) and 27 (16.9%) programs offered third- or fourth-year electives respectively (Figure 4).

At the course level, 439 (53.4%) of the offered courses were elective. This included 69 courses available to more than one cohort which were added to the total of multiple cohorts, resulting in 146 (33.3%) courses being available in the first year, 209 (47.6%) available in the second year, 92 (21%) in the third, and 79 (18%) in the fourth (Figure 5).

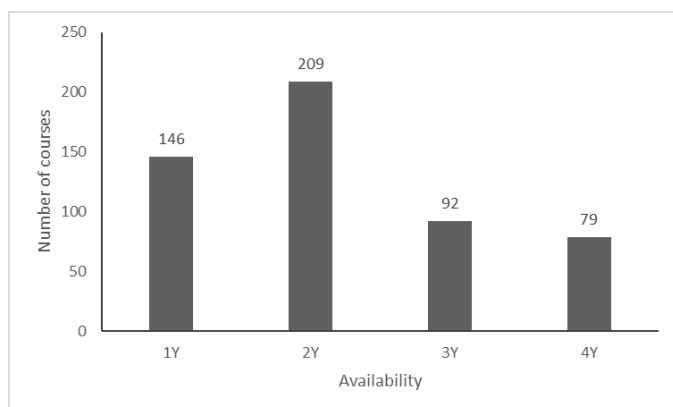


Figure 5. Availability of English-related elective courses per year in private nursing schools in Japan, 2017.  
Y=school year.

## Content

Course titles from 852 (99.8%) courses were available from the 159 nursing programs and only 120 (14.1%) of those titles contained a word indicating that course content was related to medical English. Of these courses, 48 (40%) were required, accounting for 5.6% of total courses. The majority of course titles were simply numbered series containing the words English, Basic English, or English Communication, which did not reveal much about course content.

Details about course content were available from 1052 syllabi. These syllabi represented 807 (94.7%) courses from 151 (95%) nursing programs. The number of syllabi exceeded the number of courses due to 51 (33.8%) programs offering more than one section of the same course, resulting in

sections with the same course title but offering different content. Multiple course sections were identified for 323 (40%) courses, with 128 (15.9%) courses having multiple syllabi.

Information from the syllabi indicated that 444 (42.2%) sections addressed ME to some extent. Of these syllabi, 271 (61%) were for required courses, comprising 25.8% of all ME and GE syllabi. These required ME courses were offered by 91 (60.3%) of the nursing programs examined. ME content accounted for 173 (16.4%) of all syllabi for elective course sections, adding another 35 (23.2%) nursing programs to the number of programs offering English courses with relevant content.

The distribution of courses was similar to the results above. For required course sections, 194 (71%) syllabi were for first-year courses, 67 (25%) syllabi for second, 7 (2.5%) syllabi for third, and 4 (1.5%) syllabi for fourth. This total includes one course open to two cohorts. There were also 14 elective courses available to more than one cohort, resulting in 44 (25.4%) syllabi describing courses available in the first year, 82 (47.9%) in the second, and 39 (22.5%) in each of the third and fourth years.

The ME courses can be further subcategorized into three content areas: oral communication, especially between a nurse and patient; medical terminology, particularly anatomy, physiology, and pathology; and reading. Reading can be further subcategorized into reading for academic purposes — using journal articles or unmodified nursing-related content — and ESP reading comprehension, using reading textbooks with a broad range of health-related subject matter. Of the 271 syllabi from required courses, 163 (60.1%) focused on oral communication within a medical setting, 75 (27.7%) addressed reading with only 9 (12%) of those syllabi aimed at academic reading, and the remaining 33 (12.2%) concerned with medical terminology. Syllabi for Elective ME courses showed a similar relationship; with the

exception of reading which accounted for 66 (38.2%) of the 173 elective ME syllabi (Figure 6).

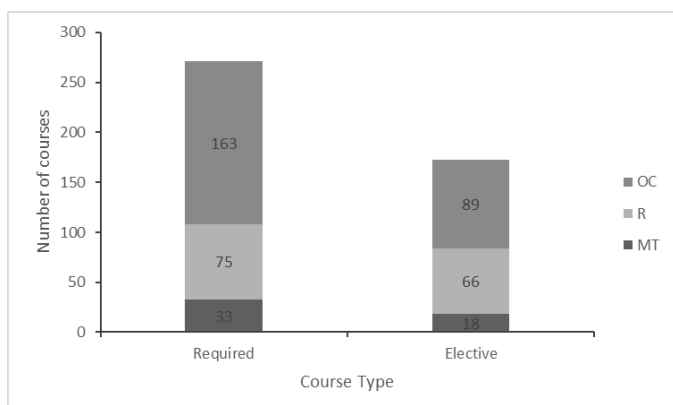


Figure 6. Medical English content by content area and required/elective status in private nursing schools in Japan, 2017.

