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Nursing English Nexus

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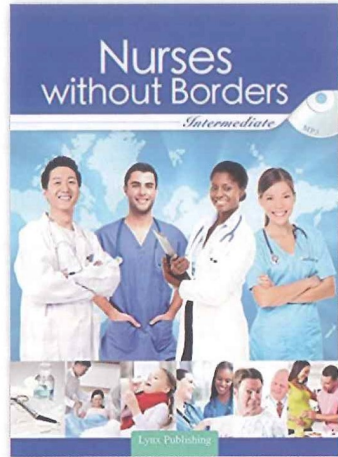
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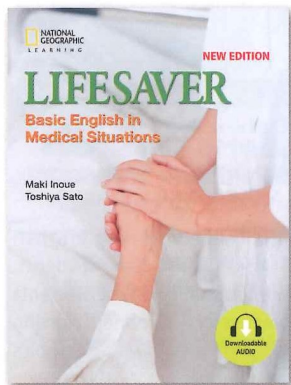
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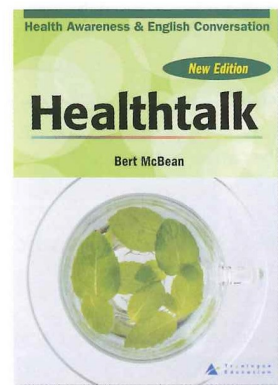
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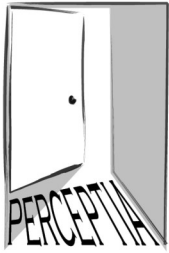
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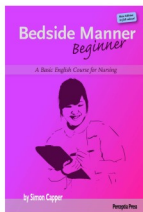
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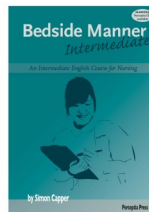


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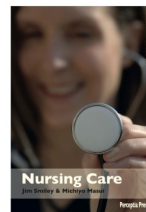


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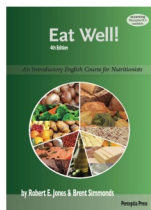


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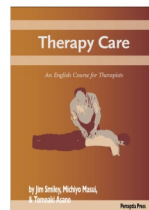


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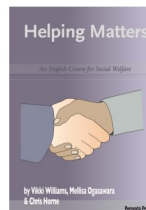


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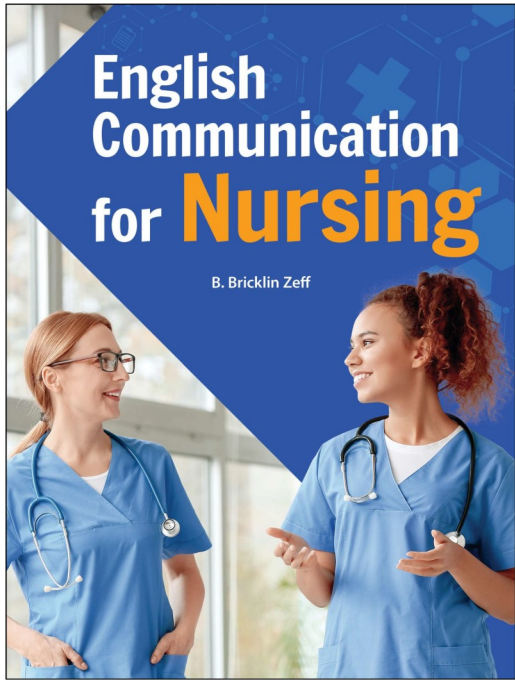


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Table of Contents	
Unit 1	General Medicine 7
Unit 2	Surgery 15
Unit 3	Medication 23
Unit 4	Pediatrics 31
Unit 5	Pain 39
Unit 6	Orthopedics 47
Unit 7	Gastroenterology 55
Unit 8	Cardiology 63
Supplementary Unit 1	Conversations with Colleagues 71
Supplementary Unit 2	Bringing a Patient to the Room 79
Glossary 87
Appendix	Communication 112

Features

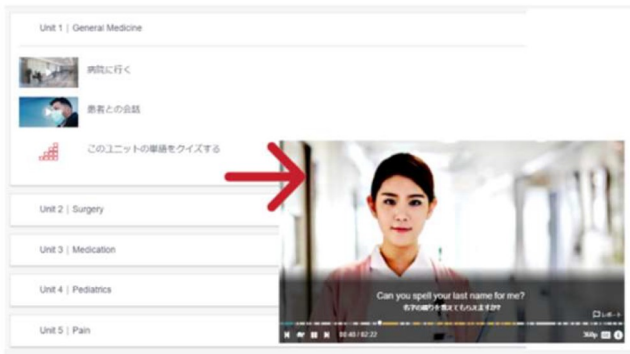
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From the Editor
Jeffrey Huffman

Greetings to you all as we enter one of my favorite seasons, when the pollen count falls, the temperature remains pleasant for now, and the wisteria begin blooming. I hope Golden Week will provide a respite, brief as it may be, to those busy first weeks of the academic year.

The April 2026 issue of *Nursing English Nexus* covers a number of issues of interest to our readers, ranging from a closer look at the sort of English actually used by native speaker nurses, to the experiences of foreign nursing students studying in Japan, to our bread-and-butter issues, the approaches and methods used in nursing English education.

We start with a research article by Nathan Kitamura, a doctoral student at Temple University, who presents his lexical analysis of nursing English used in medical dramas. The findings confirm the experience of many nursing English educators that nurses perhaps spend more time using high frequency words to provide simplified explanations, rather than relying heavily on technical (medical) terminology.

In the Reports section, we start with a thought-provoking report by Izumi Dryden of Mie Prefectural College of Nursing and co-authors about the experiences of a Thai male nursing student participating in a short-term exchange program in Japan. The qualitative analysis highlights issues ranging from development of professional identity and agency to language and intercultural learning. A second report, by Diane Aoto of Tottori University, compares two types of speaking assessment used in nursing English education, based on the author's own experience and her students' feedback. She concludes that an impromptu performance of a randomly selected scenario in a one-to-one setting is more realistic and useful, while also being more difficult, than a pre-planned, well-practiced performance in front of the whole class.

