Volume 9 Number 2, October 2025

Nursing English Nexus

Edited by Jeffrey Huffman

The Journal of the Japan Association for Nursing English Teaching

JANET
全国看護英語教育学会

Nursing English Nexus

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>.

Cover photograph provided by Asami Watanabe.

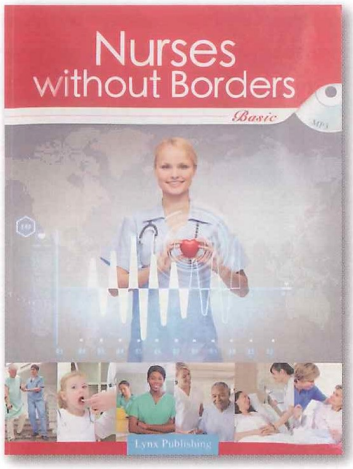
English Textbooks for Medical and Healthcare Field

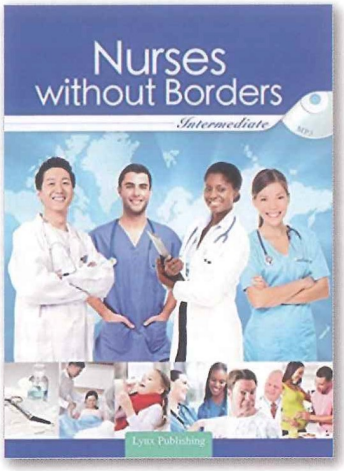
医療・看護 英語教材テキスト

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





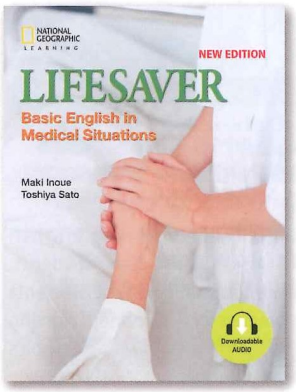
Lynx Publishing

- 12 Units

Nurses without Borders は医療現場で使用され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 Intermadiate,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 i professional schools. At Lynx, we help students expand their abillity to serve and become "nurses without borders."

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



National Geographic Learning

Lifesaver New Edition★ 看護

Basic English in Medical Situations

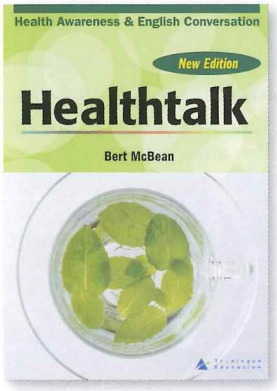
【レベル】beginning to low-intermediate
【TOEIC】300－500

- 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)	¥6,600
	Teacher's Manual (Not for Sale)	



Tryalogue 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	¥2,420
	Audio Download	
	Teacher's Manual (Not For Sale)	

★ 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。

Perceptia Press

Go ahead... open the door!

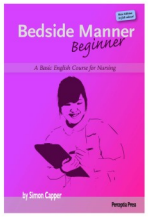
Welcome to Perceptia Press: Dedicated to providing the best learning materials for teachers and students

ESP Medical Books (for the Caring Professions)

Perceptia Press is a proud sponsor of JANET (the Japan Association for Nursing English Teaching). Perceptia Press specialises in ESP medical books, a selection of which is shown below. For further details, please contact us or our distributors, englishbooks.jp.

Most of the books are accompanied by free pdf *Teacher's Guides* and online audio, and many titles are now accompanied by our optional LMS, the **Perceptia Online Learning Support** package. Available at a cost of 1,000 yen per student (free to teachers), the OLS offers copious extra practice for students with vocabulary, reading, speaking, listening, and writing skills, and greatly facilitates homework management.

We have a wide catalogue of books to cover all types of course; for full details, visit our main page.

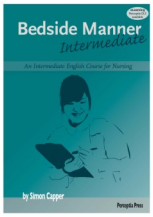


Bedside Manner Beginner
Nursing English

by Simon Capper

ISBN: 9784939130243

View on englishbooks.jp
View on Amazon



Bedside Manner Intermediate
Nursing English

by Simon Capper

ISBN: 978-4-911164-04-4

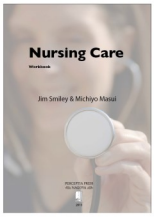
View on englishbooks.jp

Nursing Care
Nursing English

by Jim Smiley and Michiyo Masui

ISBN: 9784939130588

View on englishbooks.jp

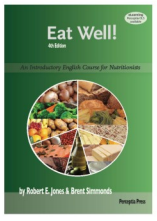


Nursing Care Workbook
Nursing English

by Jim Smiley and Michiyo Masui

ISBN: 9784939130564

View on englishbooks.jp

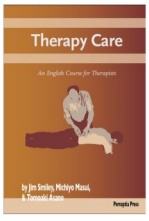


EatWell
English for Nutritionists

by Bob Jones and Brent Simmonds

ISBN: 978-4-911164-06-8

View on englishbooks.jp

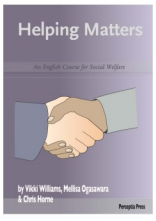


Therapy Care
English for Therapists
(workbook also available)

by Jim Smiley, Michiyo Masui, and Tomoaki Asano

ISBN: 9784939130243

View on englishbooks.jp

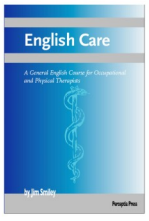


Helping Matters
English for Social Welfare
2021 ELTons Award Finalist

by Vikki Williams, Mellisa Ogasawara, and Chris Horne

ISBN: 9784939130274

View on englishbooks.jp

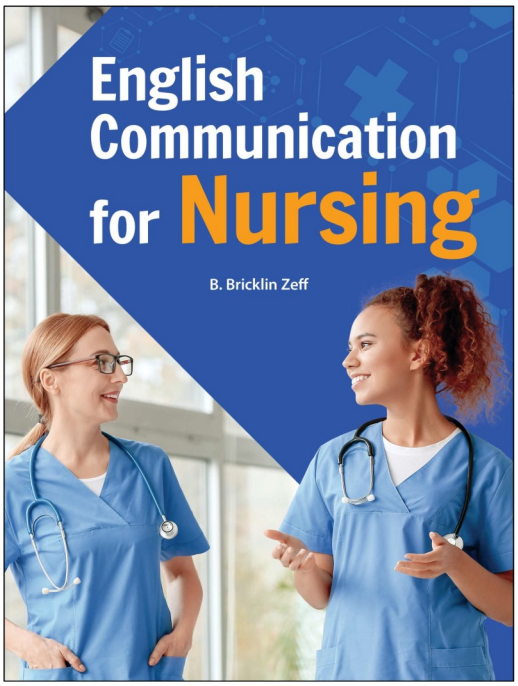


English Care
ESP Physical Therapy
(workbook also available)

by Jim Smiley

ISBN: 9784939130816

View on englishbooks.jp



ENGLISH COMMUNICATION FOR NURSING

English Communication for Nursing is an eight-unit book designed to equip nurses who wish to communicate effectively with English-speaking patients. This book provides learners with an essential foundation of language for communicating in the health-care setting. The book features helpful vocabulary and expressions, realistic patient-nurse dialogs that simulate hospital interactions, cultural tips, practice activities, and samples of important forms that patients may encounter in the hospital. The book exposes learners to the necessary vocabulary for nursing, without overwhelming them.
Each unit focuses on a different aspect of medical care, including checking in to a hospital, surgery, medications, pain management, pediatrics, orthopedics, gastroenterology, and cardiology. An appendix provides additional language with dialogs between co-workers within the hospital setting.
The book can be used as stand-alone material, or it can be used with a series of online videos that will enhance listening skills. *English Communication for Nursing* will guide learners in building the confidence to speak in English with patients and will assist them in developing their overall communication skills.

Table of Contents

Features

- Situational patient-nurse dialogs
- Themed vocabulary
- Sample forms and documents
- Cultural tips to build cultural competency
- Key expressions to develop speaking skills
- Glossary with definitions and sample sentences

Components

- Student Book
- Online videos for each dialog

www.seed-learning.com/ECFN

Complementary online videos

EnglishCentral

Each Unit - Video 1 & 2

- [Watching/Listening]
- [Learning Vocabulary]
- [Speak/Read aloud]
- [AI chat/Talk about Video]

The first two videos are Video 1 & 2 from the textbook, and other related topic videos are also available for a total of 39 videos lessons

Tryalogue Education

株式会社 トライアログ・エデュケーション ／ Tryalogue Education

Please use this QR code to access the Digital Sampler or use the link below

www.tryalogue.co.jp/seedlearning

URL: www.tryalogue.co.jp E-mail: contact@tryalogue.co.jp

From the Editor
Jeffrey Huffman

I hope this October 2025 issue of Nursing English Nexus finds you enjoying the cooler weather and successfully coping with the demands of another busy semester.

This issue highlights the remarkably multifarious roles juggled by nursing English instructors in Japan. We often start as English teachers and end up serving much more broadly as nursing educators who cultivate empathy, communication skills, intercultural awareness, ethical practice, patient/people-centered care, professional identity, and global engagement in our students. All of these roles, and hints for fulfilling them successfully and in innovative ways, seem to have come together nicely in this issue.

We start with a research article by Jeffrey Barnett of Shiga University of Medical Science, who uses the film Gattaca to explore his nursing students' perceptions of discrimination experienced by foreign residents in Japan. The findings can inform educators' attempts to help students recognize social injustices that may be less obvious to them. Next, Izumi Dryden of Mie Prefectural College of Nursing and her colleagues present their research article about the use of narrative medicine in nursing English education. They suggest that literature can be applied pedagogically not only for improving communication skills, but also for cultivating empathy and professional identity.

In the reports section, Mathew Porter of Fukuoka Jo Gakuin Nursing University shares his corpus of oral patient narratives of foreign residents in Japan, a valuable resource with wide-ranging applications in both pedagogy and research. Next, Alan Simpson of University of Miyazaki and his colleagues describe the development and application of a mental health patient case for an English-speaking simulated patient scenario. The next report is by Paul Mathieson of Nara Medical University, who along with his co-author present the findings of interviews conducted with three Japanese home care nurses regarding their experiences with foreign patients and the need for better training in intercultural communicative competence.

Rounding out the reports section is a report in both English and Japanese by Emi Iwasaki of Prefectural University of Hiroshima, detailing the process and highlighting the challenges Japanese nurses face in order to work in Australia. This is followed by a related article: an interview by Simon Capper of Japanese Red Cross Hiroshima College of Nursing, of a Japanese nurse successfully working in the UK. These last two articles will be of valuable practical interest to students who plan to work abroad in the future.

I offer my heartfelt appreciation for the keen eyes and hard work of our team of reviewers and editors, without whom this would not be possible. And finally, I invite you to consider submitting an article for our next issue by January 15, 2026.

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 must be received by January 15 for the April issue and July 15 for the October issue. Information about the submission process and a style guide can be found at <https://www.janetorg.com/nexus>.

Table of Contents

Exploring Japanese Nursing Students' Awareness of Discriminatory Practices Targeting Foreign Residents

Jeffrey Barnett Jr. (barnett@belle.shiga-med.ac.jp)
Shiga University of Medical Science

***Abstract**: This study explored Japanese nursing students' awareness of discriminatory practices targeting foreign residents in Japan. Using the American film Gattaca as an allegorical tool, a survey was administered to 58 first-year nursing students to assess their perceptions of discrimination in Japanese society. Rasch analysis confirmed the survey's unidimensionality and the proper functioning of its rating scale. The research revealed that students primarily connected the film's dystopian themes to overt forms of discrimination faced by foreign residents in Japan, such as professional barriers and identity-based exclusion, which can significantly impact life trajectories. However, the students were not as adept at identifying subtle forms of cultural and bureaucratic exclusion faced by foreign residents, viewing them as less severe than the film's harsh portrayal of prejudice. These findings underscore a need for educational strategies that help students recognize the connection between significant social injustices and the more normalized, everyday discrimination experienced by foreign residents in Japan.*

Keywords: discrimination, cultural understanding, Rasch analysis, ethnic nationalism, *Gattaca*

About the Author: Jeffrey Barnett is a specially appointed lecturer at Shiga University of Medical Science. His research interests include student motivation in EFL contexts and medical English education in Japan.

Shifting demographics in Japan continue to pose new challenges for Japanese nurses as they navigate the complexities of patient care and communication. Japan has recently experienced a notable increase in its foreign resident population, which has helped to counteract its declining overall population (Statistics Bureau, 2025). Therefore, the likelihood of Japanese nurses treating foreign patients is increasing, and with this, the need for cultural understanding and empathy towards those from different backgrounds is increasing.

Research conducted by Tanaka et al. (2018) revealed that while Japanese nursing students recognize the likelihood of providing care to foreigners in the future, their knowledge and interest in medical health care for foreign residents is generally low. The authors also found that conventional university lectures were insufficient to enhance students' understanding or engagement in this subject. Other research suggests that exposure to diverse cultures through international online courses was successful in enhancing intercultural sensitivity among Japanese nursing students (Hua et al., 2023). However, a shortage of specialized lecturers in the field of nursing for foreign residents, combined with limited e-learning resources at most nursing schools in Japan, poses a significant challenge and hinders progress in this area (Nagamine et al., 2025).

Japan's renowned ethnic homogeneity and distinctive social culture can lead to a nationalistic perspective, fostering exclusionary attitudes toward foreigners (Morita, 2015). Moreover, the persistent myth of Japan as a mono-ethnic society can compound the challenges that Japanese nationals face in understanding the cultures and perspectives of foreign residents (Nagayoshi, 2011). This is felt throughout all parts of Japanese society and can create blind spots in understanding people from different backgrounds. Teaching English to Japanese nursing students involves imparting cultural knowledge alongside the English language taught in class. To prevent misunderstandings when sharing culturally or socially complex information with Japanese students, it is crucial first to understand their

existing perspectives on foreign nationals. This study uses the American film *Gattaca*, shown in class with Japanese subtitles, to frame instances of societal discrimination. A survey with items depicting various scenarios of discriminatory practices in Japan was then administered to the students in class, allowing them to relate instances of discrimination in Japanese society to those depicted in the film. Rasch analysis was used to interpret the psychometric aspects of the survey data. Data derived from this survey offers an insight into first-year nursing students' awareness of discrimination towards foreign residents in Japan.

Background

Gattaca

The core of this study leverages the 1997 science fiction film *Gattaca* as a powerful allegorical tool. Its relevance as a lens for discussing bioethics and social stratification is well-established in academic discourse (Ogbunugafor & Edge, 2022). *Gattaca* is set in the "not-too-distant future" where genetic engineering is commonplace and used to create people who are "genetically superior" to those of natural birth. This, in effect, creates a two-tiered society where the genetically enhanced individuals exist as elites, while those naturally born are relegated to a new subclass of people known as "in-valids". The film presents various forms of discrimination, many of which mirror those in contemporary society. However, its futuristic setting provides viewers with a degree of detachment, as this specific type of discrimination is not (yet) prevalent today. By drawing parallels between the film's dystopian themes and present-day issues of discrimination against foreign residents in Japan, a more nuanced understanding of discrimination can be introduced without the emotional charge of directly referencing real-life examples.

A review of *Gattaca* by Ogbunugafor & Edge (2022), published as a featured article in the journal Genetics, highlights the value and staying power of this cult classic. The authors utilize the film to explore modern genetics, bioethics, and the issue of discrimination. *Gattaca*'s central messages revolve around "...discrimination writ large" (Ogbunugafor & Edge, 2022, p. 2), wherein discrimination in the world of *Gattaca* can occur along various dimensions, including race, religion, and gender identity, but most pervasively along the lines of genetic manipulation. The parallels between the discrimination found in the world of *Gattaca* and that found in modern Japanese society become uncomfortably clear when one replaces the term "in-valids" with foreign residents. For instance, the society in *Gattaca* is structured around life predictions based on the bias of genotypes, a point punctuated by the movie quote, "We now have discrimination down to a science." Individuals born naturally in *Gattaca* are barred from most employment opportunities, mainly due to their perceived "riskiness". Foreign residents in Japan, such as those interviewed in Hiratsuka et al.'s (2023) article, commented on how their non-Japanese birth status affects their professional lives.

Furthermore, the people living in the society of *Gattaca* emphasize the importance of genetic fitness as a social marker that transcends national or ethnic origins. While this concept may appear progressive at first glance, it is still based on traits that are immutable from birth, resulting in the same outcome: a new underclass of people. The main character of the movie, an "in-valid," is barred from certain educational and social institutions as a result. In Japan, foreigners are sometimes denied service at culturally significant establishments such as hot springs or izakaya, a phenomenon highlighted by Morita (2015).

The protagonist in the film yearns for admission to the elite *Gattaca* space program despite his natural-born status. Throughout his life, the character's hard work and aspirations are minimized, even by his own parents. This

character is steered away from his desired role through both explicit and implicit messages to the point that he must commit fraud and identity theft to finally have his abilities recognized. Echoes of this reality are found in Hiratsuka et al.'s 2023 report, where a foreign national living in Japan was told to pass the highest level of the Japanese Language Proficiency Test (JLPT N1) before starting doctoral studies in a TESOL graduate program. This onerous requirement was viewed as an apparent attempt to dissuade potential international students, especially considering that the dissertation for the degree is written in English. While difficult to verify outright, practices like this are exclusionary and likely designed to favor Japanese students.

Discrimination of Foreign Residents in Japan

One of the key drivers of discrimination towards foreign residents in Japan is the ideology of a unique ethnic nationalism that is inherited through ancestry (Morita, 2015). Commentary surrounding interactions between Japanese nationals and foreign residents rarely acknowledges this, and conflicts are usually resolved by demanding adherence to the "Japanese way." While disputes between Japanese and foreign residents are often dismissed as a cultural misunderstanding, the lack of recognition of this underlying belief is pernicious, as it erodes the legal rights of foreign nationals living in Japan. Discrimination is prohibited according to the Japanese Constitution, which aims to protect individuals from the government; however, the scope of protection against private individuals remains unclear (Morita, 2016). This ambivalence makes it challenging to address discrimination effectively, and foreign residents are seen as perpetually foreign, facing subtle but persistent barriers.

Implicit, everyday biases can manifest as microaggressions, where indirect, subtle, or unintentional actions or statements against marginalized groups cause harm. In their discussions with foreign nationals living in Japan, Hiratsuka et al. (2023) found that the lived experiences of native English-speaking teachers were often punctuated by damaging assumptions. For instance, one teacher of Southeast Asian descent describes receiving "…puzzled looks from Japanese people when I say I am from the United States" (Hiratsuka et al., 2023, p. 9). This teacher also recounted an incident where he was edited out of school advertisements and replaced by a white male teacher, illustrating how bias can escalate into overt discrimination. Hiratsuka (2025) investigated the consequences of native-speakerism in the English teaching field and how ignorance of these biases has a pervasive influence on hiring practices. He found that non-native English speakers largely did not recognize native-speakerism as a problem, nor did they know of its existence. Ignorance of this issue allows subtle forms of discrimination to persist in Japanese society and academia.

A more conspicuous form of discrimination in Japan is through the refusal of service. Morita (2015, 2016) discusses several examples, such as hot springs and bars with "Japanese only" signs, and people being refused permission to rent apartments due to their foreign status, despite being residents of Japan. One troubling example described in Morita (2015) involved a Caucasian woman of medium build who gave an account of being chased from a Japanese women's clothing store with the Japanese staff insulting her by saying "ラージじゃない?" (raaji ja nai [Aren't you a large?]), presumably trying to communicate that they did not carry clothing of her size. The author noted that this method of communication would never be used with Japanese customers. Double standards like this damage the relationship between Japanese and foreign nationals, and the widespread normalcy of these biases demonstrates that even Japanese people who genuinely have no desire to discriminate against foreign nationals

will likely end up doing so, despite their best efforts.

Rasch Analysis

Rasch analysis is a psychometric technique developed to enhance the precision of instrument construction, monitor instrument quality, and assess respondent performance in educational research (Boone, 2016). The use of Rasch analysis in nursing research has gained momentum over the past few decades due to its ability to provide more detailed information and evidence regarding item- and person-level characteristics, as well as being a powerful tool for evaluating measurement instruments, such as surveys and evaluations (Stolt et al., 2022; Verdú-Soriano & González-de La Torre, 2024). It enables researchers to understand how the instrument captures the construct under measurement. Classical test theory approaches, on the other hand, are largely deductive, attempting to fit items to cover an underlying construct. With Rasch analysis, an item is evaluated based on a test-taker's contribution to capturing a unidimensional construct within the item content, in relation to empirical data gathering. Another advantage of Rasch analysis is its ability to provide valuable information with smaller sample sizes as compared to classical test theory (Cappelleri et al., 2014). Rasch analysis can therefore be used to investigate a specific construct or latent trait and evaluate a survey's ability to measure this trait.

Rasch analysis can also be used to enhance the precision, validity, and interpretability of measurement instruments and data in nursing research. Boone (2016) provides a detailed description of Rasch analysis and its application in life science research. However, past studies have been unsystematic in reporting Rasch properties, which makes it difficult to ascertain the validity and reliability of the reported instrument (Stolt et al., 2022). Stolt et al. (2022) recommend the following minimum reporting standards for Rasch analysis in nursing research: the Rasch software used, sample size, model and rating scale functioning, internal scale validity, unidimensionality, person-response validity, person-separation reliability, differential item functioning, and the person-item map.

Objective

A better understanding of Japanese nursing students' perceptions or acknowledgement of subtle forms of discrimination is crucial for teaching empathy towards foreign residents of Japan. This includes the subtle forms of discrimination that foreign residents face while living in Japan. However, this topic can be both emotionally charged and conceptually elusive, especially for younger Japanese learners who have likely not experienced this kind of discrimination themselves. Recognizing how students connect broader concepts of discrimination to subtle biases is a challenging task, but one that can help teachers address these issues in meaningful ways.

