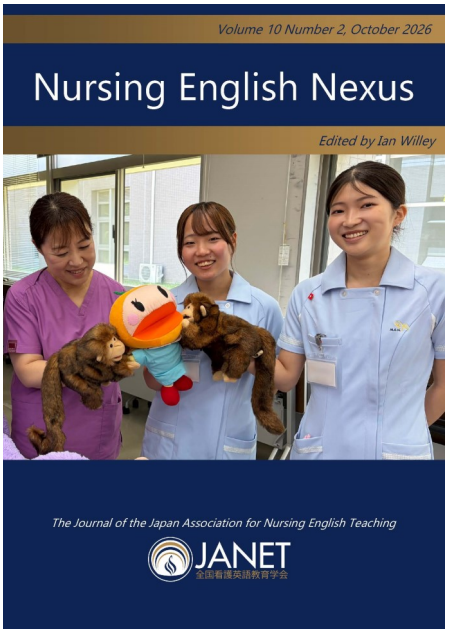
# Building Nursing Knowledge Before Using Nursing English: Integrating Foundational Nursing Education and Nursing English

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Article citation

Maeda, T., Dryden, I., & Dryden, L. M. (2026). Building Nursing Knowledge Before Using Nursing English: Integrating Foundational Nursing Education and Nursing English. *Nursing English Nexus, 10*(2), 77-82. https://doi.org/10.69458/nexus.10.2_77

**Nursing English Nexus**

http://www.janetorg.com/nexus

ISSN 2433-2305

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# Building Nursing Knowledge Before Using Nursing English: Integrating Foundational Nursing Education and Nursing English

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***Abstract***: *As healthcare becomes increasingly globalized, nursing students require English communication skills as part of their professional preparation. However, the timing and positioning of nursing English within the broader nursing curriculum deserve greater attention. Students may encounter specialized English terminology before they have developed sufficient conceptual understanding of nursing in their first language, requiring them to learn unfamiliar professional concepts and their English expressions simultaneously. This Observation/Opinion article argues that nursing English may be most educationally meaningful when it reinforces, extends, and applies nursing knowledge that students have already begun to acquire. Drawing on nursing theory, meaningful learning, cognitive load theory, Content and Language Integrated Learning (CLIL), and recent literature on nursing curriculum alignment and redesign, we propose a concept-first, English-next, professional-application approach. Rather than requiring individual English teachers to assess or teach specialized nursing knowledge, curriculum-level collaboration can determine where nursing English could most effectively reinforce professional learning. Practical recommendations include curriculum mapping, identifying appropriate points for English reinforcement, reconsidering course sequencing, using authentic clinical contexts, and conducting collaborative curriculum evaluation. Such alignment may help transform nursing English from isolated vocabulary instruction into a meaningful component of professional nursing education.*

**Keywords**: concept-based learning; curriculum alignment; curriculum design; nursing education; nursing English; nursing knowledge

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As healthcare becomes increasingly globalized and linguistically diverse, English has an important role in preparing future nurses. Nursing students may need English to access international literature, communicate with healthcare professionals, participate in international professional communities, and interact with patients and families from different linguistic and cultural backgrounds.

Yet an important curriculum question precedes the question of how nursing English can be taught: When and how can students best encounter professional nursing concepts in English?

In many programs, nursing English is introduced while students are still developing foundational knowledge in nursing. Students may therefore encounter expressions such as "aseptic technique," "activities of daily living," "patient assessment," or "infection prevention" before they have developed a secure conceptual understanding of these ideas in their first

language. The resulting task involves more than learning vocabulary. Students are simultaneously being asked to construct professional knowledge and learn how that knowledge is represented in another language.

This distinction is particularly important because nursing knowledge is conceptual rather than merely terminological. McKenna (1997) describes nursing theories as being composed of "concepts and the propositional statements connecting these concepts in a systematic way" as part of the continuing "theoretical journey" of nursing (p. 85). McKenna (1997) further observes that nursing was historically influenced by theories and models from other disciplines, particularly the medical model.

Professional nursing education therefore involves learning to understand relationships among concepts—not simply remembering technical terms. Nursing English can be considered within this larger process of conceptual and professional development.

**From Cognitive Load to Meaningful Learning**

The demands of learning to see relationships in conceptual terms can be understood partly through cognitive load analysis. Working memory has limited capacity, and learning may become less effective when students must process multiple unfamiliar elements simultaneously (Sweller, 1988). Asking beginning nursing students to understand a new professional concept while also processing unfamiliar English terminology may therefore impose demands that do not necessarily contribute to the intended learning outcome.

