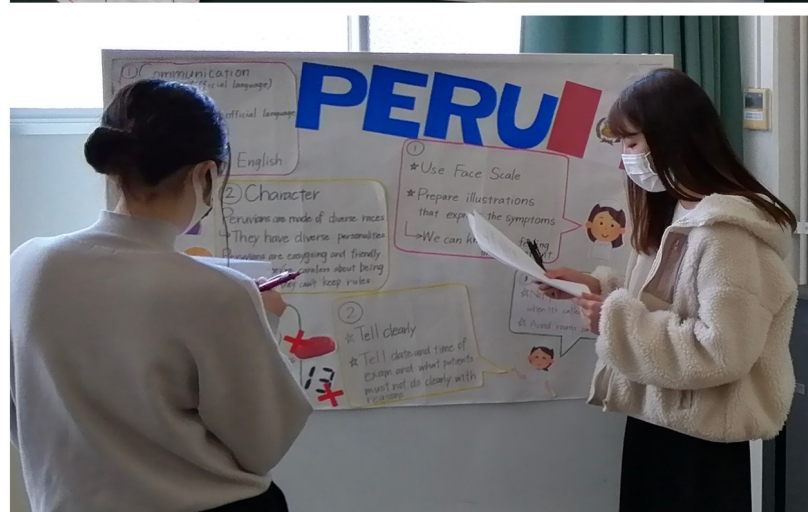
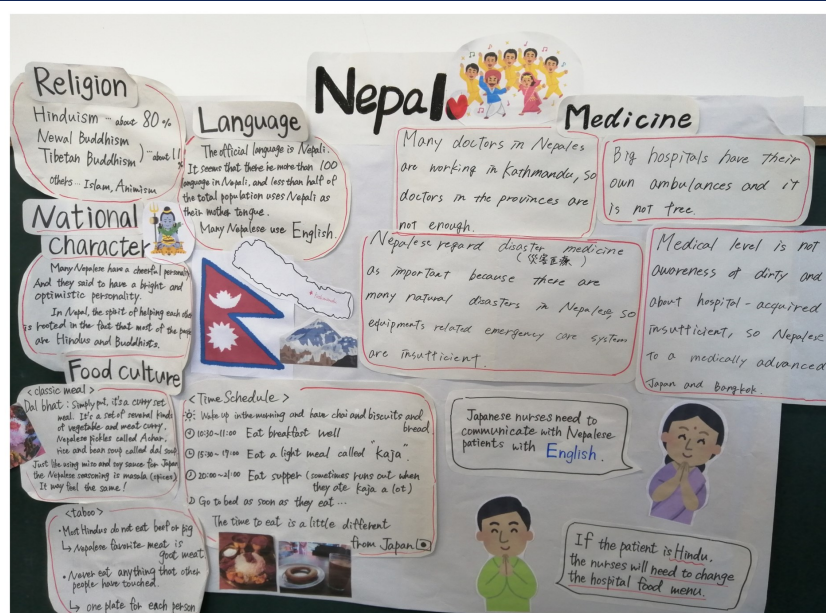


Nursing English Nexus

Edited by Jeffrey Huffman



The Journal of the Japan Association for Nursing English Teaching

Nursing English Nexus

Editor

Jeffrey Huffman, St. Luke's International University

Layout

Mathew Porter, Fukuoka Jo Gakuin Nursing University

Proofreading

Brian Nuspliger, Otemae University

Review Board

Brian Nuspliger, Otemae University

David Ostman, Kumamoto Gakuen University

Ian Willey, Kagawa University Medical School

James Hobbs, Iwate Medical University

Jonathan Levine-Ogura, Iwate Medical University

Michiko Sakaguchi, Dokkyo Medical University

Miki Suehiro, University of Hyogo

Paul Mathieson, Nara Medical University

Sachiko Takahashi, Okayama Prefectural University

Simon Capper, Japanese Red Cross Hiroshima College of Nursing

Nursing English Nexus is published in Fukuoka, Japan by the Japan Association for Nursing English Teaching twice a year, in April and October. Learn more at <janetorg.com>.

Copyright © 2022 Nursing English Nexus, ISSN 2433-2305

All articles contained in Nursing English Nexus © 2022 by their respective authors.

Cover photograph provided by Michael Blodgett .

Nursing English Nexus is made available under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. Authors retain the right to share their article as is for personal use, internal institutional use and other scholarly purposes. Nursing English Nexus and the articles within may be used by third parties for research, teaching, and private study purposes. Please contact the author directly for permission to re-print elsewhere.



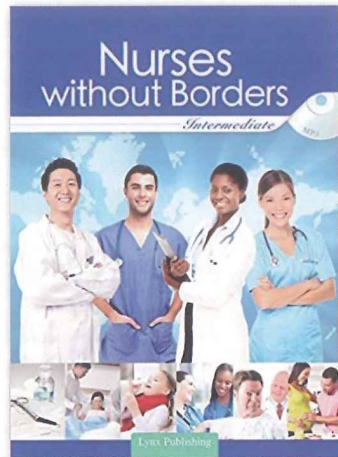
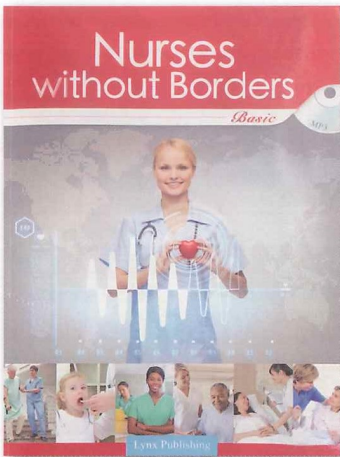
English Textbooks for Medical and Healthcare Field

医療・看護 英語教材テキスト

医療・看護学生のためのおすすめテキスト

Nurses without Borders Basic★ 看護

【レベル】 beginning to intermediate



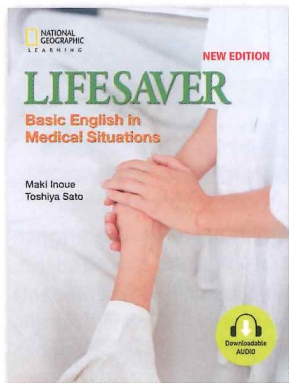
Lynx Publishing

● 12 Units

Nurses without Borders は医療現場で使用する自然なコミュニケーションを学ぶことができるテキストです。ユニットごとに必要な単語が示されており、学習のポイントが明確です。会話の流れも実際の環境を想定しており、実践力を高める工夫が高く評価されています。

Nurses without Borders ESP series has two volumes, Basic and Intermediate, and is designed for students who have obtained a basic knowledge of English grammar - equivalent to ESL/EFL students in secondary schools. It is also intended to be a part of English for specific purposes (ESP) programs, and can be easily adopted in professional schools. At Lynx, we help students expand their ability to serve and become "nurses without borders."

ISBN	Component	Price with Tax
Basic		
9781941214107	Student Book with MP3CD	¥2,750
Intermediate		
9781941214114	Student Book with MP3CD	¥2,750



National Geographic Learning

Lifesaver New Edition★ 看護

Basic English in Medical Situations

【レベル】 beginning to low-intermediate
【TOEIC】 300—500

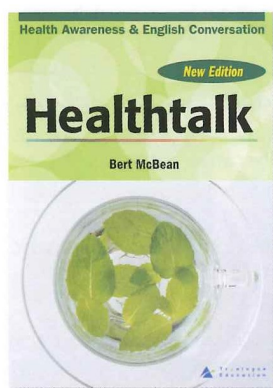
● 15 Units ● American English

初級レベルの看護英語を学ぶ総合教材です。ユニットのテーマを、看護師が英語を必要とする医療現場のシーン別に設定。看護の現場で使用頻度の高い表現を採用したスピーキングとリスニングの演習を行い、実践的な英語力を習得します。リーディングでは、学生の興味を引く記事や素材を厳選し、読解力とともに思考力も養います。また、イラストや図版を多用し、医療用語の効果的なインプットと高い学習意欲の維持を促します。※音声は National Geographic Learning WEB よりダウンロードいただけます。

This 4-skill-based textbook is an ideal entry level text for nursing and medical students who need simple medical English in a variety of situations. It provides support through listening and reading texts to form the basis for a larger understanding of key concepts and language.

※ MP3 audio files can be downloaded from National Geographic Learning website.

ISBN	Component	Price with Tax
9784863123663	Student Book (Audio Free Download)	¥2,420
9784863123618	Classroom Audio CDs (2) Teacher's Manual (Not for Sale)	¥6,600



Trylogue Education

Healthtalk New Edition★ 医療

健康を英語で考える

【レベル】 beginning to intermediate
【TOEIC】 400—600

● 12 Units ● American English

健康問題を扱ったロングセラーテキストの新版。リスニング・スピーキング・リーディング・ライティングの演習を通じて健康的な習慣について学ぶ、日本人学生を対象に設計されたテキスト。健康に関する重要な知識は繰り返し触れられ、馴染みのうすい健康に関する英単語や英語表現も巻末にまとめ、日本語の意味も掲載。健康、食事、生活習慣にふれた看護、福祉、医療系を学ぶ学生に最適です。

Designed especially for young Japanese adults. Teaches healthy habits through listening, speaking, reading and writing activities.

ISBN	Component	Price with Tax
9784991017216	Student Book Audio Download Teacher's Manual (Not For Sale)	¥2,420

★ 印はネリーズ総代理店商品および販売促進対象商品です。

価格はすべて税込み表示です。教材のコンポーネント構成および価格は、出版社の事情、為替により変更になる場合がございますので予めご了承ください。



From the Editor
Jeffrey Huffman

Welcome to the October 2022 issue of Nursing English Nexus, the official journal of the Japan Association for Nursing English Teaching (JANET). I want to start by extending my gratitude to our expanding and hardworking Review Board, as well as those who work behind the scenes in proofreading and layout. These volunteers devote a great deal of their time and effort, playing an extremely important role at a small journal like this. We truly could not do it without them.

This issue opens with a research article by David Ostman of Kumamoto Gakuen University. This is an important article that challenges us to go beyond our usual role of teaching English communication skills and consider how nursing English educators can contribute to the development of intercultural competence and empathy in our future nurses. We then have a description and assessment of a well-designed and implemented course project aiming to improve the cultural competence of nursing students, this one authored by Michael Blodgett along with his colleagues at Nara Medical University. Also contributing from NMU is Rima Ghashut and colleagues, who report on the results of a questionnaire study that investigates the difficulties and challenges Japanese nursing students confront in their quest to learn English. Finally, we have a very informative report by Motoko Sando of Wakayama Medical University that sheds light on the use of loanwords from English and other languages in the field of nursing in Japan, along with the difficulties faced by nursing English students and educators in parsing the meanings of these words.

Some of the articles in this issue challenge me to consider how my role as a nursing English educator might go beyond the traditional EFL/ESP domain, contributing to the development of a broader array of competencies required of nurses. These would include general and intercultural communication skills at least, and might also extend to empathy, professionalism, ethical perspectives, narrative competence, interdisciplinary competence, and even professional and personal identity development. Other articles, however, remind me of the importance of not straying too far from my main responsibility as a nursing English educator: being the best I can be at teaching the core skills and knowledge required to improve students' general and nursing-focused English proficiency. I hope our readers will find themselves challenged in these areas as well.

Without further ado, please enjoy the issue. I would also ask you to take a moment to consider how you might be able to contribute to our next issue. As you can see in the submission guidelines and details below, we accept a wide variety of article formats. Please also note that the deadline for submissions is January 15, 2023.

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 (up to 5000 words)
- Reports (up to 2000 words)
- Introduction of current research projects (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/researchers (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 January 15 and the October issue by July 15. Information about the submission process and a style guide can be found at <<https://www.janetorg.com/nexus>>.

Table of Contents

Research Articles

- 5 *Targeting Learner Empathy in EFL Education for Nursing Students*
David Ostman
- 17 *Student Project Focused on Providing Culturally-Sensitive Healthcare to Non-Japanese People in Japan*
Michael Blodgett, Paul Mathieson, Ryoko Kitazawa, & Francesco Bolstad
- 30 *Looking at English Education in Japan from the Inside Out: Nursing Students' Perspectives*
Rima Ghashut, Sufian Elfandi, Lisa Hashizume, Koichi Tanaka, Daiki Ninomiya, & Francesco Bolstad

Report

- 39 *A Report on a Polysemous Loanword: クランプ (kurampu)*
Motoko Sando

Targeting Learner Empathy in EFL Education for Nursing Students

David Ostman (dostman@kumagaku.ac.jp)

Kumamoto Gakuen University

Abstract: *Frequent interaction with foreign-born residents and visitors to Japan is a challenging characteristic of nursing practice. With such interactions predicted to increase, the ability to take patient perspectives to achieve cultural understanding and develop intercultural competence can be expected to grow in importance. This research outlines an EFL approach to assisting nurses in developing intercultural competence through empathy-building exercises centered on pre-recorded video interviews with foreign-born residents of Japan. Building on research and practice in the field of narrative medicine, this approach, currently employed by the author to teach third-year university students majoring in foreign language studies, is likely to assist learners in developing cognitive empathy (i.e., the ability to understand and assess situations from alternate perspectives) to achieve greater proficiency and competence in providing service to foreign-born patients.*

Keywords: EFL, narrative medicine, empathy

Within EFL education there is a growing recognition that for L2 learners to attain advanced levels of English proficiency, cultural competency, sometimes referred to as intercultural competence (IC), is also required. Although no definitional consensus exists, broad agreement has formed around the idea that IC involves “understanding others’ worldviews” (Deardorff, 2006, p. 249), and “the ability to see the world through the others’ eyes” (Sercu, 2005, p. 2). IC involves the empathic ability to engage in perspective taking from outside one’s worldview, and to consider issues and interactions from the standpoint of people from other cultures.

The importance of assisting learners in developing perspective-taking ability has been identified in disciplines other than EFL, particularly medical training programs. Within medicine, the field of narrative medicine has emerged to assist medical trainees in empathizing with patients, whose perspectives they learn to take in order to achieve understanding and provide improved levels of care. According to Charon (2006), patient-caregiver communication is often hampered by disconnects, most prominently the conceptual divide concerning illness as life-altering, emotional event versus detached, clinical understandings. By facilitating

caregiver ability to view illness from multiple perspectives, narrative medicine workshops and interventions help learners gain insight, understanding, and compassion towards individuals and groups with whom they may share few similarities, such as elderly patients with chronic health problems.