MT=medical terminology; R=reading; OC=oral communication.

Slightly more than half (30, 50.8%) of the elective reading syllabi targeted academic reading and were offered to third- and fourth-year students.

**Non-ME Content.** A detailed analysis of non-ME content is beyond the scope of this paper, but some general trends can be summarized as follows. Of the remaining 608 syllabi, 76% consisted of one of four content areas: oral communication (192 syllabi), comprehensive English/four-skills (134 syllabi), reading or reading combined with another skill (89 syllabi), and testing (45 syllabi) (Figure 7). Other content areas included writing, business English, current events, and study abroad.

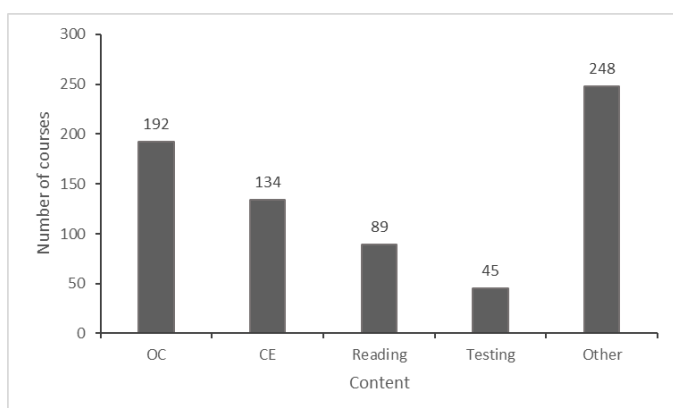


Figure 7. Most frequent content areas for elective courses in private nursing schools in Japan, 2017.

OC=oral communication; CE=comprehensive English.

## Teaching Staff

Information on teaching staff was available from 154 (95.1%) programs. The average number of instructors involved in the teaching of English

within these programs was 3 (range=1-11), and included medical doctors and nurses whose primary role was not English teaching. Overall, 115 (74.7%) of the programs did not have a full-time English instructor affiliated with the nursing department and 32 (20.8%) relied solely on part-time instructors.

An additional 14 (9.1%) programs were eliminated from the 154 programs because their English curricula included courses, often shared across diverse majors, with over 15 sections (in some cases 50) taught by a large number of full- and part-time staff. From the remaining 140 (86.4%) nursing programs, 530 English instructors were identified and 317 (59.8%) were found to be part-time instructors. Included in this group are full-time English instructors from other nursing programs, affiliated academic institutions such as junior colleges, and nursing English textbook authors. The remaining instructors were distributed among nursing departments (n=58, 10.9%), other medical departments (n=53, 10%), non-medical departments (n=58, 10.9%), and centers (n=44, 8.3%) (Figure 8).

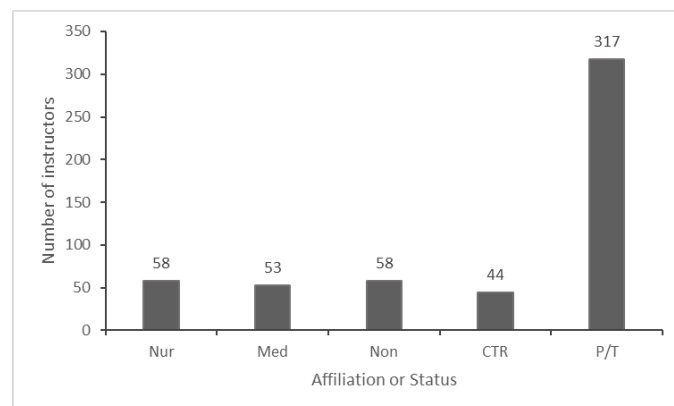


Figure 8. Affiliation/status of English teaching faculty in nursing programs in private nursing schools in Japan, 2017.

Nur=nursing department; Med=other medical department; Non=non-medical department; CTR=center; P/T=part-time.