In this study, a survey was created to evaluate students' ability to relate the discrimination depicted in the film *Gattaca* to the discrimination found in Japanese society. The film was introduced and viewed in class, followed by group discussions designed to help cultivate the students' understanding of discrimination and its manifestations in society, without directly referring to specific examples found in Japanese society. The survey was given in class at the end of the lesson to ensure the details of the film were easily recalled. Data from the survey were collected, anonymized, and then analyzed using Rasch analysis software. This approach was chosen for its ability to evaluate the survey's psychometric properties, ensuring it measures a single, underlying latent trait: the students' willingness to endorse the prevalence of discrimination in Japanese society as it relates to the themes in the film *Gattaca*.

Methods

Research Design and Participants

The study involved 58 first-year Japanese nursing students at a medical university in Japan. The students watched the film over two 90-minute lessons dedicated to viewing *Gattaca* in its entirety, followed by a third class where they engaged in group discussions and debates to reinforce the themes found in the film, such as prejudice, identity, and societal barriers. This third lesson is important for students to process and analyze their emotions and the concepts presented in the film, given its emotionally demanding nature. At the end of the third lesson, a five-category Likert scale survey was administered to gauge the students' opinions on the relationship between scenarios of discrimination in Japan and those depicted in the film. To ensure that variations in language ability did not hinder the students' comprehension of the scenarios, this survey was translated into Japanese. Crucially, the students were only asked to assess the connection between discrimination towards foreign residents in Japanese society and the film during the survey.

Ethical Considerations

Students were informed in advance that participation was voluntary and that nonparticipation would have no impact on their evaluation or grade. The participating students were also informed that their data would be anonymized and their identities kept private.

Survey Design

The survey presented five scenarios of discrimination against foreign residents in Japan and asked students to rate the similarity of these scenarios to the society in the movie *Gattaca*. The scenarios were derived from the literature cited earlier in this article, using theoretical situations that were plausible but fictional.

- Scenario 1 (S1): A child born in Japan to non-Japanese parents, despite speaking fluent Japanese, attending Japanese schools, and having lived their entire life in Japan, is consistently treated as an "outsider" or perpetually foreign, facing subtle but persistent barriers in accessing certain social circles or opportunities compared to their ethnically Japanese peers.
- Scenario 2 (S2): A highly qualified foreign professional, despite holding equivalent Japanese certifications, finds it nearly impossible to advance to leadership positions in established Japanese companies, with promotions disproportionately going to individuals of Japanese ethnic background, regardless of their comparative skills or experience.
- Scenario 3 (S3): A foreign resident, despite actively adopting Japanese customs and language, is subtly or overtly excluded from certain community events or traditional organizations because they are not perceived as possessing the "pure" cultural background deemed necessary for full acceptance.
- Scenario 4 (S4): A foreign resident experiences significantly more scrutiny, longer processing times, or implicit biases when applying for public services (e.g., housing loans, certain permits) compared to Japanese citizens, even when all other qualifications are identical.
- Scenario 5 (S5): A Japanese university implicitly or explicitly steers international students, regardless of their academic aptitude, into specific, less prestigious programs or limits their access to highly competitive fields, reserving those for Japanese nationals.

The following Likert scale survey was used after each scenario:

To what extent does this scenario reflect *Gattaca*-like themes in Japanese society?

1 (*strongly disagree*): I don't see any significant parallel between this scenario and the themes of *Gattaca*.

2 (*disagree*): I see very little connection to *Gattaca*'s themes in this scenario.

3 (*neutral*): I can see some minor connections, but it's not strongly *Gattaca*-like or Not *Gattaca*-like.

4 (*agree*): I see clear parallels between this scenario and the themes found in *Gattaca*.

5 (*strongly agree*): This scenario strongly exemplifies *Gattaca*-like themes in Japan.

Analysis of Survey Data

To analyze the survey, a polytomous Rasch model was employed using Winsteps software (Linacre, 2025). The survey utilized a five-category Likert scale.

Item Fit and Local Independence

The analysis of item fit statistics (Infit/Outfit Mean Square) revealed that most items fell within the acceptable range of 0.6 to 1.4, indicating that they functioned well within the model. A minor anomaly was noted for S4 (scrutiny for public services), which exhibited slight overfit (Infit Zstd = -2.33). Overfit suggests the responses to this item were highly predictable and may align too closely with the overall construct, potentially indicating some redundancy.

Furthermore, an examination of residual correlations revealed a degree of local dependence, with the largest correlation being -.40 between S2 (professional ceiling) and S3 (community exclusion). This suggests that a student's answer to one of these questions may have slightly influenced their answer to another.

Unidimensionality

A fundamental requirement for a valid survey is that it measures a single underlying construct, known as unidimensionality in Rasch analysis. In this study, that construct is the students' perception of *Gattaca*-like themes in Japanese society. The Principal Component Analysis of Residuals (PCAR) revealed eigenvalues of 1.64 and 1.41 for the first two contrasts. As both values are below the threshold of 2.0, this strongly indicates that no significant secondary dimension is present in the data. Therefore, the survey functions successfully as a unidimensional instrument, meaning that the five different scenarios indeed tap into a single, coherent latent trait, as intended by the research design.

Reliability and Separation

Person Reliability was .55 and Person Separation was 1.10, while Item Reliability was .59 and Item Separation was 1.20. These figures are well below the conventional thresholds of ≥ .80 for reliability and ≥ 2.0 for separation. Low reliability suggests an unstable measurement.

Low person reliability and separation indicate that the survey struggled to differentiate between different groups of students. This does not necessarily mean the survey is flawed; instead, it strongly suggests that the student sample is highly homogeneous in their perceptions. The students, as a group, broadly shared the same opinions on the topic. This outcome can support the hypothesis that the shared socio-cultural environment of Japan may encourage a relatively uniform perspective on the issues tested in the survey, making it difficult to find wide variance in opinions. However, this can also be due to the survey not being precise enough to discriminate between the nuances in student opinions; thus, the survey should not be used broadly without further modifications and subsequent testing.

Item Thresholds

The analysis of the five-category Likert scale's Andrich thresholds confirmed that each category

of response was ordered. Andrich thresholds evaluate if the threshold logits, -0.85, -0.55, -0.24, 1.64, are ordered, meaning they increase along the latent trait continuum. This confirms that the rating scale functioned as intended, with higher scores consistently representing a higher degree of the measured trait. Students who selected a higher category (e.g., *agree*) consistently demonstrated a higher level of the latent trait than those who selected a lower category (e.g., *neutral*). The significant jump in the threshold required to select *strongly agree* (1.88 logits) indicates a clear psychological distinction for the students between agreeing and strongly agreeing.

Person-Item Map

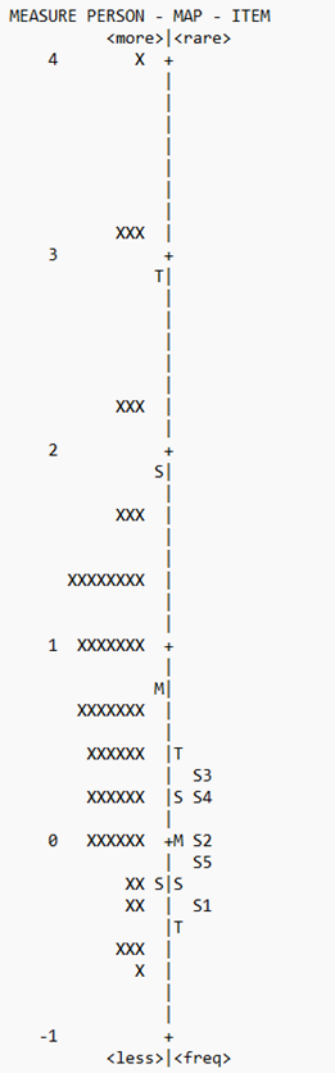
A central value of using Rasch analysis is that the raw, ordinal scores collected from the survey can be converted into linear person measures called "logits". These are best interpreted along a logarithmic scale, represented by the vertical line in Figure 1. The person-item map shown in Figure 1, also known as a Wright map, displays the respondents (persons) and the items (scenarios 1-5) along the same linear scale. The scale stretches from zero to infinity in both directions. For the purposes of this study, this vertical scale represents the construct of the students' perceptions of *Gattaca*-like themes in Japanese society.

On the left side of the vertical line, the Xs represent one or more individual respondents (persons). Xs at the top of the scale represent respondents who strongly perceive *Gattaca*-like themes in the scenarios, and Xs at the bottom represent respondents who generally disagree that the scenarios are *Gattaca*-like. The respondent spread of almost -1 to +4 indicates a diverse range of opinions, with the respondents in the +3 and +4 range showing a very strong agreement with the idea that *Gattaca*-like themes are found in Japanese society.

The right side of the vertical line shows the

Figure 1

Person-Item Map for the survey responses



Note. M is the mean of person distribution or item distribution, S is one standard deviation from the mean, and T is two standard deviations from the mean.

item difficulty hierarchy, with scenario 3 being the most difficult to agree with and scenario 1 being the easiest to agree with. The person mean is almost one logit higher than the mean of the scenarios, which is set at zero on the scale. This suggests that, on average, the items are relatively easy for this group of students to agree with. The distances between the items on this map indicate some possible redundancy between items S3 and S4, and S2 and S5, since they are located close together.

Discussion

Based on the analysis of Figure 1 in the previous section, the scenarios that students found the

easiest to agree with were those that directly mirrored the film's central conflict. These were scenarios involving birth-based status (S1) and limitations on professional and academic pathways (S2, S5). These scenarios directly reflect *Gattaca*'s core plot, where an individual's predetermined status dictates their educational and professional opportunities. This suggests students successfully connected the film's primary narrative of genetic determinism blocking an individual's life chances to the institutional and systemic barriers found in Japanese society that limit an individual's potential based on their background.

Conversely, students perceived scenarios of bureaucratic scrutiny (S4) and cultural exclusion (S3) as less analogous to the film's themes. This divergence may suggest that these more subtle or normalized forms of discrimination are not viewed with the same level of severity. Such attitudes could be influenced by societal factors, such as perceiving foreign residents as a potential threat to cultural norms or social order, which can shape discriminatory views. These forms of exclusion may be more normalized or perceived as less fundamentally discriminatory than being denied a career or being labeled an outsider from birth. They may be rationalized as procedural matters or as the protection of cultural tradition rather than as acts of prejudice.

This analysis has limitations. First, a baseline of knowledge of or feelings towards discrimination in the cohort of students was not assessed, thus weakening the results of this study. In future studies, a different survey should be used to establish a baseline for comparison, allowing the effect of the film to be accurately ascertained. Also, while the film aimed to facilitate an implicit exploration of discrimination, the current survey measured students' explicit recognition of parallels between film themes and real-world scenarios. Future research should incorporate measures of implicit bias to gain a more comprehensive understanding of the students' biases.

The low reliability and separation scores, while interpretable as evidence of homogeneity within the student group, possibly due to a shared socio-cultural environment, also mean the survey has limited power to differentiate between individuals with slightly different viewpoints. This could be amended by adding more scenarios or by creating greater nuance within the existing scenarios. The findings are thus specific to this cohort of nursing students and cannot be generalized without further research. Therefore, the measurement instrument described in this study has significant limitations and should be refined before its use with nursing students in general.

Conclusion

This study attempted to explore Japanese nursing students' understanding of discrimination, including both overt and subtle forms, towards foreign residents in Japan. The survey used in this study was designed to measure Japanese nursing students' perceptions of discrimination against foreign residents of Japan through the metaphorical lens of the film *Gattaca*. The analysis confirmed the survey's unidimensionality and the proper functioning of its rating scale, establishing a foundation for further research.

The initial findings reveal that students most strongly relate the film's themes to overt forms of discrimination that dictate life trajectories, such as professional barriers and identity-based exclusion. In contrast, they perceive more subtle forms of cultural and bureaucratic exclusion in Japanese society as less analogous to the film's dystopian prejudice; thus, the students may be less attuned to more subtle, everyday forms of exclusion. This dissociation between different types of discrimination suggests that, while a powerful narrative vehicle like *Gattaca* can effectively highlight grand injustices, specific pedagogical approaches are needed to help

students connect these themes to the more normalized, everyday types of discrimination that foreign residents of Japan experience. Even simply being aware of the biases described in this study can go a long way toward closing the gap in cultural competency between Japanese nursing students and foreign nationals.

References

Boone, W. J. (2016). Rasch analysis for instrument development: Why, when, and how? *CBE—Life Sciences Education*, *15*(4), 1–7. https://doi.org/10.1187/cbe.16-04-0148

Cappelleri, J. C., Jason Lundy, J., & Hays, R. D. (2014). Overview of classical test theory and item response theory for quantitative assessment of items in developing patient-reported outcome measures. *Clinical Therapeutics*, *36*(5), 648–662. https://doi.org/10.1016/j.clinthera.2014.04.006

Hiratsuka, T. (2025). Native-speakerism and trans-speakerism in ELT: Interpretations, manifestations, and ramifications. *System*, *128*, 103543. https://doi.org/10.1016/j.system.2024.103543

Hiratsuka, T., Nall, M., & Castellano, J. (2023). Shifting from native-Speakerism to trans-Speakerism: A trioethnography of language teachers in Japan. *TESL-EJ*, *27*(1), 1–20. https://doi.org/10.55593/ej.27105a9

Hua, J., Kondo, A., & Moross, J. (2023). Enhancing intercultural sensitivity in Japanese nursing students through international online nursing courses: A quasi-experimental study. *Nurse Education Today*, *128*, 105870. https://doi.org/10.1016/j.nedt.2023.105870

Linacre, J. M. (2025). *Winsteps* (Version 5.10.1) [Computer software]. winsteps.com.

Morita, L. (2015). Some manifestations of Japanese exclusionism. *Sage Open*, *5*(3), 1–6. https://doi.org/10.1177/2158244015600036

Morita, L. (2016). Language difficulties in kyosei ('living together') of Japanese and foreigners. *Studies in Asian Social Science*, *3*(1), 1–9. https://doi.org/10.5430/sass.v3n1p1

Nagamine M., Tsujimura H., Ohue T., Mori Y., & Yamada C. (2025). 看護基礎教育における国際看護学講義及びIT環境の実態：遠隔教育支援システムの開発に向けて *Kango kiso kyouiku ni okeru kokusaikangogaku kougi oyobi IT kankyou no jittai: Enkaku kyouiku shien shisutemu no kaihatsu ni mukete* [Status of international nursing lectures and IT environment in basic nursing education: Focusing on the development of a remote education support system]. *Journal of Japanese Society for International Nursing*, *8* (2), 1–11. https://doi.org/10.57321/jsin.20240518

Nagayoshi, K. (2011). Cross-national analysis of the relationship between national identity and social trust: Liberal nationalism reconsidered. 大阪大学大学院人間科学研究科紀要 *Oosaka Daigaku Daigakuin Ningen Kagaku Kenkyuuka Kiyo [Bulletin of Osaka University Graduate School of Human Sciences]*, *37*, 19–41. https://doi.org/10.18910/12374

Ogbunugafor, C. B., & Edge, M. D. (2022). *Gattaca* as a lens on contemporary genetics: Marking 25 years into the film's "not-too-distant" future. *Genetics*, *222*(4), 1–11. https://doi.org/10.1093/genetics/iyac142

Statistics Bureau. (2025). 人口推計：2025年（令和７年） ８ 月 報 *Jinkou suikei: 2025-Nen (ryo wa 7-nen) 8 tsuki-hou [Population estimates: August 2025 report]* [Dataset]. Ministry of Internal Affairs and Communications. https://www.stat.go.jp/data/jinsui/index.html

Stolt, M., Kottorp, A., & Suhonen, R. (2022). The use and quality of reporting of Rasch analysis in nursing research: A methodological scoping review. *International Journal of Nursing Studies*, *132*(104244), 1–15. https://doi.org/10.1016/

j.ijnurstu.2022.104244

Tanaka, J., Nishihara, M., Kanetake, M., Tanaka, M., & Ohnishi, M. (2018). Interest in medical health care for foreign residents among Japanese nursing students in areas of varying ethnic diversity. *Nurse Education Today*, *65*, 41–45. https://doi.org/10.1016/j.nedt.2018.02.034

Verdú-Soriano, J., & González-de La Torre, H. (2024). Rasch analysis implementation in nursing research: A methodological approach. *Enfermería Clínica (English Edition)*, *34*(6), 493–506. https://doi.org/10.1016/j.enfcle.2024.11.009

Narrative Medicine in Nursing English Education: Cultivating Communication, Empathy, and Professional Identity through Imaginative Literature

Izumi Dryden[1] (idumi.doraiden@mcn.ac.jp), Takako Ueda[1], Takahiko Maeda[1], Megumi Tanahashi[1], & Laurence M. Dryden[2]

Mie Prefectural College of Nursing[1], independent scholar[2]

***Abstract**: This article supports and describes the adaptation of narrative medicine to nursing English classrooms. We argue that narrative medicine can be used pedagogically to stimulate communication skills, empathy, and professional identity formation in nursing English learners. Part of this discussion focuses on our classroom adaptations of a narrative medicine variation called "bibliotherapy," in which patients engage with imaginative literature to gain insights that help them manage the stress of illness and maintain mental health (Recob, 2008; Hynes & Hynes--Berry, 2012; Pardeck & Pardeck, 2021). Drawing on our classroom use of literary texts, particularly the nonfiction "clinical tales" of neurologist-writer Oliver Sacks, the present study illustrates ways that imaginative literature nurtures linguistic and emotional development in English learners. By reading, discussing, writing reflectively on, and enacting English literary texts about illness, nursing students explore human vulnerability in caregiving, practice empathetic communication, and reimagine their roles as future healthcare professionals. The present study investigates classroom activities, student voices, philosophical implications, and theoretical insights in relation to storytelling and humanistic pedagogy in medical settings. The study also considers cross-cultural dimensions, long-term effects, and institutional integration strategies in caregiving—illuminating ways that narrative medicine-based learning can reshape nursing English education across diverse contexts.*

Keywords: narrative medicine, bibliotherapy, imaginative literature, nonfiction, empathy, Oliver Sacks, nursing English education

About the Authors: Izumi Dryden is an associate professor at Mie Prefectural College of Nursing (MCN). She teaches liberal arts courses in English reading, literature and medicine, and communication. Her research interests include narrative medicine, notably the works of Oliver Sacks, and the publications and correspondence of Florence Nightingale and Charles Darwin.

Takako Ueda is an associate professor in charge of nursing pedagogy at MCN. Her research interests include professional role transitions of nurses, particularly from nursing student to novice nurse.

Takahiko Maeda is a professor at MCN. He specializes in pediatric nursing, with a research focus on nursing adolescent patients with chronic illnesses. He is a strong advocate for male nurses.

Megumi Tanahashi is a second-year student at MCN. She holds a PhD in medicine and is a clinical psychologist.

Laurence M. Dryden is a retired university English teacher, with fifty years of teaching and research experience in the U.S. and Japan.

In contemporary nursing education, English is often taught primarily as a utilitarian tool for reading academic literature, passing examinations, and completing clinical paperwork. While these objectives remain important, such a narrowly defined scope of English instruction may overlook the crucial interpersonal and emotional dimensions of healthcare communication. For nurses, language is not only instrumental but deeply relational: it is the medium through which nurses listen to patients' requests, reports, and anxieties, provide care and comfort, and accompany patients through uncertainty. The present study introduces narrative medicine—the reflective reading and discussion of medical memoirs, imaginative literature, and nonfiction about illness—as a humanistic and pedagogically robust method to complement technical language

training for nursing students. Narrative medicine promotes understanding and healing through reading, discussing, and reflecting on imaginative literature concerning illness. In one form of narrative medicine known as bibliotherapy, small groups of patients and sometimes their caregivers read and discuss narratives—selections from novels, short stories, and nonfiction—as well as poetry, dramas, and essays that deal with illness and comparable problems of life. The texts are selected by a facilitator who then leads the group in reading and discussion. As group members reflect on these texts together, they gain insights, comfort, and coping strategies for both patients and caregivers. The present study proposes that nursing English education can be enriched with adaptations of narrative medicine that invite students to read, discuss, and even role-play literary texts about illness in ways that challenge them to reflect on suffering, resilience, and the acts of care giving and receiving.

Through imaginative literature and nonfiction about patients and caregivers dealing with illness, nursing English students can explore emotional depths and ethical ambiguities. When used pedagogically, literary and nonfiction texts about illness promote active learning by encouraging interpretation, discussion, and empathetic imagination. Among the most useful texts are the narrative "clinical tales" of Oliver Sacks in which medical case studies are portrayed with literary precision. Like a great short story writer, Sacks offers sharp observations of illness and treatment along with profound insights into the human condition. We argue below that for students of nursing and other caring vocations, reading and discussing such texts through the discipline of narrative medicine can support students' growth—not only in linguistic proficiency but also in the formation of professional identity, grounded in empathy and narrative understanding.

Narrative Medicine in Context: Definitions and Theoretical Foundations

For nursing students, narrative medicine-based classroom learning facilitates a deep understanding of patients' lived experiences. Partners or groups examine the outward actions and inner lives of literary and nonfiction characters, narrators, and speakers—exploring their fears, contradictions, and transformations. Engaging with literary texts about illness allows nursing students to examine their own emotional responses and develop a more nuanced sensitivity to the perspectives of patients—and of their caregivers, which the students can expect to be.