Coming into frequent contact with non-Japanese patients, caregivers in Japan require additional training in order to deliver adequate care. While foreign-language proficiency is prerequisite to achieving successful outcomes, caregivers who possess the ability to engage in perspective taking from the standpoint of other cultures, that is, to understand what it is like to be a non-Japanese seeking medical attention, can be expected to deliver superior care.

The present research outlines developments in the field of narrative medicine, and reviews video-based educational interventions employed to develop empathic ability and understanding towards patients in medical programs. Finally, an empathy-centered, video-interview-based approach as a component in EFL curricula is introduced.

Empathy Defined

In psychology, empathy is generally understood as consisting of two sets of processes: cognitive and affective. Cognitive empathy, characterized

by Goldie (2000) as “a process by which a person centrally imagines the narrative (including the thoughts, feelings, and emotions) of another person” (p. 195), involves the ability to discern, to varying degrees, the thoughts and feelings of others. In short, it is our ability to *think* ourselves into another’s mental state. In its simplest form, it involves reading body language, while more complex forms of perspective taking involve imagining how one would feel in the situation of another, to imagining how others think and feel in *their* shoes.

Affective (emotional) empathy, by contrast, is defined by Eisenberg and Strayer (1987) as “an emotional response that stems from another’s emotional state or condition and that is congruent with the other’s emotional state or situation” (p. 5). Differing from sympathy, which involves how another’s suffering makes one feel, affective empathy involves the matching of one’s emotional state to that of another person’s (Feshbach & Roe, 1968). Affective responses to engaging in cognitive empathy include *emotional contagion*, *emotional distress*, and *empathic concern*. Hodges and Myers (2007) explain the three components as follows:

The first is feeling the same emotion as another person.... The second component, personal distress in response to perceiving another’s plight.... The third emotional component, feeling compassion for another person, is the one most frequently associated with the study of empathy in psychology. (p. 296)

The experiencing of empathic concern has been correlated with the experiencing of pro-social attitudes and behaviors toward members of other groups, and even toward groups as a whole (Hodges & Myers, 2007).

For the purposes of the current discussion, this research will primarily focus on cognitive processes of empathy, in particular the ability to engage in perspective taking—the ability to step

outside of one’s worldview and into that of others. However, a further benefit of engagement in perspective taking involves the emotional responses of learners to taking alternate perspectives: that in gaining increased understanding of patients’ suffering, they may also experience empathic concern.

Empathy in EFL Education

To date, educational attempts to foster empathic ability in EFL curriculum have been minimal (Jiang & Gao, 2020), especially when compared with trends in other fields (e.g., medicine), where educators endeavor to prepare learners for effective communication with individuals/groups to whom they differ.

Despite a paucity of research data, some interesting findings have been published. Dewaele and Wei (2012) conducted a statistical analysis of questionnaires completed by 2,158 mono- and multilingual participants, finding a correlation between the frequent use of multiple languages at advanced levels and higher ability to engage in cognitive empathy. The researchers also emphasized the role of empathy in attaining the proficiency to accurately imitate native speakers. For the educator, the need for empathic ability in the creation of supportive, emotionally caring environments has been variously noted (Ehrman & Dörnyei, 1998; Walls, Nardi, von Minden & Hoffman, 2002).

Developing EFL learner ability to interact with awareness and sensitivity towards members of other cultures (i.e., with the ability to see the world from multiple culture perspectives; to be aware of cultural differences) should be an important learning objective, but there are several reasons why this has failed to transpire. Despite a general consensus, beginning with Sapir (1929) and Whorf (1956), that language and culture are interrelated, and a growing support for the belief that language and culture are optimally acquired as components in a unified curriculum (Schulz,

2007), educators widely disagree on the question of how cultural components might best be integrated in EFL curricula (Dema & Moeller, 2012). Furthermore, as early as Brooks (1971), who questioned the validity of teaching Olympian culture (i.e., the musical, literary, and artistic masterpieces of a given culture) at the expense of a focus on low culture, the aspects of culture to be taught—as well as how to teach them—have remained contentious.

One result has been an overreliance on information-centric approaches to teaching culture, which Galloway (1981) characterized as the 4-F Approach (folk dances, festivals, fairs, and food), the Tour Guide Approach (the identification of monuments, rivers, and cities), and the Frankenstein Approach (a taco from here, a flamenco dancer from there, a gaucho from here, a bullfight from there).

Educators have recognized the inadequacy of such approaches. In addition to the importance of obtaining cultural knowledge, Brown (1973) listed empathy as a critical social factor mitigating language acquisition. Bennett (2005) has similarly argued that cultural knowledge itself does not equate to the ability to function competently in cultural contexts. Byram (1997) describes the accumulation of cultural knowledge as representing a cognitive orientation (i.e., what a learner knows about culture); however, he also stresses the necessity of an evaluative orientation, summarized as an awareness and understanding that differences in social norms exist between cultures, and the ability to reflect on such differences from alternative cultural perspectives.

Byram and Bennet have been influential in the development of the concept of intercultural competence (IC), which, as previously mentioned, is a concept lacking definitional consensus. Although unsuccessful in her attempt to forge a definition, in surveying 24 post-secondary institutions Deardorff (2006) was able to identify specific IC components receiving at least 80% support, which

she divided into four categories: abilities, skills, knowledge, and attitudes. Curiously, despite agreement that IC involved seeing the world through the eyes of others (i.e., perspective-taking), Deardorff categorized empathy not as an ability, but as an attitude. Nor is Deardorff alone in this non-psychology-based understanding of the nature of empathy. In fact, such misunderstanding is principally to blame for the underrepresentation of empathy in EFL learning objectives. Although a commonly appearing attribute in research on intercultural competence (Fantini & Tirmizi, 2006), empathy, rather than being viewed as a skill to be developed so that learners gain increased cultural understanding through perspective taking, is widely considered to be an attitude characterized by toleration, respect, curiosity, openness, and flexibility. (For a more in-depth discussion of the concept of empathy within the field of IC, see Ostman 2019a.)

Some EFL educators have begun to reverse this trend. One example of a study targeting learner empathy in a university EFL class is Chen (2018), who adopted Friesem's (2016) digital empathy approach by having students engage in video production (pre-production; post-production; screening) in order to examine how such a multimodal experience could assist students in developing empathic ability when engaging others on digital media. According to the author:

The findings showed that the video production process helped students to recognize the importance of having more empathy when they were online.... These results suggest that because students have grown up with digital technologies and are active participants in digital spheres, digital empathy is a good starting point to teach students about important social issues. (p. 50)

This final point echoes Friesem's sentiments and deserves consideration: digital media are increasing familiar, requiring minimal introduction

or acclimation compared with other media (e.g., literary narratives).

Attempting to develop learner ability to empathize with victims of cyberbullying, Jiang and Gao (2020) had 49 lower-level vocational school students view 3 documentaries dealing with the issue of cyberbullying, after which they engaged in the production of video projects on various social issues related to bullying. In doing so, students were afforded the opportunity to take victim perspectives. The authors relate one student's experience of playing the role of the victim:

In our video I acted as the one who was mistakenly taken as an AIDS patient.... By acting this role I understand how painful it could be as a victim and how the spreading of such news on social media can cause great harm and discrimination. (p. 78)

A practical limitation for educators wishing to employ such video-based approaches is the requirement for video production equipment, not to mention significant blocks of class time. However, there is reason to believe that less involved utilizations of video media are capable of achieving positive results. One example is Lasa Álvarez (2017), who argues for the use in EFL classes of scenes from reality TV shows (e.g., *The X Factor*) in which characters narrate their emotional experiences. The author suggests:

Research in the field has shown the empathic power of reality TV shows and how viewers see themselves as part of a larger community of people who are sharing the same feelings, particularly when watching real people narrating their personal experiences, which are often similar to their own. (p. 21)

The merits of particular reality shows notwithstanding, the capacity for video narratives to engage learners and provide opportunities to take

alternate perspectives deserves the attention of EFL educators.

Targeting Learner Empathy: Narrative Medicine

Narrative medicine (NM) began in the 1990s with the practice of physicians-in-training collaborating with patients to compile their narratives—life stories told from the patient's perspective (Charon, 2001). By hearing and writing down their stories, trainees begin to comprehend the patient's suffering, the benefits of which Charon (2004) describes as follows:

Capacities that medicine now sometimes lacks—attunement to patients' individuality, sensitivity to emotional or cultural dimensions of care, ethical commitment to patients despite fragmentation and subspecialization, acknowledgment and then prevention of error—may be provided through a rigorous development of narrative skills. (p. 863)

Rather than treating illness with clinical detachment, narrative medicine emphasizes the story-like experience of illness, primarily through the understanding of the patient's thoughts and feelings, but also through an understanding of the physician's role in the patient's narrative.

Narrative, simply defined, is "a story or a description of event" (Cambridge Dictionary, 2022). Traditionally, narrative medicine education has tended to be literary in nature, incorporating biography and memoir as well as fictive and non-fictive narrative accounts of patient illness and patient/physician interaction. A typical example is Welch and Harrison (2016), who conducted a four-week literature course—using a variety of genres: novels, short stories, poems, and nonfiction medical narratives—in which patient suffering was presented from various perspectives. Readings were accompanied by written reflections and followed with group discussions. This framework exemplifies the core components of many NM curricula: 1) learners are presented with

narratives), 2) following encounter (i.e., reading) they engage in reflective exercises through which the learner is encouraged to take character perspectives, and 3) they conclude with group discussions through which learners share personal discoveries to learn from one another. Following this basic structure, literature-based interventions have been repeatedly demonstrated to increase *learner empathy* in medical students (see Shapiro et al., 2004; DasGupta & Charon, 2004; DasGupta et al., 2006).

The medium of literature continues to play a leading role in narrative medicine-based medical education, but recognition of the capacity of video media for development of learner empathy has steadily increased. The following sections outline research in the field of medicine in which video-based interventions have been successfully utilized.

Video Media, Empathy, and Medical Education

In recent decades, video media has come to be seen as an effective educational tool. This trend has been particularly prevalent in the field of medicine, where researchers have attempted to measure the effectiveness of video-based interventions to achieve learning objectives (see Kuhnigk et al., 2012; Shankar, 2019; Gorrington et al., 2014; Cambra-Badii et al., 2020).

In describing the use of film in medical education for psychiatry students, Dave and Tandon (2011) identify several benefits. Unlike traditional didactic teaching, video media stimulate auditorily and visually, and are often more memorable. Furthermore, “films offer a resource to teach about sensitive clinical issues... in a safe and ethically uncomplicated environment” (p. 302), offering reduced stress when compared with physical encounters (e.g., with patients; with members of other cultures). In addition, when compared with physical encounters, videos often contain a more complete presentation of individuals (e.g., of a patient’s treatment; of an

individual’s life story). Finally, video educational interventions “offer students multiple perspectives on illness not usually seen in short psychiatry placements, for example those of a wider network of carers or of transcultural issues” (David & Tandon, 2011, p. 302), and have the added benefit of being able to be paused and rewatched to emphasize learning objectives or engage in group discussions. The use of films in education, sometimes referred to as *cinemeducation*, has become a growing feature of medical curricula (see Alexander et al., 2005).

Within the field of medicine, the use of videos to facilitate experiential learning reflects a shift in education: from knowledge-based to *competency-driven*, where learning objectives describe a performance ability to be acquired by the learner, such as to communicate empathetically with patients and caregivers (Dave & Tandon, 2011). The inclusion of empathetic communication as a competency and as a learning objective are germane to this research, which advocates for the application of this approach in nursing education settings.

Video Media for “Lived Experiences”

As discussed above, narrative medicine has reconceptualized empathic perspective-taking as a competency essential to gaining an understanding of patients. The idea of empathy as an educational objective has emerged in response to the educational question of how to help future doctors, nurses, and health care workers acquire the empathic skills that underscore quality care. Heidke et al. (2018) elaborate:

It is a challenge for educators to teach empathy about a particular population group without the lived experience of the people central to the interaction. Without the understanding of what it is like to be vision impaired, or homeless, or be a migrant from another country, it is difficult for a teacher to legitimise such

situations in transforming knowledge. Exposing students to the various population groups they may ultimately be caring for, and allowing them to hear the stories and lived experiences of people, has the power to transform students to adopt an empathic stance....

(p. 31)

Despite the crucial nature of *lived experiences* for skills acquisition in curricula focused on competency-centered learning objectives, facilitating such experiences within the parameters of medical curricula poses a significant hurdle for educators.

With the spread of narrative medicine curricula, educators in medical departments have been quick to realize the potential of video narratives to facilitate learner ability to engage in perspective taking. One example is Sweeney and Baker (2018), who created videos in which patients related information regarding their hospital experiences, including physician interactions. The videos were used in a module centered around the issue of health care communication from the perspective of the patient. Following viewing, medical students provided written feedback and engaged in facilitated discussions. Finally, students completed a questionnaire (the Patient-Practitioner Orientation Scale, PPOS). According to the researchers, "students reported changes in their approach to patients, including introducing themselves more often, and taking measures to make patients feel more at ease on ward rounds" (p. 336).

Similarly, Ahmadzadeh et al. (2019) divided 133 medical students into four groups: group A (three-hour communication skills workshop); group B (watch a movie (*The Doctor*); group C (movie + workshop); group D (no intervention). While groups A, B, and C all displayed improved scores on an empathy instrument (Jefferson Scale of Empathy, JSE), only groups A and C (workshop; movie + workshop) retained these results one

month later. The researchers note that merely viewing an empathy-inducing movie results in transient effects on empathy, whereas the workshop (where students had the opportunity to reflect and discuss content) produced prolonged benefits. Such results add support for the incorporation of self-reflective exercises and group discussion, as the act of viewing an interview or movie, however emotionally evocative, cannot by itself be expected to function as an adequate experience for the development and retention of competencies.