Our issue concludes with a discussion piece by Adam Crosby of Kobe City College of Nursing which highlights the limitations of implementing the Communicative Language Teaching (CLT) approach with nursing students in Japan. He recommends strategies and considerations that can help nursing English instructors integrate a more culturally sensitive approach while still maintaining the focus on developing communicative ability.

As always, I close by emphasizing that the process of reviewing, editing, proofreading, and laying out each issue of this journal is a team effort. It comes together only after the valuable and voluntary contributions of time, effort, and expertise offered by the amazing group of people listed on page 1 of each issue, and by working closely with the authors of each article. Thank you all for making it possible. Finally, I invite you to consider submitting an article for our next issue by July 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:

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- 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

Research Articles

- 7 *Revisiting the Lexical Demands of Nursing English: Insights from a Medical Drama Corpus*
Nathan Kitamura

Reports

- 16 *Professional Identity Formation through International Nursing Exchange: A Reflective Qualitative Report of a Thai Male Nursing Student's Experience in Japan*
Izumi Dryden, Chatmongkon Klanklinhom, Megumi Tanahashi, Takahiko Maeda, Atsushi Koike, & Laurence M. Dryden
- 24 *Investigating Japanese Nursing Students' Attitudes Toward Speaking Assessments*
Diane Aoto

Discussions & Observations

- 29 *A Culturally Sensitive Approach to Communicative Language Teaching for Japanese Nursing Students*
Adam Crosby

Revisiting the Lexical Demands of Nursing English: Insights from a Medical Drama

Corpus

Nathan Kitamura (ngkitamura@gmail.com)

Temple University (doctoral student)

Abstract: *Research on English for nursing has emphasized communicative competence in clinical settings, yet comparatively little attention has been paid to the lexical characteristics of this communication. This study addressed this gap through a frequency-based corpus analysis of nurse dialogue in scripted medical dramas. Using transcripts from nursing-focused television series, the study examined the overall lexical characteristics of nurse interaction and compared vocabulary use in patient-directed versus interprofessional (nurse-staff) communication. Results indicated that both interaction types are predominantly composed of high-frequency general English. Patient-facing dialogue achieved slightly higher coverage with higher frequency vocabulary, though differences between interaction types were incremental rather than categorical. Examples from the corpus are provided to illustrate how nurses reformulate technical terminology using accessible, high-frequency language. The findings align with needs analyses and observational research on real-world nursing communication and suggest pedagogical value in emphasizing high-frequency vocabulary and reformulation skills in medical English instruction.*

Keywords: corpus linguistics, English for nursing purposes, lexical profiling, nurse-patient communication, vocabulary instruction

About the Author: Nathan is a PhD student in Applied Linguistics at Temple University. He teaches academic writing to undergraduate nursing students and has professional experience in English for nursing contexts. His research interests include L2 writing development and the effects of AI-assisted writing on language learning.

As healthcare systems have become increasingly globalized, the need for English in medical settings has grown, a trend that in Japan has been intensified by the post-COVID tourism boom and the resulting rise in encounters with foreign patients. This surge in international patient contact has placed greater communicative demands on nurses. Indeed, among healthcare providers, nurses may shoulder the heaviest interactional burden given the frequency and intimacy of their encounters with patients (Mori & Suzuki, 2018). To facilitate smoother interactions, many nurses and nursing students have expressed a desire to improve their English (e.g., Lu, 2018; Miyake & Tremarco, 2005; Mori & Suzuki, 2018). Closer examination of this perceived need reveals that it is not primarily technical vocabulary which poses the greatest challenge, but rather the ability to communicate at an everyday level. Most patients, after all, have a limited understanding of medical jargon, making it essential for nurses to

be able to convey information using lay vocabulary. However, while the aforementioned studies have documented this perceived need for daily English communication skills, little research has examined the lexical characteristics of English used in medical interactions themselves. Addressing this gap, the current study analyzes two types of interactions—nurse-patient and interprofessional—in popular English-language medical dramas to provide insight into the types of vocabulary commonly used in medical settings.

Literature Review

Research in English for Nursing Purposes (ENP) has often revealed a disparity between the language prioritized in ENP classrooms and by nursing students, on the one hand, and the language practicing nurses report using, on the other. Seeking to identify the core learning needs of Taiwanese nursing students, Chien (2019) administered a questionnaire to preprofessionals (i.e., nursing students) and in-service nurses, both

enrolled in an optional ENP course. The questionnaire examined the types of English-language learning exercises participants regularly engaged in. Results indicated that, whereas the in-service nurses most frequently studied by watching authentic English content, the nursing students primarily focused on building medical vocabulary. Similarly, Nata (2025), in a survey of 42 nursing students at a university in Indonesia, found that students favored nursing-related English over general English, with the vast majority rating medical terminology as important or very important. In a mixed-methods study incorporating questionnaires, class observations, and interviews, Setiyani et al. (2023) likewise reported that nursing students responded positively to ENP materials that emphasized nursing-related discourse, particularly medical terminology and clinical communication.

Shifting from the classroom to the hospital—or more precisely, from a focus on nursing students' perceived needs to those of practicing nurses—a different picture of nursing communication emerges. By drawing directly on nurses' accounts, these studies shed light on both the extent to which English is required and the types of English nurses perceive as necessary in their work. Mori and Suzuki (2018) administered a questionnaire to Japanese nurses focusing on two main areas: 1) the specific circumstances in which nurses need English and 2) the types of vocabulary required to care for English-speaking patients. A total of 1,271 nurses from two large hospitals completed the survey. Results indicated a high demand for English in situations requiring verbal communication to explain patients' conditions and treatments. These situations included explaining operation procedures, engaging in bedside conversation, instructing patients about medication use, and explaining tests, treatments, and admission procedures. Regarding vocabulary, the findings pointed to a greater need for general rather than technical

English, a pattern reflected in the highest-rated categories—symptoms, body parts, and diseases—which are not necessarily unique to nursing or medicine, but instead consist largely of words used by laypeople in everyday discussions about health.