Literature and medicine courses for nurses align with narrative medicine through a common reliance on the uses of storytelling. In the classroom, as in clinical practice, there are moral imperatives of attentive listening. Charon (2006) defines narrative medicine as:

> medicine practiced with [the] narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness. As a new frame for health care, narrative medicine offers the hope that our health care system, now broken in many ways, can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick. (Charon, 2006, p. 4)

Through narrative medicine-based classroom activities, nursing students can develop competence in listening to patients' accounts of their experience of illness in an ideal sense: "Health care professionals can become more attentive to patients, more attuned to patients' experiences, more reflective in their own practice, and more accurate in interpreting the stories patients tell of illness" (Charon, 2006, p. 107). When patients "narrate" stories of their own illness and caregivers listen closely, both patients

and the caregivers gain new perspectives on the problems they both face in dealing with illness itself. Narrative based-learning activities help nursing students grow in comparable ways.

Narrative medicine relies on the explanatory power of storytelling, making use of narrative "texts" that are presented and examined for their therapeutic value. Narrative medicine, however, takes several forms. In the course of diagnosis and treatment, narrative medicine may involve patients describing their experience of illness in story form, with the aim of helping patients better understand their own conditions while also helping their caregivers find solutions to the patients' medical problems. In the specialized form of narrative medicine called bibliotherapy, small groups of patients led by a facilitator read and discuss literary and nonfiction texts concerning illness. The aim here is to gain greater understanding of emotional and ethical issues raised by the experience of illness and treatment, thereby helping patients cope with the stress of illness and maintain mental health (Recob, 2008; Hynes & Hynes-–Bailey, 2012; Pardeck & Pardeck, 2021). In the classroom, narrative medicine-based activities use stories to challenge students not simply to learn English but to use it in ways that reflect care, dignity, and understanding through modes of learning that are affective, ethical, and transformative.

Recent developments in clinical studies and children's education also support the integration of narrative medicine into curricular activities. Pardeck and Pardeck (2021) emphasize the importance of understanding the causes of defensive behavior in stressful situations: "All normal children and adults use defense mechanism[s] to cope with fear. It is not unusual for individuals to use many of these mechanisms simultaneously" (Pardeck & Pardeck, 2021, p. 116). Nurses who understand patients' reactive fears in hospitals and who can cope with their own fears have an advantage in communicating effectively with stressed and defensive patients. Nursing students who read and discuss literary and nonfiction works that dramatize and narrate various kinds of psychological trauma can thereby prepare themselves to deal with the fears and defensive responses experienced by patients and even by nurses themselves in clinical settings.

Similarly, Recob (2008) asserts the psychological benefits of adapting the form of narrative medicine called bibliotherapy in the classroom:

> In schools, bibliotherapy can greatly increase the connectivity of curriculum to the individual student. A genuine relation to a book can help students cope with their current situation…. Those who want to help, but don't understand what their loved one is going through, can gain empathy by reading about a similar situation. This will better equip an individual to open the lines of communication with someone they care about. (Recob, 2008, p. xiii)

Such insights suggest that emotional engagement through imaginative literature offers models of ways to improve motivation, retention, and depth of learning in nursing English classrooms.

Ethical Considerations

In the present study, all quotations come from a pool of about 15 of our nursing students and graduates. Students wrote their responses to classroom activities involving narrative medicine-based learning in 2024 and spring semester of 2025, while graduates expressed their views in spoken exchanges with us. Quotations are used with the participants' written permission. Students understood that their personal identities would be protected by anonymous citations only.

Why Literature Matters for Nurses-in-Training

Nursing is a profession grounded in human interaction. The capacities of caregivers to listen,

to interpret unspoken concerns, and to respond with compassion are vital to patient care. However, these interpersonal competencies are not always addressed in language curricula that focus primarily or exclusively on grammar, vocabulary, or technical reading skills.

Literature, by contrast, provides models of interpersonal engagement and opportunities to imagine it. Through literary characters and dramatized situations in prose, plays, and poetry, students encounter complex human situations and learn to navigate emotional ambiguity. As we noted in our presentation at the 7th JANET Conference on Nursing English in Hamamatsu on June 14, 2025, students wrote feedback for a recent lesson on literary works about illness: "Reading improves [interpersonal] communication skills," and "I want to learn about people's experiences with illness, not just from a textbook, but from the patients themselves."

These sentiments and many others like them reflect a shift in understanding, from English as a set of grammatical skills to English as a medium of ethical and emotional reflection and action. Reading and discussing literature helps students imagine what it means to be vulnerable, to hope, to suffer, and to heal. When students encounter narrative medicine-based texts—illness memoirs, fictional and non-fictional narratives, poems, and dramatized scenes—they are exposed not only to medical facts but to emotional truths: they learn what it feels like to be a patient or a caregiver in difficult settings.

Moreover, students begin to recognize their own emotional landscapes within stories and poems. One student commented, "When the protagonist's ways of thinking and feeling have a lot in common with mine, I can get more immersed in the story." Indeed, by identifying personally with literary or nonfictional characters, students can make gains in comprehension, self-reflection, and intrinsic motivation to learn English—fostering a more holistic approach to language learning and professional preparation.

Interdisciplinary research confirms such effects. Green and Brock (2000) found that "narrative transportation"—the reader's psychological immersion into a story—deepens empathy and moral sensitivity:

> To the extent that individuals are absorbed into a story or transported into a narrative world, they may show effects of the story on their real-world beliefs… [Narrative transportation is] a mechanism whereby narratives can affect beliefs. Defined as absorption into a story, transportation entails imagery, affect, and attentional focus (Green & Brock, 2000, p. 701).

In such ways, literary engagement through narrative medicine cultivates in nursing students not simply communicative competence but greater awareness of the emotional and ethical issues involved in care giving and receiving.

Oliver Sacks and Narratives of Care

Among the many literary voices available to students, the works of Oliver Sacks stand out for their blend of medical precision and narrative depth. A neurologist and a prolific nonfiction writer, Sacks described his medical case studies as "clinical tales," stories that offer both diagnosis and insight. Selections from his major works are particularly well-suited for nursing English education—notably, *Awakenings* (2012), which was made into a feature film by the same title and starred Robin Williams as the doctor modeled after Sacks himself. Other useful works by Sacks include *An Anthropologist on Mars* (1995), *Musicophilia* (2008), and *The Man Who Mistook His Wife for a Hat* (2011). Chapters from these works are accessible in length and language, while rich in emotional and ethical complexity.

Sacks listened carefully to his patients, portraying them not merely as subjects afflicted with disease but as full human beings with

histories, relationships, and desires. In his deeply humane accounts of his patients, Sacks modeled the reflective, compassionate engagement that is essential in the medical professions. Sacks's case studies read like short stories—blending clinical observation with profound human insight.

For example, in *Musicophilia* (Sacks, 2008), the chapter "Irrepressible: Music and the Temporal Lobes" introduces Louis F., a man with such a voracious compulsion to eat that he even attempted to consume non-food items, including bath salt shaped like candy. The narrative invites readers and their discussion partners to explore together such questions as: "How would I speak to Louis as a nurse?" "What kinds of care does he require, beyond the physical?" "How does Sacks describe Louis with dignity and compassion?" These questions serve as prompts for classroom discussion and reflective writing.

As a follow-up activity to their discussions and writings, students were asked to compose dialogues between a nurse and Louis F., imagining how a nursing professional might offer support while maintaining respect for the patient. This activity led to thoughtful conversations about dignity, autonomy, and practical communication strategies.

Classroom Applications: Pedagogical Design and Activities

As suggested by using Sacks's works in the classroom, narrative medicine-based learning involves integrated language activities that stimulate student development in multiple domains: linguistic competence, emotional intelligence, and ethical awareness. This section outlines the ways that narrative medicine unfolds in practical terms within nursing English education settings, specifically in such courses as English Reading III and Literature and Medicine at our nursing college.

Collaborative Reading and Interpretation

Students begin by reading excerpts from literary texts aloud in pairs or small groups. Reading aloud helps students practice pronunciation and rhythm, while collaborative reading gets students through the text and stimulates discussion for interpretation. Students are encouraged to underline unfamiliar words, annotate their emotional reactions in the margins, and pause to discuss passages that resonate personally. Such practices encourage dialogic learning and critical reflection.

Emotional and Ethical Dialogue

The form of narrative medicine called bibliotherapy may be likened to giving patients and caregivers a mirror to inspect their reactions as they read and discuss literary texts that help participants understand the experience of illness and treatment. The published texts under consideration provide dramatizations of illness and caregiving at a remove, allowing discussion members to focus on the same issues together; ideally, participants gain perspectives on human suffering and care, along with greater understanding of the problems of life and, ultimately, of themselves. By contrast, another common form of narrative medicine seems more like giving medical caregivers a stethoscope to "read" their patients through personal medical memoirs: patients tell their own stories, to help themselves and their medical caregivers connect with each other for therapeutic purposes.

In the classroom, narrative medicine-based learning involves pairs and groups of students in discussing, writing about, and producing creative activities in response to literary texts in ways that can lead to better understanding of the experiences of illness and caregiving. Our first-year students usually have not had any training in listening to patients' stories, but they can read and discuss selected literary texts in class to prepare for listening to their own patients during

their professional lives. After a typical reading session, class discussions focus on the characters' emotional responses and the practical and ethical dilemmas faced by patients and caregivers. Students consider such questions as "What emotions are the characters experiencing?"; "How would you respond if you were the nurse in this story?"; and "What practical and ethical decisions are being made, and do you agree with them?" By discussing and reflecting on such questions, students develop a clinical moral compass alongside effective communication skills that are enhanced with greater capacity for empathy.

Reflective Writing

In narrative medicine-based learning activities, students write frequently in their reflective journals, expressing thoughts and feelings from their own perspectives and even in the adopted voices of characters in stories. For example, students might write a letter from a patient to a nurse or compose an inner monologue expressing a character's emotional turmoil. Such creative writing exercises are powerful tools for developing empathy and narrative fluency in English.

Role-Playing and Simulations

One of the most interactive activities of narrative medicine-based learning is role-playing. Pairs or small groups of students act out scenes inspired by the literature they read, e.g., improvising conversations between patients and healthcare professionals. Through such activities, students internalize vocabulary and phrases appropriate to clinical interactions while also learning how tone, gesture, and empathy contribute to communication.

As the term "empathy" figures so often in the present study, it might be helpful to compare the term with a closely related one, "sympathy." The emotions are similar but have subtle differences. The capacity for sympathy ("feeling together") involves feelings of connection and compassion for another's suffering while maintaining some emotional equilibrium. Empathy, however, requires emotional vulnerability and active imagination. It takes the sense of connection to deeper levels of understanding. Empathy is the ability to imagine actually being in someone else's shoes and walking around in them. Role playing, in this sense, is empathy in motion.

Creative Extensions

Narrative medicine-based learning lets students deepen textual interpretation by creating their own stories, dialogues, poems, or multimedia responses inspired by what they have read. Such activities nurture creativity and allow students to process complex emotions in ways that extend beyond analytical writing. For example, after reading "The Last Hippie" (in Sacks, 1995), students created a short visual storyboard illustrating the relationship between music, memory, and identity. In effect, representing the story visually helps make its events and characters real in personal terms that resonated emotionally.

Assessment and Feedback

In narrative medicine-based learning, assessment favors process over product. Specially designed rubrics guide students as they evaluate their own language use, emotional insights, ethical awareness, and participation. Peer feedback is also integrated into the evaluation process, encouraging mutual support and collaborative growth. Teachers in such courses as English Reading and Literature and Medicine provide narrative medicine-based activities and follow them up with qualitative guidance and feedback that acknowledge the importance of grammatical correctness but push beyond linguistic surface matters to include narrative engagement, empathy, and clarity of expression.

The activities described above help nursing students improve their English proficiency while also engaging with the complex emotional and ethical issues that typically arise in professional

caregiving. Through narrative medicine-based activities, the classroom becomes a space for language learning that involves reflection, introspection, and transformation.

To conclude this section, it is worth noting that many of the classroom activities with literature that are described above—discussion of emotional and ethical issues, reflective writing, role-playing and simulations, and such creative extensions as composing one's own stories, dialogues, letters, poems, and multimedia responses—are hardly original. Instead, they have deep roots in progressive classroom practices in the United States, inspired by such educational reformers as John Dewey (1859–1952) who was active in the first half of the twentieth century and promoted education for the expansion of democracy. Much of the second half of the twentieth century was, for progressive educators inspired by Dewey, a time of pedagogical freedom and creativity in which outcomes were validated by the direct assessment of student writing samples and portfolios of student work across the curriculum. Sadly, such practices were largely displaced when standardized testing gained predominance in the late twentieth century, a trend persisting into current times. An entire recipe book of such creative ways of responding to imaginative literature can be found in Moffett and Wagner (1992). The intellectual foundations of this humanistic pedagogy are described by James Moffett (1929–1996)—the legendary teacher of teachers and a widely respected moral authority on English teaching and learning—in Moffett (1983); Moffett (1992a); and Moffett (1992b).

Student Voices and Learning Outcomes

The transformative impact of narrative medicine in nursing English education becomes especially apparent through the voices of students themselves. Reflective writing and classroom discussions, along with interviews and role playing among characters, increase students' self-awareness, improve their communicative confidence, and help them use English as a medium of empathy and compassion.

Enhancing Emotional Awareness

Many of our students remarked that reading literature improved their understanding of their own emotions regarding patient care. As one student shared, "Reading stories made me think more deeply about what patients feel. It made me wonder how I would respond in such situations as a nurse." Literature offers imaginative scenarios in which students vicariously experience distress, fear, and hope. The students' affective responses to literary works are, in effect, steppingstones to emotional maturity in personal and clinical settings.

Developing English Confidence Through Purpose

Several students noted that their fear of speaking English diminished once they saw models of language used for caregiving in imaginative literature. As one student commented, "I used to be nervous about speaking English, but now I feel I want to use it to help someone." Narrative medicine-based activities create contexts for English as a vehicle of moral action, which, in turn, increases students' willingness to engage in dialogue with less worry about making grammar errors.

Empathy Through Identification

Narrative empathy—the reader's emotional engagement with characters—frequently emerged in responses from students who recognized images of themselves in stories. As more than one student remarked: "When the protagonist's thoughts are similar to mine, I get more involved. I feel like I am not alone." Such emotional identification generates confidence and solidarity as students reflect on their own beliefs and fears.

Noddings (2003) sheds considerable light on such empathy through identification:

> Caring involves, for the one-caring, a "feeling with" the other. We might want to call this relationship "empathy," but we should think about what we mean by this term. . . . The sort of empathy we are discussing does not first penetrate the other but receives the other. . . . [Whomever] I receive, I communicate with, I work with. (Nodding, 2003, p. 31)

Indeed, by "receiving" others first, caregivers improve their ability to understand their patients' feelings, thereby communicating with patients better and serving them more effectively. Such gains in empathy naturally reflect personal growth, as noted in sections below.

Seeing the Nurse's Role Differently

Reflective journal assignments give students the freedom to articulate their changed perspectives on nursing. One wrote, "Writing from the patient's viewpoint helped me realize how important nurses are—not just for physical care but for emotional presence." Such shifts indicate a growing sense of professional identity rooted in relational ethics.

Integrating Language and Identity

Perhaps the most profound outcome of narrative medicine is the merging of language learning with identity development. A common sentiment was: "I'm not just learning English; I'm learning to be a nurse who speaks with care." Narrative medicine-based activities turn language learning into a journey of becoming, a preparation for the human complexities that nurses face daily. Student responses largely supported the premise that narrative medicine not only improves language competence but also fosters emotional intelligence, moral imagination, and vocational clarity—key components of nursing professionalism.

Professional Identity Formation and Long-Term Impact

The professional identity of nursing students is shaped not only by technical knowledge and clinical experience but also by introspective processes that help students understand who they are and who they aspire to become in their professional caregiving roles. Narrative medicine-based learning makes unique contributions to this reflective journey by letting students encounter ethical dilemmas, witness the struggles of fictional and real patients, and engage in meaning-making through reading, discussion, and creative activities.

The Narrative Construction of Self

In presenting the theory of narrative identity, McAdams and Pals (2008) asserts that individuals make sense of their lives through narrative.

> The life story consists of the person's internalized and evolving self-narrative (s), serving to reconstruct the past and imagine the future in such a way as to provide life with meaning, unity, and purpose. Life stories speak directly to what a whole life, situated in time and society, means and how the person believes that meaning has changed over time. (McAdams & Pals, 2008, p. 8)

For nursing students, the stories they read and discuss-—and the stories they write and tell—provide narratives for them to reflect on and learn from, helping students construct a sense of themselves as emerging professionals. Through narrative medicine-based learning, students begin to internalize not only the vocabulary of nursing but also its ethical language, deepening their sense of responsibility, vulnerability, trust, and hope.

Emotional Endurance in a Demanding Profession

Nursing, by its very nature, is emotionally and physically taxing, as it often involves prolonged

exposure to suffering, ambiguous circumstances, and emotionally charged duties. Narrative medicine-based learning offers preventive measures and resilience training by providing students with safe areas in which to untangle complicated emotions and learn vicariously from the troubled experiences of others. Exposure to human suffering presented in literary narratives can serve as a rehearsal for real-life caregiving situations, offering coping tools and ethical insights.

Integrating Personal and Professional Values

Narrative medicine-based learning encourages students to examine how their personal values align with professional responsibilities. Imaginative literature often presents characters whose moral choices have consequences, prompting readers to reflect on their own decision-making frameworks. In discussing literary and nonfiction narratives, students explore such core values as compassion, justice, and empathy—values that guide ethical nursing practice.

Lasting Influence Beyond the Classroom

The effects of narrative medicine-based learning extend beyond the immediate context of English language learning. In our follow-up interviews with recent graduates of our nursing college, several novice nursing professionals reported that they continue to reflect on stories they had read during their undergraduate years. One shared, "I still remember the story about the patient with memory loss and how the nurse treated him—it reminds me to listen first, even when I'm busy." Such testimonials suggest that narrative medicine -based activities can have a lasting impact on students' clinical practices and attitudes.

A Shift in Educational Paradigm

When narrative medicine-based learning is incorporated into nursing English education, classrooms undergo a shift in learning style, from transactional to transformative. Students are not simply absorbing information; they are reorienting their perspectives, reshaping their goals, and reimagining their professional futures. Narrative medicine aligns with the model of transformative learning proposed by Mezirow (1997), emphasizing initial confusion, followed by reflection and perspective change as core components of adult education. Mezirow (1997) observes:

> We may be critically reflective of assumptions when reading a book, hearing a point of view, engaging in task-oriented problem solving (objective reframing), or self-reflectively assessing our own ideas and beliefs (subjective reframing). Self-reflection can lead to significant personal transformations. (Mezirow, 1997, p. 7)

In short, narrative medicine-based learning is not merely a classroom technique but a set of holistic developmental tools. It addresses not only what students learn but who they become. By engaging deeply with imaginative literature and literary nonfiction, nursing students get practice in becoming the kind of professionals who communicate with purpose, act with integrity, and provide care with empathy.

Institutional Integration and Cross-Cultural Perspectives

For narrative medicine-based learning to have a lasting impact on nursing English education, it should be integrated not only at the classroom level but across institutional structures and diverse cultural contexts. This section explores strategies for embedding narrative medicine-based learning into curriculum design, faculty development, and international collaboration.

Curriculum Development and Integration

Narrative medicine-based learning can be woven into a variety of courses within nursing

programs—ranging from English for Specific Purposes (ESP) and ethics seminars to clinical communication workshops. Curriculum designers should identify key competencies—e.g., reflective writing, narrative empathy, and cross-cultural communication—and align narrative medicine-based activities accordingly. A modular approach allows departments to adapt narrative medicine-based learning flexibly across levels and specialties.

Faculty Training and Interdisciplinary Collaboration

Implementing narrative medicine-based learning requires instructors to be both linguistically competent and emotionally attuned. Faculty development programs can include workshops on narrative pedagogy, trauma-informed teaching, and the principles of literary interpretation. Trauma-informed teaching can be an educational approach that recognizes the widespread impact of trauma on students' lives and learning. Instead of asking, "What's wrong with this student?", the trauma-informed teacher asks, "What has this student experienced, and how can I respond in a supportive way?" When nursing students absorb the models of trauma-informed teaching, they may, in turn, learn to practice "trauma-informed health care," asking themselves as Dr. Oliver Sacks often did, "What has this patient experienced, and how can I respond in a supportive way?" Interdisciplinary collaboration among literature, psychology, and medical humanities departments can enrich resources and perspectives, fostering a culture of storytelling in narrative medicine-based nursing education.

Institutional Case Study

In Japan, where English is taught as a foreign language, the integration of narrative medicine-based learning faces unique challenges and opportunities. Cultural norms of indirect communication, social harmony, and emotional restraint must be acknowledged. However, students often find comfort in the structured exploration of feelings through literature. At our institution, narrative medicine-based learning was successfully introduced through elective English courses, supported by faculty mentoring and thematic reading lists.

In the comments that students wrote as part of every writing assignment that followed narrative medicine-based classroom activities, students responded favorably to Oliver Sacks and other writers whose stories address healthcare issues. Among these authors were Arthur Conan Doyle, a British physician who started writing the detective adventures of Sherlock Holmes in his often copious spare time between seeing patients; Alice Munro, a Canadian short story writer and winner of many prestigious literary awards, including the 2013 Nobel Prize in Literature; and Theodore Dalrymple, a pen name of Anthony Malcolm Daniels, a British prison physician and psychiatrist who later became a journalist, cultural critic, and editor of *The Best Medicine: Stories of Healing* (Dalrymple, 2021). Writers of this caliber have turned their talents at times to stories dealing with illness—its experience and treatment—which make good texts for narrative medicine-based learning.

Challenges and Considerations

Despite its promise, narrative medicine-based learning faces several challenges. Not all students are comfortable with emotional introspection, and some may resist discussing sensitive topics. Time constraints and assessment pressures may discourage educators from adopting nontraditional methods. To address these concerns, narrative medicine-based learning should be positioned as an enhancement rather than a replacement for core competencies, with clearly articulated learning outcomes and supportive scaffolding.