Meaningful learning provides a complementary perspective. Ausubel (1968) emphasized the importance of connecting new knowledge with what learners already know. This model of learning arose from constructivist learning theory, which was developed in the twentieth century by learning theorists such as Vygotsky, Piaget, and Bruner. These thinkers agreed that optimal learners do not passively absorb information; instead, they construct new knowledge by activating prior knowledge and experience, then apply it reflectively in novel contexts. Constructivism has guided progressive education in the U.S. over the past 80 years and, internationally, has been introduced in nursing education (Epp et al., 2021; Yang et al., 2026). For example, an English term is more meaningful when students can connect it to an established or developing nursing concept rather than memorize it as an isolated lexical item.

This is not to suggest that English can simply be removed from the early nursing curriculum. Nor does it mean that every nursing concept must be completely mastered in Japanese before it appears in English. Instead, we propose a general curriculum principle: Concept first; English next; professional application thereafter. Under this principle, English becomes a means of revisiting, extending, communicating, and applying developing professional knowledge rather than the principal medium in which specialized nursing concepts are initially taught.

This distinction in the place also addresses an important boundary in nursing English education. Determining whether a student possesses sufficient specialist nursing knowledge would not be the responsibility of an English instructor, particularly when, as is typically the case, the instructor is not a licensed nurse. Responsibility for foundational nursing knowledge properly belongs to nursing faculty and the professional curriculum. The role of nursing English is different but complementary: to provide linguistic and communicative contexts through which established or developing nursing knowledge can be revisited and applied.

**Curriculum Alignment: Moving Beyond the Individual Classroom**

The questions of when and what students learn in nursing English need therefore to be approached

as matters of curriculum alignment, rather than as problems for individual English teachers to solve. Khan et al. (2015) define curriculum alignment in terms of congruence and sequencing among what is planned, taught, learned, assessed, and evaluated. They argue that alignment connects teaching, learning, and evaluation and is particularly important in nursing education, where professional training integrates many disciplines—basic and applied sciences, psychology, sociology, humanities, communication, and clinical practice.

Importantly, curriculum alignment is not achieved simply by asking an English teacher to coordinate each week's lesson with a nursing course. Such synchronization may be difficult because timetabling, course sequencing, faculty assignments, and curriculum requirements are usually determined at the institutional level. Khan et al. (2015) identify time, differing educational philosophies, faculty workload, and the integration of theory and practice as challenges to alignment. They recommend institutional support, collaboration among stakeholders, adequate time for curriculum revision, and continuing evaluation.

More recent nursing education literature strengthens this argument. The Ottawa Model for Nursing Curriculum Renewal emerged from an integrative review of nursing curriculum renewal and conceptualizes curriculum change as a systems-level process involving context, preparation, active curriculum development, outcomes, and evaluation (Jager et al., 2020). Curriculum renewal was found to require a shared vision, faculty commitment, collaboration, and attention to both internal and external educational contexts.

Similarly, Dormire et al. (2025) describe undergraduate nursing curriculum redesign as a structured, faculty-led, and data-informed process rather than a series of isolated course modifications. Such articulated design is well suited for nursing English because it indicates that the proper location and purpose of English learning need to be discussed as part of program-level curriculum design.

**From Content Coverage to Competency Development**

Recent curriculum literature also demonstrates a broader movement away from content accumulation and toward competency development. Naguszewski et al. (2025) apply backward-oriented course design to undergraduate nursing education, asserting that competency-based education could be outcome-driven rather than content-driven. In backward design, a process adapted to nursing education in Naguszewski et al. (2025), educators first identify desired outcomes, then determine appropriate evidence of learning, and finally develop learning activities aligned with those outcomes. This design model offers a useful way to reconsider nursing English.

In such an approach, planning does not begin with questions about which English nursing terms first-year students need to learn. Instead, curriculum designers might start by asking what nursing students ultimately need to be able to do professionally in English. Possible outcomes might include using clear English to perform tasks such as explaining a familiar nursing procedure, obtaining basic patient information, providing reassurance, recognizing key information in international nursing literature, or interacting effectively in an intercultural healthcare setting. The English curriculum can then be sequenced backward from these desired professional outcomes.

This approach is also consistent with content and language integrated learning (CLIL). Accordingly, Coyle et al. (2010) conceptualize content and language learning as mutually supportive rather than as entirely separate educational processes. Meaningful integration, however, does not require every English lesson to introduce new disciplinary concepts. In nursing English, integration may instead involve using English to reactivate and apply disciplinary

knowledge that students have already encountered.

**The Japanese Nursing Curriculum Context**

Discussion of program-wide reform is particularly timely in Japan. The recently revised national Model Core Curriculum for Nursing Education emphasizes competency-based education and identifies learning objectives and expected levels of achievement across nursing education (Ministry of Education, Culture, Sports, Science and Technology [MEXT], 2025).

An integrated approach to curriculum design encourages educators to consider the nursing program as a developmental sequence rather than a collection of independent subjects. Nursing English can likewise be conceived in relation to students' progression across that sequence.