The focus on general communicative ability is not limited to Japanese nurses; similar patterns have been observed in other cultural contexts. To better understand Taiwanese nurses' English-language needs and challenges, Lu (2018) interviewed and observed nurses from various wards in a large hospital in Taiwan. Analysis of transcripts and observation field notes revealed two primary uses for English: interactions with medical staff and interactions with foreign patients. The former consisted largely of the use of English acronyms (e.g., B/C [blood culture], GOT [glutamic oxaloacetic transaminase]) as a means of speeding up shift reports among nurses. In contrast, when communicating with foreign patients, nurses attempted to reformulate this specialist language into lay alternatives to facilitate understanding. However, many nurses were unable to produce these vernacular equivalents, reinforcing the idea that nurses' difficulties stem less from technical word knowledge than from limitations in general communicative ability.

Taken together, needs analyses and observational studies tell us about when and why nurses use English. Less clear, however, is how that English is realized linguistically—an issue that discourse-analytic studies of nurse communication have sought to address. Guest and Nambu (2011), in an effort to inform the development of more authentic ESP materials for Japanese nurses, drew on observations of authentic nursing workplace discourse from hospitals in Singapore, the United States, and the Philippines, to examine how nurses manage English in professional interaction. They found that nurses' language use was highly economical, often forgoing complete and

grammatical sentences in favor of ellipsis (i.e., the omission of words understood from context), a pattern suggesting that communication depended less on linguistic accuracy than on discursive strategies (e.g., turn-taking, confirmation checks) and shared pragmatic routines. However, because the researchers were primarily concerned with identifying broad discourse frames, they did not compile a spoken corpus, instead relying on observation and field notes. As a result, questions regarding the lexical characteristics of English used in nurses' interactions remain largely unexplored. Moreover, the data focused mainly on communication between nurses, leaving nurse-patient communication underrepresented.

In contrast to studies focusing primarily on nurse-nurse interaction, Barrere (2007) conducted a discourse analysis of audio-recorded nurse-patient interactions in two community hospitals in the United States. The analysis of 140 recorded interactions identified 11 recurrent modes of discourse such as teaching/information sharing, personal self-disclosure, and reassurance, highlighting both symmetrical and, more frequently, asymmetrical patterns of interactions between nurses and patients. Building on this focus, Porter's (2025) spoken corpus of culturally and linguistically diverse (CALD) patients highlights the communicative and intercultural challenges encountered in Japanese clinical settings.

Discourse-analytic studies such as Barrere (2007) and Guest and Nambu (2011) offer important insights into how nurses manage communication in clinical settings, both with colleagues and with patients. Porter's (2025) corpus-based study provides valuable patient-centered and intercultural perspectives, which can help prepare students for the challenges of communicating with CALD patients. At the same time, this research has focused either on communicative functions and strategies (Barrere, 2007; Guest & Nambu, 2011) or the compilation

and pedagogical use of patient narratives (Porter, 2025), leaving the lexical profile of nursing-related communication largely unexplored.

To address this gap, the present study adopts a frequency-based approach to vocabulary analysis, an approach put forward by Laufer and Nation (1995), who proposed that categorizing language output into frequency bands (e.g., the most frequent 1,000 words, the second most frequent 1,000) could be used to estimate a learner's productive vocabulary and overall language proficiency. Since then, the word lists underlying this approach have been refined and expanded using larger, more representative corpora, including the British National Corpus (BNC) and the Corpus of Contemporary American English (COCA), culminating in updated frequency-based word family lists such as Nation's (2017) BNC/COCA 25,000-word family lists. The present study employs the online Lextutor tools (Cobb, 2019), which draw on Nation's (2017) frequency-based word family lists.

Research on lexical coverage has further demonstrated that comprehension of both written and spoken texts depends heavily on the proportion of words known by the reader or listener. In a widely cited study, Nation (2006) reported that approximately 98% lexical coverage is needed for comfortable comprehension of authentic texts. In spoken discourse, this level of coverage is typically achieved with knowledge of approximately 6,000 to 7,000 of the most frequent word families. Webb and Rogers (2009), investigating the vocabulary demands of TV programs, found that knowledge of the 3,000 most frequent word families, in addition to proper nouns, provided approximately 95% coverage—a level commonly regarded as the minimum threshold for adequate comprehension, though later work has suggested that closer to 98% coverage may be ideal for more complete and unassisted understanding (Nation, 2022; Webb & Nation, 2017).

Examining the frequency-based lexical characteristics of nursing care-related interaction—an area that has received comparatively limited attention—may therefore provide useful insight into the types of vocabulary relied upon by nurses in everyday professional communication.

Against this backdrop, the present study is a frequency-based analysis of the lexical characteristics of English used in nurse interactions, drawing on a corpus of nursing television drama transcripts. While fictional, transcripts from these dramas are treated here as mediated clinical discourse that reflects the kind of interactions commonly seen in healthcare settings. This study is guided by two research questions:

RQ1: What are the lexical profiles of English used in clinical interactions in nursing drama transcripts?

RQ2: To what extent does the vocabulary used in professional interaction (nurse to healthcare professional) differ from that used in patient-directed interaction?

Methods

Data Sources

The corpus was compiled from three English-language medical drama television series: *Nurse Jackie*, *Virgin River*, and *Hawthorne*. Four episodes were selected from *Nurse Jackie* and three episodes each from *Virgin River* and *Hawthorne*, resulting in a corpus of 11,937 words. These series were selected because each features a nurse as the primary protagonist. Specifically, *Nurse Jackie* centers on an emergency nurse, *Virgin River* on a nurse practitioner and midwife, and *Hawthorne* on a chief nursing officer. The three series therefore represent a variety of nursing contexts.