Institutional support is critical—particularly, allocating time for narrative-based learning, providing access to literary materials, and

encouraging reflective teaching practices. Moreover, program evaluation should include qualitative measures—e.g., student portfolios and interviews—to capture the nuanced outcomes of narrative medicine-based activities. In short, cross-cultural and institutional integration of narrative medicine-based learning requires intentional planning, inclusive pedagogy, and sustained advocacy. When these conditions are met, narrative medicine-based learning has a chance to transform not only classrooms but entire educational cultures.

Future Directions for Research

As narrative medicine-based learning in nursing English education continues to grow, further research is needed to evaluate its long-term impact, scalability, and adaptability across diverse educational and cultural settings. There are several key areas for future inquiry:

Longitudinal Studies on Professional Development

One promising direction is longitudinal research tracking of the influence of narrative medicine-based learning on graduates over time. One research question might be: "Do students who participate in narrative medicine-based learning demonstrate greater emotional resilience, patient-centered communication, and/or job satisfaction in clinical practice?" Such studies could incorporate mixed methods, combining questionnaires, interviews, and observational data and could also benefit from an instrument for measuring students' sense of empathy at various intervals.

Comparative Effectiveness Research

Comparing narrative medicine with other pedagogical approaches—such as simulation training, problem-based learning, or digital storytelling—could offer insights into the unique contributions of literary engagement in language learning. Quantitative studies might assess improvements in communication scores or empathy measures, while qualitative analysis could explore student perceptions and reflective narratives.

Multilingual and Multicultural Applications

More research is needed to explore how narrative medicine-based learning functions in multilingual contexts. Further research questions might include: "How does the language of literary texts affect comprehension, empathy, and narrative engagement?"; and "What role do cultural background and translation play in shaping student responses?" These questions are especially relevant in globalized educational settings where diverse linguistic and cultural identities intersect.

Curriculum Design and Institutional Policy

Research into curriculum implementation can examine best practices for integrating narrative medicine into nursing programs. Research questions might include: "What institutional conditions facilitate successful adoption?" and "How do faculty attitudes, training programs, and administrative support influence outcomes?" Such lines of inquiry can inform policy development at departmental and even national levels.

Neurocognitive and Affective Dimensions

Emerging research in neuroeducation suggests that literary reading activates brain regions associated with theories of mind, emotional regulation, and empathy. Interdisciplinary studies involving neuroscience, psychology, and education could deepen professional understanding of how narrative medicine-based learning engages the mind and shapes professional behavior. By pursuing such issues, educators and researchers can build an evidence-based foundation for narrative medicine-based learning, ensuring its effective and ethical use in nursing education

around the world.

Conclusion: The Healing Power of Words

In a time when healthcare faces technological advances, institutional challenges, and moral complexities, the role of the nurse remains deeply interpersonal. Communication, empathy, and ethical reflection are not luxuries but necessities. The present study has proposed narrative medicine-based learning as a pedagogical approach that nurtures these qualities through the careful and compassionate use of literature in English education.

Through the clinical tales of Oliver Sacks, together with fictional stories, dramas, and poetry about illness and caregiving, nursing students learn not just vocabulary, but vision. They encounter not just characters, but ethical companions. They rehearse not just conversation, but care. The classroom becomes a space where English is not only learned but lived—where students speak to be heard, listen to understand, and write to reflect. Narrative medicine helps transform nursing students into professionals who see language not only as a set of skills but as a medium of service. Teachers of nursing English should offer English to students not only for tests but for tenderness—not only for grammar but for grace. Doing so reaffirms the belief that words, when used with empathy, have the power to heal.

References

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.

Dalrymple, T. (Ed.). (2021). *The best medicine: Stories of healing*. Everyman's Library.

Green, M. C., & Brock, T. C. (2000). The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology*, 79(5), 701–721. https://doi.org/10.1037/0022-3514.79.5.701

Hynes, A. M., & Hynes-Berry, M. (2012). *Biblio/ poetry therapy: The interactive process*. North Star Press.

McAdams, D. P., & Pals, J. L. (2008). The role of theory in personality research. In R. W. Robins, R. C. Fraley, & R. F. Krueger (Eds.), *Handbook of research methods in personality psychology* (pp. 3–20). Guilford Press.

Mezirow, J. (1997, Summer). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education*, 74, 5–12. http://dx.doi.org/10.1002/ace.7401

Moffett, J. (1983). *Teaching the universe of discourse*. Houghton Mifflin. (Original work published 1968)

Moffett, J. (1992a). *Active voice: A writing program across the curriculum* (2nd ed.). Boynton/Cook. (Original work published 1981)

Moffett, J. (1992b). *Detecting growth in language*. Boynton/Cook.

Moffett, J. & Wagner, B. J. (1992). *Student-centered language arts, k–12* (4th ed.). Boynton/Cook. (Original work published 1976)

Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education* (2nd ed.). University of California Press. (Original work published 1984)

Pardeck, J. T., & Pardeck, J. A. (2021). *Bibliotherapy: A clinical approach for helping children*. Psychology Press.

Recob, A. (2008). *Bibliotherapy: When kids need books: A guide for those in need of reassurance and their teachers, parents, and friends*. iUniverse, Inc.

Sacks, O. (1995). *An anthropologist on Mars: Seven paradoxical tales*. Picador.

Sacks, O. (2008). *Musicophilia: Tales of music and the brain*. Knopf.

Sacks, O. (2011). *The man who mistook his wife for a hat*. Picador.

Sacks, O. (2012). *Awakenings*. Picador.

The Spoken Corpus of Foreign and Immigrant Patient Narratives for Nursing and Medical Education

Mathew Porter (porter@fukujo.ac.jp)
Fukuoka Jo Gakuin Nursing University

***Abstract**: Narrative-based approaches have been used in health education to foster empathy, professionalism, and inquiry skills, and more recently to support the development of intercultural competence in English language education. Databases of patient narratives exist in both English and Japanese, but the voices of culturally and linguistically diverse (CALD) patients remain absent. This omission is particularly significant in Japan, where nurses play a central role in patient care, yet international nursing courses often give limited attention to caring for CALD patients. This report describes the development of an open-source online corpus of patient narratives from foreign residents who experienced healthcare in Japan, created for use with nursing and medical students. The 36 narratives encompass a range of language backgrounds and medical topics, with most participants female and from non-English-speaking countries.*

Keywords: patient narratives, culturally and linguistically diverse patients, cultural competency

About the Author: Mathew Porter has been teaching English for Nursing Purposes for 11 years and is a co-founder and current director of JANET. His research interests include curriculum design, needs analysis, patient narratives, and nursing simulation education.

Visiting a hospital in Japan can be an intimidating experience for culturally and linguistically diverse (CALD) patients. Language barriers, unfamiliar hospital systems, and cultural differences in medicine can make even routine visits stressful (Watanabe & Sakka, 2016; Teraoka & Marunaka, 2017). Our individual and cultural backgrounds also shape how we expect to be treated and how we interact with healthcare professionals. In 2018, the author was awarded a grant from the Japan Society for the Promotion of Science to establish a corpus of patient narratives from foreign residents who had experienced healthcare in Japan for use in nursing and medical education. These narratives reflect diverse experiences, ranging from routine encounters to situations involving significant communication and cultural challenges, such as those described in this narrative of a Latvian woman, recorded in 2019.

> *Ms. L arrived at a women's health clinic a few minutes after they had stopped seeing patients for the day. She was late because she spent time outside the clinic entrance practicing the Japanese she would need at reception. Her symptoms were familiar and suggested a urinary tract infection, but they weren't clearing up. Hoping for confirmation and medicine, she made her case to the receptionist.*
>
> *The doctor agreed to see her, and she was ushered into an examination room. Ms. L explained her symptoms in Japanese and understood the doctor's request for a urine sample. But to her surprise, she wasn't given a paper cup and shown to the toilet. Instead, she was led to another room, where a nurse asked her to remove the lower half of her clothing and lie back in a reclining exam chair.*
>
> *The first nurse had difficulty inserting the catheter. So did the next. Eventually, four nurses were involved. They extracted a sample, cleaned her up, and sent her back to the doctor's office, leaving Ms. L in shock, confused, and feeling violated.*

Although the interaction took place in Japanese, Ms. L reported being troubled by the absence of any explanation for why a catheter would be used

to collect the sample, as well as by the apparent lack of skill shown by the nurses. She felt her privacy had been violated and that she had neither been informed of the procedure nor given consent.

Role of Nurses

In the story above, it was the responsibility of the doctor to ensure that Ms. L understood what was going to happen and confirm that Ms. L had consented to the procedure. Many of the challenges described in the narratives the author collected arose during interactions with doctors, making the corpus especially relevant for medical students. This raises the question of why it was conceived for use with nursing students. The answer lies with the role of Japanese nurses, particularly in facilitating patient understanding.

A 2015 nationwide survey by the Japan Hospital Association of 2,419 hospitals aimed to document changes in the division of nursing-related tasks across departments, comparing practices in 2011 to those in 2015, and to consider measures for improving the work environment. One question in the survey that focused on outpatient settings asked for clarification about who was responsible for being present during explanations of illnesses, surgeries, and tests. Nurses were reported as overwhelmingly responsible for this role both five years earlier (92.5%) and at the time of the survey (94.6%). Looking ahead, respondents anticipated greater involvement from clerks and technologists, but nurses were still projected to remain the central figures in this task (66.2%).

A different online survey of 2,891 physicians who belong to the MedPeer community of doctors (2013) helps to better clarify what 'being present during explanations' entails. Respondents reported that nurses often accompanied doctors during patient examinations in outpatient settings, noting that nurses' responsibilities extended beyond physical assistance to include supporting the examination, explaining tests, conducting preliminary questioning and vital checks, and managing preparation and cleanup.

The scope of such communicative duties was further explored by Porter (2019), who conducted a thematic analysis of domain-specific Japanese-language literature on nursing duties. From 100 instances of potential nurse-patient spoken interactions, 23 distinct target task types were identified. These included explaining procedures performed by other healthcare professionals, obtaining consent, checking patient comprehension, and providing emotional or psychological support. Several of these responsibilities were notably absent from Ms. L's narrative, underscoring the essential role nurses ideally play in ensuring patient understanding and safety.

Cultural Competence and Nursing Education

An additional concern is the influence of culture on interactions between Japanese nurses and CALD patients. The importance of developing cultural competence has long been recognized in both nursing education and nursing practice in countries with diverse patient populations (Registered Nurses' Association of Ontario, 2007; Calvillo et al., 2009; Nursing and Midwifery Board of Australia, 2018). Although Japan is often described as a homogenous society, the number of foreign residents and tourists continues to rise, and encounters between healthcare providers and CALD patients, such as the Latvian woman described above, are becoming more common. Reflecting this need, the 2021 Japanese Code of Ethics for Nurses (Japan Nursing Association) emphasizes the importance of providing equitable care that is respectful of and responsive to diverse cultural backgrounds and needs. Likewise, the revised model's core curriculum for nursing programs specifies that nursing students should understand how to support the lives of people from diverse cultural backgrounds (Ministry of Education, Science, and Technology, 2022, p.2)

and be able to communicate in a manner that is sensitive to the diverse characteristics of patients and their families, including age, disability, nationality, race, culture, language, customs, sexual orientation, and gender identity (p. 23).

In addition to foreign language courses and study abroad programs, many nursing programs offer one or more courses focusing on international nursing-related content. In a nationwide survey by Nagamine et al. (2025), 82.9% of Japanese nursing programs provided such content, but it was found that more than 70% devoted ten hours or less to the topic, and only 63% included material specifically focused on caring for CALD patients. Additionally, only 18% of the associated faculty had expertise in nursing for CALD patients. These findings suggest that nursing students still have few opportunities to cultivate cultural competence in the context of providing care for CALD patients.

One way to address this challenge is through the use of patient narratives, which are first-person accounts from CALD patients who have sought care in Japan. These narratives could provide practical and accessible means for students to engage with the complexities of culturally sensitive care. They can be incorporated into international nursing courses, used as preparation for study abroad programs, or used to inform the creation of simulated patient scenarios.

The Use of Patient Narratives in Education

Narrative medicine refers to the use of patient stories as therapeutic tools (Hu et al., 2024) for patients, data (Nembhard et al., 2024) for healthcare research, and educational resources to support the healthcare providers in developing person-centered care (Glässel & Hippold, 2024). A well-known source of patient narratives is the Database of Individual Patient Experiences (DIPEx), which is managed by a health charity in the United Kingdom. Founded in 2001, DIPEx aimed to "describe the widest practicable range of people's individual experiences of health and disease, and to provide a rich information resource for people affected by diseases and for those who look after them" (Herxheimer & Ziebland, 2008, p. 117). It now includes thousands of personal stories across hundreds of topics and has been adapted for use in other countries and languages.

DIPEx-Japan is an ongoing effort in Japan to create a similar database of Japanese-language patient narratives for use by patients and healthcare professionals. These narratives have been incorporated into medical education to help cultivate empathy by encouraging students to view illness from the patient's perspective, thereby also supporting the development of professionalism and inquiry skills (Son, 2019). However, neither the original DIPEx nor DIPEx-Japan appears suitable for addressing cultural competence when caring for CALD patients in Japan, due to the different healthcare settings and the high level of English required to access the original DIPEx, as well as the absence of CALD patient narratives in DIPEx-Japan.

While narrative-based approaches have gained traction in health education, they have also been adapted for foreign language learning in Japan. Drawing on the principles of narrative medicine, David Ostman (2023) proposed an approach he calls Intercultural Competence through Narrative (ICN), which integrates empathy with the cultural competence needed by English learners as they navigate an increasingly diverse Japan. Using his Database of Immigrant Narratives (DIN), he guides students to engage "in the life stories of immigrants, in which they are encouraged to take alternate perspectives" (Ostman & Xethakis, 2024, p. 15). This, he argues, "affords learners the cognitive space to consider not only how they would feel in the place of others, but also fosters a deeper understanding of the challenges that immigrants face in a new society,

as well as the contributions that they make" (p. 15).

Introducing the Spoken Corpus of Foreign and Immigrant Patient Narratives

The Spoken Corpus of Foreign and Immigrant Patient Narratives (hereafter referred to as the Corpus) does not approach the scale of DIPEX in terms of the number of participants, breadth of experiences, or depth of resources. However, the Corpus does draw attention to the healthcare experiences of CALD patients in Japan, making it an appropriate tool for cultivating cultural sensitivity and empathy among medical and nursing students in Japan.

Aim

The aim of this project was to create a corpus of 100 first-person patient narratives from foreign residents and tourists in Japan in order to support the development of online listening comprehension activities focused on non-specialist vocabulary and pronunciation variation, as well as to offer stories that encourage Japanese nursing and medical students to consider medical care from the perspective of CALD patients.

Participants

Based on 2018 foreign resident data from Fukuoka Prefecture, the participant pool was intended to be balanced in terms of gender and country of origin, reflecting the predominance of foreign nationals living or traveling in Japan from countries where English is not the dominant language. The call for participants requested 12 native Chinese speakers (any dialect), 10 Korean speakers, 10 Vietnamese speakers, 10 Tagalog speakers, 8 Indonesian speakers, 8 Tagalog speakers, 6 Nepali speakers, 6 Brazilian Portuguese speakers, and 20 participants from other countries where English is not the dominant language (with no more than two from the same country). The remaining 20 participants were to be recruited from countries where English is widely spoken as a first language, with consideration given to regional variation and balance in country representation.

Eligible participants were at least 20 years old and non-native speakers of Japanese. Recruitment took place through social media platforms (Facebook, Instagram, LinkedIn), classified ads on a local website for foreign residents and tourists in Fukuoka, and word of mouth. Participants were asked to share either their experience of a single visit to a Japanese hospital or their experience with one medical issue that required multiple visits to one or more hospitals. The account could reflect satisfaction or dissatisfaction with the care received.

Ethical approval was granted by the Institutional Research Board of Fukuoka Jo Gakuin Nursing University (18-3(3)). All participants gave written informed consent and signed release forms permitting the use of their recordings in the development of educational materials. Each participant received a 2,000-yen honorarium as a token of appreciation.

Methodology

Narratives were recorded in a single sitting without follow-up questions, using a semi-structured, uninterrupted format. Prior to recording, participants viewed a seven-slide presentation that provided guidance on selecting a suitable story, maintaining a natural speaking pace, using everyday vocabulary, and avoiding the use of place names (Appendix). The final four slides outlined a suggested structure for the narrative, consisting of:

1. Background: length of stay in Japan and self-assessed Japanese proficiency;
2. Setting: chief complaint and symptom onset;
3. Healthcare Experience: interactions at the medical facility, procedures, and treatments received;

4. Resolution: reflections on the experience and comparisons with past care in their home countries.

Results

The Corpus currently consists of 36 first-person narratives, each focusing on a single medical visit or a series of visits related to a specific health issue. A breakdown of the demographic data is in Table 1. Of the participants, 26 identified as female, and 22 were from countries where English is not the dominant language. The average recording length was 11 minutes and 15 seconds, with durations ranging from 4 minutes and 11 seconds to 24 minutes and 29 seconds. Table 2 shows a categorization of the patient narratives by medical topic. For the purposes of this article, each narrative was assigned a single topic, although some could be categorized under multiple topics. For example, the narrative shared above is classified under Urological/Renal, but it could also be categorized under Reproductive Health.

Recordings and transcripts are freely available on the Corpus website: https://sites.google.com/st.fukujo.ac.jp/nonjapanesepatientnarratives/

Table 1

Corpus Demographics

Dominant Language	Female (Age Range)	Male (Age Range)	Total
English	11 (20-59)	3 (40-69)	14
Indonesian	4 (20–49)	1 (30–39)	5
Portuguese	1 (30–39)	2 (30–39)	3
Arabic	2 (20–29)		2
Chinese	1 (20–29)	1 (40–49)	2
Sinhala	1 (20–29)	1 (20–29)	2
Vietnamese	2 (20–29)		2
Bangla		1 (30–39)	1
French	1 (30–39)		1
Latvian	1 (30–39)		1
Malay	1 (30–39)		1
Malagasy	1 (20–29)		1
Tagalog		1 (40–49)	1
Total	26	10	36

Table 2

Categorization of Patient Narratives by Medical Topic

Medical Topic	No. of Accounts
Pregnancy & Childbirth	6
Orthopedic / Injuries	5
Gynecological	4
Infectious Diseases / Screenings	4
Cardiovascular	3
Internal medicine	3
Surgical Procedures / Post-op	3
Mental Health	2
Preventive / Checkups	2
Dermatological	1
Gastrointestinal	1
Pediatric	1
Urological	1

Conclusion

This study has sought to address a critical gap by developing a corpus of patient narratives that can be used not only to support English language learning but also to prepare nursing students for the cultural and communicative challenges of caring for CALD patients in Japan. However, the Corpus remains limited in scope. Accounts from Vietnamese, Chinese, and Korean patients—the largest groups of foreign residents and tourists—are underrepresented, and narratives from people of color and members of the LGBTQ+ community are almost completely absent.

In part due to the COVID-19 pandemic, which reduced the number of short- and mid-term residents available to participate, fewer than half of the intended number of narratives were collected. Moreover, building connections within certain language communities proved difficult and restricted opportunities for recruitment.

Nevertheless, it is hoped that the Corpus will inspire future efforts to collect a broader and more representative range of CALD patient experiences in Japan. The author welcomes opportunities to collaborate on expanding the Corpus and exploring how it can be effectively used in medical and nursing education to support

the development of English language skills and cultural competence.

Acknowledgements

This work was supported by JSPS KAKENHI Grant Number 18K00812.

References

Calvillo, E., Clark, L., Ballantyne, J.E., Pacquiao, D., Purnell, L.D., & Villarruel, A.M. (2009). Cultural competency in baccalaureate nursing education. *Journal of Transcultural Nursing, 20* (2), 137-145. https://doi.org/10.1177/1043659608330354

Glässel, A., & Hippold, I. (2024). Exploring patient perspective: Using narrative DIPEx interviews and the ICF model for interprofessional learning. *Frontiers in Rehabilitation Sciences, 5*, 1424370. https://doi.org/10.3389/fresc.2024.1424370

Herxheimer, A. & Ziebland, S. (2004). The DIPEx project: Collecting personal experiences of illness and health care. In B. Hurwitz, T. Greenhalgh, & V. Skultans (Eds.), *Narrative research in health and illness* (pp. 115–131). Wiley. https://doi.org/10.1002/9780470755167.ch6

Hu, G., Han, B., Gains, H., & Jia, Y. (2024). Effectiveness of narrative therapy for depressive symptoms in adults with somatic disorders: A systematic review and meta-analysis. *International Journal of Clinical and Health Psychology, 24*(4), Article 100520. https://doi.org/10.1016/j.ijchp.2024.100520

Japan Nursing Association. (2021). *JNA code of ethics for nurses*. https://nurse.repo.nii.ac.jp/record/2000303/files/jna-code-of-ethics-for-nurses.pdf

Japan Hospital Association. (2015). 看護業務の役割分担に関する実態調査（抜粋版） *Kango gyoumu no yakuwari buntan ni kansuru jittai chousa (bassuiban)* [Survey of conditions related to the division of labor of nursing duties]. https://www.hospital.or.jp/pdf/06_20160303_01.pdf.

MedPeer. (2013). 外来診察時の同席者について4割以上は看護師が同席している *Gairai shinsatsuji no dousekisha ni tsuite yonwari ijou kangoshi ga douseki shiteiru* [Nurses accompany doctors during 40% of medical consultations in the outpatient department]. https://medpeer.co.jp/press/_cms_dir/wp-content/uploads/2014/05/Posting_131016.pdf.