For example, introductory English courses may properly focus on general healthcare communication and accessible professional language. After students have studied foundational nursing concepts and procedures, later nursing English instruction can introduce increasingly authentic clinical contexts. Students who have already studied vital signs, for instance, do not need the English teacher to reteach the clinical principles of measurement. Instead, students might be asked to use English to interpret a brief patient scenario, explain the procedure, identify relevant patient information, or practice an appropriate nurse-patient interaction.

The distinction is subtle but important: the nursing course develops the professional concept; nursing English provides another context in which that concept can be communicated and applied.

**Context, Reflection, and Professional Development**

Authentic context is particularly important in a reformed model of nursing English. Bosher and Smalkoski (2002), in developing a healthcare communication course, demonstrated the value of designing language instruction around learners' communicative needs rather than isolated linguistic content.

Accordingly, rather than memorizing blood pressure, pulse, respiration, and temperature as four independent vocabulary items, students who already understand vital-sign assessment can encounter these terms during a short clinical interaction. Students' attention can then move from remembering definitions toward understanding how professional knowledge functions communicatively.

Reflection can extend this learning further. In nursing English, a common professional vocabulary can serve as a bridge between language learning and nursing reflection.

Students might ask:

- "How would I explain this procedure to a patient in simple English?"
- "Which information is essential?"
- "What might be misunderstood?"
- "How could I communicate this concept respectfully to someone from another linguistic background?"

The learning sequence therefore becomes: concept → context → English communication → reflection → professional application. This sequence is preferable to simply adding more bilingual information to a lesson. It also avoids assuming that greater quantities of Japanese and English terminology necessarily improve learning.

**A Practical Model for Incorporating Nursing English**

If nursing English is treated as part of curriculum design, institutions could consider a four-stage process.

1. Map the nursing curriculum.
   Nursing faculty and language educators can identify when major recurring concepts—such as safety, infection, assessment, pain, mobility, communication,

nutrition, and patient-centered care—are introduced, developed, practiced, and assessed.

2. Identify appropriate points for English reinforcement.

   Rather than attempting to synchronize every nursing and English lesson, faculty can select a manageable number of concepts for which English provides meaningful professional application.

3. Review the timing and progression of nursing English.

   If professionally specialized nursing English is taught before students have sufficient foundational knowledge of nursing, curriculum committees could consider moving part of the course to a later year or distributing nursing English across multiple years. This does not necessarily mean "English later"; rather, it may mean general communication earlier and increasingly specialized professional communication later.

4. Evaluate collaboratively.

   Nursing faculty, English educators, students, curriculum committees, and educational leaders can examine whether the sequence supports the intended competencies and periodically revise it. This model places responsibility where it belongs: at the curriculum level rather than on an individual English instructor.

Recent research on nursing curriculum renewal supports precisely this kind of collaborative process. The Ottawa Model emphasizes preparation, stakeholder engagement, active curriculum renewal, and evaluation (Jager et al., 2020). Similarly, Dormire et al. (2025) demonstrate the value of structured faculty-led redesign. Backward design further provides a practical mechanism for aligning learning outcomes, assessment, and educational activities (Naguszewski et al., 2025).

**Nursing English and the Development of a Nurse**

Ultimately, nursing English education cannot be evaluated solely by how many specialized words students remember. Competent use of professional language demonstrates solid professional knowledge. In McKenna (1997), the account of nursing as a discipline organized through interconnected concepts helps explain why sequencing matters. Students gradually learn not only what nurses say, but how nurses conceptualize patients, health, safety, care, and professional responsibility.

Nursing English can contribute to this process when it enables students to encounter familiar professional concepts from another linguistic and communicative perspective. The goal is therefore not to transform English teachers into nursing instructors, nor to make nursing faculty responsible for language teaching. Instead, the goal is to create a curriculum in which different areas of faculty expertise contribute at proper stages toward shared educational outcomes.

## Conclusion

The central question for nursing English education can properly shift from "What nursing vocabulary should we teach?" to "Where in students' professional development can English most meaningfully reinforce and extend nursing knowledge?" We propose a concept-first, English-next pedagogical principle. Foundational nursing concepts can primarily be developed through appropriate professional nursing courses. Nursing English could then revisit those concepts through authentic linguistic and clinical contexts, helping students communicate and reflect upon knowledge that is becoming professionally meaningful.

Achieving such goals requires more than classroom-level teaching tips. It requires

curriculum mapping, thoughtful sequencing, collaboration between nursing and language faculty, support from curriculum committees and administration, and periodic evaluation. In this sense, nursing English need not stand beside the nursing curriculum as an isolated language subject. When properly articulated with the rest of the academic program, nursing English can become part of students' broader developmental journey—from acquiring nursing knowledge to thinking, communicating, and ultimately acting as well-prepared members of the nursing profession.

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