Corpus Construction

Episode transcripts were obtained from the publicly available transcript archive *Springfield!*

Springfield! (<https://www.springfieldspringfield.co.uk>). Transcripts were manually reviewed and screened prior to analysis, during which all dialogue not directly related to medical care was removed from the corpus. This included exchanges focused on character development, humor, interpersonal relationships, or other non-clinical topics. Only dialogue pertaining to patient care, clinical decision making, or professional medical interaction was retained.

Analytical Procedures

Corpus analysis was conducted using the *VocabProfile* tool on *Lextutor* (Cobb, 2019; <https://www.lexutor.ca>). This tool automatically classifies vocabulary items according to frequency bands and reports the proportion of words at each level. It also allows for comparison across multiple texts by identifying lexical overlap in terms of tokens (individual word occurrences), types (unique word forms), lemmas (base forms plus inflected variants), and word families (headwords plus their inflected and derivationally related forms). While the choice of lexical unit (e.g., lemma vs. word family) remains a subject of ongoing debate in vocabulary research, the present study adopts the word family as the unit of analysis, consistent with *BNC/COCA* frequency lists that underlie *VocabProfile*.

To address RQ1, patient-directed and professional healthcare interactions from the three dramas were combined and then submitted to *Lextutor's VocabProfile* function to generate an overall lexical profile of clinical dialogue. To address RQ2, the corpus was then divided into subcorpora based on interaction type: *Nurse-Professional Interaction*, comprising professional exchanges between nurses and other healthcare staff, and *Nurse-Patient Interaction*, comprising patient-directed dialogue. Lexical profiles for each subcorpus were then calculated separately and compared across frequency bands. Proper nouns for all corpora analysis were categorized under

the K-1 frequency band, which is Lextutor’s default classification.

Results

Lexical Profile of Clinical Dialogue (RQ1)

Table 1 presents the distribution of vocabulary across frequency bands in the combined clinical dialogue corpus. The K-3 frequency band (i.e., the 3,000 most frequently used word families) accounted for 96.1% of the vocabulary. Approximately 98% of lexical coverage was reached by the K-6 frequency band. Off-list items (i.e., lexical items that do not appear in the frequency lists) accounted for a small percentage of tokens (0.38%).

Lexical Profile of Nurse-Professional Interaction and Nurse-Patient Interaction (RQ2)

Table 2 presents the frequency-based lexical distribution of the Nurse-Professional Interaction subcorpus. The K-3 band accounted for 95% of the vocabulary. Approximately 98% of lexical coverage was reached by the K-8 frequency band.

Table 3 shows the frequency-band distribution of the Nurse-Patient Interaction subcorpus. Compared with the Nurse-Professional Interaction, the patient-directed dialogue exhibited higher coverage within the most frequent 1,000–2,000 word families (96.1%) and approximately 98% coverage achieved within the most frequent 4,000–5,000 word families.

Comparison of the two subcorpora revealed noticeable differences in frequency-band distribution. In patient-directed exchanges, lexical coverage was concentrated more heavily within the most

Table 1
Lexical Profile of the Combined Clinical Dialogue Corpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	10,997	91.1
K-2	403	94.5
K-3	193	96.1
K-4	124	97.1
K-5	81	97.8
K-6	46	98.2
K-7—K-25	169	99.6
Off-List	51	99.98

Table 2
Lexical Profile of Nurse-Professional Interaction Subcorpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	5136	88.5
K-2	244	92.7
K-3	135	95.0
K-4	75	96.3
K-5	41	97.0
K-6	25	97.4
K-7	18	97.7
K-8	25	98.2
K-9—K-25	75	99.5
Off-List	29	99.96

Table 3
Lexical Profile of Nurse-Patient Interaction Subcorpus

Frequency Band	Tokens (n)	Coverage (%)
K-1	5858	93.6
K-2	159	96.1
K-3	58	97.0
K-4	49	97.8
K-5	40	98.5
K-6—K-25	72	99.6
Off-List	25	100.00

frequent 3,000 word families than in professional conversations between nurses and other medical staff. Nonetheless, both types of interactions were characterized by a substantial reliance on high-frequency general English vocabulary.

Discussion

Discussion of RQ1: Lexical Profile of Clinical Dialogue

The first research question examined the lexical profile of clinical dialogue, encompassing interactions between nurses and patients as well as exchanges between nurses and other healthcare professionals. The results indicate that approximately 96% of the vocabulary was accounted for by the most frequent 3,000 word families. This prominence of high-frequency vocabulary aligns with the findings of Mori and Suzuki (2018) and Lu (2018), whose needs analyses identified nurses’ reliance on general English skills in professional communication. In addition, Webb and Rogers (2009) reported that approximately 95% lexical coverage can be achieved with knowledge of the most frequent 3,000 word families. The present findings suggest

that the healthcare-related interaction of nurses—often assumed to be lexically dense or highly technical—relies heavily on a relatively limited range of high-frequency vocabulary.

One explanation for the dominance of high-frequency vocabulary may lie in the functional demands of clinical dialogue across interaction types. These demands include explaining procedures, eliciting information, providing reassurance in patient-facing talk, as well as reporting patient status, coordinating care, and clarifying clinical decisions among nurses and other healthcare professionals—functions that are largely realized through general English rather than specialized terminology.