Ministry of Education, Science, and Technology. (2024). 看護学教育モデル・コア・カリキュラム（令和6年度改訂版）【資質・能力】 *Kangogaku kyouiku moderu ・koa・karikyuramu (Reiwa 6nendo kaidaban) 【Shishitsu ・Nouryoku】* [Model Core Curriculum for Nursing Education (2024 Revised Edition): [Aptitudes and Competencies]. https://www.mext.go.jp/content/20250324-mxt_igaku-000040938_4.pdf

Nagamine, M., Tsujimura, H., Oue, T., Mori, S., & Yamada, C. (2025). 看護基礎教育における国際看護学講義及びIT環境の実態：遠隔教育支援システムの開発に向けて *Kango kiso kyōiku ni okeru kokusai kangogaku kōgi oyobi IT kankyō no jittai: enkaku kyōiku shien shisutemu no kaihatsu ni mukete* [Status of international nursing lectures and ICT environment in basic nursing education: Focusing on the development of a remote education support system]. *Journal of Japanese Society for International Nursing, 8*(2), 1–11.

Nembhard, I. M., Matta, S., Shaller, D., Lee, Y.S.H., R. Grob., & Schlesinger, M. (2024). Learning from patients: The impact of using patients' narratives on patient experience scores. Health Care Manage Review, 49(1), 2-13. https://doi.org/10.1097/HMR.0000000000000386

Nursing and Midwifery Board of Australia. (2018). NMBA and CATSINaM joint statement on culturally safe care. https://www.nursingmidwiferyboard.gov.au/codes-

guidelines-statements/position-statements/joint-statement-on-culturally-safe-care.aspx

Ostman, D. (2023). Narrative-Based Approaches to Empathic Development for the Acquisition of Intercultural Competence in English Education. The Proceedings of 2023 International Conference & Workshop on TEFL & Applied Linguistics, 173-188.

Ostman, D. & Xethakis, L. (2024). Fostering Empathy towards Immigrants through English Education: Testing the Database of Immigrant Narratives (DIN). *Kumamoto Gakuen University Journal of Language and Literature, 31*(1), 1-28.

Porter, M. (2019). Identifying Nursing Duties for the Nursing English Curriculum: A Target Task Analysis Using Written Sources from the Field of Nursing in Japan. *Nursing English Nexus, 3* (1), 21-31.

Registered Nurses' Association of Ontario. (2007) Embracing Cultural Diversity in Health Care: Developing Cultural Competence. https://rnao.ca/bpg/guidelines/embracing-cultural-diversity-health-care-developing-cultural-competence

Son, D. (2019). 患者の語りを用いたプロフェッショナリズム教育 *Kanja no katari o mochiita purofesshonarizumu kyōiku* [Professionalism education using patient narratives]. *Medical Education (Japan)*, *50*(5), 507–511.

Teraoka, M. & Muranaka, Y. (2017). 在日外国人が実感した日本の医療における異文化体験の様相 *Zainichi gaikokujin ga jikkan shita Nihon no iryō ni okeru ibunka taiken no yōsō* [Aspects of cross-cultural experience perceived by foreigners living in Japan when using its healthcare services]. *Journal of Japanese Academy of Nursing Science*, *37*, 35–44. https://doi.org/10.5630/jans.37.35

Watanabe, A. & Sakka, L. (2017). Listening to foreign patient voices: A narrative approach. *Journal of the Faculty of Medical Sciences, University of Fukui*, *17*, 1–8.

Appendix: Narrative Interview Guide

1. Choosing a story to share

- one visit to a Japanese hospital

  Examples: very first time at a Japanese hospital for diagnosis and treatment of a cold or injury

- many visits to one or more Japanese hospitals about the same complaint

  Examples: surgery, chronic conditions such as diabetes or organ failure, pregnancy

2. Speaking Suggestions

- Speed: natural—moderate speed (not to too fast or too slow)
- Language: natural—do not worry about your vocabulary or grammar
- Names: do not use your name, anyone else's name, the name of any train stations, hospitals, or clinics.

3.1 Story Structure

(1) Background

1. When did this experience happen?
2. How long had you been in Japan?
3. Were you able to understand much Japanese?

(Example) This happened in 2015. I had been in Japan for about 2 years. I couldn't speak much Japanese.

3.2 Story Structure

(2) The Scene

1. Why did you seek medical care?
2. What kinds of symptoms were you experiencing?

(Example) One day, I started to feel pain on my left side, the left side of my stomach. The pain was really sharp. It hurt when I moved. But, I was able to go to the hospital in my neighborhood.

3.3 Story Structure

(3) At the Hospital/Clinic

1. What medical treatment or medical procedures did you receive?
2. Were you hospitalized? How long?
3. What were your interactions with medical staff like?

(Example) First, I had to have a urine test and a blood test…

3.4 Story Structure

(4) Impressions

1. Did anything you experience at the hospital surprise or shock you?
2. What was your impression of your experience?
3. How was your experience different from seeking medical care in your country?

Developing a Mental Health English-Speaking Simulated Patient Case for Nursing Students

Alan Simpson[1] (simpson_alan_mark@med.miyazaki-u.ac.jp), Joel Hensley[2], & Yu Hirai[1]
University of Miyazaki[1], Miyazaki Prefectural Nursing University[2]

***Abstract**: Simulation education and experiential learning can help students to communicate, clarify and gather information while performing nursing tasks. They can overcome anxiety and fear in a safe environment and nurture professional and friendly attitudes. This report is about how a mental health English-speaking simulated patient case was developed and used to train third-year Japanese nursing students. Using original OSCE-style evaluation rubrics for each role play, the training plan included conducting a mental assessment of the patient, showing empathy and understanding of his situation, summarizing and arranging follow-up psychiatric care, as well as giving medication instructions and basic Cognitive Behavioral Therapy techniques such as monitoring sleep and daily activities. It was found that even though the role plays were challenging, students could exceed expectations. The experiential project culminated in students giving case presentations and developing legacy e-portfolios.*

Keywords: English-speaking simulated patients, nursing simulation education, mental health, experiential learning, OSCE evaluation

About the Authors: Alan Simpson has developed many English for Specific Purposes (ESP) courses, with a focus on the students' current and future needs and emerging identities. He is the principal investigator on JSPS KAKENHI Grant Number 24K13695 "English Speaking Simulated Patients and English Scenarios for OSCE Nursing Student Evaluations."

Joel Hensley has focused on English for Specific Purposes for over 15 years and mainly English for Nursing Purposes (ENP). He most recently conducted an exploratory mixed-methods study of the current state of cross-cultural nursing among nursing professionals in Japan (Kaken project 19K13267).

Yu Hirai is an English for Medical and Nursing Purposes lecturer, with research interests in computer-assisted, task-based, and student-centered approaches to communicative, grammatical, and vocabulary learning.

The Model Core Curriculum for Nursing Education in Japan (MEXT, 2023) encourages the development of knowledge, skills and attitudes to support international societies and diverse cultures, and communication to nurture mutual relationships, share thoughts and support lives. Therefore, the benefits of using English-Speaking Simulated Patients (ESSPs) are to develop English communication, listening and comprehension skills and cultural sensitivity through dynamic and real-time adaptation of language use and flexibility of empathetic responses, as well as sharing reflections with peers and Simulated Patients (Ashida & Otaki, 2022). Specifically focusing on nurses, Saito and Nealy (2016) conducted a study with two hundred nursing students and found that practicing with simulated foreign patients based on Kolb's Experiential Learning theory improved students' clinical English, cross-cultural communication, nursing skills, motivation and awareness of culturally sensitive care.

Fourth-year nursing students at the University of Miyazaki who complete the elective English for Nursing Professionals (ENP) program can take part of their clinical rotation at Prince of Songkla University in Thailand, where they observe nursing care and discuss care plans in English. To prepare, role plays based on Chronic Obstructive Pulmonary Disorder and Anterior Cruciate Ligament cases were developed in 2023 for third-year ENP students, focusing on realistic, manageable tasks and case presentations. In 2024, due to the growing number of student

participants, a third patient case was needed, including structured evaluation, reflection, feedback, and e-portfolios to support and document learning.

Case Development

A mental health case was found to be feasible through discussions with a psychiatric nursing professor, who suggested a series of "mental health first aid" role-play videos aimed at public health nurses (MHLW, 2024). A good care model of a public health nurse meeting someone with financial stress and symptoms of depression was chosen. The video transcript was translated, and language functions were identified. These included:

- ☐ Greet, give and ask name
- ☐ Ask about the problem
- ☐ Offer help and ask for consent to talk and ask questions
- ☐ Listen carefully & repeat what was said
- ☐ Show empathy
- ☐ Introduce the psychological health task and explain what you would like to do

In consultation with the psychiatric nursing professor, we decided to add the Patient Health Questionnaire-9 (PHQ-9), an assessment of the severity of depression (Kroenke et al., 1999), by asking questions about activities over the last two weeks, to give the students structure and to provide objective data. This was followed by many questions, based on prompts such as:

- ☐ Identify risks
- ☐ Acknowledge and accept difficulties
- ☐ Check for specific self-harm plans
- ☐ Offer to prevent access to suicide or harmful methods
- ☐ Encourage speaking about worries
- ☐ Appreciate their effort
- ☐ Summarize and repeat concerns without judging or criticizing
- ☐ Identify the possible illness/problem
- ☐ Explain the importance of treatment (ease pain, return to normal self, emotional and physical support)
- ☐ Recommend making an appointment with a counsellor or psychiatrist
- ☐ Give information about local hospitals, and choose together

Students then had to simulate making an appointment with a psychiatric hospital (in Japanese), and finish the interview:

- ☐ Offer to go to the appointment together
- ☐ Review the main problems
- ☐ Recommend a consultation with the consumer affairs section in City Hall who can give financial counselling and support
- ☐ Suggest working with the patient's family
- ☐ Acknowledge concerns
- ☐ Make a follow-up plan

The simulated patient prepared by reading about the students' background (that they were third-year nursing students, who had some clinical experience, and were going to study overseas in their fourth year), and the simulated patient character profile, as shown in Appendix 1. His instructions were to take a suicide prevention leaflet to a public health department and provide answers to the nurse's questions and act with moderate to severe depression.

After the initial interview and assessment, the next scenario for the students was to explain the medications, how to keep sleep and activity diaries, and identify and suggest a few new (daily life) activities. These diaries were suggested by the consulting psychiatric nursing professor as manageable Cognitive Behavioral Therapy tasks.

When the students were role-playing, an evaluator observed them, and using the evaluation sheets, shown in Appendix 2, graded

them on a scale of 0-2 and took notes. Some of the prompts, such as identifying risks, acknowledging and accepting difficulties, and checking for specific self-harm plans, were grouped as a risk assessment nursing task. A score of 0 meant that a task was not completed, 1 meant completed to some degree or with inaccuracies/difficulties repairing breakdowns in communication, and 2 meant that it was achieved satisfactorily.

After the role plays, the student gave a reflection, peers offered some comments (in English or Japanese), and the simulated patient gave positive and constructive feedback. The teachers also gave written feedback later.

The final project task was to upload private YouTube role-play and case presentation videos to their Google Sites e-portfolio, and add a course reflection.

The students gave their consent to use their photographs, videos and reflections for research purposes, with the understanding that their names would be excluded.

Results

Two students (in a group of three), completed the first extended role play together. They decided that they would both greet the simulated patient, then the first student would conduct the mental health assessment, and the second student would conduct the follow-up points shown above. The third student acted as the psychiatrist when they phoned to make an appointment in Japanese.

The first student adapted the prompts effectively, rephrasing them while maintaining their meaning. Although one prompt ("Have you had feeling bad?") was inaccurate, it didn't affect overall understanding. The student showed good grammatical accuracy with questions like "Have you had difficulty concentrating?" and "Have you been moving slowly?" The second student used good examples of appreciating their effort, "It must have been difficult for you," and "You've done a great job so far," using repetition to display active listening, and encouraging the simulated patient to speak. They were also able to do more than was asked: "Eh, if you don't mind, could you tell me about your concerns?" adding politeness, and then silence to encourage speaking. On the other hand, this student could have further explained that the reason for getting help was not just to "ease your pain and return to normal self", but also to get emotional and physical support.

The follow-up role plays were conducted after one month due to the students' clinical rotation schedule, which gave them more time to prepare. As a result, they knew what to expect, and their confidence showed with very strong performances for the medication explanation as well as the sleep and activities diary explanation tasks. They were clear and calm, with good self-correction, paraphrasing, explaining and taking time to fill in the sleep and activity diaries together with the simulated patient. In addition, they asked whether the patient had any questions and encouraged him to identify a new activity to try, with a clear follow-up plan.

The students reflected on the importance of a welcoming attitude and clear communication. They worked to create a supportive environment by using empathetic language, avoiding negative wording, and paying attention to nonverbal cues. They noted the difficulty of explaining the purpose behind certain questions and emphasized the importance of preparing for conversations with patients who have mental health issues, taking care to use supportive language, and trying to clarify their actions and build trust. For example, one student thought that he should not have said that there are many medication side effects because the patient may have felt fearful about taking the medicine. In the future, he wants to consider how to reassure the patient.

Their peers thought that the students were able to communicate in a way that suited the

patient's pace. They were "really pleased" at being recognized by their peers for something they thought they were not good at.

The small group case presentation followed a Subjective Objective Assessment Plan (SOAP) format. The students' assessment was that the suicide risk was high, as the PHQ score was 23, showing severe depression. However, the patient could not tell his family so he felt isolated. Their Observation Plan included monitoring physical and mental health indicators such as vital signs, sleep, activity, medication effects, self-care, appetite, emotional state, and self-harm risk. The Education Plan addressed medication management, using a sleep diary and activity schedule, and seeking financial support via City Hall's consumer affairs section.

Reflecting on the case presentation, the students thought that mental health assessment was difficult because, unlike other specializations, psychiatry does not have clear numerical data. They thought that they should have asked deeper questions, like "Why do you think so?" when a patient said they couldn't sleep. Not asking such questions meant that they only gathered limited data, so students learned that listening to patients' thoughts and feelings is especially important in mental health.

In the first class of the ENP program, the students created their own websites using Google Sites as e-portfolios to preserve and showcase their course materials and assignments. They set their websites to private so that the sites could only be used as a reference. The students actively browsed their pages to look for key questions and course materials to prepare for their role plays. One student reported that "using an e-portfolio is useful to summarize and look back on what I learned. I can have a sense of accomplishment and motivate myself to study English."

One student gave a course reflection: "It was a great opportunity to deepen my learning. We did group work in almost every class, and it led to new insights. It was so fun to role play even though I was nervous because I thought we could learn how to respond to patients' questions and concerns through situations that are close to real life scenarios."

Discussion

An experiential multi-stage role-play and case presentation student project, following the nursing care process, was achieved. However, there are ways in which the evaluation could be improved. The evaluation checklist was shortened from the student prompt checklist. This was unnecessary, as a one-to-one comparison makes it easier to identify what was done or missed, such as "offer to prevent access to suicide or harmful methods." The evaluation criteria were on a scale of 0-2, but they should be extended to 3, which could be selected when the students have exceeded expectations. Feedback from the simulated patient provided valuable emotional insight, helping students reflect on their approach. Peer feedback was especially meaningful, as it allowed students to feel seen and supported by their classmates, reinforcing their sense of connection and confidence. The teacher's feedback, in addition to the checklist, encouraged and highlighted areas for improvement. Most importantly, students had the opportunity to reflect on their role-plays immediately, subsequently, and at the end of the course. By using examples and describing their experiences and accepting various perspectives, students can deepen their reflections and capability to think critically about their development.

In the future, we would like to give more preparation time to the mental health group, while other groups are practicing their more straightforward role-plays. Also, the role-play scenario should be updated to introduce some cross-cultural factors, such as the simulated patient having a cultural reason for their stress,

such as a divorce from an intercultural marriage or a custody battle. We were advised that a patient with severe depression might not walk into City Hall to seek help, so it might be more realistic to reduce the severity of the simulated patient's responses.

To adapt this material for larger class sizes, the initial greeting and orientation, along with the mental health assessment (without the extended follow-up questions), could be conducted as a standardized interview. Furthermore, a manual to help students edit and maintain their websites independently is being developed. This will allow more class time for other activities and promote student autonomy.

Acknowledgements

The development of this case was conducted as part of the "English-Speaking Simulated Patients and English Scenarios for OSCE Nursing Student Evaluations" KAKENHI project, supported by JSPS KAKENHI Grant Number 24K13695. We would also like to thank Ruri Ashida for her English-speaking simulated patient training, the students for their hard work, and University of Miyazaki Nursing Professors Naoki Yoshinaga and Fumitake Yamaguchi for their support.

References

Ashida, R., & Otaki, J. (2022). Survey of Japanese medical schools on involvement of English-speaking simulated patients to improve students' patient communication skills. *Teaching and Learning in Medicine*, 34(1), 13–20. https://doi.org/10.1080/10401334.2021.1915789

Committee for Fostering Human Resources in Nursing Education, Ministry of Education, Culture, Sports, Science and Technology (MEXT) (2023, May 14). *Model core curriculum for nursing education in Japan, AY 2017 revision*. https://www.mext.go.jp/content/20200428-mxt_igaku1217788_4.pdf

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). *Patient Health Questionnaire-9* (PHQ-9) [Database record]. APA PsycTests. https://doi.org/10.1037/t06165-000

Japanese Ministry of Health, Labour and Welfare (MHLW) (2024, July 22). こころのサインに気づいたら②（6）保健師編 *Kokoro no Sain ni Kizuitara ② (6) Hokenshi Hen* [When you notice signs of mental illness ② (6) Public health nurses.] [Video]. YouTube. https://www.youtube.com/watch?v=GXolWA1-RDE&list=PLMG33RKISnWjIoJFBIe6i4eyYatP33rq0&index=14

Saito, M., & Nealy, M. (2016). Working with international simulated patients to improve clinical English training. *The Yokohama Medical Journal*, 67(4), 551-556. https://ycu.repo.nii.ac.jp/record/1144/files/01_Saito.pdf

Appendix 1 - Mental Health Simulated Patient Characteristics

Chief Complaint:	You have a lot of stress and 3 million yen in debt because you try to send money home to your parents every month. You have not told your wife because you are not sure how to talk about it, and it would cause tension in your relationship. (She works a part-time office job. You have no kids.)
Family history:	Mother had a stroke in her 60s, and it caused face numbness, and confusion, and some difficulty walking. So it's difficult for her. She's 70 now. Father takes care of her, back in Wisconsin, (near Chicago), but he doesn't have much money so it's hard for him.
Other Symptoms:	You have little interest in doing things most of the time. You have been feeling unhappy, and hopeless over the last few weeks, but it's been getting worse over the last month. You have not been sleeping well. You are tired and have little energy. You've not been eating well. You don't want to disappoint your family. It's been difficult to concentrate at work, so your boss suggested taking some time off. You have thought that you would be better off dead and researched that you could light a disposable barbecue in your car and the smoke would make you go to sleep. So you have one in the car.
Medical History:	Broken arm from falling out of a tree in childhood.
Medication:	Tried taking sleeping pills to help sleep.
Social history:	Has been drinking nearly every day but that adds to the guilt. Does not smoke. Gave up on exercise. Not sexually active.

Appendix 2

Table 1 **Student Name:**

Mental Health PHQ-9 Assessment Student Role Play Evaluation

Index (2: well done 1: done 0: needs effort)

	Criteria	Score (Please circle)	Notes
Orientation	Hand hygiene	0 1 2	
	Introduction & confirm identification	0 1 2	
	Explain the task and ask for consent	0 1 2	
PHQ-9 Assessment	1. Little interest or pleasure in doing things	0 1 2	
	2. Feeling down, depressed, or hopeless	0 1 2	
	3. Trouble falling or staying asleep, or sleeping too much	0 1 2	
	4. Feeling tired or having little energy	0 1 2	
	5. Poor appetite or overeating	0 1 2	
	6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0 1 2	
	7. Trouble concentrating on things, such as reading the newspaper or watching television	0 1 2	
	8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0 1 2	
	9. Thoughts that you would be better off dead, or of hurting yourself	0 1 2	
	10. If you checked any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with people?	0 1 2	
Language	Body language	0 1 2	
	Repeating, checking & empathy	0 1 2	
Exit	Ask if there are any questions	0 1 2	
	Concluding remarks & thank you	0 1 2	

Total (Passing standard 20 points (60%) or more / 34 points maximum)

Table 2 **Student Name:**

Follow-up Mental Health Assessment Student Role Play Evaluation

Index (2: well done 1: done 0: needs effort)

	Criteria	Score (Please circle)	Note
Orientation	Hand hygiene	0 1 2	
	Introduction & confirm identification	0 1 2	
	Explain the PHQ-9 result & next step	0 1 2	
Nursing Tasks	Risk assessment	0 1 2	
	Encourage speaking, listen, repeat & summarize	0 1 2	
	Empathy & appreciate their effort	0 1 2	
	Identify possible problem & reassure	0 1 2	
	Give information, explain importance & offer help	0 1 2	
	Call a psychiatrist, explain, make an appointment for the patient & confirm it's ok.	0 1 2	
	Encourage to get support from key people / family	0 1 2	
Language	Body language	0 1 2	
	Repeating, checking & empathy	0 1 2	
Exit	Make a follow-up plan	0 1 2	
	Ask if there are any questions	0 1 2	
	Concluding remarks & thank you	0 1 2	

Total (Passing standard 18 points (60%) or more / 30 points maximum)

Preparing Nursing Students for Providing Home Care Nursing for Foreign Residents in Japan: Insights from Practitioners

Paul Mathieson[1] (mathieson@naramed-u.ac.jp) & Yuka Sakai[2]
Nara Medical University[1], Wakakusa Tatsuma Rehabilitation Hospital[2]

***Abstract**: Demand for home care nursing services in Japan has been steadily increasing. Moreover, with increasing numbers of foreigners settling permanently in Japan, many patients receiving home care nursing services in the future will be people whose first language is not Japanese. This report presents the accounts of three nurses with varying degrees of experience about providing home care nursing services to foreign residents. The novice nurse noted that her intercultural communicative experiences in high school (exposure to non-Japanese classmates) and in university (healthcare-related intercultural communication presentations) helped to prepare her for potential communicative barriers with foreign patients in home care nursing settings. The two more experienced nurses indicated that they had not received any formal training in intercultural communication—they had effectively learned such skills on the job through contact with primarily East Asian (Chinese and Korean) home care nursing patients. The insights gained from all three home care nurses revealed that more should be done to prepare Japanese nurses for providing home care nursing services to foreign patients. In their role as conduits of intercultural communicative competence, nursing English teachers should devote more attention to activities that focus on intercultural differences relating to home and family dynamics and healthcare practices.*

Keywords: home care nursing, intercultural communication, nursing English education

About the Authors: Paul Mathieson is a professor and the head of the Department of Basic Medical English at Nara Medical University, where he teaches both medical students and nursing students. His primary areas of research are English for specific purposes (ESP), academic vocabulary learning, and ESP/English for academic purposes materials development.