Other studies reinforce this conclusion. Brand et al. (2017), noting the potential for integrating arts and humanities-based components into medical curricula to promote reflection and empathy, showed a film to first-year medical students (*The Art of the ED*), after which they engaged in individual written reflections. Qualitative analysis of student reflections revealed three main themes: 1) that the film facilitated perspective taking from both physician and patient perspectives; 2) that it fostered understanding of the realities of the emergency department; 3) that it increased awareness of the fragility of life. The authors conclude:

These findings highlight how visual methodologies (like film) create a safe, non-threatening space to access, experience and process emotion around their perceptions towards EM, and to anticipate and emotionally prepare for their impending clinical experience in the ED. These data support the use of visual methodologies to foster reflective processes that assist medical students to integrate the 'art' of EM, and the development and commitment of core doctoring values of empathy, service and respect for patients. (p. 433)

While films may provide vivid and emotive experiences of patients and healthcare professionals, pre-recorded interviews, if less dramatic, are ideal

for providing learners with relevant information related to patient issues and concerns. Like Sweeney and Baker (2018), Heidke et al. (2018) created a series of recorded video interviews of health care consumers from various backgrounds (e.g., vision impaired, LGBT, African migrant, Tibetan refugee, etc.), which they used in a course for first-year nursing students and delivered using a learning management system (Moodle). The authors explain:

The pre-recorded interviews were embedded into the 11 weekly modules of this online course as part of the course learning material. Students were to view them and using self-reflection, were encouraged to comment on how the content influenced their views and share these on the online discussion forum. (p. 32)

The results of this three-step process were positive. Employing an empathy instrument (Kiersma-Chen Empathy Scale, KCES), post-intervention scores showed a “statistically significant increase in students’ empathy towards vulnerable, disadvantaged and stigmatised population groups” (p. 30). Such results underscore the importance of pairing video viewing with post-video reflective exercises and larger group discussions.

Video Interviews for the Development of Empathy

While a variety of video media are available to educators, pre-recorded interviews are effective in affording learners the opportunity to engage in perspective taking. Unlike other video media, they can be adapted for use as segments, used in conjunction with other interviews, and can be paused, rewind, and watched multiple times without greatly detracting from the viewing experience.

Furthermore, in providing learners with abundant information (concerning the interviewee,

their cultural background, etc.), interviews present viewers with narratives that facilitate character identification, a cognitive state where the learner takes on character perspectives, resulting in empathic responses as learners co-experience narrative events, from which they gain an understanding of character challenges and goals (Oatley, 1995).

The specific use of interviews for increased understanding and empathy towards others has been variously reported. Sanson-Fisher and Poole (1980) published one of the first studies reporting positive effects on learner empathy from engagement in interviews with simulated and genuine patients. Maggio and Westcott (2014) reported empathic responses resulting from the process of conducting live interviews with migrants. Shea and Barney (2015) reported employing simulated and clinical interviews to train students to empathically engage with patients during suicide risk assessment interviews. A further example is Garcia et al. (2012), who reported the use of interviews between social workers and professional actors, in which various cultural scenarios were simulated (e.g., an Orthodox Jewish woman who becomes anxious, angry, fearful, and panicked after being told that her adolescent daughter is pregnant) in order to assist in responding empathically to others from differing cultural backgrounds.

Such examples underscore the efficacy of employing video interviews to facilitate the perspective taking and reflection necessary for learners to gain an understanding of individuals and groups to whom they may differ not only in age and health, but also culturally.

Pre-recorded Interviews for the Development of Learner Empathy in EFL Education

Targeting learner empathy through video in English curricula enables educators to pursue multiple goals simultaneously. Through engagement in perspective taking from the standpoint of

members of other cultural groups, learners develop understanding and competence to be applied in future intercultural interactions. Interviews also facilitate the acquisition of cultural information firsthand from members of target cultures, as opposed to survey-based approaches to culture. Such an approach is efficient, as retention of information embedded in stories has been shown to be higher than that presented in expository forms (Marsh & Fazio, 2006; Zwaan, 1994).

Adapting pre-recorded patient interviews for use in EFL curricula for preservice nurses requires several changes to the narrative medicine approach (i.e., narrative encountering, following by reflection and discussion) employed in narrative medicine and the research studies outlined above.

To begin, English interviews necessitate exposition of vocabulary and grammatical structures to ensure that content is adequately understood. This may be expedited by providing learners with English subtitles, written transcripts, and follow-up exercises to confirm understanding of content.

A second area of consideration involves the cultural background of non-Japanese interviewees. It may be efficacious to provide learners with an opportunity to gather information regarding interviewee countries/cultures to aid in understanding of patient behaviors and motivations.

Relatedly, the “otherness” presented by foreign cultures presents a challenge to engagement in cognitive empathy, and Cikara et al., (2011), among others, have noted the importance of ingroup-outgroup perception for engagement in perspective taking. Therefore, educators may wish to make efforts to draw learner attention to similarities between themselves and interviewees (e.g., regarding formative experiences, educational achievements, etc.).

With this groundwork in place, learners can

begin to engage in reflective activities—specifically, to consider not only how interviewees may think and feel, but also to imagine how the learner would think and feel if placed in the circumstances of the patient. These reflections—ideally written—can subsequently be shared in small-groups discussions or with the class as a whole.

Video Interviews in a Seminar Course for EFL Students

The approach outlined above is currently being employed in a two-semester seminar course for third-year students in the Faculty of Foreign Languages at Kumamoto Gakuen University beginning April, 2022. While results from experimental classes targeting learner empathy in EFL classes employing literature have been previously reported (see Ostman, 2019b; Ostman, 2019c), current research involves the use of *The Database of Immigrant Narratives* (www.icnresearch.net), a MEXT-funded research project (Kakenhi 21K13084) currently containing thirty interviews with immigrants to Japan.

The typical interview begins with a short account of the interviewee’s hometown, offering geographical and cultural information that the learner can use to investigate and expand their knowledge of the target culture. Interviewees typically recount information from their childhood, including familial relationships, school events, and other life experiences to which learners are often able to relate. A second set of questions endeavor to uncover the reasons for immigration, as well as the hurdles overcome in adjusting to their adopted country. Finally, interviewees relate their goals and dreams for the future.

Classes are divided into themes (e.g., reasons for immigration, knowledge of Japan before immigrating, etc.) and students are individually tasked with watching video segments, the content of which they must summarize and

present during subsequent classes. Class time is used for group viewing of videos, followed by a discussion of vocabulary and grammatical structures. Students then present summaries of video content, supplemented by input from the instructor. Students next engage in written reflections requiring them to consider the thoughts and feelings of interviewees, as well as how they (the student) would think and feel in similar situations. Finally, students share their reflections and engage in group discussions.

The efficacy of the curricula will be measured using the Scale of Ethnocultural Empathy (SEE), a 31-question instrument developed by Wang et al. (2003), described as “a self-report instrument that measures empathy towards people of racial and ethnic backgrounds different from one’s own” (p. 221). Employing a 5-point Likert scale, the instrument was designed to measure empathy across four factors: empathic feeling and expression, empathic perspective-taking, acceptance of cultural difference, and empathic awareness. The SEE will be employed at three points: at the beginning and conclusion of the course, as well as six-months following the completion of the class.

Conclusion

This research has argued for the integration of empathy-centered learning objectives into the L2 curricula for preservice nursing students based on research from the field of narrative medicine. In considering a narrative-based approach to empathy acquisition, the capacity of video media to interest and engage learners has been presented, along with research demonstrating the efficacy of empathy acquisition through video narratives, specifically prerecorded interviews.

Research from NM consistently underscores the importance of following exposures to video narratives with post-viewing reflective exercises and group discussions. By additionally incorporating exercises to facilitate lexical and grammatical understanding, this approach may be adapted to

EFL curricula.

Facilitating learner empathic engagement with pre-recorded video patient interviews represents an opportunity for EFL educators to achieve multiple objectives. In addition to presenting learners with authentic and relevant conversational material in the target language, interviews with foreign-born patients enable learners to engage in perspective taking, from which they gain deeper awareness and understanding of cultural considerations underlying the patient experience. Such competence, in turn, is essential in achieving satisfactory healthcare outcomes.

References

- Ahmadzadeh, A., Esfahani, M. N., Ahmadzad-Asl, M., Shalbafan, M., & Shariat, S. V. (2019). Does watching a movie improve empathy? A cluster randomized controlled trial. *Canadian Medical Education Journal*, 10(4), e4.
- Alexander, M., Lenahan, P., & Pavlov, A. (Eds.). (2005). *Cinemeducation: a comprehensive guide to using film in medical education* (Vol. 1). Radcliffe Publishing.
- Bennett, M. J. (2005). Paradigmatic assumption of intercultural communication. *The Intercultural Development Research Institute*.
http://www.idrinstitute.org/allegati/IDRI_t_Pubblicazioni/3/FILE_Documento.pdf
- Brand, G., Wise, S., Siddiqui, Z. S., Celenza, A., & Fatovich, D. M. (2017). *Capturing the 'art' of emergency medicine: Does film foster reflection in medical students?* *Emergency Medicine Australasia*, 29(4), 433-437.
- Brooks, N. (1971). A guest editorial: Culture—a new frontier. *Foreign Language Annals*, 5(1), 54-61.
- Brown, H. D. (1973). Affective variables in second language acquisition. *Language Learning*, 23(2), 231-244.
- Byram, M. (1997). *Teaching and assessing intercultural communicative competence*. Multilingual

- Matters.
- Cambra-Badii, I., Francés, M. D. L., Videla, S., Farré, M., Montané, E., Blázquez, F., & Baños, J. E. (2020). Cinemeducation in clinical pharmacology: using cinema to help students learn about pharmacovigilance and adverse drug reactions. *European Journal of Clinical Pharmacology*, 76(12), 1653-1658.
- Chen, C. W. Y. (2018). Developing EFL students' digital empathy through video production. *System*, 77, 50-57.
- Charon, R. (2001). Narrative medicine: a model for empathy, reflection, profession, and trust. *Jama*, 286(15), 1897-1902.
- Charon, R. (2004). Narrative and medicine. *New England Journal of Medicine*, 350(9), 862-864.
- Charon, R. (2006). *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press.
- Chen, C. W. Y. (2018). Developing EFL students' digital empathy through video production. *System*, 77, 50-57.
- Cikara, M., Bruneau, E. G., & Saxe, R. R. (2011). Us and them: Intergroup failures of empathy. *Current Directions in Psychological Science*, 20(3), 149-153. <https://dspace.mit.edu/openaccess-disseminate/1721.1/70034>
- DasGupta, S., & Charon, R. (2004). Personal illness narratives: using reflective writing to teach empathy. *Academic Medicine*, 79(4), 351-356.
- DasGupta, S., Meyer, D., Calero-Breckheimer, A., Costley, A. W., & Guillen, S. (2006). Teaching cultural competency through narrative medicine: intersections of classroom and community. *Teaching and Learning in Medicine*, 18(1), 14-17. http://www.columbia.akadns.net/itc/hs/medical/residency/peds/new_compeds_site/pdfs_new/sayantani-teaching_ccthu_narrativemed.pdf
- Dave, S., & Tandon, K. (2011). Cinemeducation in psychiatry. *Advances in Psychiatric Treatment*, 17(4), 301-308.
- Deardorff, D. K. (2006). Identification and assessment of intercultural competence as a student outcome of internationalization. *Journal of Studies in International Education*, 10(3), 241-266.
- Dema, O., & Moeller, A. K. (2012). Teaching culture in the 21st century language classroom. University of Nebraska Faculty Publications: *Department of Teaching, Learning, and Teacher Education*, 181, 1-18. <http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1176&context=teachlearnfacpub>
- Dewaele, J. M., & Wei, L. (2012). Multilingualism, empathy and multicompetence. *International Journal of Multilingualism*, 9(4), 352-366.
- Ehrman, M. E., & Dornyei, Z. (1998). *Interpersonal dynamics in second language education: The visible and invisible classroom*. SAGE Publications, Incorporated.
- Eisenberg, N., & Strayer, J. (1987). Critical issues in the study of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 3-13). Cambridge University Press.
- Fantini, A. & Tirmizi, A. (2006). Exploring and assessing intercultural competence. *World Learning Publications*, Paper 1. http://digitalcollections.sit.edu/worldlearning_publications/1
- Feshbach, N. D., & Roe, K. (1968). Empathy in six- and seven-year-olds. *Child Development*, 39(1), 133-145.
- Friesem, Y. (2016). Developing digital empathy: a holistic approach to media literacy research methods. In *Handbook of Research on Media Literacy in the Digital Age* (pp. 145-160). IGI Global.
- Galloway, V. (1981). Communicating in a cultural context: The global perspective. In *Proceedings of the 1981 Summer Cross-Cultural Workshop for Foreign Language Teachers* (pp. 68-69). South Carolina State Department of Education Columbia, SC.
- Garcia, B., Lu, Y. E., & Maurer, K. (2012). Cultural empathy. *Field Educator*, 2(2), 1-8.
- Goldie, P. (2000). *The emotions: A philosophical*