While previous research has linked frequency-based coverage with comprehension (e.g., Nation, 2006), the present findings are not intended to suggest that clinical dialogue is inherently easy to understand, nor that knowing 95 to 98% of the words in an interaction concerning a patient's well-being is sufficient. Rather, the results suggest that clinical interaction makes efficient use of a relatively small set of high-frequency words, both in patient-facing communication as well as in exchanges between healthcare professionals. Furthermore, it should be acknowledged that some vocabulary items within the mid-frequency bands (e.g., K-4 to K-6) can nonetheless present difficulties for L2 learners, who might perceive them as domain-specific despite their relatively high frequency in general English. At the same time, while lower-frequency and off-list items represent a small portion of tokens, they may refer to diagnoses, medications, or procedures—terms that carry disproportionate communicative importance, particularly in nurse-professional interaction where accuracy has direct implications for patient safety.

Discussion of RQ2: Lexical Profile of Nurse-Professional Interaction and Nurse-Patient Interaction

The second research question concerned variation across interaction types within clinical dialogue. The results indicate that interaction between nurses and patients draws more heavily on a small core of highly frequent words than interaction between nurses and other healthcare professionals, suggesting that much of the communicative work in patient-facing talk is carried by common, everyday vocabulary. This pattern is consistent with the functional demands of nurse-patient exchanges, which commonly involve explaining procedures, discussing tests and treatments, providing medication-related instructions, and engaging in routine bedside communication, all of which tend to rely on general English vocabulary (Lu, 2018; Mori & Suzuki, 2018).

Perhaps unsurprisingly, professional interaction between nurses and other healthcare staff consisted of a greater proportion of lower-frequency vocabulary, reflecting the inclusion of a range of procedural, institutional, and role-specific terms. Importantly, however, both interaction types were largely composed of high-frequency general English, and the observed differences were incremental rather than categorical. Together, these findings suggest that, while interaction type influences lexical choice within clinical discourse, high-frequency vocabulary plays a prominent role across both patient-directed and professional communication.

Illustrative Examples of Lexical Simplification in Nurse-Patient Interaction

Given the prominence of high-frequency vocabulary, it is worth examining how this language functions in context. The following excerpts illustrate recurring strategies through which nurses made clinical information accessible, including the use of simplified definitions,

paraphrasing, and reassurance when addressing patients and their family members.

In patient-facing interactions, medical jargon was frequently reformulated using high-frequency, accessible language. In some cases, nurses immediately reframed medical terminology using simplified definitions. For example:

Nurse: He has a cerebral aneurysm, which is a weakened blood vessel in the brain.

Here, in explaining a patient's condition to a family member, the nurse immediately provides a definition of a cerebral aneurysm using high-frequency vocabulary, rendering a complex diagnosis more accessible.

In other instances, rather than defining a technical term, nurses replaced it altogether with a more readily-understandable expression.

Nurse: You're just having some Braxton Hicks.

Patient: Oh.

Nurse: False labor pains.

In this exchange, the medical term Braxton Hicks is reformulated as false labor pains, a semantically equivalent phrase that relies on everyday vocabulary.

In addition to explicit reformulation, nurses sometimes avoided technical explanations completely, instead emphasizing function and reassurance. For example:

Nurse: I know these tubes seem really scary, but they're helpful. So you gotta trust me.

Rather than naming and describing the medical purpose of the tubes, the nurse employs high-frequency reassuring and trust-building language to reduce anxiety and establish rapport, further illustrating how patient-facing communication prioritizes accessibility over technical precision.

Pedagogical Implications

While dialogue from scripted medical dramas cannot be taken as a direct stand-in for real-world clinical communication, the present findings nonetheless align with needs analyses and observational studies indicating the centrality of general English in nursing practice. From a pedagogical perspective, this suggests that instructional materials may benefit from prioritizing high-frequency vocabulary alongside, rather than secondary to, specialized terminology.

Emphasizing high-frequency vocabulary does not diminish the role of specialized medical terminology; rather, the two are inherently connected. Effective patient-facing communication requires nurses to command technical terms well enough to reformulate them into language that patients can readily understand, as illustrated in the excerpts above. From this perspective, instructional materials might also benefit from emphasizing functional language, including skills related to explaining, paraphrasing, and simplifying information in communication with patients. These observations inform several practical considerations for materials development, outlined below.

One pedagogical implication involves scripted role-play activities designed to limit learners' lexical choices to high-frequency vocabulary bands. Role-play has been recognized as an effective means of simulating clinical interaction in nursing education (e.g., Lai, 2024), and can be adapted to prioritize lexical control. For example, students might be provided with role-play scripts or guided prompts that restrict language use to the most frequent 2,000 to 3,000 word families, with technical terms introduced only when necessary. Such activities would encourage learners to rely only on common lexical resources to explain procedures, give instructions, and respond to patient concerns, reflecting the lexical efficiency observed in the corpus.

A second activity focuses explicitly on

reformulation. Students might be provided with short excerpts containing technical medical terms and asked to paraphrase them using high-frequency vocabulary accessible to patients. This could be implemented as a writing or oral task, or a role-play in which one student assumes the role of a patient unfamiliar with medical terminology.

Finally, listening or viewing activities, such as clips from nursing television dramas, can be used to raise learners' awareness of how medical information is simplified in interaction. Students might be asked to note instances in which technical language is followed by paraphrases or definitions, and to note how meaning is re-expressed using high-frequency vocabulary. This type of task could help learners recognize that technical terms—particularly when directed at patients—rarely appear in isolation but are instead accompanied by reformulations that facilitate understanding.

Limitations

The present study is not without its limitations. Perhaps the most salient limitation concerns its reliance on scripted dialogues drawn from fictional nursing dramas. It bears emphasizing, however, that the aim is not to use fictional transcripts to draw novel claims about the nature of nurses' professional communication. Rather, the findings from this corpus analysis are intended to complement and lend support to insights reported in previous research on the interactions of real-world nurses. Nevertheless, future corpus-based analyses of nurses' authentic interactions—both patient-facing and interprofessional—would help to more clearly identify the linguistic demands nurses encounter in clinical practice, an issue that is not easily captured through self-reports or field notes alone.