Yuka Sakai works in the Recovery Phase Rehabilitation Ward at Wakakusa Tatsuma Rehabilitation Hospital. Since her student days, Yuka has been interested in using English as a tool for connecting with people from different countries and cultures. She is considering becoming a full-time home care nurse in the future.

Home care nursing—that is, nursing care provided within the confines of a household—has a long and diverse history. Indeed, its origins go back to the founder of modern nursing, Florence Nightingale, who regarded the maintenance of a healthy home environment as an essential element in nursing care (Nightingale, 1860). The Japanese government supports the provision of home care nursing services through the Long-Term Care Insurance (LTCI) initiative, which was launched in 2000 (meaning home care nursing is covered under the national health insurance system). Most home care nursing services in Japan are provided via Home-Visit Nursing Stations (HVNSs). These HVNSs typically employ a range of nursing professionals (public health nurses, midwives, and so on), and there are currently over 15,000 HVNSs in operation across Japan (Japan Visiting Nursing Foundation, 2021).

The increasing number of elderly citizens in Japan is expected to place further demands on home care nursing services in the future (Morioka & Kashiwagi, 2021). Over 25% of Japan's population was over the age of 65 at the time of the last national census (Statistics Bureau of Japan, n.d.). Furthermore, given that the percentage of the overall population in Japan who are foreigners is predicted to reach 10% by 2070 (Nakamura, 2023), a considerable proportion of the elderly population who will be using home care nursing services in Japan in the future are likely to be non-Japanese.

Accordingly, preparing Japanese nursing students to provide culturally-sensitive (and communicatively effective) nursing care to foreign patients within their home environments is something that nursing English teachers ought to consider. This paper is a report based upon a nursing English teaching and practice-focused presentation given by a recently-graduated Japanese nurse and an experienced nursing English educator at the 2024 Japan Association for Nursing English Teaching (JANET) Conference (Mathieson & Sakai, 2024). After briefly examining the nature and scope of home care nursing in Japan, this paper will consider the issue of providing home care nursing services for foreign patients in Japan based on perspectives from three Japanese home care nurses. In the final discussion section, these practitioners' insights are used to outline various measures that nursing English teachers can take to prepare nursing students for interacting with foreign patients in home care nursing settings.

The Development of Home Care Nursing in Japan

Home care nursing programmes began to appear as far back as the nineteenth century in the United States, Europe, and elsewhere (Rice, 2006). The provision of care for ill or dependent family members—particularly older adults—by other family members in the home environment has long been a core tenet of Japanese culture (Asahara et al., 1999; Elliot & Campbell, 1993; Maeda, 2004; Traphagan, 2006). This may have influenced the comparatively later development of a formalised home care nursing system in Japan—starting in the late 1970s and early 1980s, and being incorporated into the LTCI system in 2000 (Japan Visiting Nursing Foundation, 2021; Murashima et al., 2002).

Although there is perhaps a perception that home care nursing primarily involves nursing care for the elderly, home care nursing in Japan is, in fact, provided to patients in a range of different contexts. These include care for patients with psychiatric problems (Setoya et al., 2008; Setoya et al., 2023), patients wishing to receive palliative care at home (Teruya et al., 2019), child patients with chronic conditions (Horino et al., 2021), and psychiatric care for foreign patients (Okazaki & Yano, 2017).

Yet despite the growing demand for home care nursing services in Japan during the past few decades, home care nursing service providers face numerous difficulties in meeting that demand. A large proportion of home care nursing agencies or departments are small, which has created myriad challenges in providing efficient and effective home care nursing services for those patients who need it (Morioka et al., 2019). In terms of the provision of home care nursing services to foreign residents in Japan, this problem is exacerbated by linguistic and cultural barriers, as well as the lack of undergraduate-level and in-service training in intercultural communication in Japan (Chiu et al., 2019; Nagamine & Joboshi, 2024).

Home Care Nursing for Foreign Patients in Japan: Three Practitioner Perspectives

Given the abovementioned issues regarding the provision of home care nursing services for foreign patients in Japan, it is important to obtain insights from nurses who provide such services. This section of our report focuses on Japanese home care nurse views about providing home care nursing services to foreign patients in Japan. Input from three Japanese nurses who have experience in providing home care nursing services was collected for this report. The data was collected in the form of semi-structured interviews conducted by the first author in Japanese (the three participants' first language). Prior to conducting the interviews, the purpose for which the data was being collected was outlined to the participants. In addition, consent was obtained from all three participants to use their

(anonymised) interview data in the first and second author's research.

The three practitioners have varying levels of experience working as home care nurses, as is shown in Table 1.

Table 1
Participants' Home Care Nursing Experience

Name*	Gender	Home Care Nursing Experience
Haruka	Female	Less than 1 year
Azusa	Female	Less than 5 years
Naoko	Female	Over 15 years

Note: * Pseudonyms have been used to maintain participants' anonymity.

All three participants undertook their undergraduate nursing training in Japan. Yet despite their all having received English language training as part of their nursing studies, the extent of their intercultural communicative training varied considerably. Haruka's compulsory English courses at university included some practice in intercultural communication—most notably, preparing and giving English presentations about cultural topics that impact on the provision of healthcare in Japan for selected (non-Japanese) ethnicities in her second-year nursing English course. In addition, Haruka also took several elective (non-credit) advanced English courses throughout her four years as a nursing student. These included areas as diverse as clinical communication, medical and nursing ethics, and English discussion and debate. However, despite also taking compulsory English courses during their undergraduate nursing studies, neither Azusa nor Naoko reported receiving any intercultural communicative training in either their undergraduate or postgraduate studies.

Haruka's core nursing training during her undergraduate studies also entailed home care nursing visits within Nara Prefecture. These visits involved nursing students in small groups (typically two students) visiting a patient at home with an experienced home care nurse. During such visits, Haruka not only had numerous opportunities to observe the provision of home care nursing interventions (administering medication, bathing, stool removal, and so on), but she was also able to both witness and participate in communication with home care nursing patients. This included some interactions with non-Japanese patients. For example, Haruka was involved in the provision of home care nursing services for an elderly Chinese patient who is a long-term resident in Japan. Although he was able to communicate reasonably fluently in Japanese, Haruka observed that his strong Chinese accent limited the extent to which he could be clearly understood. However, Haruka noted that she did not experience much difficulty in understanding what the patient said, which she attributes to her exposure to non-native Japanese through her Chinese and Korean friends in high school. In addition, having some understanding of Chinese culture (specifically, regarding beliefs about healthcare) through her second-year nursing English course also helped to provide some contextual information regarding the patient's situation.

Both Azusa and Naoko reported having had some contact with non-Japanese patients in home care nursing settings. However, these encounters were all with either Chinese or Korean patients. Interestingly, much like Haruka's comment about her experience with a Chinese home care nursing patient, Azusa and Naoko noted the fluency with which their non-Japanese home care nursing patients were able to communicate in Japanese. In this respect, Naoko commented thus: "言葉壁より異文化壁 [kotoba kabe yori ibunka kabe]", which translates as "rather than a language barrier, there is an intercultural barrier [with non-Japanese patients]". Both Azusa and Naoko noted that home care nursing encounters with non-Japanese patients revealed cultural differences regarding matters such as familial hierarchies, bathing customs, and healthcare treatment

practices. This is somewhat problematic considering that neither Azusa nor Naoko reported having received any formal intercultural communicative training as part of their nursing studies or whilst working as nurses.

Discussion

Having some understanding of and exposure to different cultures during their nursing education and early-career training can provide Japanese nurses with some of the tools that are necessary for providing home care nursing services to foreign patients. Naoko stated that the lack of intercultural communicative training during her undergraduate and postgraduate studies left her somewhat unprepared for her home care nursing interactions with foreign (predominantly Korean) patients. Nevertheless, Haruka commented that developing a broad understanding of the customs, practices, and beliefs among different cultures—while clearly being important—does not always translate into intercultural communicative success when providing home care nursing services to non-Japanese patients. She highlights that it is important not to essentialise non-Japanese patients by automatically assuming that they conform to practices or beliefs that are typical of the patient's culture. Rather, through clear and structured communication about the patient's healthcare, and through open and continuous dialogue with patients themselves, the home care nurse can consider what are appropriate responses and actions for individual patients—irrespective of whether they are Japanese or non-Japanese.

Given that the demand for home care nursing services is only set to increase due to Japan's ageing society (Morioka & Kashiwagi, 2021), and given also that the number of non-Japanese residents in Japan seems likely to grow considerably in the coming years (Nakamura, 2023), there is clearly a need for Japanese nurses to be better prepared for providing appropriate home care nursing services for foreign patients. Moreover, rather than placing the onus for doing so on already stretched hospital nursing departments, it is perhaps better to address this problem during nursing students' pre-service training—in particular, drawing upon ESL teachers' "acculturator" role (Farrell, 2011, p. 58). Many nursing English programmes in Japan already incorporate teaching intercultural communicative competence as part of their courses. Examples include healthcare-related intercultural communication poster presentations (see Blodgett et al., 2022), collaborative online exchanges between nursing students in different countries (Casenove, 2023; Niitsu et al., 2023), intercultural classroom exchanges between Japanese nursing students and international students (Nagamine & Joboshi, 2024), and multimodal intercultural communication workshops (Chiu et al., 2019). Clearly, however, more needs to be done at the course administrator and institutional levels to implement more comprehensive intercultural communicative training for Japanese nursing students.

In terms of specifically preparing Japanese nursing students for providing home care nursing services to foreign patients in Japan, there could be more targeted intercultural training. For example, current demographic data for foreign residents in Japan could be used for presentations or role-plays focusing on cultural/linguistic groups that Japanese nursing students are most likely to encounter (Blodgett et al., 2022). In addition, for role-plays or discussion activities, specific attention could be directed to aspects of the home environment that differ or that are likely to differ between the Japanese culture and other cultures. This could involve matters such as household dynamics (living/sleeping arrangements, family hierarchy, and so on), as well as cultural attitudes towards and practices surrounding issues such as nutrition, pain relief, and death and dying.

Conclusion

Home care nursing is becoming an increasingly crucial and widespread part of the healthcare landscape in Japan. The dual impact of the accelerated demand for home care nursing services in Japan (due to its ageing population) and the rapidly increasing number of non-Japanese residents who may require home care nursing services in the future means that nursing English educators ought to be preparing Japan's future nurses for interacting with foreign patients in their home environments. This paper has identified gaps in nursing training that may currently hinder Japanese nurses from providing quality home care nursing services to non-Japanese residents. It is our hope that in the coming years, nursing English educators across Japan will dedicate more time and energy to some of the activities that were discussed in this paper (such as interculturally-themed poster presentations, role-plays, and classroom exchanges). Through such initiatives, Japan's future nurses can aspire to provide effective, efficient, and empathetic home care nursing services to all patients in Japan, regardless of the patient's cultural or linguistic background.

References

Asahara, K., Konishi, E., Soyano, A., & Davis, A. J. (1999). Long-term care for the elderly in Japan. *Geriatric Nursing, 20*(1), 23–26.

Blodgett, M., Mathieson, P., Kitazawa, R., & Bolstad, F. (2022). Student project focused on providing culturally-sensitive healthcare to non-Japanese people in Japan. *Nursing English Nexus, 6*(2), 17–29.

Casenove, D. (2023). Changes in attitudes and beliefs regarding intercultural academic communication in nursing: assessing a collaborative online international learning (COIL) program between Japan and the USA. In *Conference Proceedings: New Perspectives in Science Education*. https://conference.pixel-online.net/NPSE/prevedition.php?id_edition=42&mat=CPR

Chiu, C., Nakano, K. & Omori, J. (2018). Workshop to promote patient-centered cross-cultural care among Japanese nursing students. *Nursing English Nexus, 2*(2), 6–12.

Elliott, K. S., & Campbell, R. (1993). Changing ideas about family care for the elderly in Japan. *Journal of Cross-Cultural Gerontology, 8*, 119–135.

Farrell, T. S. C. (2011). Exploring the professional role identities of experienced ESL teachers through reflective practice. *System, 39*, 54–62.

Horino, S., Uneoka, K., Ozaki, A., Aki, H., & Miura, K. (2021). Use of a home-visit nursing service to manage severe atopic dermatitis in a child with difficult family environment. *Pediatric Dermatology, 38*(4), 958–959.

Japan Visiting Nursing Foundation. (2021). *Structure of the visiting nursing system in Japan.* https://www.jvnf.or.jp/homon/visiting_nursing_system_in_japan.html.

Maeda, D. (2004). Societal filial piety has made traditional individual filial piety much less important in contemporary Japan. *Geriatrics & Gerontology International, 4,* S74–S76. https://doi.org/10.1111/j.1447-0594.2004.00156.x

Mathieson, P., & Sakai, Y. (2024, June 8–9). *Preparing students for providing home care nursing care for foreign residents* [Conference presentation]. JANET 2024 Conference, Osaka, Japan.

Morioka, N., Okubo, S., Yumoto, Y., Ogata, Y. (2019). Training opportunities and the increase in the number of nurses in home-visit nursing agencies in Japan: A panel data analysis. *BMC Health Services Research, 19*, 1–8.

Morioka, N., & Kashiwagi, M. (2021). Infection prevention and control practice among home-care nursing agencies in Japan: Secondary analysis of a nationwide cross-sectional

survey. *Geriatrics & Gerontology International, 21*(10), 913–918.

Murashima, S., Nagata, S., Magilvy, J. K., Fukui, S., & Kayama, M. (2002). Home care nursing in Japan: A challenge for providing good care at home. *Public Health Nursing, 19*(2), 94–103.

Nagamine, M., & Joboshi, H. (2024). Nursing students' intercultural learning through joint classes with international students and the resultant changes in those nursing students. *The Kitakanto Medical Journal, 74*(4), 283–290.

Nakamura, Y. (2023, April 27). 10% of Japan's 2070 population expected to be foreign nationals. *The Asahi Shinbun*.

Nightingale, F. (1860). *Notes on nursing: What it is and what it is not* (2nd ed.) Harrison and Sons. Retrieved 12 December 2024 from https://archive.org/details/notesnursingwhatoonigh/page/n7/mode/2up.

Niitsu, K., Kondo, A., Hua, J., Dyba, N. A. (2023). A case report of collaborative online international learning in nursing and health studies between the United States and Japan. *Nursing Education Perspectives, 44*(3), 196–197.

Okazaki M., & Yano, K. (2017). 日本語によるコミュニケーションが困難な在日外国人への精神科訪問看護　訪問看護拒否から受け入れまでの援助関係構築の一考察 *Nihongo ni yoru Komyunikeeshon ga Konnan na Zainichi Gaikokujin he no Seishinka Houmon Kango Houmon Kango Kyohi kara Ukeire made no Enjo Kankei Kouchiku no Ichikousatsu*［Psychiatric visiting nurses for foreign residents in Japan who have difficulty communicating in Japanese: A consideration of building supportive relationships from patient refusal of services by visiting nurses] 日本精神科看護学術集会誌［*The Japanese Psychiatric Nursing Society*], *59*(2), 68–71.

Rice, R. (2006). *Home care nursing practice: Concepts and application*. Elsevier Health Sciences.

Setoya, N., Kayama, M., Miyamoto, Y., Ambo, H., Hayashi, A., Sawada, A., Funakoshi, A., Koichi, R., Kimura, M., Yanai, R., Seo, T., Seo, C., Takahashi, K., Akiyama, M., Nagasawa, R., & Tateishi, A. (2008). Nursing interventions provided by psychiatric home visit nurses in Japan. 日本看護科学会誌［*Journal of the Japan Academy of Nursing Science*], *28*(1), 41–51.

Setoya, N., Aoki, Y., Fukushima, K., Sakaki, M., Kido, Y., Takasuna, H., Kusachi, H., Hirahara, Y., Katayama, S., Tachimori, H., Funakoshi, A., Kayama, M. (2023). Future perspective of psychiatric home-visit nursing provided by nursing stations in Japan. *Global Health & Medicine, 5*(3), 128–135.

Statistics Bureau of Japan (n.d.). *2020 Population Census*. https://www.stat.go.jp/english/data/kokusei/

Teruya, N., Sunagawa, Y., Sunagawa, H., & Toyosato, T. (2019). Visiting nurses' perspectives on practices to achieve end-of-life cancer patients' wishes for death at home: A qualitative study. *Asia-Pacific Journal of Oncology Nursing, 6*(4), 389–396.

Traphagan, J. W. (2006). Power, family, and filial responsibility related to elder care in rural Japan. *Care Management Journals, 7*(4), 205–212.

Analysis of the Australian Nursing Registration Process: A Significant Challenge for Japanese Nurses

Emi Iwasaki (eiwasaki@pu-hiroshima.ac.jp)
Prefectural University of Hiroshima, Mihara Campus

***Abstract**: The World Health Organization (WHO) states that the practical skills required of nurses are universal. Despite strong interest in overseas nursing training in Japan, the number of Japanese nurses actually working abroad remains low. This paper examines Australia's foreign nurse registration system and sheds light on the challenges Japanese nurses face, including language barriers, registration screening, and visa acquisition. There is an expedited registration process, but it is limited to certain countries, excluding Japan. Countries are selected for inclusion in the expedited system based on international standards, suggesting a possible discrepancy between Japanese nursing education and international standards.*

Keywords: Australian nursing registration, Japanese nurses, Japanese nursing education

About the Author: Emi Iwasaki is an associate professor at Prefectural University of Hiroshima. She earned a PhD in linguistics from Macquarie University, Sydney, a master's degree in nursing from the University of Tasmania, and two other master's degrees from Macquarie. She lived in Sydney for 27 years and has been a registered nurse in Australia for 20 years. She is currently registered as a nurse in both Japan and Australia.

The World Health Organization (WHO, 2020) states that the practical skills required of nurses are universal. Australia has introduced a fast-track registration system for nurses from approved countries with education systems that meet international standards and is accepting overseas-trained nurses as part of its proactive immigration policy. This system is standardised nationwide under the supervision of AHPRA (Warnock et al., 2011), and Internationally Qualified Nurses and Midwives (IQNMs) who meet strict requirements are registered as having the equivalent qualifications as local nurses. By the 2021/22 academic year, over 5,000 IQNMs from equivalent jurisdictions had registered in Australia, with qualifications deemed comparable to those of locally trained nurses (AHPRA, 2025j). Meanwhile, Japanese nurses face several barriers, including limited English proficiency and complex registration procedures. This article addresses concerns that gaps may exist in Japan's nursing education curriculum which preclude its compliance with international standards.

English Language Proficiency

The biggest challenge for Japanese nurses who want to work overseas is a lack of English proficiency. Poor English makes it difficult to adapt to Australian society and perform safe duties in the medical field (Wellard & Stockhausen, 2010). Nurses need practical English skills to communicate smoothly with patients and medical teams and keep accurate records. To register as a nurse in Australia, nurses must meet the high English standards set by the Nursing and Midwifery Board of Australia (NMBA) (AHPRA, 2025d). Therefore, passing one of the following designated English exams is mandatory.

- Cambridge – C1 Advanced or C2 Proficiency
- IELTS Academic – Score of 7 or above (except the writing component: a minimum score of 6.5)
- OET (Occupational English Test) – Grade B or above
- PTE Academic (Pearson Test of English Academic) – Score of 66 or above
- TOEFL iBT – Score of 94 or above

Many online English tests offer easy access, but their academic format requires ample preparation. The Cambridge English exam is based on the Common European Framework of Reference for Languages (CEFR), and C2 level or higher is recommended for Japanese applicants (Cambridge University Press & Assessment, 2025). While the average IELTS score for Japanese applicants is in the 5.5–6.0 range, IQNMs need to achieve a score of 7.0 or higher (6.5 or higher in writing) for Australian registration (AHPRA, 2025a; IELTS.org, 2025; Shrivastava, 2025). The PTE Academic has a unique format, requiring careful preparation (Pearson PTE, 2025), and the TOEFL iBT requires a score of 94 or higher (TOEFLTestPrep.com, 2025). The OET is a professional English test for medical professionals that assesses all four skills (OET, 2025), requiring a score of B or higher for registration (AHPRA, 2025a). Because it specialises in medical English, it is suitable for nurses with clinical experience, but it can be difficult for those with less experience.

The Australian Nursing Registration Process

Registration Jurisdiction

Nurse registration requires undergoing rigorous examination and registration procedures administered by the Australian Health Practitioner Regulation Agency (AHPRA) and the NMBA, which oversee nurse registration in Australia. Japanese nursing education curricula are not considered equivalent to Australian nursing education standards, so Japanese nursing qualifications are not automatically recognised in Australia.

Outcome-Based Assessment (OBA)

There used to be a bridging programme for people who obtained nursing qualifications overseas. After completing the course ranging from a few months to a year, they completed clinical training and were registered as registered nurses in Australia. However, this programme was abolished in March 2020 and replaced with a two-stage evaluation process, the Outcome-Based Assessment (OBA). The OBA is available after passing an English proficiency test and completing the necessary procedures. Knowledge and practical skills are assessed through the NCLEX-RN and OSCE, as shown in Table 1 (AHPRA, 2025e).