- exploration. Clarendon.
- Gorring, H., Loy, J., & Spring, H. (2014). Cinemeducation: using film as an educational tool in mental health services. *Health Information & Libraries Journal*, 31(1), 84-88.
- Heidke, P., Howie V., & Ferdous, T. (2018). Use of healthcare consumer voices to increase empathy in nursing students. *Nurse Education in Practice*, 29(18), 30-34.
- Hodges, S. D., & Myers, M. W. (2007). Empathy. In R. F. Baumeister & K. D. Vohs (Eds.), *Encyclopedia of social psychology* (pp. 296-298). SAGE Publications, Inc.
- Jiang, L., & Gao, J. (2020). Fostering EFL learners' digital empathy through multimodal composing. *RELC Journal*, 51(1), 70-85.
- Kuhnigk, O., Schreiner, J., Reimer, J., Emami, R., Naber, D., & Harendza, S. (2012). Cinemeducation in psychiatry: a seminar in undergraduate medical education combining a movie, lecture, and patient interview. *Academic Psychiatry*, 36(3), 205-210.
- Lasa Álvarez, B. (2017). Reality TV shows and empathy in the EFL classroom. *Glottodidactica. An International Journal of Applied Linguistics*, 44(2), 9-23.
- Maggio, M. L. V., & Westcott, H. (2014). Researchers' reflections of empathy following interviews with migrants. *Qualitative Research Journal*, 14(3), 214-227.
- Marsh, E. J., & Fazio, L. K. (2006). Learning errors from fiction: Difficulties in reducing reliance on fictional stories. *Memory & Cognition*, 34(5), 1140-1149.
- Narrative. (2022). In *Cambridge Dictionary online*. <https://dictionary.cambridge.org/dictionary/english/narrative>
- Oatley, K. (1995). A taxonomy of the emotions of literary response and a theory of identification in fictional narrative. *Poetics*, 23(1-2), 53-74.
- Ostman, D. (2019). Reinterpreting empathy in intercultural competence. *Selected Papers from SUTLF 2018*, 20-32.
- Ostman, D. (2019b). *Gaining intercultural competence through literature: A contemporary curriculum for the university classroom* (Doctoral dissertation). University of Kumamoto, Kumamoto, Japan). <http://hdl.handle.net/2298/42564>
- Ostman, D. (2019c). Perspective-taking through flash fiction. In K. Tanaka & D. Tang (Eds.), *Journal of Research and Pedagogy Volume V: Global Englishes and Cross Cultural Education*. Otemae University Institute of International Education.
- Sanson-Fisher, R. W., & Poole, A. D. (1980). Simulated patients and the assessment of medical students' interpersonal skills. *Medical Education*, 14(4), 249-253.
- Sapir, E. (1929). The status of linguistics as a science. *Language*, 5(4), 208-214.
- Sercu, L. (2005). *Foreign language teachers and intercultural competence: An international investigation*. Multilingual Matters.
- Shankar, P. R. (2019). Cinemeducation: Facilitating educational sessions for medical students using the power of movies. *Archives of Medicine and Health Sciences*, 7(1), 96-103.
- Shapiro, J., Morrison, E., & Boker, J. (2004). Teaching empathy to first year medical students: evaluation of an elective literature and medicine course. *Education for Health*, 17(1), 73-84.
- Shea, S. C., & Barney, C. (2015). Teaching clinical interviewing skills using role-playing: Conveying empathy to performing a suicide assessment: A primer for individual role-playing and scripted group role-playing. *Psychiatric Clinics*, 38(1), 147-183.
- Schulz, R. A. (2007). The challenge of assessing cultural understanding in the context of foreign language instruction. *Foreign Language Annals*, 40(1), 9-26.
- Sweeney, K., & Baker, P. (2018). Promoting empathy using video-based teaching. *The Clinical Teacher*, 15(4), 336-340.

- Walls, R. T., Nardi, A. H., von Minden, A. M., & Hoffman, N. (2002). The characteristics of effective and ineffective teachers. *Teacher Education Quarterly*, 29(1), 39-48.
- Wang, Y., Davidson, M. M., Yakushko, O. F., Savoy, H. B., Tan, J. A., & Bleier, J. K. (2003). The scale of ethnocultural empathy: Development, validation, and reliability. *Journal of Counseling Psychology*, 50(2), 221–234.
- Welch, T. J., & Harrison, S. L. (2016). Teaching medicine through the study of literature: Implementing a fourth-year distance learning elective. *Academic Medicine*, 91(3), 360-364. https://journals.lww.com/academicmedicine/Fulltext/2016/03000/Teaching_Medicine_Through_the_Study_of_Literature_.31.aspx
- Whorf, B. L., Carroll, J. B., & Chase, S. (1956). *Language, thought and reality*. The Technology Press of Massachusetts Institute of Technology, and John Wiley & Sons, Inc.
- Zwaan, R. A. (1994). Effect of genre expectations on text comprehension. *Journal of Experimental Psychology: Learning, Memory, and Cognition*, 20(4), 920-933.

Student Project Focused on Providing Culturally-Sensitive Healthcare to Non-Japanese People in Japan

Michael Blodgett (mwblodgett@naramed-u.ac.jp), Paul Mathieson, Ryoko Kitazawa, & Francesco Bolstad

Nara Medical University

Abstract: *The second-year nursing English course at our university focuses on health care- and nursing-related topics. This culminates in a final project that includes research and a poster presentation about (1) the customs, beliefs, and practices of selected cultural groups, and (2) how Japanese health care professionals can best accommodate members of these cultural groups when providing them with health care. This paper describes and evaluates this student research and presentation project, with particular attention given to how it is implemented in the classroom and to the students' answers and comments in the post-activity review papers they completed following the presentations. A qualitative analysis was conducted on the 86 post-activity student review papers. The results suggest that the students learned important aspects of the cultures studied. Furthermore, students provided comments concerning how they could apply this newfound knowledge to patient care upon becoming nurses in the future. We conclude that this project was a successful introduction to foreign cultures in an English class, but that it should not be considered a replacement for actual training or interactions with people or patients from those cultures.*

Keywords: Japanese nursing students, nursing education, communicative English, cultural competence, culturally-sensitive health care

Japan has a long history of being a homogenous country where a very large majority of the population is Japanese and identifies with Japanese culture. Nevertheless, in recent years that has been changing somewhat rapidly as more and more non-Japanese people choose to make Japan their home. The number of non-Japanese residents continues to rise yearly, with the current population standing at 2.75 million, or 2.2% of Japan's total population (Statistics Bureau of Japan, 2021). Foreign tourism has likewise been growing rapidly over the last decade with the number of inbound tourists just before the pandemic rising to around 30 million annually (Japan National Tourism Organization, 2022). It is not only sightseeing trips that entice people to visit Japan. People from abroad are coming to seek medical care as well. Medical tourism, which Mestrovic (2018) defines as "international travel for the purpose of receiving care", has been increasing in recent years. There is even hope that Japan will become the top destination for medical tourism in Asia, with tens of thousands of foreign

medical tourists having visited Japan annually in the years immediately preceding the recent pandemic (*Medical Tourism Magazine*, n.d.). Additionally, with a large elderly population and the workforce decreasing, Japan is turning to nurses and care workers from countries such as the Philippines, Indonesia, and Vietnam who come to Japan to study and train through the Economic Partnership Agreement (Vilog et al., 2020). This suggests a future where nurses in Japan not only care for non-Japanese patients, but also work alongside them. Combined, these phenomena indicate that it is increasingly essential for those working in health care to have a higher level of understanding of foreign cultures so that they can provide culturally-sensitive care, especially to those groups with significant populations either living in Japan or traveling to Japan as tourists. This led us to develop and incorporate learning activities in our English classes that promote intercultural communication and understanding.

An Overview of Nursing English Courses at Our Institution

There are two years of compulsory English courses for nursing students at Nara Medical University (NMU). In the first year, our curriculum focuses on four-skills general English with an emphasis on presentation skills through the practice of mini-presentations. In the second year, we shift to Content and Language Integrated Learning (CLIL) focused on nursing and health care English and include the concept of intercultural competence discussed in this paper.

The Cambridge Dictionary defines culture as “the way of life of a particular people, especially as shown in their ordinary behavior and habits, their attitudes toward each other, and their moral and religious beliefs” (2022). Considering this definition, both the first and second-year curricula contain cultural elements. In the first year, cultural themes are broadly addressed in course materials. For example, a unit on food shares the history and perception of food in cultures throughout the world, while a unit on family discusses how the definition of a family may differ by country.

In our second-year course, we move into nursing and health care-focused content, with explicit intercultural competence goals built into the curriculum. The two years of combined English courses, and in particular our second-year curriculum, aim to satisfy the MEXT goal of developing and fostering intercultural communication skills for our students to help them deal with people from different cultural backgrounds after they become nurses (Committee for Fostering Human Resources in Nursing Education, MEXT, Japan, 2017). The culmination of our two-year curriculum is a research and presentation project in the final semester focused on developing intercultural competence to provide culturally-sensitive health care to non-Japanese people in Japan.

Project Background & Design

Cultural competence is an essential skill for nurses. The Chicago School (2021) explains, “cultural competence in nursing implies the ability of health care workers to give the best medical care to patients while demonstrating cultural awareness for their beliefs, race, and values”. Campinha-Bacote (2002, 2011) has taken this concept of cultural competence and created the Model of Cultural Competence in Health Care Delivery, which was specifically designed for nurses. In it, she explains that cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 2002, 2011). These five constructs coalesce around three key processes. The starting point is self-examination, where one looks at their own culture and place within that culture. From self-examination it becomes possible to build one’s knowledge and skills concerning other cultures, both in terms of learning about them and experiencing them. Finally, both of these processes are meant to stimulate the desire in the nurse, or nursing student in this case, to continue to learn not only about themselves and their own culture, but about other cultures, and how to effectively communicate with people from those cultures. With Campinha-Bacote’s model in mind, we created a research and presentation project for our class.

To introduce the project, the semester begins with an intra-cultural reflective activity that utilizes the first construct of Campinha-Bacote’s model: self-examination. In it, the students are presented with a number of reasonably well-established Japanese cultural symbols such as sushi, sumo, and natto. The students are then asked to move toward different sides of the room depending on how connected they feel to that aspect of Japanese culture. The activity is designed to start the semester with some fun, but more importantly to show the students that even

within their own culture, there is quite a bit of variation. A further goal is that by showing students that variation exists within their own culture, they will avoid engaging in cultural essentialism, the presumption “that there is a universal essence, homogeneity, and unity in a particular culture” (Holiday, 2010, p. 1). In particular, we aim to help our students avoid assuming that all members of the cultural group they are researching are one and the same and should be treated accordingly. As a way of augmenting the cultural self-reflection process, we include a short class unit on intercultural understanding and competence at around the halfway point of the course (before students begin their intercultural communication presentation project). This class unit includes a handout (Appendix A) that is designed to review and reinforce the concepts taught through the self-reflective activity completed at the beginning of the course.

Finally, in order to make this project more relevant and meaningful for our students, we focus on the most recent demographic data available on non-Japanese residents in Japan. We selected 10 of the ethnic groups (based upon country of origin) which are near the top of that list: Chinese, South Korean, Filipino, Brazilian, Taiwanese, Vietnamese, Indonesian, Thai, Peruvian, and Indian (Immigration Services of Japan, 2019). These groups represent the nationalities of patients that our students are most likely to encounter when working as nurses in Japan in the future.

Project Description and Implementation

In our English courses over two academic years, the students have had several opportunities to research and present, starting with mini-presentations and finishing with one eight-minute final presentation in the first year, and finally moving on to two end-of-the-semester presentations in the second year. As previously

mentioned, the second-year presentations are centered on nursing and healthcare-focused topics. Thus, the final presentation project on intercultural understanding is the culmination of two years of practice and study. By providing the students with these step-by-step opportunities starting in the first year, they become familiar with creating and giving presentations in both online and in-person settings.

Format

The intercultural communication presentation is an in-class pair-created poster presentation of approximately 3–4 minutes with a theme of intercultural understanding in health care. The teachers introduce the project by handing out an information sheet (Appendix B) early in the semester (week 4) that includes the details of the project as well as some suggested questions that they should consider before they get started. After student pairs are decided, students are asked to research and present on one of the ten given cultural groups listed, with the condition that no two pairs will present on the same cultural group.

This group project can be broken down into three steps: research and poster creation, presentation, and a review paper.

Step 1: Research and Poster Creation

To facilitate student preparation, the teachers use the “small groups” function within Edmodo, a learning management system (LMS) that we have used regularly at NMU as a virtual classroom solution since the pandemic forced us to have an online component to our classes. Students can brainstorm and share information and research materials with each other and their teacher by posting in those small groups. The teacher can also check in with the small groups to see if students have any questions as they work on their research.

As a part of the project, we strongly

encourage the students to conduct primary research. How they go about this research is at the students' discretion. However, we offer advice on how to potentially connect with members of the cultural group they are researching, such as posting questions in an online discussion forum related to the cultural group, contacting members of the cultural group through social media platforms, and even seeking out members of the culture directly. For example, if they have chosen India for their cultural group, the students could visit the local Indian restaurant nearby campus and politely ask if the staff would answer some questions for a school project. We also briefly explain the types of questions they might ask, such as questions specifically about aspects of the target culture and questions about their experience in the Japanese healthcare system. After gathering enough information, the students work as a team to make a poster using the A1-size poster paper provided to them by the teachers.

Step 2: Presentations

Presentation day takes place near the end of the semester (week 13). With posters displayed, students take a few minutes to rehearse their presentations before the actual presentations begin. In a carousel style, one member of each pair will stand by their poster and give a presentation about the cultural group they researched while their partner listens to the presentations on the other cultural groups. Each student in the class has the chance to present 3–5 times, time permitting. This also means that each student will have the chance to listen to at least 3–5 presentations. The teacher also walks around the classroom and listens in order to assess each presentation.

It is not enough for the students to just prepare and give presentations. It is equally important to actively listen to their classmates' presentations. Communication is, after all, one of the skills we focus on in English class. We strongly

encourage the students to be active listeners and to ask thoughtful questions to the presenters. Students are also advised to take notes as they will be required to write a review paper about the presentations later.

Step 3: Review Paper

Following the presentations, the students are required to complete a review paper (Appendix C). In the review paper, the students are asked to draw upon the things they learned in their research about the cultural group that was the subject of their own presentation, as well as a cultural group that was the subject of one of the presentations they watched and listened to in class. The review paper works as an additional assessment tool, but just as importantly, it creates an opportunity for student feedback on the project itself.

Student Feedback from Review Papers

The principal purpose of the review paper assignment was to allow the teachers to assess whether the students learned about the cultural components of the cultural groups which they researched and which their classmates presented on. Secondly, we wanted to see if the nursing students thought about how they might apply this knowledge to a nursing context, considering how knowing about the cultures of their patients could help them to provide culturally-sensitive healthcare.

Cultural Themes

We looked closely at the 86 submitted review papers and did a qualitative analysis of the answers. The first step was to code each student by number (R1–R86). The next step of this analysis was to look through the papers and identify the themes presented. We identified seven themes: the body, communication, food, religious and cultural beliefs, death and dying, health care and society, and family relations. Of these themes, the body, communication, food,

Table 1
Number of Students Who Mentioned Each Theme

Cultural Themes	Number of students
The Body	60
Communication	48
Food	31
Religion & Cultural Beliefs	56
Death & Dying	11
Healthcare & Society	12
Family Relations	22

and religious and cultural beliefs were mentioned most frequently, as can be seen in Table 1.

Sub-themes

We then divided each of these themes into sub-themes to better understand in detail the aspects of culture the students found to be important. Each of the themes included anywhere from two to six sub-themes. In the following, we will describe the sub-themes for all seven themes and how many students discussed these sub-themes in their review papers.