A second limitation relates to the size of the corpus on which the present analysis is based. A larger and more diverse corpus would likely reveal additional patterns and provide a more nuanced

picture of the lexical and interactional resources relied upon by nurses across contexts.

Conclusion

This study examined lexical characteristics of nurse interactions as portrayed in nursing dramas, using a frequency-based corpus analysis to compare patient-directed and professional communication. The findings indicate that, across interaction types, nurses' speech was predominantly composed of high-frequency general English. Excerpts further illustrated how technical terminology was often reframed for patients using accessible language.

Future research drawing on larger corpora of authentic clinical interactions would allow for a more in-depth examination of the lexical choices that nurses make across different contexts. From a pedagogical standpoint, the present findings support instructional approaches that integrate technical terminology with training in reformulation and functional language use, reflecting the genuine linguistic challenges nurses face in their daily practice.

References

- Barrere, C. C. (2007). Discourse analysis of nurse-patient communication in a hospital setting: Implications for staff development. *Journal of Nurses in Staff Development*, 23(3), 114–122. <https://doi.org/10.1097/01.NND.0000277180.47829.8d>
- Chien, C-Y. (2019). Identifying core learning needs for English for nursing purposes. *English Language Teaching*, 12(7), 1–12. <https://doi.org/10.5539/elt.v12n7p1>
- Cobb, T. (2019). *Lextutor* [Software]. Tom Cobb. <https://www.lexutor.ca>
- Guest, M., & Nambu, M. (2011). Framing nursing discourse for English for specific purposes materials' development: How do nurses actually manage English discourse? *Journal of Medical English Education*, 10(3), 78–83.
- Laufer, B., & Nation, P. (1995). Vocabulary size

- and use: Lexical richness in L2 written production. *Applied Linguistics*, 16(3), 307–322.
- Lai, S. J. (2024). Role-play as an effective classroom activity in a nursing English course. *Nursing English Nexus*, 8(2), 24–26.
- Lu, Y. (2018). What do nurses say about their English language needs for patient care and their ESP coursework: The case of Taiwanese nurses. *English for Specific Purposes*, 50, 116–129. <https://doi.org/10.1016/j.esp.2017.12.004>
- Miyake, M., & Tremarco, J. (2005). Needs analysis for nursing students utilizing questionnaires and interviews. *Kawasaki Journal of Medical Welfare*, 11(1), 23–34.
- Mori, H., & Suzuki, S. (2018). Needs analysis of English for hospital nurses. *Journal of Japanese Red Cross Toyota College of Nursing*, 13(1), 109–119.
- Nada, I. D. (2025). Need analysis of English for specific purpose (ESP) for nursing students at Stikes Eka Harap Palangka Raya [sic]. *The Future of Education Journal*, 4(1), 192–202. <https://doi.org/10.61445/tofedu.v4i1.406>
- Nation, I. S. P. (2006). How large a vocabulary is needed for reading and listening? *Canadian Modern Language Review*, 63(1), 59–82. <https://doi.org/10.1353/cml.2006.0049>
- Nation, I. S. P. (2017). *BNC/COCA 25,000 word family lists* [Data Set]. Victoria University of Wellington, School of Linguistics and Applied Language Studies. <https://www.victoria.ac.nz/lals/staff/paul-nation.aspx>
- Nation, I. S. P. (2022). *Learning vocabulary in another language* (3rd ed.). Cambridge University Press.
- Porter, M. (2025). The spoken corpus of foreign and immigrant patient narratives for nursing and medical education. *Nursing English Nexus*, 9(2), 29–36. https://doi.org/10.69458/nexus.9.2_29
- Setiyani, S., Dahlina, U., Wahyuni, A., Nupus, N. A. A., & Ramadhan, I. (2023). The analysis of nursing students' needs in ESP course [sic]. *Journal of Education and English Language Teaching*, 3(2), 57–62. <https://doi.org/10.61664/jedlish.v3i2.121>
- Springfield! Springfield! (n.d.). TV show episode scripts. <https://www.springfieldspringfield.co.uk>
- Webb, S., & Nation, I. S. P. (2017). *How vocabulary is learned*. Oxford University Press.
- Webb, S., & Rogers, M. P. H. (2009). Vocabulary demands of television programs. *Language Learning*, 59(2), 335–366. <https://doi.org/10.1111/j.1467-9922.2009.00509.x>

Professional Identity Formation through International Nursing Exchange: A Reflective Qualitative Report of a Thai Male Nursing Student's Experience in Japan

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Abstract: *International exchange programs have become an important component of nursing English education, offering opportunities for linguistic development, intercultural learning, and professional identity formation. This reflective qualitative report examines the experience of one respondent, a Thai male nursing student in a short-term exchange program at a Japanese nursing college. The respondent's comments in a reflective questionnaire and a follow-up interview provided data that were then examined through theory-informed analysis. Accordingly, this report explores how English learning, hospital observation, and peer interaction can contribute to psychological growth, intercultural empathy, and the development of professional identity. The report draws on experiential learning theory and professional identity formation frameworks and considers data from a male nursing perspective. The findings suggest that international exchange programs can function as a transformative educational space where language learning, gender, and professional values intersect. Consequently, the report highlights the pedagogical significance of integrating student voices and reflective analysis in nursing English education.*

Keywords: experiential learning, international exchange, male nursing students, nursing English education, professional identity formation, reflective practice

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The globalization of nursing education has heightened the importance of English proficiency, intercultural competence, and gender diversity. In Thailand and Japan, nursing remains a predominantly female profession, with limited male participation. At the same time, international collaboration in healthcare requires students to develop sufficient English skills to function effectively in multicultural academic and clinical settings.

This report introduces the educational context of a Thai male nursing student in a student exchange program in Japan, focusing on English education, institutional requirements, and gender-related perceptions. Data on these subjects came from responses to a questionnaire and a follow-up

interview, completed by the second co-author, a Thai nursing student, referred to throughout this report as "the respondent." By integrating his reflections with his co-authors' analysis, the report suggests how international exchange programs can support professional identity formation from a male nursing perspective. Rather than seeking statistical generalization, the report documents an individual case that highlights broader themes in global nursing education, male participation, and the role of English learning in shaping professional identity.