Table 1

Description and Fees of the OBA Assessment

Stage	Exam name	Exam types	Fees
Stage 1	NCLEX-RN (National Council Licensure Examination for Registered Nurses)	a computer-based multiple-choice question (MCQ) exam	AUD 250
Stage 2	OSCE (Objective Structured Clinical Examination)	a practical, behavioural assessment that evaluates clinical skills, communication, and professionalism in simulated scenarios	AUD 4,000 (As of Aug. 2025) (AHPRA, 2025e)

***Note**. MCQ exam for midwives is administered at ASPEQ (a global provider of high-stakes testing services) exam centres around the world (ASPEQ, 2025)*

Passing the OBA assessment is possible with thorough preparation (College of Nursing Education & Training Australia, 2020), though some candidates do not succeed. Alternatively, those who obtain a nursing degree in Australia are exempt from the OBA. However, this path typically involves attending a language school for several years to overcome the English barrier, followed by transferring into the second year of an Australian university. As a result, some Japanese nurses can expect the process of obtaining nursing registration in Australia to take at least three to four years.

Two Pathways to International Recognition by AHPRA: English Proficiency and Nursing Training Qualifications

AHPRA uses two frameworks for evaluating IQNMs: "International Regulatory Jurisdictions" and "ELS (English Language Skills)-Recognised Countries" (AHPRA, 2025b). The ELS recognised countries list means that English proficiency

requirements and English language testing may be waived for certain countries (AHPRA, 2025a; 2025g). However, there have been cases where accreditation has been withdrawn depending on the results of the accreditation review. Recently, South Africa was removed from the ELS list due to inconsistencies in English language standards. This was because it was deemed to be below Australian standards (AHPRA, 2025h), highlighting the critical importance of English proficiency for IQNMs. Japan, likewise, is not eligible for ELS accreditation due to its insufficient English language standards. On the other hand, the International Regulatory Jurisdiction List evaluates the equivalence of professional training and can simplify the qualification review process.

The International Regulatory Jurisdictions Eligible for Fast-Track Registration

In April 2025, Australia introduced an accelerated registration system for IQNMs. The system aims to simplify the registration process for nurses and midwives who received their qualifications in certain countries and regions outside Australia. The countries and regions eligible for fast-track registration are shown in Figure 1.

AHPRA (2025j) explains that these countries and regions meet international nursing education standards, clinical practice requirements, and have healthcare systems similar to those in Australia. Applicants from these countries are likely to be exempt from OBA assessment under the accelerated registration process if they meet the following criteria:

- Be a national of one of these countries or regions.
- Be registered as a registered nurse in one of these countries or regions since 2017.
- Have at least 1,800 hours of nursing experience.
- Meet all of the NMBA's registration criteria, including English proficiency, criminal record, recent work experience, and liability insurance (AHPRA, 2025i).

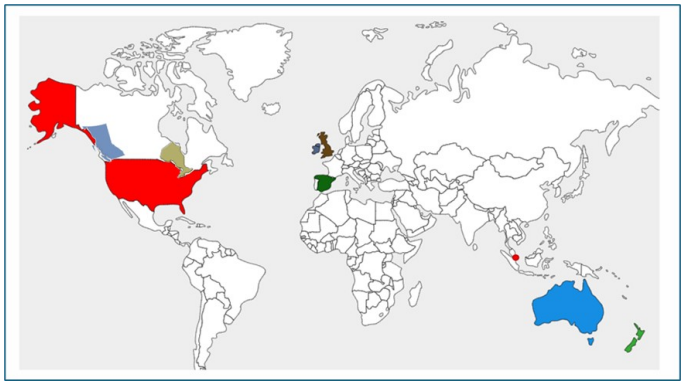
Applicants who meet these requirements are exempt from the OBA assessment, and their nursing registration period is shortened from 9–12 months to approximately 1–6 months. Those without education in an eligible country may still qualify for accelerated registration if they have been locally registered as a nurse for the required duration and have completed the regulatory examination (AHPRA, 2025j). Also, NZ-registered nurses/midwives may work in Australia (AHPRA, 2025f).

Navigating the Visa Maze: The Challenges for International Nurses in Australia

To work as a nurse or midwife in Australia, applicants must apply for a work visa issued by the Department of Home Affairs, in addition to registering with AHPRA (AHPRA, 2025c). These two processes are separate, and approval of one does not ensure approval of the other. In Australia, nursing positions are more likely to be offered to permanent residents than to temporary residents (NSW Health, 2025). Moreover, hospitals often prefer to employ nurses who are

Figure 1

Map of Countries/Provinces Eligible for Fast-Track Registration Australia



Note. *The map shows the United Kingdom, Ireland, the United States, the Canadian provinces of British Columbia and Ontario, Singapore, and Spain (fast-track countries/provinces), as well as New Zealand and Australia under the Trans-Tasman Mutual Recognition Act 1997 (a Commonwealth law of Australia). The colours on the map are for identification purposes only.*

Australian citizens or permanent residents over overseas nurses who require special visa arrangements for long-term work (Government of Western Australia Department of Health Chief Nursing and Midwifery Office, 2023). In urban areas, competition is intense, and IQNMs typically require a sponsored visa (e.g., Temporary Skills Shortage Visa [Subclass 482]), and employer decisions may take considerable time (Australian Government Department of Home Affairs, 2025a).

Thus, AHPRA warns people not to quit their overseas jobs or travel to Australia alone before their NMBA registration has been approved. When applying for a visa, applicants should refer to the Australian Department of Home Affairs Immigration and Citizenship website (https://www.homeaffairs.gov.au/) to check the relevant information, including the Skills Assessment page (https://immi.homeaffairs.gov.au/visas/working-in-australia/skills-assessment) to stay up to date with the latest information, as the process may change without notification.

IQNMs working in rural areas may be eligible for preferential treatment in obtaining visas and permanent residency (Australian Government Department of Home Affairs, 2025b). However, this limits their ability to work in urban settings and presents challenges in adapting to unfamiliar living environments. While the system aims to address rural nursing shortages, it may also affect the long-term career development of foreign nurses (Villamin et al., 2023).

Discussion

In countries eligible for Australia's fast-track registration, nursing associations that meet international standards have been established to support the global mobility of nurses. In contrast, Japan is not included in this scheme, and Japanese nurses must undergo a complex, costly registration process that includes the OBA assessment, along with meeting high English language requirements and facing challenges in securing visa sponsorship from employers. These barriers stem not only from language proficiency but also from differences in educational culture. Stockhausen and Kawashima (2003) highlighted the linguistic and cultural challenges Japanese nurses face in Australian educational settings, while Kawashima and Petrini (2004) pointed to the lack of active learning and critical thinking in Japanese nursing education. Kulbok et al. (2012) further emphasised the need to strengthen intercultural understanding, clinical skills, and critical thinking, noting that education is shaped by both language and cultural context. AHPRA's decision to remove South Africa from the ELS list underscores the importance of national-level language education. Establishing systems that meet international standards may lead to future advantages, and in countries like Canada—where recognition varies by province—government action plays a critical role in shaping regulatory frameworks.

Conclusion

If Japan's nursing education meets international standards and interoperability requirements, Japanese nursing students may gain access to work as registered nurses in Australia. However, significant barriers remain, including high English proficiency requirements, complex registration procedures, and challenges in securing visas. Overcoming these hurdles requires structured language training, informed understanding of the Australian system, and expert support. Future research should explore why Japan is excluded from the fast-track registration list, and strengthening partnerships with overseas institutions and expanding immersion programs will be essential to support global career development. Japanese educational institutions must now take proactive steps to internationalise nursing education and empower students for success in global healthcare settings.

References

AHPRA. (2025a). *Accepted English language tests*. Retrieved July 12, 2025, from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/Accepted-English-language-tests.aspx#:~:text=All%20National%20Boards%20(except%20the,by%20applicants%20from%20any%20profession.

AHPRA. (2025b). *Applying for registration*. Retrieved from Australian Health Practitioner Regulation Agency: www.ahpra.gov.au/Registration/Applying-for-registration.aspx

AHPRA. (2025c). *Before you apply*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply.aspx#

AHPRA. (2025d). *English language skills registration standard*. Retrieved from Australian Health Practitioner Regulation Agency: www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills.aspx

AHPRA. (2025e). *Examination*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Examination.aspx

AHPRA. (2025f). *Fact sheet: Transition to a new assessment model for internationally qualified nurses and midwives*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Transition-to-a-new-assessment-model-for-internationally-qualified-nurses-and-midwives.aspx?_gl=1*1czdh46*_ga*MTMoNjgxNzMzMS4xNzUwOTk1ODM2*_ga_F1G6LRCHZB*czE3NTI0NTc2ODUkbzkkZzEkdDE3

AHPRA. (2025g). Frequently asked questions. What are the 'recognised countries'? Retrieved from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/FAQ.aspx#

AHPRA. (2025h). *Frequently asked questions. Why is South Africa no longer a recognised country*? Retrieved August 16, 2025, from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/FAQ.aspx

AHPRA. (2025i). *Qualification and registration requirements*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply/Meeting-the-registration-requirements.aspx

AHPRA. (2025j). *Streamlined pathway to registration for internationally qualified registered nurses*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/News/2025-01-27-media-release-IQRN.aspx

ASPEQ. (2025). *Aspeq Exam Centres*. Retrieved July 12, 2025, from ASPEQ: https://www.aspeq.com/support/exam-centres-2/

Australian Government Department of Home Affairs. (2025a). *(Subclass 482) Skills in Demand*. Retrieved July 11, 2025, from Australian Government Department of Home Affairs: https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/skills-in-demand-visa-subclass-482

Australian Government Department of Home Affairs. (2025b). *Subclass 491 Skilled Work Regional (Provisional) Visa*. Retrieved from Immigration and Citizenship: https://

immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/skilled-work-regional-provisional-491

Cambridge University Press & Assessment. (2025). *Cambridge English C1 Advanced results*. Retrieved July 12, 2025, from Cambridge: https://www.cambridgeenglish.org/exams-and-tests/advanced/results/

College of Nursing Education & Training Australia. (2020). *Outcome based assessment*. Retrieved July 13, 2025, from College of Nursing Education & Training Australia: https://nursingeta.com/outcome-based-assessment

Government of Western Australia Department of Health Chief Nursing and Midwifery Office. (2023). *GradConnect - Frequently Asked Questions*. Retrieved July 31, 2025, from Government of Western Australia Department of Health Chief Nursing and Midwifery Office: https://www.health.wa.gov.au/~/media/Corp/Documents/Careers/Nursing-and-Midwifery/Gradconnect/GradConnect-Jun-2023_FAQ.pdf

IELTS.org. (2025). *Setting IELTS entry scores*. Accessed on July 14, 2025. Retrieved July 14, 2025, from IELTS.org: https://ielts.org/organisations/ielts-for-organisations/get-started-with-ielts/setting-ielts-entry-scores

Kawashima, A., & Petrini, M. A. (2004). Study of critical thinking skills in nursing students and nurses in Japan. *Nurse education today, 24*(4), 286-292.

Kulbok, P. A., Mitchell, E. M., Glick, D. F., & Greiner, D. (2012). International experiences in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship, 9*(1).

NSW Health. (2025). *Eligibility for GradStart*. Retrieved July 31, 2025, from NSW Health: https://www.health.nsw.gov.au/nursing/employment/gradstart/Pages/eligibility.aspx

OET. (2025). *Results and scoring*. Retrieved July 12, 2025, from OET: https://oet.com/test/test-overview/results-and-scoring

Pearson PTE. (2025). *Understand your PTE Academic Score*. Retrieved July 14, 2025, from Pearson: https://www.pearsonpte.com/pte-academic/scoring/understand-your-score

Shrivastava, S. (2025). *Average IELTS Score 2025, Country Wise and Section Wise IELTS Score*. Retrieved 7 31, 2025, from https://www.pw.live/study-abroad/ielts/exams/average-ielts-score

Stockhausen, L. J., & Kawashima, A. (2003). An evaluation of an Australian bachelor of nursing program for Japanese nurses: perceptions of Japanese nurses' learning experience. *Nurse Education in Practice, 3*, 212–219.

TOEFLTestPrep.com. (2025). *Minimum TOEFL iBT® Score Required for MBA in USA*. Retrieved July 14, 2025, from https://toefltestprep.com/blog/minimum-toefl-score-for-mba-in-usa

Villamin, P., Lopez, V., Thapa, D. K., & Cleary, M. (2023). Nurse migration to Australia: Past, present, and future. *Collegian, 30*(6), 753-761. https://www.sciencedirect.com/science/article/pii/S1322769623000483?via=ihub

Warnock, J., Banful, E., Foley, L., Gilheany, M., Hunter, A.-M., Loughry, C., & Tinley, P. (2011). The national registration and accreditation scheme. *Journal of Foot and Ankle Research, 4*(S1), 112. doi:10.1186/1757-1146-4-s1-i12

Wellard, S. J., & Stockhausen, L. J. (2010). Overseas trained nurses working in regional and rural practice settings: do we understand the issues? *Rural and Remote Health, 10*(3), 1-11.

WHO. (2020). *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: World Health Organization.

オーストラリアの看護師登録プロセスの分析：日本人看護師にとっての大きな課題

岩﨑愛美（eiwasaki@pu-hiroshima.ac.jp）
県立広島大学三原キャンパス

要旨：世界保健機関（WHO）は、看護師に求められる実践スキルは普遍的であると定めている。日本では海外看護実習への関心は高いものの、実際に海外で働く看護師は少数である。本稿では、オーストラリアの外国人看護師登録制度を検証し、日本人看護師が直面する言語の壁、登録審査、ビザ取得などの課題を明らかにした。迅速登録プロセスは一部の国に限定され、日本は対象外である。その選定は国際基準と相互運用性に基づいており、日本の看護教育には国際基準とのギャップがある可能性が示唆される。

キーワード：オーストラリアの看護師登録制度、日本人看護師、日本の看護教育

著者プロフィール：岩﨑愛美は、県立広島大学の准教授である。マッコーリー大学（シドニー）にて言語学の博士号を取得し、タスマニア大学にて看護学修士を取得したほか、マッコーリー大学にて他二つの修士を取得。シドニーには27年間在住し、オーストラリアで20年間看護師として登録。現在は、日豪で看護師登録資格を有している。

世界保健機関（WHO, 2020)は、看護師に求められる実務スキルは世界共通であるとしている。オーストラリアでは、国際基準を満たす教育制度を持つ承認国からの看護師に対し、迅速登録制度を導入し、積極的な移民政策の一環として海外人材を受け入れている。この制度はAHPRAの監督下で全国的に統一されており（Warnock, et al., 2011)、厳格な要件を満たしたIQNM（国際資格保有者）は、現地看護師と同等の資格として登録されている。2021/22年度までに、同等の管轄区域から5,000人を超える、国際資格を持つ看護師・助産師（IQNM）がオーストラリアに登録された(AHPRA, 2025j）。一方、日本人看護師は欧米、特にオーストラリアでの就労に強い関心を持っているが英語力や複雑な登録手続きなど、複数の障壁に直面しており、本稿ではその主な課題について検討する。

英語力

海外で働きたい日本の看護師にとって最大の課題は英語力不足である。英語力が低いとオーストラリア社会への適応や医療現場での安全な業務遂行が困難となる（Wellard & Stockhausen, 2010)。看護師は、患者や医療チームと円滑にコミュニケーションを取り、正確な記録を残す実践的な英語力が求められる。オーストラリアで看護師登録をするには、オーストラリア看護師・助産師委員会（Nursing and Midwifery Board of Australia：以下、NMBA）が定める高い英語基準を満たす必要がある（AHPRA, 2025d)。そのため、以下の指定された英語試験のいずれかに合格することが必須である。

- ケンブリッジ英検 - C1 Advanced または C2 Proficiency
- IELTS Academic - 7.0点以上（ライティングは6.5点以上）
- OET（職業英語テスト） - グレードB以上
- PTE Academic（ピアソン英語アカデミックテスト） - 66点以上
- TOEFL iBT - 94点以上

多くのオンライン英語試験は手軽に受験できるが、学術的な形式のため十分な準備が必要である。ケンブリッジ英検はCEFR（ヨーロッパ言語共通参照枠）に準拠し、日本人にはC2レベル以上が推奨されている（Cambridge University Press & Assessment, 2025)。日本人のIELTSの平均点が5.5～6.0点台であるのに対し、オーストラリア看護師登録には7.0点以上（ライティングは6.5点以上）が求められる（AHPRA, 2025a; IELTS.org, 2025; Shrivastava, 2025)。PTE Academicは形式が独特で、準備が不可欠であり（Pearson PTE, 2025)、TOEFL iBTでは、オーストラリアのIQNM登録に94点以上が必要となる（TOEFLTestPrep.com, 2025)。OETは医療従事者向けの専門英語試験で4技能を評価し（OET, 2025)、B以上の成績が登録要件

である（AHPRA, 2025a）。医療英語に特化しているため、臨床経験のある看護師には適しているが、経験が浅い場合は難易度が高くなる。

オーストラリアの看護師登録プロセス

登録管轄

看護師登録にはオーストラリアの看護師登録を管轄するオーストラリア医療従事者規制庁（AHPRA）とNMBAによる厳格な審査と登録手続きを経る必要がある。日本の看護教育カリキュラムはオーストラリアの看護教育基準と同等とはみなされていないため、日本の看護師資格は、オーストラリアでは自動的に認められない。

成果に基づく評価（OBA）

かつては、海外で看護師資格を取得した人のためのブリッジング・プログラムがあり、数ヶ月から1年のコース終了後、臨床研修を修了し、正看護師として登録されていた。しかし、それは2020年3月に廃止され、2段階評価プロセスである成果主義評価（OBA）に置き換えられた（AHPRA, 2025k）。OBAは、英語能力試験に合格し、必要な手続きを経た後に受験可能である。知識と実践的なスキルは、表1に示すように、NCLEX-RNとOSCEを通じて評価される（AHPRA, 2025e）。

OBA試験は綿密な準備をすれば合格可能である(College of Nursing Education & Training Australia, 2020)が、合格できない受験者もいる（オーストラリア看護教育訓練大学、2020年）。一方、オーストラリアで看護学位を取得した場合はOBAが免除される。ただし、その場合、通常、英語の壁を乗り越えるために数年間語学学校に通い、その後オーストラリアの大学の2年生に編入する必要がある。そのため、多くの日本人看護師は、オーストラリアで看護師資格を取得するには少なくとも3〜4年かかると予想される。

AHPRAによる国際認定への2つの道：英語能力と看護研修資格

AHPRAは、IQNMを評価する際に「国際規制管轄区域」と「ELS認定国」の2つの枠組みを用いている(AHPRA, 2025b)。ELSリストは英語能力に特化しており、一定条件下で英語試験が免除される場合がある（AHPRA, 2025a; 2025g)が、認定国審査の結果によっては認定を取り下げられる例も出てきている。最近では、南アフリカが英語基準の不一致によりELSリストから除外された。これは、オーストラリアの基準を下回っていると判断されたためであり（AHPRA, 2025h)、移民看護師にとって英語能力が極めて重要であることを浮き彫りにしている。日本も同様に、英語基準が不十分とされ、ELS認定の対象外である。一方、国際規制管轄リストは専門訓練の同等性を評価し、資格審査を簡素化する可能性がある。

表1

OBA試験の概要と料金

	試験名	試験の種類	受験料
第1段階	NCLEX-RN（看護師国家資格試験）	コンピュータベースの多肢選択式試験（MCQ）	250オーストラリアドル
第2段階	OSCE（客観的臨床能力試験）	シミュレーション・シナリオにおける臨床スキル、コミュニケーション能力、プロフェッショナリズムを評価する実践的な行動評価	4,000オーストラリアドル（2025年8月現在）（AHPRA, 2025e）

注：助産師向けMCQ試験は、ASPEQ（ハイステークス試験サービスを提供する世界的な機関）が世界各地に設置する試験センターで実施される（ASPEQ, 2025）

迅速登録の対象となる国際規制管轄区域

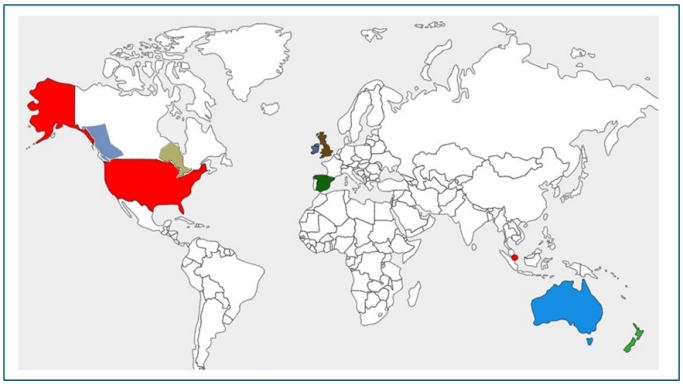
2025年4月に導入されたオーストラリアIQNMのための迅速登録制度は、特定の国や地域で資格を取得した看護師・助産師の登録手続きを簡素化することを目的としている。迅速登録の対象となる国と地域は図1に示されている。

AHPRA（2025j)によると、これらの国や地域は国際的な看護教育基準や臨床実習要件を満たし、オーストラリアと同様の医療制度を有している。これらの国からの申請者は、以下の条件を満たすことで迅速登録プロセスで臨床試験が免除される可能性が高い。

- これらの国または地域のいずれかの国民であること。
- 2017年以降、これらの国または地域のいずれかで正看護師として登録されていること。
- 1,800時間以上の看護経験があること。
- 英語力、犯罪歴、最近の職務経験、賠