Of the 21 (15%) programs relying on center staff members to teach all or some of their program's English courses, four programs employed some staff with medical backgrounds, including one whose center staff consisted entirely of medical doctors.



## Discussion

Based on the results of this study, it was shown that nursing students at most private universities in Japan have access to English courses related to their field of study, and that a large percentage of both required and elective courses focused on the development of much-needed oral communication skills. However, with the large number of programs offering the highest concentration of English courses in the first and second years, consideration must be given to student readiness for medical English content.

Evans & Squire recommended against teaching domain-specific content to “pre-experience learners (students without work experience in their expected field) [because they] will have little knowledge of the subject, [and] it will be difficult to draw on their knowledge and experience” (17). Nursing students in Japan can have their first clinical practice experience as early as the end of the first semester of the first year or as late as the end of the first semester of the second year. English courses with a focus on medical English, particularly oral communication skills, would be more appropriate for nursing students after the first clinical practice because they will have developed a deeper understanding of the nursing duties associated with caring for patients which can be used as a basis for imagining what a nurse might need to do to provide care for a foreign patient.

Evans & Squire recommend preparing students for domain-specific content by first introducing genre-specific language, the language items that are relevant for participating in the domain (17). In the case of nursing English, this would mean exposing students to rhetorical functions that are used by nurses in oral interactions such as describing locations or giving instructions and practicing these functions outside of the nursing context. By offering nursing-related English courses later in the curriculum, nursing programs could make remedial or

transitional GE courses available to first-year students to provide them with opportunities to review domain-relevant English they learned in secondary school and get accustomed to classroom activities and methodologies that focus on actively using English as a tool for communication.

Another curricular trend in need of consideration is the lack of English courses in the third and fourth years. Nursing students are busy in these final years with more clinical practice experiences, capstone projects, graduation reports, and preparations for the national nursing exam, but students considering graduate school for an advanced degree in fields such as public health nursing or midwifery will need to not only prepare for the English section of the graduate school entrance exam, which often consists of translating passages from and summarizing a two-page journal or newspaper article on a health topic, but also develop English reading comprehension skills necessary for graduate-level research. The data showed that some nursing programs do address reading comprehension in the third and/or fourth years, and this could serve as an example for other programs to follow. Furthermore, additional opportunities to improve cross-cultural communication and increase awareness of the challenges of caring for foreign patients could be provided that go beyond teaching English. Besides difficulties with communication and gathering sufficient information about the patient’s chief complaint, these challenges include accommodating the patient’s religious needs and lifestyle, mediating problems between foreign and Japanese patients, and explaining insurance and payment details to ensure payment (Japan Hospital Association, 2015; Kubo, Y., Takaki, S., Nomoto, Y., Maeno, Y., & Kawaguchi, Y., 2014).

For the above considerations to have any impact on curriculum revisions, there needs to be someone in the nursing department who can

advocate for improvements, and this is not currently the case at most universities. With the October 2017 release of the Ministry of Health, Labour, and Welfare core curriculum model outlining essential competencies for nursing programs, it seems likely that many nursing programs will be revising their curricula in the immediate future. Although foreign language ability is not addressed in the model, competency E-1-2-9 calls for nursing students to be able to understand the cultural backgrounds of foreign patients and provide appropriate care, while E-1-2-10 encourages students to understand the healthcare needs of foreign countries and contributions made to those countries through international cooperation (MEXT, 2017a). Part-time instructors and instructors from other departments can make adjustments to individual course syllabi, making it possible to add medical English content to current general English courses; however, program-level curriculum decisions are managed by faculty committees staffed by full-time members of the department.

### Conclusion

For students enrolled in nursing programs at private universities, it does not appear that the prediction made by Evans & Squire has yet come to fruition. But, this situation can change. Until now, to the author's knowledge, no data analyzing the English language curricula of nursing departments at private universities in Japan has been published. Alone, this study provides a number of benchmarks for instructors involved in curriculum decisions to analyze existing curricula and can be used when advocating for change. It is hoped that the data from this study can inform and facilitate the discussion to create a national nursing English curriculum as is intended by the Japan Association for Nursing English Teaching. Furthermore, an investigation of public and national nursing program curricula would make a valuable

contribution to the discussion above.