Context of the Study

The respondent's place of study—Mahidol University in Bangkok, Thailand—structures

English learning through placement based on the Mahidol University English Language Test (MUELT). First-year nursing students are assigned to one of four levels (LAEN103–106) according to their MUELT scores to strengthen foundational skills (LAEN=Language courses of English). In the second year, students take LAEN223, a situational communication course that emphasizes listening and speaking. Passing the MUELT is mandatory for graduation, reflecting the institution's systematic effort to ensure measurable English proficiency in students before entering professional practice.

English education in this context is closely connected to professional identity formation. Communication skills, particularly listening and speaking, are emphasized because effective nurse–patient interaction is essential to holistic care. The respondent expressed strong commitments to holistic practice and patient safety, suggesting that English learning can support not only nursing students' technical skill development but also their preparation for empathetic, patient-centered care.

Linguistic differences between Thai and English present additional challenges. Thai grammar does not mark tense through verb conjugation, and Thai includes gender-specific politeness particles (*krub* for males, *ka* for females). These structural and sociolinguistic differences require cognitive and cultural adjustment, underscoring the need for carefully designed English-for-nursing curricula.

Gender representation is another key dimension. In the year considered here, 2024, approximately 15 male students were enrolled among 237 nursing students at Mahidol University. While the respondent expressed a desire for more male participation in nursing, he acknowledged that many male Thai university students tend to pursue such fields as engineering. Motivations for entering nursing, however, appear similar across genders, including a desire to care for others and personal family experiences. Structural pathways,

such as admission systems, also influence male participation. Some students had originally wished to enroll in other faculties; however, they were not admitted and were accepted only into the School of Nursing.

International mobility is shaped by institutional obligations. Students in Mahidol University's Ramathibodi School of Nursing program must work at Ramathibodi Hospital for two years after graduation, thereby limiting immediate overseas employment. Therefore, short-term international exchange programs provide realistic opportunities for global engagement during undergraduate study.

Theoretical Framework

Professional identity formation (PIF) is now widely recognized as a central outcome of nursing education. PIF refers to the gradual development of values, self-concept, ethical orientation, and professional responsibility through experience, reflection, and social interaction (Cruss et al., 2014, pp. 1447–1449). For male nursing students, professional identity formation may involve additional complexity, as nursing has historically been socially constructed as a female-dominated profession. Examining male nursing students' experiences is therefore important for promoting inclusive and diverse pathways into the nursing profession. Professional identity formation is understood as a dynamic and longitudinal process through which students internalize the values, norms, and responsibilities of the nursing profession. Rather than developing solely through technical skill acquisition, professional identity emerges through reflective engagement with educational, clinical, and social experiences. Interactions with peers, educators, and healthcare professionals play a crucial role in shaping how students come to see themselves as nurses.

Experiential learning theory views learning as a cyclical process consisting of concrete experience, reflective observation, abstract conceptualization,

and active experimentation (Kolb, 1984, pp. 186, 206). International exchange programs provide rich, concrete experiences that may challenge students' assumptions, prompting reflection and deeper learning. Reflection enables students to connect experience with professional values and future practice, making experiential learning particularly relevant to nursing education.

Research on male nursing students has highlighted issues related to minority status, stereotypes, and professional belonging (MacWilliams et al., 2013, pp. 39, 41). At the same time, studies have shown that male nursing students often develop strong professional commitment when educational environments emphasize patient-centered care, teamwork, and ethical practice over gendered expectations (Amin et al., 2025; Huang et al., 2024; Prosen and Čekada, 2025). Analyzing international exchange experiences from a male nursing perspective allows for a nuanced understanding of how professional identity is constructed in global and intercultural contexts.

Methods

This report employed a reflective qualitative design using a co-authored narrative approach. Reflective qualitative methods are appropriate for examining educational experiences that involve psychological and emotional dimensions—areas central to professional identity formation in nursing.

As mentioned above, the respondent was a Thai male undergraduate nursing student who took part in a short-term international exchange program at Mie Prefectural College of Nursing in Japan. The program included participation in English-medium nursing classes, hospital and home-care visits, and interaction with Japanese nursing students and faculty members.

Data were collected using a structured reflective questionnaire consisting of open-ended questions (see Appendix). The questions addressed

initial expectations, experiences of using English, observations of Japanese nursing culture, gender-related perceptions, psychological development, and perceived impact on future nursing practice. The respondent provided written responses in English in a follow-up interview, transcribed before analysis, which were then analyzed by the co-authors, including the respondent himself.

Data analysis followed a theory-informed reflective approach guided by experiential learning theory, professional identity formation frameworks, and literature on male nursing students. Analysis focused on interpreting how the respondent made meaning of experiences rather than on coding frequency or thematic quantification.

Ethical Considerations

This exchange of opinions was conducted after providing the respondent with a full explanation of the purpose and methods of the report and obtaining written informed consent to use the reflective data for publication.

Findings and Discussion

Data from the reflective questionnaire and the follow-up interview revealed the respondent's clear developmental trajectory in which intercultural exposure, linguistic challenges, and sustained professional reflection contributed to the formation and consolidation of professional identity in an international exchange program. Rather than presenting fragmented impressions, the respondent's observations illustrate a dynamic process that begins with uncertainty and culminates in transnational empathy and professional integration. Several interconnected dynamics emerged from six thematic domains: 1) liminality and identity destabilization, 2) professional agency, 3) communicative reframing, 4) psychological safety, 5) gendered belonging, and 6) the transfer of intercultural learning into clinical practice.