The first theme, the body, has four sub-themes which include: touching (29 students), sacred/dirty parts of the body (13 students), toilet usage (13 students), and showering/bathing (five students).

The second theme, communication, has four sub-themes as well, including language (e.g., official languages, the necessity for an interpreter, gestures, illustrations, etc.) (30 students), relationships with others (e.g., physical/psychological closeness, hierarchy, etc.) (five students), how to call a patient's name (four students), and how to express one's feelings (e.g., straightforwardness, consideration of others, etc.) (nine students).

The third theme, food, has three sub-themes including eating habits (e.g., balance/size of meals, number of meals per day, etc.) (three students), eating manners (e.g., using hands, eating with family, purposely leaving a portion of food uneaten, etc.) (13 students), and dietary

preferences (e.g., strong seasoning, serving cold water during a meal, seasonal foods, etc.) (15 students).

The fourth theme, religious and cultural beliefs, has six sub-themes including food restrictions (e.g., no pork, no beef, vegetarian, fasting, etc.) (24 students), clothes (e.g., females' skin exposure) (5 students), prayer time/place (15 students), punctuality (eight students), numbers (e.g., superstitions) (two students), and importance of nature (two students).

The fifth theme, death and dying, has three sub-themes including religious views (e.g., resurrection, abortion issues, etc.) (four students), how to die (e.g., meeting with a priest at the end of one's life, where to die, etc.) (five students), and how to treat a patient after they die (two students).

The sixth theme, healthcare and society, has two sub-themes: the medical system (e.g., 24-hour care, ranking hospitals, etc.) (six students) and payment (e.g., medical costs and insurance) (six students).

The seventh theme, family relations, has four sub-themes including families at the hospital (e.g., family visits and family members taking care of the patient) (four students), the importance of family (10 students), family structure/relationship (e.g., polygamy, patriarchy, etc.) (four students), and respect for elders (four students).

Student Comments

After performing the thematic analysis, the next step was to go back through the papers and look for instances where students wrote comments that expressed an understanding of how the knowledge they obtained through this project was important for dealing with patients who come from a different culture than their own. As expected, most, if not all, of the students wrote sentences that successfully answered the questions laid out in the review paper assignment at a basic level. Of these students, however, there

were several that seemed to take it a step further, thoughtfully writing comments that expressed an understanding of culture on a deeper level, something that we hoped would happen as we set up this activity. This can be seen in the following examples of student comments.

About the communication theme, R11 wrote, *"I learned that there are many problems other than communication such as language when non-Japanese people receive medical treatment in Japan. When a multinational person comes as a patient, the medical staff needs to investigate the characteristics of the person's country, and I think it is necessary to make a board of the person's language for that person."*

In regard to religious beliefs, R13 commented, *"Through presentations about other countries, I felt that it was necessary to study the religion and values of that country in order to provide culturally sensitive medical care."*

Concerning food, R49 wrote, *"I learned that in order to provide sensitive medical care, it is important to pay attention to the content of food because there are some foods that people cannot eat due to cultural reasons."*

Regarding providing care, R4 wrote, *"Understanding, respecting, caring for the patient's culture is what medical professionals must do."*

Finally, R29 concluded, *"Patients have national characteristics of each country. We learned that we can communicate more comfortably for the patients and the nurses and provide more comfortable nursing care for the patients by knowing the patient's place of origin and studying the culture beforehand."*

One caveat worth mentioning here is that a few students who successfully described several aspects of the cultural groups they studied about did not consider how they could apply this knowledge to nursing care for members of those groups while they were patients at a hospital in Japan. Instead, they wrote about things that Japanese nationals should consider when they are

in a hospital overseas based on the information they researched about through their presentation and their classmates' presentations.

Discussion

In this paper, we described a research and presentation project for a second-year English class for nursing students that focused on an introduction to cultural competence based on concepts laid out in the Model of Cultural Competence in Health Care Delivery (Campinha-Bacote, 2002, 2011). This included a self-reflective activity at the beginning of the semester where the students were able to analyze aspects of their own culture. This was followed by a short unit in the middle of the semester where the students once again reflected on their own culture and also imagined themselves as a patient at a hospital abroad. Finally, the students engaged in research about a particular cultural group that is well represented in Japan and made a presentation on it to their classmates and teacher at the end of the semester.

Based on the student feedback during and after the presentations, the response to the project was overwhelmingly positive. As we walked around the classroom during the presentations, the excitement was palpable. After completing the hard work of researching and preparing their presentation, our students seemed to enjoy teaching their classmates about the cultural group they had researched. There were a lot of smiling faces as they shared interesting information about cultural customs and fielded questions in English from their classmates and teacher. Secondly, the students who walked around and listened to the presentations were engaged. They actively listened, took notes, and asked questions to the presenters, often continuing to ask questions or discussing further even after the presentation time had finished. Campinha-Bacote's model states that cultural desire, a genuine motivation

to want to become more aware and knowledgeable about cultures, is one of the key components of cultural competency (Campinha-Bacote, 2002, 2011). The nursing students seemed rather tuned into this concept in this setting.

The review papers that the students completed following the presentations also showed us that they had become more aware of the fact that each culture has distinguishable features, and there are often both similarities and differences between cultures. The student comments shared in the previous section suggest that several of the students also thought about how the cultural awareness and knowledge they had obtained through this project might translate into becoming better nurses to non-Japanese patients.

This project is not without its limitations. As an introduction to the concepts of culture and intercultural competence in a college-level English class, it served its purpose. On the other hand, we do not consider this a replacement for or equivalent to cultural competence training in a hospital or clinical setting or the experience of interacting with non-Japanese people or patients. Although the students enthusiastically researched and presented about cultural groups, most of the students were reluctant to reach out to people from those communities to learn firsthand from them. In one study exploring the cultural sensitivity of Japanese nurses, Toda et al. (2018) found a similar sentiment. The majority of respondents had very little confidence when it came to interacting with non-Japanese people, suggesting that more training and experience are necessary.

One way that we could improve this project is to take it a step further by creating a situation where we facilitate interactions between the nursing students and members of the foreign cultures studied. It was not enough to just suggest that the students attempt to connect with non-Japanese people unassisted. Instead, creating a

component of the course where we bring in members of foreign communities could be worthwhile. Chiu et al. (2018), working at a nursing school in Japan, created a workshop to promote cross-cultural care among Japanese nurses and the results were rather encouraging. Not only did the students seem to benefit from the experience, but the foreign community members who participated benefitted as well.

For educators considering implementing a project similar to this one, we offer the following recommendations based on our experience. First and foremost, it is important to introduce the project early on in the semester. We have a fifteen-week semester and introduce the project in week four. At this time, we not only introduce the project and its purpose but also decide on the pairs and which topics each pair will research. We allow the students to make their own pairs and choose the cultural group they desire to research from a list that we give them of cultural groups well-represented in Japan. The presentations take place in week thirteen, more than two months later. This allows for plenty of time for pairs to work together on the project, which eventually accounts for 20% of their class grade. We have the students do the majority of the work outside the classroom as we have quite a full curriculum to get through besides this project.

Nonetheless, we find it worthwhile to schedule between two and three sessions, from the time we assign the project in week four to the day of the presentations in week thirteen, where the pairs can work together on the project in class under teacher supervision. This accomplishes two important things. First, it allows teachers to monitor students' progress and make sure they are on track. Second, it allows the teachers to troubleshoot. In the first year that we included the project, there were some pairs that, although they had prepared a presentation, had somehow completely misunderstood the purpose of the assignment. This could have been due to the

English level of the students. In our nursing classes, we have quite a variety of levels in each class. Therefore, by having a couple of project work sessions during class, the teachers can check in to see whether students have questions about the assignment and also provide guidance to low-proficiency students who need extra support. This has reduced misunderstandings and ensures that nearly all students complete the project successfully.

As we have conveyed throughout this paper, the number of non-Japanese people residing in or traveling to Japan will continue to increase in the future. If we can help our nursing students become aware of this fact and better prepare them to interact with people of different cultures, we believe this will contribute to their becoming nurses who can provide culturally-sensitive care in the future.

References

- Cambridge Dictionary. (n.d.). Culture. In the *Cambridge English Dictionary*. <https://dictionary.cambridge.org/dictionary/english/culture>
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181–184.
- Campinha-Bacote, J. (2011). Delivering patient-centered care in the midst of a cultural conflict: The role of cultural competence. *The Online Journal of Issues in Nursing*, 16(2).
- The Chicago School. (2021, Dec. 7). *The Importance of Cultural Competence in Nursing*. The Chicago School of Professional Psychology. <https://www.thechicagoschool.edu/insight/health-care/the-importance-of-cultural-competence-in-nursing/>
- Chiu, C., Nakano, K. & Omori, J. (2018). Workshop to promote patient-centered cross-cultural care among Japanese nursing students. *Nursing Nexus*, 2(2), 6–12.
- Committee for Fostering Human Resources in Nursing Education, MEXT, Japan. (2017, October). *Model Core Curriculum for Nursing Education in Japan*. Ministry of Education, Culture, Sports, Science, and Technology. https://www.mext.go.jp/content/20200428-mxt_igaku1217788_4.pdf
- Holiday, A., Hyde, M., & Kullman, J. (2010). Introduction: Defining concepts. In A. Holiday, M. Hyde, & J. Kullman (Eds.), *Intercultural Communication: An Advanced Resource Book for Students* (2nd ed., pp. 1–5). Routledge.
- Immigration Services Industry of Japan. (2019). *Statistics on Foreign Residents in Japan*. https://www.isa.go.jp/en/policies/statistics/toukei_ichiran_touroku.html
- Japan National Tourism Organization. (2022). *Trends in Visitor Arrivals to Japan*. <https://statistics.jnto.go.jp/en/graph/#graph--inbound--travelers--transition>.
- Medical Tourism Magazine. (n.d.). *Japan - Realizing Medical Tourism Potential*. Medical Tourism.Com. <https://www.magazine.medicaltourism.com/article/japan-realizing-medical-tourism-potential>.
- Metrovic, T. (2018, Aug 23). *What is Medical Tourism?* News Medical Life Sciences. <https://www.news-medical.net/health/What-is-Medical-Tourism.aspx>
- Statistics Bureau of Japan (2021). *Basic Complete Tabulation on Population and Households of the 2020 Population Census of Japan was released*. Statistics Bureau Home Page/News Bulletin December 28, 2021. <https://www.stat.go.jp/english/info/news/20211228.html>
- Toda, T., & Maru M. (2018). Cultural sensitivity of Japanese nurses: Exploring clinical application of the intercultural sensitivity scale. *Open Journal of Nursing*, 8, 640–655. <https://doi.org/10.4236/ojn.2018.89048>.
- Vilog, R. B. T., Arroyo, M K. H. D., & Raquinio, T. G. G. (2020). Empowerment issues in Japan's care industry: Narratives of Filipino nurses and care workers under the Economic Partnership

Agreement (EPA) labour scheme. *International Journal of Asia Pacific Studies*, 16(1): 39–69,
<https://doi.org/10.21315/ijaps2020.16.1.2>

Appendix A**Intercultural Competence Handout**

- ☐ In order to provide culturally competent nursing care, the starting point is thinking about your own cultural background. In your opinion, what are some of the most important customs and cultural beliefs in Japan? Write your answers in the box below:

- ☐ The managers of a healthcare clinic in Shanghai want to provide more culturally-sensitive healthcare to Japanese residents and Japanese tourists in Shanghai. The managers of the clinic have asked you for your advice about how they might be able to achieve their goal. Write your advice in the box below:

Appendix B

NMU Second-Year Nursing Clinical English

GROUP PROJECT INFORMATION (SECOND SEMESTER)

- ❖ The group presentations will be on Tuesday, 21 December.
- ❖ Your teachers will give you some time in class to prepare for your group presentation. However, you will also need to do some preparation for the group presentation outside of class.
- ❖ The format for the group presentation is as follows:
 - It is a pair presentation;
 - The presentation should be about **intercultural understanding in healthcare** (you need to choose a cultural group from the list of cultural groups below);
 - For the presentation, you need to prepare:
 - (1) a **poster** about your intercultural understanding in healthcare topic;
 - (2) **presentation notes** for your roughly 3-4-minute in-class presentation about your intercultural understanding in healthcare topic.
- ❖ When you are preparing your poster and notes, you should think about these questions: (1) *What are some of the most common beliefs and customs in this cultural group?* (E.g., beliefs or customs relating to language and communication practices, religious beliefs, diet, healthcare beliefs, family roles and social structure, etc); (2) *How can Japanese healthcare professionals provide culturally-sensitive healthcare for people from this cultural group?* (E.g., communication with the patient and their family, medical procedures, alternative treatments, the hospital environment, dealing with death and dying, etc)
- ❖ You should choose ONE cultural group from the list below. (Students are also able to choose a cultural group that is not included in the list below, but you need to discuss it with your teacher.)

LIST OF CULTURAL GROUPS

- | | | | |
|--------------|-----------------|---------------|--------------|
| 1. Chinese | 2. South Korean | 3. Filipino | 4. Brazilian |
| 5. Taiwanese | 6. Vietnamese | 7. Indonesian | 8. Thai |
| | 9. Peruvian | 10. Indian | |

NAME: _____ STUDENT NUMBER: _____

GROUP PROJECT REVIEW PAPER (SECOND SEMESTER)

❖ Answer questions 1 and 2 below. You should write about 150 words for each question.

1. What did you learn about providing culturally-sensitive healthcare for the cultural group that you researched?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. What did you learn about providing culturally-sensitive healthcare for other cultural groups? (You should write about at least TWO other cultural groups that your classmates gave presentations about.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Looking at English Education in Japan from the Inside Out: Nursing Students' Perspectives

Rima Ghashut (g-rima@naramed-u.ac.jp), Sufian Elfandi, Lisa Hashizume, Koichi Tanaka, Daiki Ninomiya, & Francesco Bolstad

Nara Medical University

Abstract: English is the language of communication in the international field of science. According to the National Curriculum Standards (2008-2009 Revision), the Japanese Ministry of Education, Culture, Sports, Science, and Technology (MEXT) adopted reform plans to establish an educational environment that would enhance Japanese scientists' ability to participate in research at a global level. Nevertheless, Japan still ranks low in this field. This study aims to investigate the difficulties and challenges in learning English facing Japanese nursing students and proposes solutions that may help to counteract such difficulties. The participants consisted of 169 students, with 93%, 80%, 38%, and 72% of the students reporting having difficulties in speaking, writing, reading, and listening to English, respectively. Most students felt inadequate in situations requiring English communication. In their free responses, 59% percent emphasized the importance of having more speaking activities in class, while 18% proposed non-traditional teaching activities (for example, use of English games, quizzes and movies). Additionally, 16% highlighted the difficulties of using English in their daily lives, and 6% thought there was no need to study English. In conclusion, after many years of English language education based on the grammar-translation teaching approach, more effort is needed to focus on communicative English in Japan.