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## Report on an Inbound Program for Students from Hong Kong

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*Abstract: This report outlines The 2018 Okayama Prefectural University Inbound Program for students from the School of Nursing at Hong Kong Polytechnic University.*

The Faculty of Health and Welfare at Okayama Prefectural University (OPU) in Japan completed an academic student exchange agreement with the School of Nursing at the Hong Kong Polytechnic University (HKPU) in the year 2015, and first conducted an inbound program for students from Hong Kong in the 2017 academic year.

### Program

The 2018 Okayama Prefectural University inbound program was conducted at OPU from July 23, 2018 to August 2, 2018. A detailed schedule was constructed and organized by the staff of the Department of Nursing at OPU after several online discussions with department heads at the HKPU (see Table 1).

Two weeks before the program, Okayama was hit by a flood. Since some of the hospitals and facilities that students were set to visit were in one of the hardest-hit areas, parts of the planned schedule were changed.

Details of the program were as follows:

*Participants:* Two graduate students and four undergraduate students majoring in nursing science.

*Fees:* Students had to pay for their accommodations, flights, and food.

*Funding:* Inbound students did not receive funding from OPU. Funding from HKPU is unknown.

*Accommodations:* Students stayed at a hostel near Soja-city. Also, they experienced a three-day homestay program.

*Chaperones:* None.

Table 1

Program Schedule

<b>Monday, July 23, 2018</b>	
PM	Meeting with students
<b>Tuesday, July 24, 2018</b>	
Campus tour	
Noon	Lunch meeting with Okayama Prefectural University students
PM	Lecture 1: The nursing system in Japan and an introduction to the university
<b>Wednesday, July 25, 2018</b>	
AM	Visit 1: Kawasaki Medical Museum
	Lecture 2: Medical care in Japan
PM	Visit 2: Kawasaki Medical School Hospital
<b>Thursday, July 26, 2018</b>	
AM	Visit 3: Dinosaur Museum
PM	Visit 4: Places of cultural interest
<b>Friday, July 27, 2018</b>	
AM	Campus tour
PM	Play with children from the disaster area
	Activity 1: Tea ceremony
<b>Saturday, July 28, 2018</b>	
Home stay program	
<b>Sunday, July 29, 2018</b>	
Home stay program	
<b>Monday, July 30, 2018</b>	
PM	Visit 5: Red Cross Hospital
<b>Tuesday, July 31, 2018</b>	
	Lecture 2: Introduction to nursing, conversation with 1 <sup>st</sup> year students
	Lecture 3: Japanese postpartum depression
<b>Wednesday, August 1, 2018</b>	
Visit 6: Miyake Clinic	
<b>Thursday, August 2, 2018</b>	
AM	Preparation time for presentations
PM	Evaluation of the exchange program and presentation session

### Feedback from Students

On the final day, the participating students were asked to give a presentation about (1) the HKPU School of Nursing, (2) the difference in demographics between the HKPU School of Nursing and OPU Department of Nursing and (3) the differences in the nursing education system between HKPU and OPU. Their presentation

showed that students from Hong Kong had researched a lot about Okayama and Okayama Prefectural before the program.

The presenting students were also asked to complete an evaluation survey prepared by OPU Department of Nursing. Although all the participants stated that they were satisfied with the program, they also stated that wished they could have visited more medical facilities.

Since the students from Hong Kong were fluent English speakers, their visit incentivized students at Okayama to maintain their motivation to further learn both the English language and nursing content in English. And, although both graduate students and undergraduate students at OPU were busy volunteering in the disaster area, they were able to welcome the students from Hong Kong and participate by acting as program guides.

### **Feedback from Teachers**

Multiple teachers from OPU were involved in this program. The teachers stated that the students from Hong Kong seemed to fully understand the Japanese nursing system because they had researched both the Japanese nursing system and Okayama's demographic data in advance.

### **Conclusion**

Although this inbound program was held just after the flooding disaster in Okayama, it was completed successfully thanks to the cooperation of visiting hospitals, facilities, and staff members. We were able to show the disaster's effects in real time, as well as people supporting those in the hardest-hit areas. The visiting students even had an opportunity to talk to the children from the affected area and play with them on campus.

The visit was also beneficial for OPU students, who were provided with opportunities to use all four English skills (speaking, listening, reading, and writing) when they communicated with students from Hong Kong. One disappointing aspect of the program, however, was that there

was not very much communication time between the students from the two universities because OPU students were busy volunteering in the disaster area during the program.



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