図1

オーストラリア迅速登録の対象となる国・州の地図



注：この地図は、英国、アイルランド、米国、カナダのブリティッシュコロンビア州およびオンタリオ州、シンガポール、スペイン（迅速登録国／州）、ならびに1997年トランス・タスマン相互承認法（オーストラリア連邦法）に基づくニュージーランドとオーストラリアを示している。地図上の色分けは識別のみを目的としている。

償責任保険など、NMBAの登録基準をすべて満たしていること　(AHPRA, 2025i)。

これらの要件を満たす申請者は、OBA評価が免除され、看護師登録期間も通常の9～12か月から1～6か月に短縮される。対象国で教育を受けていなくても、現地で必要な期間看護師として登録され、規制試験を完了していれば早期登録の対象となる場合がある（AHPRA, 2025j)。また、ニュージーランドの看護師・助産師はオーストラリアでの就業が認められる（AHPRA, 2025f)。

ビザ取得の難しさ：オーストラリアで働く外国人看護師の課題

オーストラリアで看護師または助産師として働くには、AHPRAによる登録申請とは別に、内務省が発行する就労ビザの申請が必要である　(AHPRA, 2025c)。両申請は独立しており、片方が承認されてももう一方が保証されるわけではない。オーストラリアでは、看護師の職は一時滞在者よりも永住者に提供される可能性が高くなっている　(NSW Health, 2025)。さらに、病院は、長期就労に特別なビザ手続きを必要とする外国人看護師よりも、オーストラリア市民または永住権を持つ看護師を優先する傾向がある（WA Department of Health, 2023)。特に都市部では競争が激しく、外国人看護師にはスポンサー付きビザ（例：サブクラス482）が求められることが多く、雇用主の判断には時間がかかる場合がある　(Australian Government Department of Home Affairs, 2025a)。

そのため、AHPRAはNMBA登録が承認される前に海外の職を辞したり、単独で渡豪することは避けるよう警告している。ビザ申請にあたっては、内務省の公式サイト（https://www.homeaffairs.gov.au/）や技能評価ページ（https://immi.homeaffairs.gov.au/visas/working-in-australia/skills-assessment）を確認し、最新情報を把握することが重要である。

すでに登録済みの看護師が地方部で働く場合、ビザや永住権取得の優遇措置を受けられる可能性がある（Australian Government Department of Home Affairs, 2025b)。ただし、これは都市部での勤務が制限されることを意味し、新しい生活環境への適応も課題となる。地方の看護師不足対策として導入されたこの制度は、外国人看護師のキャリア形成に影響を与える可能性がある（Villamin, Lopez, Thapa, & Cleary, 2023)。

考察

オーストラリアで迅速登録が認められている国々では、国際基準を満たす看護協会が設立され、看護師の国際的な移動を支援している。一方、日本は迅速登録の対象外であり、日本人看護師はOBA評価を含む複雑で費用のかかる登録プロセスを経る必要があり、高い英語力要件、雇用主によるビザ支援の困難さなど、複数の障壁が存在する。これらの課題は単なる言語力の問題ではなく、教育文化の違いにも起因している。StockhausenとKawashima　(2003)は、日本人看護師がオーストラリアの教育環境で直面する言語・文化的な困難を指摘し、Kawashima & Petrini　(2004)は日本の看護教育における能動的学習や批判的思考の不足を挙げている。さらに、KulbokとMitchell　(2012)は、異文化理解や臨床技能、批判的思考力の強化が日本の看護教育に必要であるとし、教育は言語だけでなく文化的背景にも左右されると述べている。

AHPRAが南アフリカをELS認定から除外した決定は、国家レベルでの言語教育の重要性を示している。教育機関が国際基準を満たす体制を整えることが、将来的な優遇につながる可能性があり、

カナダのように認定が州ごとに異なる国では、政府の対応が制度整備に大きく影響する。

結論

日本の看護教育が国際基準と相互運用性を満たせば、日本人看護学生がオーストラリアで看護師として働く道が開かれる可能性があるが、現時点では、高い英語力、複雑な登録手続き、ビザ取得の困難など多くの障壁がある。これらを乗り越えるには、体系的な英語学習、制度に関する情報収集、専門家への相談が不可欠となる。今後の研究では、日本が迅速登録対象国に含まれていない理由の解明が求められ、海外教育機関との連携や研修プログラムの強化が、日本人看護師の国際的な活躍を支える鍵となる。日本の教育機関は今こそ、看護教育の国際化に向けて積極的に取り組むべきである。

文献

AHPRA. (2025a). *Accepted English language tests*. Retrieved July 12, 2025, from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/Accepted-English-language-tests.aspx#:~:text=All%20National%20Boards%20(except%20the,by%20applicants%20from%20any%20profession.

AHPRA. (2025b). *Applying for registration*. Retrieved from Australian Health Practitioner Regulation Agency: www.ahpra.gov.au/Registration/Applying-for-registration.aspx

AHPRA. (2025c). *Before you apply*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply.aspx#

AHPRA. (2025d). *English language skills registration standard*. Retrieved from Australian Health Practitioner Regulation Agency: www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills.aspx

AHPRA. (2025e). *Examination*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Examination.aspx

AHPRA. (2025f). *Fact sheet: Transition to a new assessment model for internationally qualified nurses and midwives*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Transition-to-a-new-assessment-model-for-internationally-qualified-nurses-and-midwives.aspx?_gl=1*1czdh46*_ga*MTMoNjgxNzMzMS4xNzUwOTk1ODM2*_ga_F1G6LRCHZB*czE3NTIoNTc2ODUkbzkkZzEkdDE3

AHPRA. (2025g). Frequently asked questions. What are the 'recognised countries'? Retrieved from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/FAQ.aspx#

AHPRA. (2025h). *Frequently asked questions. Why is South Africa no longer a recognised country*? Retrieved August 16, 2025, from Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills/FAQ.aspx

AHPRA. (2025i). *Qualification and registration requirements*. Retrieved July 14, 2025, from Australian Health Practitioner Regulation Agency: https://www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Before-you-apply/Meeting-the-registration-requirements.aspx

AHPRA. (2025j). *Streamlined pathway to registration for internationally qualified registered nurses*. Retrieved July 14, 2025, from

Australian Health Practitioner Regulation Agency: https://www.ahpra.gov.au/News/2025-01-27-media-release-IQRN.aspx

ASPEQ. (2025). *Aspeq Exam Centres*. Retrieved July 12, 2025, from ASPEQ: https://www.aspeq.com/support/exam-centres-2/

Australian Government Department of Home Affairs. (2025a). *(Subclass 482) Skills in Demand*. Retrieved July 11, 2025, from Australian Government Department of Home Affairs: https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/skills-in-demand-visa-subclass-482

Australian Government Department of Home Affairs. (2025b). *Subclass 491 Skilled Work Regional (Provisional) Visa*. Retrieved from Immigration and Citizenship: https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/skilled-work-regional-provisional-491

Cambridge University Press & Assessment. (2025). *Cambridge English C1 Advanced results*. Retrieved July 12, 2025, from Cambridge: https://www.cambridgeenglish.org/exams-and-tests/advanced/results/

College of Nursing Education & Training Australia. (2020). *Outcome based assessment*. Retrieved July 13, 2025, from College of Nursing Education & Training Australia: https://nursingeta.com/outcome-based-assessment

Government of Western Australia Department of Health Chief Nursing and Midwifery Office. (2023). *GradConnect - Frequently Asked Questions*. Retrieved July 31, 2025, from Government of Western Australia Department of Health Chief Nursing and Midwifery Office: https://www.health.wa.gov.au/~/media/Corp/Documents/Careers/Nursing-and-Midwifery/Gradconnect/GradConnect-Jun-2023_FAQ.pdf

IELTS.org. (2025). *Setting IELTS entry scores*. Accessed on July 14, 2025. Retrieved July 14, 2025, from IELTS.org: https://ielts.org/organisations/ielts-for-organisations/get-started-with-ielts/setting-ielts-entry-scores

Kawashima, A., & Petrini, M. A. (2004). Study of critical thinking skills in nursing students and nurses in Japan. *Nurse education today, 24*(4), 286-292.

Kulbok, P. A., Mitchell, E. M., Glick, D. F., & Greiner, D. (2012). International experiences in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship, 9*(1).

NSW Health. (2025). *Eligibility for GradStart*. Retrieved July 31, 2025, from NSW Health: https://www.health.nsw.gov.au/nursing/employment/gradstart/Pages/eligibility.aspx

OET. (2025). *Results and scoring*. Retrieved July 12, 2025, from OET: https://oet.com/test/test-overview/results-and-scoring

Pearson PTE. (2025). *Understand your PTE Academic Score*. Retrieved July 14, 2025, from Pearson: https://www.pearsonpte.com/pte-academic/scoring/understand-your-score

Shrivastava, S. (2025). *Average IELTS Score 2025, Country Wise and Section Wise IELTS Score*. Retrieved 7 31, 2025, from https://www.pw.live/study-abroad/ielts/exams/average-ielts-score

Stockhausen, L. J., & Kawashima, A. (2003). An evaluation of an Australian bachelor of nursing program for Japanese nurses: perceptions of Japanese nurses' learning experience. *Nurse Education in Practice, 3*, 212–219.

TOEFLTestPrep.com. (2025). *Minimum TOEFL iBT® Score Required for MBA in USA*. Retrieved July 14, 2025, from https://toefltestprep.com/blog/minimum-toefl-score-for-mba-in-usa

Villamin, P., Lopez, V., Thapa, D. K., & Cleary, M. (2023). Nurse migration to Australia: Past, present, and future. *Collegian, 30*(6), 753-761. https://www.sciencedirect.com/science/article/pii/S1322769623000483?via=ihub

Warnock, J., Banful, E., Foley, L., Gilheany, M., Hunter, A.-M., Loughry, C., & Tinley, P. (2011).

The national registration and accreditation scheme. *Journal of Foot and Ankle Research, 4* (S1), 112. doi:10.1186/1757-1146-4-s1-i12

Wellard, S. J., & Stockhausen, L. J. (2010). Overseas trained nurses working in regional and rural practice settings: do we understand the issues? *Rural and Remote Health, 10*(3), 1-11.

WHO. (2020). *State of the world's nursing 2020: investing in education, jobs and leadership*. Geneva: World Health Organization.

An Interview with a Japan-Trained Nurse Currently Working in the United Kingdom

Simon Capper (capper@jrchcn.ac.jp)
Japanese Red Cross Hiroshima College of Nursing

About the Author: Simon Capper is a co-founder of JANET and has been a professor at the Japanese Red Cross College of Nursing since 2004. Including the nursing English texts, Bedside Manner Beginner and Bedside Manner Intermediate, he has authored and co-authored more than 20 English textbooks.

Questions for this interview were generated by 2nd year nursing students taking a course in International Nursing English with the author at Japanese Red Cross Hiroshima College of Nursing. Students were given background information about Ms. Watanabe (a graduate of their university) and, to avoid replication, collaborated as a group to create interview questions.

1. When you were a university student, did you consider working abroad?

I had always wanted to live abroad since childhood. When I was a nursing student, I probably had a rough idea that I wanted to go abroad, but I didn't do proper research, and I thought it was almost impossible, so I never thought I could make it happen.

2. Why did you decide to work overseas?

As I mentioned earlier, I had always wanted to live abroad and use English for work, but my dream was too vague to make it come true. I made the big decision to work abroad after I had a child. At that time, many people still thought that mothers should stay home and look after their children. I didn't like that idea. I was conflicted about the social attitude that only mothers have to give up what they want to do, and wondered why mothers cannot live their own life. So, it all started with a desire to challenge social expectations.

3. What did you specifically do to improve your English?

I did nothing special. I tried to immerse myself in an English environment as much as possible, even while I was in Japan, watching English films, listening to English songs, reading English news, and trying some methods from YouTube videos. I have tried English online lessons to practice speaking as I was less confident in my speaking skills. Also, I was aiming to pass the Occupational English Test (OET), so basically, I studied for the exam.

4. Did you go to nursing school in England, or are you working in the UK with a Japanese nursing license?

It depends which country you want to work in, but I did not have to go to a UK nursing school. To work in the UK, we need to register as a UK nurse by passing an English exam (IELTS or OET) as well as the computer-based theory test (CBT) and OSCE (practical exam), along with a Japanese nursing certificate. Then we can register as a registered nurse in the UK. You can do all of this through the Nursing and Midwifery Council (NMC) online platform.

5. How did you balance work and learning English while working at a hospital in Japan?

When I started getting serious about my goal, I came across a book『時間がないからなんでもできる』(*Jikan ga nai kara nan demo dekiru* [*I don't have much time, so I can do anything*]) by Yoshida Honami. I tried to organise my time better. I don't like to stay awake late, so I tried to go to bed earlier and study in the early morning. I created study time by doing house chores and listening at the same time, driving a car and shadowing at the same time, that type of thing.

6. What was your motivation? What made it possible to keep trying and not give up?

That is the question I still ask myself. To be honest, I still can't believe I managed to move to the UK. When I was struggling to obtain the required score in the OET, there were many times I thought about giving up. I felt I didn't have a talent for English, but I kept telling myself, "I can give up any time, so let's give it just a bit more of a try."

7. Why did you choose England? How did you get a job at a British hospital? For example, clearing the interview, proving your English skill…

The reason why I chose England was simple: I wanted to have a slower pace of life and was interested in Europe. I also wanted to live in an English-speaking country. Additionally, I thought that moving to the UK would make it easier to travel around Europe. [Laughs].

After passing OET and CBT, I applied for a job as an international nurse through a website. However, there were not many options available at that time. Luckily, I had the chance to interview with one NHS Trust, and I received an offer. For English interview practice, I studied from random websites and YouTube videos. I prepared at least 20 questions, but none of them were asked. [Laughs]. Instead, I was asked to describe how I would act in specific situations and to show how competent I was. I think it's completely different from the Japanese interview style.

8. What's your daily routine as a nurse in England?

Day shift starts at 7:00 am. Here is a rough timeline of the day shift.

07:00 handover
07:30 medication round
09:00 ward round (throughout the morning)
10:30 observation
11:30 BM (blood glucose level) checks
12:30 lunch time; medications round
15:00 observations
16:30 BM checks
17:30 evening medication round
19:30 handover to night staff

In between, I change dressings, administer IV medications, prepare for procedures, fill in required documentation, etc. If any issues arise, I contact the doctors and other teams. The patients move quite often, so we must do a lot of checks when receiving patients. It's busier than it looks, and it's always unpredictable.

9. Have you found it difficult to work in a hospital in England? For example, communication, hospital systems, etc.

To be honest, I found it difficult to work in a UK hospital. Here are a couple of reasons:

The hospital systems are confusing for me. For example, when a patient's condition deteriorates, we have two different teams that we can escalate, but I am still confused as to which one I should choose. Also, there are a lot of teams in the hospital. They suddenly appear, and they just leave outcomes on patients' notes. So, at the beginning, it was hard to understand what was going on with patients. Now I try to speak to people who are not familiar to me and ask who they are and what their plans are for the patients.

There are pros and cons regarding the observation system. In a hospital in the UK, we use the National Early Warning Score (NEWS) system. At first, I found it easy because we can know when we need to escalate to doctors. However, I now feel less freedom. What I mean is that when we do observations, the system controls when we need to do them and how often we do them. There's a clock mark on a board and if delayed, the clocks turn red. It is like a time bomb. It reminds nurses to do the observations. I

assume that people might not do their jobs without using such systems. It's a bothersome system sometimes because it is so strict. If the patient's score is zero, we can do observations at least every 12 hours; if they score 1-4, observations need to be taken every 4 to 6 hours. However, it is not based on the patient's own baseline, but the UK national standard. For example, normal range of blood pressure is above 111 systolic, but if the patient is 110/60, we need to do observations every 4 to 6 hours. Can you imagine that we must wake up the patients while they are sleeping at night because of such minimal changes in the measurements? I want to take observations at reasonable intervals when I have time, but the system doesn't allow for this. I thought this was a good system at first, but I don't like the system now. There are some people who watch the timers and if the timers turn red (overdue), they'll contact the charge nurse. It is a scary system for me.

I think the UK tries to protect patients. Sometimes it feels a little excessive to me because we must continue their treatment even if they do not comply. Sometimes there are rude patients, and I'm not sure how I should react. I try to ask my colleagues for help, watch them, and learn how they respond to rude attitudes.

10. What kind of cultural differences did you experience as a nurse in England, and how did you adapt to them?

I think one of the biggest cultural differences is that people value joyfulness rather than seriousness. Staff try to entertain patients and fellow staff, often by organizing events. Sometimes I have felt that it's too much, but I have accepted that this is the way it's done in the UK.

People are basically friendly. I was shocked at first when I saw a senior nurse and a student nurse talking like friends, though now I feel it's quite normal, and I like it.

Sometimes patients have given me hugs to say thank you. I was surprised and confused at first. Patients are sociable. They often become friends with each other and start talking. They don't like staying in bed behind closed curtains. These small differences were confusing at first, but I got used to them gradually.

11. Do you have any tips for communicating with co-workers and patients in England?

I think it is typical for most Japanese English learners to feel we must speak perfect English with perfect grammar. However, patients and colleagues mostly don't care about the quality of my English. I sometimes realise my mistakes when talking, but I've stopped caring or feeling embarrassed. When I listen to how other non-native speakers are talking or how other people from abroad are talking, and I notice their grammatical mistakes, I realise that they don't care, they just enjoy the conversations. So, one simple tip is "don't be afraid of making mistakes". Sometimes I have a bad day with my English, struggling with English sentence structure and pronunciation, but they try to understand me and that's all I need. Sometimes, I don't understand what people say (for example, in complaints or phone calls). On these occasions, I don't hesitate to ask British colleagues for help. One thing I still struggle with is to understand British jokes. So, one of my next goals is to become skilled at understanding and telling jokes!

12. What do you think the biggest difference is between the medical system in England and that of Japan?

In the UK, there's no doctor-in-charge system, so doctors look after patients as a team. I sometimes feel frustrated, as do the patients, because during ward rounds, we may have different senior doctors on the ward each day, and the plans are not always consistent.

There are a lot of teams inside the hospital, for

example, the outreach team who take care of deterioration cases, such as cardiac arrest. When the emergency buzzer goes off, the team (critical care specialists, anaesthetists, doctors, etc.) comes quickly and leads the care effort, which is a system that works reliably.

13. Is there anything that surprised you about nursing in England, that is different from nursing in Japan?

It is probably not about nursing, but at first, one of the things that surprised me is that patients can choose their meal menu. There are some special diet menus for dialysis patients, but other than that they all have normal Western food while in hospitals. In Japan, for example, if a patient was admitted with a heart attack and treated for cardiac problems, they would likely be offered meals with less salt, fewer calories, etc. However, in the UK, patients eat whatever and how much they want. They drink juice and eat snacks.

The other thing that seems very typically English is that there are several tea times during the day. It starts at breakfast, then 10 am, 12 pm, 3 pm, 5 pm, 9 pm.

Another thing that surprised me is about nursing students. In Japan, students have placements as groups and teachers supervise. In the UK, however, they are allocated to wards individually and work like nurses (they are not actually working but what they are doing is like 'working'). They do the same shifts as nurses, including night shifts. They do observations and take blood samples, depending on their skills. I was impressed at first, but on the other hand, I question whether students might not have a chance to learn how to understand patients deeply, how to make nursing plans, how to approach patients, etc. What I learned at nursing college in Japan was helpful, even when I started working in the UK.

Now that you've had a chance to reflect and compare the two health services, what principles and practices would you like to transfer from there to here, and from here to there?

In British hospitals, there are many different roles, such as healthcare workers (HCWs), porters, and clinical support. HCWs wash patients, make beds and provide assistance with activities for daily living (ADL). Porters take patients for X-rays, scans, etc. Clinical support can take blood samples and insert cannulas (IV lines), and they're very good. They can help nurses focus on their jobs. Of course, nurses can do those jobs when they aren't busy, but it's nice to have this support when we are.

One of the difficult things about my job is discharge. This is one of the things I don't like about the UK hospital system. When I worked in Japan, I didn't have any issues with discharge. When patients were discharged, the paperwork and medications were prepared the day before the discharge. Even if a patient was discharged on the same day, there were rarely delays. In the UK, we must wait for the ward round to confirm discharge, junior doctors need to write a discharge letter to the GP, and the pharmacy has to prepare the medications. The hardest job is that we must check whether the list of medications in the letter and the inpatient prescription is exactly the same. Sometimes, doctors change medications at the last minute, so we must order them again. Or we have to wait a long time for the medications to arrive from the pharmacy, etc. There seem to be a lot of issues and inefficiencies surrounding discharge.

I think the bed management system in the UK needs to be improved. When I worked in Japan, we did have emergency admissions, but many of the admissions were planned in advance. In the UK, I have never seen a planned admission in the last two years. When a patient is discharged, we soon get a new admission from Accident & Emergency (A&E) because many patients are waiting for beds. Those who are waiting for surgery may have to stay in hospital, even if they

don't need much medical care. If they don't stay in the hospital, they'd go back to the bottom of the list. It is a "first come, first served" system.

One of the benefits of working in the UK is that we have plenty of annual leave and sick leave, though it depends how many years we have worked for the hospital. I can take nearly 7 weeks of annual leave in a year, and we can request it whenever we want. If I don't request it, my manager will push me to do it. When we're sick, we can request sick leave for up to 7 days (up to 3 sick leaves in a year), and if we need more time to recover, we can request a sick note from a GP. We don't have to use our annual leave allowance for sickness. One of the best things about sick leave is that, if we become sick during annual leave, we can cancel the annual leave, change it to sick leave and save annual leave for later. Although I've never tried these methods, doing this in Japan would be quite impossible.

Please note, theses are just my personal impressions. I only have experience working in one hospital in the UK, so it might not be the same all over the UK.