Keywords: Japanese nursing students, English teaching, English in Japan

English has been the primary language of globalization (Jenkins & Leung, 2014). Its most extensive use is as a lingua franca among speakers from different first language backgrounds, mainly, but not exclusively, for non-native English speakers from countries with no history of British colonization (Jenkins & Leung, 2014) such as Japan. With a view to participating in a global environment, promoting and strengthening English education was given an important role in the Japanese Ministry of Education, Culture, Sports, Science, and Technology's (MEXT) "Japan 2020 vision" (Tada, 2016). Haruoka (2019) highlighted the focus of the MEXT (2008b) plan on speaking and listening rather than reading and writing. However, English has no official status in Japan and is not often used in everyday communication (Yano, 2011).

MEXT has adopted a series of policies applicable to elementary, secondary, and tertiary education and has worked to implement these policies through its regulation of the Japanese school system and through a public relations

campaign to build support for its policies and programs (Hashimoto, 2007). In 2013, MEXT issued a report titled "English Education Reform Plan Corresponding to Globalization," stipulating that by 2020, English instruction would start in Grade 3 and English classes in Grade 5 and 6 would be changed to a formal academic subject (MEXT, 2013).

Despite all these efforts to teach English, Japan still ranks low globally, suggesting that English language education may not be as effective as it could be (Morita, 2017). In fact, in 2015, Japan's average total score on the TOEFL was 71, the second-lowest in Asia. The Lao People's Democratic Republic ranked lowest at 66, while Singapore is highest at 97 (Education Testing Service, 2016). A critical factor in the lack of success in English language education is that English is taught chiefly using the grammar-translation method, especially in Japanese middle schools and high schools (Rosenkjar, 2015; Stewart & Miyahara, 2011). Despite MEXT's reforms, this outdated grammar-translation

method is still widely used in schools and universities. Focusing mainly on the use of the grammar-translation method has been associated with neglecting the development of communicative competencies, intercultural awareness, and global perspectives (Whitsed & Wright, 2011).

The Nara Medical University Department of Clinical English has developed a required English-speaking fluency program, which extends over the first and second years, in order to help our students to improve their spoken English ability (Ghashut et al., 2019). The first-year nursing course is a general, four-skills, communicative English course designed to prepare students for the more difficult content-based second-year nursing and healthcare English course (Ghashut et al., 2019). Accordingly, our courses cover the four English language skills; including listening, speaking, reading, and writing, with the intention that our students develop the ability to use English effectively in the real world. However, as speaking and listening are the main skills required for English communication, many Japanese students face difficulties, because in Japan, speaking and listening proficiency is not given as much attention as reading and writing skills (Ku et al., 2021). Therefore, at NMU, as our primary aim is to improve our future nurses' communication skills, we emphasize the teaching of English speaking and listening skills in our classes.

In this study, we investigated our nursing students' thoughts and reflections on the areas where they felt their English skills most needed to be improved. In addition, we also elicited their views on how English language teaching in Japan might be improved.

Method

The study was conducted at Nara Medical University during the 2020–2021 academic year; in the final class of the academic year, we asked students to fill out a semi-structured questionnaire. This questionnaire was based on a

survey carried out by a research team in the University of Jyväskylä (Leppänen et al., 2011). The questionnaire was adapted and modified by one of the co-authors (S. E.) and translated into Japanese by two of the co-authors (L. H. & K. T.). Students were asked to complete the paper questionnaire in class. Also, students were given the option to answer the free response question in section (7.4) using either English or Japanese, according to their preference. We explained the purpose of the study and guaranteed the anonymity of the students' responses to the questionnaire. Consent was obtained from the students.

Because this study is one part of a larger ongoing research project, only the sections of the questionnaire used in the data analysis for this study are included (see Appendix A for the English questionnaire and Appendix B for the Japanese version).

The Questionnaire

The semi-structured questionnaire was composed of three sections. The first part covered the students' demographic data including age, gender, and school year.

The second part covered how many years they have studied English and required students to evaluate their English skills in four categories: I speak English, I write English, I read English, and I understand spoken English. Using a Likert scale, we asked students to evaluate each skill from 1 to 5, with 1 being "fluent" and 5 "not at all fluent."

The second part also covered situations in which students felt their English skills to be inadequate. Seven conditions were available for students to choose from, and multiple responses were allowed. The conditions were as follows: (i) when reading in English, (ii) when writing in English, (iii) in situations which require listening comprehension, (iv) when discussing with native speakers of English, (vi) when traveling abroad, and finally (vii) I do not feel that my English

language skills are inadequate in any situation.

The third part was an open-ended question; we asked the students about their thoughts on improving English language teaching in Japan. Students were given the option to answer in Japanese or English.

Results

Participants

A total of 87 students from year one and 89 students from year two participated in this study. A total of 7 students (3 from year one and 4 from year two) did not complete the questionnaire and their answers were not included in the study. Of those who completed the questionnaire, 164 (97%) were female and 5 were male (3%). The ages of the participants were as follows: 62 (37%) were aged 18, 42 (25%) were aged 19, 60 (35%) were aged 20, and 5 (3%) were 21 or older. Regarding how long they had been studying

Table 1

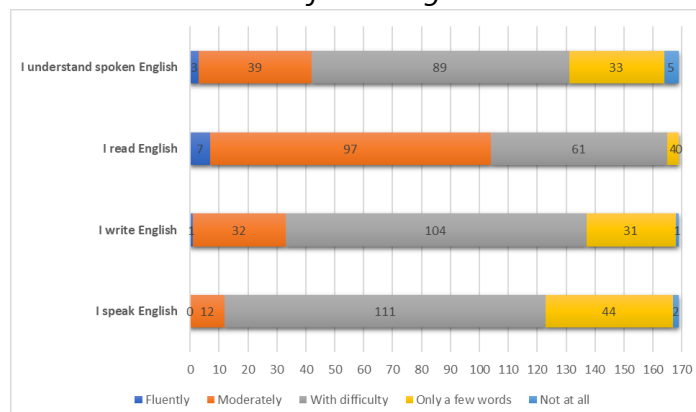
Demographic data of the participants

	Number	Percentage
Total number of participants	169	
1 st year students	84	
2 nd year students	85	
Gender of participants		
Male	5	3%
Female	164	97%
Age (years)		
18	62	37%
19	42	25%
20	60	35%
>20	5	3%
English study period (years)		
3-5	7	4%
6-10	131	78%
11-15	31	18%

Note: Data from 7 students who did not complete the questionnaire is not included in this table.

Figure 1

Students' evaluation of their English skills



English, 7 (4%), 131 (78%), and 31 (18%) students had been studying English for 3–5, 6–10, and 11–15 years, respectively, as shown in Table 1.

English Skills

Students evaluated their English skills as follows (Figure 1).

Speaking Skill

Twelve students (7%) thought their English-speaking skills were moderate, 111 (66%) indicated that they can speak but with difficulty, 44 (26%) can speak only a few words, and two students (1%) thought their English-speaking skills were not good at all.

Writing Skill

One student (1%) thought that their English writing skill was fluent, 33 (19%) thought that their English writing skills were moderate, 104 (61%) believed they could write, but with difficulty, 31 (18%) stated that they could write only a few words, and one student (1%) thought that their English writing skills were not good at all.

Reading Skill

Seven students (4%) evaluated their English reading skills as fluent, 97 (58%) evaluated their reading skills as moderate, 61 (36%) could read, but with difficulty, and four students (2%) could read only a few words.

Listening Skill

Three students (2%) thought that their listening skills were fluent, 39 students (23%) thought that their skills were moderate, 89 (53%) could understand spoken English but with difficulty, 33 (19%) could understand only a few words of spoken English, and five (3%) students thought that their listening skills were not good at all.

English Skills Inadequacy

Students also identified situations where they felt their skills to be inadequate (Figure 2). More than one answer was possible, and the results were as follows: 56 students (33%) felt that their English skills were inadequate when they read in English, 110 (65%) thought that their English was deficient when writing in English, 126 (75%) reported that their English skills were insufficient in situations which required listening comprehension, 125 (74%) thought that their English was inadequate when discussing with native speakers of English, 46 (27%) reported that their English skills were insufficient when they travel abroad, four students each (2%) thought that their English was inadequate when taking tests and when reading YouTube comments, and one student (1%) did not feel that their English skills were insufficient in any situation.

Open-Ended Question

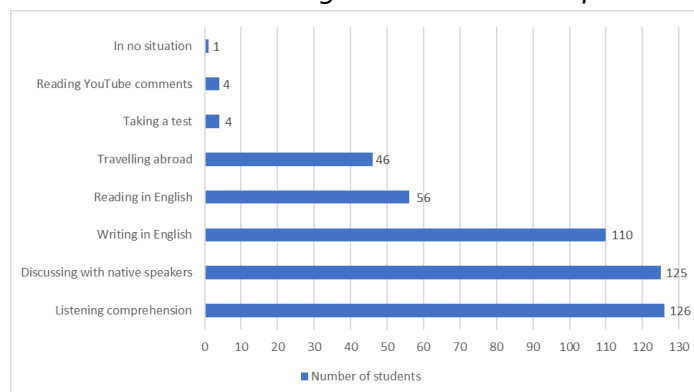
Fifty-six students responded to this question. Their responses were categorized into four themes, focusing on speaking, studying English in class, English in daily life, and no need to learn English. All students answered the question in Japanese.

Discussion

Most of our nursing students have studied English for six to ten years, yet felt they still have difficulties understanding spoken English, speaking English, and even writing in English. Students evaluated their English reading skills more highly than the other three skills.

Figure 2

Situations in which English skills are inadequate



English Skills

Sixty-six percent of our nursing students reported that they could speak English with difficulty, and 25% could speak only a few words. With regard to their listening skills, 53% stated that they could understand spoken English but with difficulty, and 19% evaluated their listening skills as being “not good at all.” Speaking English as a second language can be challenging, particularly for learners who are not living in an English-speaking country.

In Japan, exposure to English outside the classroom has been found to be insufficient (Mizumoto & Takeuchi, 2008). Our nursing students are not an exception. In most cases, students only make an effort to speak English in class when under their teachers’ supervision. However, students have less chance to speak English outside of class, and they almost never hear people speaking English around them. As a result, it is challenging to practice and improve their English communication skills. In addition to the students’ learning environment, it is normal to feel embarrassed when speaking a second language. This feeling may be because students cannot express themselves adequately or because of the fear of making mistakes, which is common among Japanese people. This fear can present a great obstacle to conversation in a language class (Doyon, 2000).

Surprisingly, 75% of students reported inadequate writing skills. As English educators in

Japan, we consider reading and writing to be among the strengths of Japanese learners of English. Since speaking and listening are not given as much attention as the development of reading and writing skills in Japan, most people do not question this imbalance in the conventional school curriculum (Ku et al., 2021). In addition, many teachers assume that students in Japan might find writing English easy, since students in Japanese high schools have been trained to write in English for university entrance exams, and because written English texts are usually more organized, more carefully formulated, and less time-pressured.

However, in our department, in one writing exercise where we teach students how to answer essay questions, we encourage them to answer the essay question in an organized manner with an introduction, main body, and conclusion. In the introduction, students need to explain why the topic is important and give an overview of the topic. In the body, students are expected to provide two or more reasons or examples to support their answers, and they are expected to summarize their answers in the conclusion. This structure might be slightly different from what they learned in high school, so that might be the reason why students felt that they could write English but with difficulties.

Reading was the skill in which our students felt the most confident. Fifty-eight percent of the students thought that their English reading skills were moderate. Only four percent thought they are fluent. Yet 36% reported difficulties when reading in English. Students are familiar with English reading in their high school classes since most classes focus more on reading comprehension than the communicative component (Ku et al., 2021).

Additionally, students recognized the situations where they felt their English skills were most deficient. Most of the students thought they lacked English skills for listening comprehension

and when talking with a native speaker, while 27% of the students reflected on their inadequate English skills for traveling abroad. It is worth mentioning that this study was conducted during the coronavirus disease (COVID-19) pandemic. Therefore, students had fewer chances to travel outside Japan and use English abroad. Only 2% of students reported that their English skills were inadequate for taking English tests. With the expansion of the use of social media by the students, we had expected that more students would have English difficulties related to social media use. However, only 2% of students felt that their English skills were inadequate when reading YouTube comments; this might be because students were not interested in English content, preferring instead to rely mainly on Japanese content. Only one student (1%) was confident about their English skills. Most of the students would still express lack of confidence when it comes to writing in English and to a lesser extent when reading an English text.

Students' Perspectives on How to Improve English Teaching

At the end of the questionnaire, we asked the students to express their own thoughts and ideas on English teaching in Japan and how it can be improved. Students' responses were translated from Japanese to English. We conducted a content analysis on the English translation, dividing students' responses into four categories: focus on speaking, teaching English in class, English in daily life, and no need to study English.

Focus on Speaking

Nearly all students in this study (93%) reported that their English-speaking skills were moderate or below. Therefore, focusing on speaking was frequently mentioned by the students. Most students highlighted the flaws in the English teaching style of their junior and senior high schools, namely focusing more on reading and

writing than on speaking and listening, particularly with regard to the grammar-focused learning style. The following students clearly expressed it:

"It is nonsense to study only grammar. It is good to make more chances to speak English."

"We only focus on learning grammar, that's why we can't listen to English and speak English. We usually study grammar which is not used in daily life very much, we should have more classes of practical conversation."

"I studied English since elementary school, I only studied grammar and reading long English passages, that's why we can't speak English well. We should regard speaking English more."

Teaching English using the grammar-translation method originated in the second half of the nineteenth century when Japan wanted to gain knowledge and practices from the West. One of the ways to achieve such acquisition was by reading English documents and translating them into Japanese (Morita, 2017). Although outdated, this method is still widely used in Japanese schools and universities (Whitsed & Wright, 2011).

At NMU, we put a lot of emphasis on speaking during our English classes. We give the students a list of speaking topics at the beginning of the semester, and students are expected to prepare and be ready to talk about each topic with a partner for five minutes at the beginning of each class. In addition, during class time, teachers actively encourage students to speak English by asking them questions and encouraging them not to use Japanese to communicate with each other. Many students reported that this helped them improve their speaking skills, and the following students clearly expressed it:

"In the university, the English is practical because of focusing on speaking, so we

should have classes focusing on speaking in compulsory education, because we can have the ability to use English in society."

"I really enjoy classes at college, unlike those in high schools, because in high school, the grammar and reading were most important."

"Unlike NMU, I didn't speak English very often from elementary school to high school, though we had a native English teacher. It is good for students from elementary school to take more speaking classes."

One student mentioned how their view on English changed after joining the university. They wrote:

"I thought I was good at English in high school, but I realized I was just good at writing. In university, it is important to have more opportunities to speak."

Teaching English in Class

For many years, the predominant English teaching method in Japanese schools has been the traditional teacher-centered approach, with the teacher at the front of the class. This makes the students passive knowledge receivers and in-class writing task doers. Some students suggested "non-traditional" class activities to improve their English learning experience. Dinçay (2004), in his study entitled "Kill the blackboard? Technology in language teaching and learning," emphasizes the importance of using technology in teaching instead of using the blackboard only. Students suggested using in-class English quiz games:

"We should have something to motivate us, for example, it is good to study English by doing some games."

"You will be interested if you remember English through quizzes or other games."

Using games has been shown to be beneficial for language learning, by making the language

learning experience interesting for the students. Using games is an excellent way to improve students' language skills, as "Games can be found to give practice in all skills, in all the stages of teaching and learning and for many types of communication" (Wright et al., 2006).

Other students suggested using English movies as a learning tool:

"It is better to use not a textbook but movies."

"I like movies, I think learning English with movies is good for me."

Many researchers have reported that using movies in English language teaching increases motivation and makes the class more interesting (Ismaili, 2013; Goctu, 2017; Kobooha, 2016). Additionally, videos can develop students' listening comprehension ability and present new language material or consolidate what has already been introduced through the activities (Dinçay, 2004). In our department, we offer an elective class called "Comparative culture through media," in which we use English movies to teach English. However, despite providing this class for both medical and nursing students, no nursing students have enrolled in this class.

English in Daily Life

Some students highlighted the lack of exposure to English in their everyday life. Exposure to English outside of class is very limited in Japan and has been found to be insufficient (Mizumoto & Takeuchi, 2008). Some students referred to this with suggestions such as:

"I think there are few chances to use English in our daily life."

"They should increase English announcements in official places and in towns, and make more opportunities to speak English."

As English language educators, we acknowledge the limited exposure to English outside of class; thus, we always encourage

students to have online meetings to speak with each other in English in their free time. In addition, at NMU we offer daily online lunchtime speaking sessions, where students can talk with teachers or other students about general topics while having lunch. However, nursing students rarely attend.

No Need to Study English

Three students thought they did not need to learn English, especially with the availability of translation applications and devices which can help them when English is required. Using those applications or devices can be beneficial even for medical and para-medical professionals. Students stated:

"Thanks to translation technology, we don't need to learn other languages."

"We can have the translators, so I don't feel the importance of studying English."

However, the situation might be different for our future nurses as they will have to work in emergencies where quick response is essential. In addition, nurses play a vital role in conveying messages between patients and physicians. They have more contact with patients and spend more time with them than physicians; therefore, competence in English is a crucial and fundamental part of our future nurses' lives.

Conclusion

Traditional English education in Japan, often employing the grammar-translation method, prepares students for entrance examinations, whereas English conversation or communicative language teaching (CLT) is primarily considered an extracurricular activity (Ku et al., 2021). This was heavily reflected in our nursing students' responses. The majority of our students highlighted the inadequacy of their English speaking, listening, and writing skills. They considered reading in English, on the other hand, to be their strong point. Furthermore, most

students emphasized that the situations where their English skills were insufficient were when listening and discussing with English speakers and when writing in English. Students felt more confident when reading an English text. Despite all the efforts invested in teaching English in Japan, Japan still ranks low, mainly in communicative English. One of the main reasons for this is the continued reliance on the grammar-translation teaching method, which the students heavily criticized.

In contrast, students appreciated the communicative-centered English teaching offered by our department. Our sample size is small. However, we believe it gives an insight that reflects the situation of most Japanese nursing students. With this in mind, we recommend changing the approach to English teaching to include a significantly greater emphasis on the development of students' communicative competencies.

References

- Doyon, P. (2000). Shyness in the Japanese EFL class. *The Language Teacher*, 24(1).
- Education Testing Service. (2016). *Test and score data summary for TOEFL iBT tests*. <https://www.ets.org/content/dam/ets-org/pdfs/toefl/toefl-ibt-test-score-data-summary-2016.pdf>
- Ghashut, R., Mathieson, P., Elfandi, S., & Bolstad, F. (2019). Enhancing nurse-patient communication through the development of English speaking fluency skills. *Nursing English Nexus*, 3(2), 19–20.
- Goctu, R. (2017). Using movies in EFL classrooms. *European Journal of Language and Literature*, 3(2), 121–124. <https://doi.org/10.26417/ejls.v8i1.p121-124>
- Haruoka, K. (2019). Current MEXT policies and goals: The new course of study for elementary schools. *Journal of Research Institute* 59, 25–38. <http://id.nii.ac.jp/1085/00002336/>
- Hashimoto, K. (2007). Japan's language policy and the "Lost Decade". In A. B. M. Tsui & J. W. Tollefson (Eds.) *Language policy, culture and identity in Asian contexts*. Lawrence Erlbaum.
- Ismaili, M. (2013). The effectiveness of using movies in the EFL classroom – A study conducted at South East European University. *Academic Journal of Interdisciplinary Studies*, 121–132.
- Jenkins, J., & Leung, C. (2014). English as a lingua franca. In A. J. Kunnan (Ed.), *The companion to language assessment* (pp. 1–10). John Wiley & Sons Inc.
- Jenkins, J., & Leung, C. (2017). Assessing English as a lingua franca. In E. Shohamy, G. O., & S. May (Eds.), *Language testing and assessment* (pp. 1–15). In S. May (Ed.), *Encyclopedia of language and education* (2nd ed., Vol. 7). Springer. https://doi.org/10.1007/978-3-319-02326-7_7-1.
- Kabooha, R. H. (2016). Using movies in EFL classrooms: A study conducted at the English Language Institute (ELI), King Abdul-Aziz University. *English Language Teaching*, 9(3), 248–257. <http://doi.org/10.5539/elt.v9n3p248>.
- Köksal, D. (2004). To kill the blackboard? Technology in language teaching and learning. *Turkish Online Journal of Educational Technology–TOJET*, 3(3), 62–72.
- Ku, E. K., Furukawa, G., & Hiramoto, M. (2021). "EFL + α": Attitudes towards English use in Japan around necessity, value, and ability. *International Journal of TESOL Studies*, 3(3), 153–168. <https://doi.org/10.46451/ijts.2021.10.06>
- Leppänen, S., Pahta, P., Koskela, H., Lähdesmäki, S., Jousmäki, H., Pitkänen-Huhta, A., Nikula, T., Kytölä, S., Törmäkangas, T., Nissinen, K., Kääntä, L., Räisänen, T., & Laitinen, M. (2011). *National survey on the English language in Finland: Uses, meanings and attitudes*. (Studies in Variation, Contacts and Change in English; No. 5). <https://varieng.helsinki.fi/series/volumes/05/evarieng-vol5.pdf>
- MEXT. (2009). *Improvement of academic abilities (courses of studies)*. National curriculum standards (2008-2009 Revision). <https://www.mext.go.jp/>

- en/policy/education/elsec/title02/detail02/1373859.htm
- MEXT. (2013). *English education reform plan corresponding to globalization*. Ministry of Education, Culture, Sports, Science and Technology. https://www.mext.go.jp/en/news/topics/detail/__icsFiles/afieldfile/2014/01/23/1343591_1.pdf
- Mizumoto, A., & Takeuchi, O. (2008). Exploring the driving forces behind TOEIC scores: Focusing on vocabulary learning strategies, motivation, and study time. *JACET Journal*, 46, 17–32.
- Morita, L. (2017). Why Japan needs English, *Cogent Social Sciences*, 3(1). <https://doi.org/10.1080/23311886.2017.1399783>
- Rosenkjar, P. (2015). An internship in communicative English teaching. In S. Horiguchi, Y. Imoto, & G. S. Poole (Eds.), *Foreign language education in Japan: Exploring qualitative approaches* (pp. 147–166). Sense Publishers. <https://doi.org/10.1007/978-94-6300-325-4>
- Stewart, A., & Miyahara, M. (2011). Parallel universes: Globalization and identity in English language teaching at a Japanese university. In P. Seargeant (Ed.), *English in Japan in the era of globalization* (pp. 60–79). Palgrave Macmillan. <https://doi.org/10.1057/9780230306196>
- Tada, M. (2016). Recent reform to the English education system in Japan. *21st Century Education Forum*, 11.
- Whitsed, C., & Wright, P. (2011). Perspectives from within: Adjunct, foreign, English-language teachers in the internationalization of Japanese universities. *Journal of Research in International Education*, 10(1), 28–45.
- Wright, A., Betteridge, D., & Buckby, M. (2006). *Games for language learning* (3rd Ed.). Cambridge University Press.
- Yano, Y. (2011). English as an international language and 'Japanese English.' In P. Seargeant (Ed.), *English in Japan in the era of globalization* (pp. 1–12). Palgrave Macmillan. <https://doi.org/10.1057/9780230306196>

A Report on a Polysemous Loanword: クランプ (kurampu)

Motoko Sando (msando@wakayama-med.ac.jp)

School of Health and Nursing Science, Wakayama Medical University

In the Japanese language, there are two phonetic scripts: hiragana and katakana. The former is largely used for writing verb endings or particles, while the latter is mainly used for representing loanwords, which are adopted from other languages. Every year many nursing loanwords are used with the Japanese verb する (*suru*, "to do") in the National Nurse Examination¹, such as アセスメントする (*asesumento suru*, "to do assessment"), ケアする (*kea suru*, "to do care"), or マネジメントする (*manejimento suru*, "to do management"). The word クランプ (*kurampu*, "clamp") appears in afternoon Item 96 of the 109th National Nurse Examination as follows: ドレナージチューブをクランプする (*dorenaaji chuubu wo kurampu suru*, "to clamp a drainage tube"). This may lead to misunderstanding or confusion, because クランプ has multiple meanings. The author has examined the 2020 and 2021 national examinations and found that クランプ is the word with the most ambiguous meaning of all the nursing loanwords in the examinations.

In this report, the different meanings of the polysemous loanword クランプ are analyzed, referring to Japanese nursing dictionaries and overseas healthcare dictionaries. After examining those definitions, the basic data required for making a nursing loanword glossary are compiled and presented in a table.

Methods

In this report, the definitions of クランプ in seven Japanese nursing dictionaries are compared: *Nursing Dictionary*² (hereafter, *ND*³), *Nursing Science Dictionary (NSD)*, *Encyclopedia of Nursing Science (ENS)*, *Nursing and Medical Dictionary (NMD)*, *Smart Dictionary (SD)*, *Dictionary of Nursing Vocabulary (DNV)*, *Katakana Nursing*

Dictionary (KND).

Next, the definitions of the English words that most closely match the Japanese definitions of クランプ in nine overseas healthcare dictionaries are investigated: *Merriam Webster's Medical Dictionary* (hereafter, *Webster*), *Dorland's Illustrated Medical Dictionary (Dorland)*, *Stedman's Medical Dictionary (Stedman M)*, *Stedman's Medical Dictionary for the Health Profession's & Nursing (Stedman HPN)*, *Taber's Cyclopedic Medical Dictionary (Taber)*, *Baillière's Dictionary for Nurses and Health Care Workers (Baillière)*, *Mosby's Dictionary of Medicine, Nursing and Health Profession (Mosby)*, *A Dictionary of Nursing (DN)* and *Concise Medical Dictionary (CMD)*. As necessary, other references are also checked.

Then クランプ is classified into distinctive loanword types based on the following characteristics:

Type I: words and phrases which are borrowed from languages other than English

Type II: words and phrases which are written directly in their original forms

Type III: words and phrases which are newly coined in Japan from existing foreign words

Type IV: words and phrases which are used differently from the original sense

Type V: words and phrases which are abbreviated

Results

Japanese definitions for クランプ including relevant expressions

SD, *DNV* and *KND* provide the definition of クランプ as a verb. *SD* and *KND* define it as "to block or cut off the flow," and *DNV* defines クランプする

as “to grasp something with 鉗子 (*kanshi*, “clamp” or “forceps”). *KND* states that クランプ represents 鉗子, (*kanshi*, “a scissorlike metal instrument without blade”), and it is used to grasp or pull organs, tissue, and so on (*ND*, *NSD*, *ENS* and *DNV*). Typical types of 鉗子 are “grasping” and “hemostatic” (*ND* and *ENS*), and a wide variety of 鉗子 are used in various surgical procedures. As for English translations of 鉗子, *ND*, *NSD*, and *DNV* translate it as both clamp and forceps, while *ENS* translates it only as forceps.

NSD, *NMD*, *DNV* and *KND* provide クレンメ (*kurenme*, German *Klemme*, English “clamp”) as a synonym for クランプ. In this case, クランプ is used as a noun. According to *NMD* and *DNV*, it is the name of device which controls infusion rate or amount by attaching it to an intravenous drip tube. Judging from *NSD* and *DNV*’s descriptions, some product names include クレンメ or クランプ, so those names are abbreviated and generalized in clinical practice. *KND* also describes ローラークランプ (*rooraa kuranpu*, “roller clamp”) as a synonym for クレンメ.

In addition to the Japanese dictionaries listed in the previous section, *Kango-roo Thesaurus* notes that クランプ also means “muscle cramp” in the field of neurology, which is a completely different word in English.

To sum up the Japanese definitions, クランプ has one verbal sense and three nominal senses, including one homonym.

English Definitions for *Clamp* Including Relevant Expressions

Webster defines the verb *clamp* as “to fasten with or as if with a clamp.” Every dictionary except for *Baillière* provides a definition for the noun *clamp*. According to English definitions, *clamp* is a surgical instrument designed for compressing or fastening organs or structures such as vessels (*Webster*, *Taber*, *Mosby*, *DN* and *CMD*) or intestines (*DN* and *CMD*). *Mosby* explains that

clamp is used for “hemostasis and clamping tissue” in general. It is worth noting that *Mosby* is the only one which classifies *clamp* for クレンメ into three types depending on its operation: *roller clamp*, *screw clamp*, and *slide clamp*. *Silvestri & Silvestri* (2020) illustrates intravenous tubing in a figure and labels the controlling device as *roller clamp*. In addition, *Stedman M* (s.v. *clamp*, 2.) mentions another definition, “an enzyme, antigen, or other protein that closes circumferentially around the DNA to induce conformational change,” which is not mentioned in Japanese dictionaries.

On the other hand, *forceps* are used for grasping or holding tissue, or especially extracting objects, usually by obstetricians (*Webster*, *Mosby* and *CMD*) and dentists (*Webster* and *CMD*). *Taber* describes its shape as “two-bladed hinged or spring-loaded,” *Dorland* describes it as “an instrument with two blades and a handle,” and *DN* and *CMD* define it as “a pincer-like instrument.” It should be also noted that *forceps* has another meaning. *Stedman M* and *Stedman HPN* define it as a Terminologia Anatomica term meaning “bands of white fibers in the brain,” and *Dorland* notes that the fibers resemble surgical instruments in shape.

As can be seen from these definitions, both *clamp* and *forceps* have additional different meanings beyond the Japanese definitions.

Classification and Characteristic Features of クランプ

クランプ can be categorized into several types (described in the Methods section above) depending on its usage. Verbal クランプ is Type II, while nominal クランプ can be used in four ways: the first is Type II, the second is Type I and V, the third is Type V, and the fourth is Type II. Based on the above findings, クランプ as a verb means blocking or cutting off the flow. As a noun, it has four meanings: an instrument used for surgical procedures; a device controlling infusion rate and

Table 1
Basic Data on クランプ and Other Polysemous Loanwords

Headword	Japanese meaning	English meaning	Type ^a	Part of Speech	Japanese Definitions & English Usage	National Exams
アウトカム	1. 転帰 2. 成果	1. outcome 2. nursing outcome	1. II 2. V	1. noun 2. compound noun	1. 怪我や病気など治療後の経過 e.g.) Several factors have effects on disease <i>outcome</i> . 2. 看護介入や看護管理でおこなった行為の成果として用いられることば e.g.) The <i>nursing outcome</i> is based on the nursing intervention for the client.	H ^b 106 #24 p.m. H 107 #5 a.m.
クライシス ^d	1. 峠 2. 発症 3. 危機	1. crisis 2. crisis 3. crisis	1. I, II 2. I, II 3. II	1. noun 2. noun 3. noun	語源はギリシャ語。1 と 2 はドイツ語の <i>Krise</i> と同義 1. 疾病の峠。主として快復に向かう時期 e.g.) The patient seems to have passed the <i>crisis</i> . 2. 発作性の痛みを伴う機能障害 e.g.) She was diagnosed with acute cardiac <i>crisis</i> . 3. 過度のストレスにより心理的に不安定な危機状態 e.g.) You can get help from the support line for emotional <i>crisis</i> .	N ^c 109 #106 p.m.
クランプ	1. 遮断する 鉗子ではさむ 2. 鉗子 3. 点滴調節器具 4. DNA クランプ 5. こむらがえり	1. clamp 2. clamp / forceps 3. roller / screw / slide clamp 4. sliding clamp 5. cramp	1. II 2. II 3. I, V 4. V 5. II	1. verb 2. noun 3. compound noun 4. compound noun 5. noun	1. 鉗子ではさみ、流れをとめる (= クランプする) e.g.) Chest drains should not be <i>clamped</i> . 2. 手術・外科的処置に用いられる器具、用途により種類多数 e.g.) The surgeon compressed a blood vessel with a <i>clamp</i> . Many types of <i>forceps</i> are used during surgery. ※ <i>forceps</i> には「脳の白色線維」の意もあり 3. 点滴の滴下量・速度を調節する器具、ドイツ語の <i>Klemme</i> e.g.) The rate is controlled by a <i>roller clamp</i> . 4. DNA 構造を変化させる酵素・抗原などタンパク質の複合体 e.g.) The <i>sliding clamp</i> holds a wide variety of molecules. 5. 筋クランプ、有痛性痙攣 e.g.) He got a <i>cramp</i> in his leg while swimming.	N 109 #96 p.m.
コンプライアンス	1. 伸展性 2. 服薬順守 3. -	1. compliance 2. medication adherence 3. compliance	1. II 2. V 3. IV	1. noun 2. compound noun 3. noun	1. 肺・膀胱・胆嚢など空洞臓器の膨らみややすさを示す指標 e.g.) That pregnant woman has decreased lung <i>compliance</i> . 2. 患者が定められた服薬を守ること e.g.) The depression is considered to be related to the lack of medication adherence. 3. 患者が医療者の指示に従って受動的に行動すること ⇒ アドヒアランス: 患者自身が納得し自分の意思で能動的に治療方針や実行に関わること e.g.) How can we promote patient <i>compliance</i> ?	H 106 #3 a.m.

Notes. ^a Loanwords are classified into five types based on the following characteristics: Type I: words and phrases which are borrowed from languages other than English, Type II: words and phrases which are written directly in their original forms, Type III: words and phrases which are newly coined in Japan from existing foreign words, Type IV: words and phrases which are used differently from the original sense, Type V: words and phrases which are abbreviated.

^b H = National Health Nurse Examination

^c N = National Nurse Examination

^d The basic data on クライシス is revised from the earlier version (Sando, 2021).

amount; a DNA sliding clamp; and a muscle cramp. These findings are presented in Table 1, along with the classification and characteristics of other polysemous words such as アウトカム (*autokamu*, “outcome”), クライシス (*kuraishisu*, “crisis”), and コンプライアンス (*konpuraiansu*, “compliance”).

Final Remarks

This report has focused on the nursing loanword クランプ and pointed out that it is a multivocal word. As a part of “Suggestions for paraphrasing loanwords,” the National Institute for Japanese Language and Linguistics (NINJAL) performed a survey of forty-five hundred arbitrarily chosen

Japanese people aged 15 or older in October 2003 (NINJAL, 2004). According to the survey, 56.0% of them responded that healthcare and welfare field words should be paraphrased, which was the second highest number among the fields surveyed (NINJAL, 2004). Almost two decades have passed since that report, yet the usage of katakana terms shows no sign of diminishing, especially due to the ongoing COVID-19 situation. The Sankei News (2020) reports that Kono Taro, who was the Minister of Defense at that time, posted on his Twitter on March 22, 2020 as follows: “Why can’t 集団感染 (*shuudankansen*, “group infection”) for クラスター (*kurasutaa*, “cluster”), 感染爆発 (*kansenbakuhatu*, “explosion spread of

infection”) for オーバーシュート (*oobaashuuto*, “overshoot”), 都市封鎖 (*toshifuusa*, “urban lockdown”) for ロックダウン (*rokkudaun*, “lockdown”) be used?” Two days later at a press conference, he also gave constructive criticism to the government that katakana technical terms were too heavily employed; he suggested that they should use easy-to-understand Japanese (*The Sankei News*, 2020).

Generally speaking, katakana is used when we do not have any equivalent paraphrase in Japanese. Healthcare workers, therefore, cannot avoid expressing concepts, devices, techniques or procedures of foreign origin in katakana, as Iida (2005) points out. In a report entitled, “Suggestions for paraphrasing clinical terminology,” NINJAL (2009) suggests that healthcare professionals need to pay attention to the following three points: expressing technical terminology in everyday language; providing clear explanations; and helping the public become familiar with new and important concepts. Thus, they should try to use easy-to-understand Japanese especially when communicating with patients. Furthermore, the meanings of those words and phrases change over time. Depending on the circumstances, some Type I or II words and phrases may change to Type III, IV or V. Therefore, it is also important to be aware of semantic changes.

Although katakana is useful for Japanese people, it is sometimes difficult to know which meaning is intended when using multivocal loanwords. Using those katakana expressions may lead to misunderstanding and can actually be a stumbling block to communicating in English with overseas people. The author hopes to investigate other katakana terms and use this data to make a health and nursing loanword glossary in the future.

Acknowledgements

This report is supported by Grant-in-Aid for Early

Career Scientists (Grant Number JP21K17349) from the Japan Society for the Promotion of Science, and a 2020 Research Grant for Early Career Scientists from School of Health and Nursing Science, Wakayama Medical University. The author is grateful for the helpful comments from the anonymous reviewers.

References

- Expertners Henshubu (Ed.). (2016). *これは使えるカタカナ看護用語辞典. Kore ha tsukaeru katakana kango yogo jiten* [Katakana Nursing Dictionary (KND)] Shorinsha.
- Ibe, T. & Minowa, Y. (Eds.). (2017). *図解 看護・医学事典(第8版). Zukai kango-igaku jiten* [Nursing and Medical Dictionary (NMD)] (8th ed.). Igakushoin.
- Iida, Y. (2005). *看護領域の英語の課題(前編)カタカナ表記語使用の実態. Katakana hyokigo shiyo no jittai*. https://www.igaku-shoin.co.jp/paper/archive/old/old_article/n2005dir/n2623dir/n2623_03.htm
- Iida, Y. (2015). *看護師のための早引き看護用語辞典—聞き言葉・略語・カタカナ語. Kangoshi no tame no hayabiki kango yogo jiten — kikikotoba, ryakugo, katananago* [Dictionary of Nursing Vocabulary (DNV)]. Natsumesha.
- Kango roo! (n.d.). *看護roo! 用語辞典. Kango ruu yogo jiten* [Kango-roo Thesaurus (Kango-roo)] <https://www.kango-roo.com/word/>
- McFerran, T. A. (2021). *A dictionary of nursing [DN]* (8th ed.) Kindle edition. Oxford University Press.
- Merriam-Webster Unabridged. (n.d.) *Merriam Webster's medical dictionary [Webster]*. <https://www.merriam-webster.com/medical>.
- Ministry of Health, Labour and Welfare. (2020). *第109回看護師国家試験. Dai 109-kai kangoshi kokka shiken* [The 109th National Nurse Examination].
- Mito, T., Kodama, K., & Hishinuma, N. (Eds.). (2011). *看護学事典(第2版). Kangogaku jiten*

- [Encyclopedia of Nursing Science (ENS)] (2nd ed.). Nihon Kango Kyokai Shuppankai.
- Nagai, R. & Tamura, Y. (Eds.). (2020). 看護学大辞典 (第6版). *Kangogaku dai-jiten* [Nursing Science Dictionary (NSD)] (6th ed.). Medical Friend Co. Ltd.
- O'Toole, M. T. (Ed.). (2017). *Mosby's dictionary of medicine, nursing and health profession* [Mosby] (10th ed.). Elsevier.
- Sando, M. (2021). A study of nursing loanword crisis in the National Examination. *Bulletin of School of Health and Nursing Science, Wakayama Medical University*, 17, 33-44.
- Silvestri, L. A., & Silvestri, A. E. (Eds.). (2020). *Saunders comprehensive review for the NCLEX-RNR examination* (8th ed.). Elsevier.
- Stedman, T. L. (2005). *Stedman's medical dictionary* (28th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Stedman, T. L. (2021). *Stedman's medical dictionary for the health professions and nursing* (7th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Taylor, J. (Ed.). (2019). *Baillière's dictionary for nurses and health care workers* [Baillière] (27th ed.). Elsevier.
- The National Institute for Japanese Language and Linguistics. (2004). 外来語に関する意識調査 (全国調査). *Gairaigo ni kansuru ishikichosa* (Zenkoku-Chosa).
https://repository.ninjal.ac.jp/?action=pages_view_main&active_action=repository_view_main_item_detail&item_id=2319&item_no=1&page_id=13&block_id=21
- The National Institute for Japanese Language and Linguistics. (2009). 「病院のことば」をわかりやすくする提案. “Byouin no kotoba” wo wakariyasuku suru teian [Suggestions for paraphrasing clinical terminology]. https://repository.ninjal.ac.jp/?action=pages_view_main&active_action=repository_view_main_item_detail&item_id=2314&item_no=1&page_id=13&block_id=21
- The Sankei News. (2020). コロナ禍で飛び交うカタカナ用語「分かりにくい」の声 感染リスク高まりに貢献も. *Koronaka de tobikau katakana yogo "wakarinikui" no koe kansen risuku takamari ni kouken mo*.
<https://www.sankei.com/article/20200423-OTHHWO5U7VMDHDEEI6YCORLP5Q/>
- Venes, D. (Ed.). (2013). *Taber's cyclopedic medical dictionary* (Thumb Index Version) [Taber] (23rd ed.). Kindle Edition. F. A. Davis. Co.
- Wada, O., Minami, H., & Omine, M. (Eds.). (2010). 看護大事典 (第2版). *Kango dai-jiten* [Nursing Dictionary (ND)] (2nd ed.). Igakushoin.
- Webb, S. T. (Ed.). (2019). *Dorland's illustrated medical dictionary* [Dorland] (33rd ed.). Elsevier.
- Yamase, H., & Nogaki, H. (Eds.). (2012). スマートデイク医学・看護用語便利辞書. *Smart digaku-kango yogo benri jisho* [Smart Dictionary (SD)]. Shorinsha.

Notes

¹The examination should be described as “National Nursing Examination.” However, Ministry of Health, Labour and Welfare uses “Nurse.” Since the examination’s name is considered to be proper noun, the present report follows that description.

²For the sake of expedience, the report uses English titles for Japanese dictionaries. Original Japanese titles are presented in both Japanese and Roman letters in the References.

³For expediency, this report denotes both Japanese and overseas dictionaries’ titles with abbreviations rather than by authors’ names. The abbreviations are provided in the Methods section and in References.