1. Liminality and Identity Destabilization

Upon arriving in Japan, the respondent experienced nervousness related to daily life, academic expectations, linguistic ability, and social adaptation. This stage can be understood as entry into a liminal learning space—a transitional phase in which familiar roles and identities are temporarily unsettled. As a male nursing student from Thailand, the respondent navigated multiple overlapping transitions in Japan: relocation to a new country, cultural adjustment, linguistic insecurity, and minority gender positioning within nursing.

While such uncertainty can inhibit participation, in this case, it functioned productively. Awareness of his linguistic and cultural limitations stimulated reflective self-assessment and motivated active preparation. The desire to improve English proficiency and learn about Japanese culture marked a shift in the respondent's outlook, from passive anxiety to purposeful engagement. Thus, uncertainty became a catalyst for identity reconstruction rather than fragmentation.

2. Professional Agency

Professional agency emerged most clearly in the respondent's proactive preparation for academic discussions. By preparing to discuss the Thai healthcare system and Thai culture, he positioned himself not as a deficient learner but as a contributor and cultural mediator. For male nursing students in intercultural academic settings, such agency may be particularly important in establishing professional legitimacy. Through intellectual preparation and active participation, the respondent enacted professionalism grounded in competence, reciprocity, and initiative. Importantly, this agency was relational. The respondent's reported intention to "share knowledge and exchange ideas" reflects dialogical professionalism, aligning with collaborative models of nursing education.

3. Communicative Reframing

The communicative environment in the exchange program in Japan further supported professional growth. The respondent described Japanese peers as "polite," "attentive," and "focused on mutual understanding" rather than preoccupied with linguistic accuracy. English functioned not as a marker of hierarchy but as a shared communicative resource among non-native speakers.

4. Psychological Safety

The respondent felt that the communicative environment fostered psychological safety, reducing fear of error and encouraging participation. Such communicative norms mirror patient-centered care practices in nursing, where attentive listening and shared understanding are central. Consequently, language learning became inseparable from professional formation.

A particularly significant conceptual shift emerged in the respondent's reflection that nursing communication is "about understanding others, not about speaking perfectly." This reframing moves from grammatical correctness toward relational competence. In clinical practice, safety and teamwork depend on clarity and shared understanding rather than linguistic perfection. By linking English learning to patient safety and multidisciplinary collaboration, the respondent felt that language development was integrated with ethical responsibility. English was no longer merely an academic requirement, but a tool for holistic and safe patient care, signaling maturation of professional identity.

5. Gendered Belonging

Regarding gender, the respondent reported minimal concern about minority status. Drawing from his experience in Thailand, where patient care is prioritized over gender distinctions, he perceived equal treatment in Japan. Professional identity was foregrounded over gender identity within the educational environment. Such

affirmation may stabilize identity for male nursing students, demonstrating how shared professional purpose can supersede demographic differences.

6. Transfer of Intercultural Learning into Clinical Practice

The most transformative dimension appeared in the transfer of intercultural learning into domestic clinical practice. After returning to Thailand, the respondent reported increased patience, attentiveness to detail, and cultural sensitivity. His experience of caring for a patient from Myanmar illustrates this transfer. Having experienced being a foreign student in Japan, the respondent reported feelings of heightened empathy for patients navigating cultural and linguistic displacement. This empathy, he felt, translated into more intentional and compassionate care.

To sum up, the data depict the respondent's progression from uncertainty to integrated professional identity. Liminality stimulated growth, proactive preparation fostered agency, supportive communication enabled confidence, and intercultural experience deepened empathy. Short-term international academic experiences can thus serve as sites of professional identity formation, fostering not only linguistic competence but also ethical commitment and transnational empathy in nursing practice.

Generally, the findings suggest that international exchange programs in nursing English education can support professional identity formation through experiential learning, reflection, and intercultural engagement. From a male nursing perspective, the exchange program provided an environment in which professionalism was emphasized over gender, supporting confidence and belonging. English functioned as a shared communicative tool, aligning language learning with nursing values such as empathy, attentiveness, and teamwork.

Conclusion

The analysis of the respondent's observations in a questionnaire and a follow-up interview demonstrates that structured English education combined with short-term international exchange can facilitate professional identity consolidation in male nursing students. Intercultural experience, supportive communication, and reflective learning contributed to enhanced empathy, confidence, and ethical awareness. Consequently, integrating language education with global engagement may strengthen inclusive and sustainable nursing education models in East Asia.

References

- Amin, S. M., Demerdash, D. E., Othman, A. A., Zoromba, M. A., El-Gazar, H. E., Atta, M. H. R., Albzia, A., Abdelrahman, M. M., Alasqah, I., & Abdallah, H. M. M. (2025). The mediating role of professional identity in the relationship between gender misconceptions and occupational stigma among male nursing students. *BMC Nursing*, *24*(1), 930. <https://doi.org/10.1186/s12912-025-03552-5>
- Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L., & Steinert, Y. (2014). Reframing medical education to support professional identity formation. *Academic Medicine*, *89*(11), 1446–1451. <https://doi.org/10.1097/ACM.0000000000000427>
- Huang, J., Sun, H., & Tian, B. (2024). Male students' perceptions of the nursing profession: A qualitative study. *Risk Management and Healthcare Policy*, *17*, 1027–1035. <https://doi.org/10.2147/RMHP.S455160>
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.
- MacWilliams, B. R., Schmidt, B., & Bleich, M. R. (2013). Men in nursing. *American Journal of Nursing*, *113*(1), 38–44. <https://doi.org/10.1097/01.NAJ.0000425746.83731.16>

Prosen, M., & Čekada, T. (2025). Nursing students' views on men in nursing: A gender diversity challenge in the healthcare workforce. *BMC Nursing*, 24(1), 820. <https://doi.org/10.1186/s12912-025-03521-y>

Appendix

Responses of a Thai Male Nursing Student Who Participated in a Short-Term Study Program in Japan (Edited minimally for clarity)

Section 1: Initial Experiences and Emotional Responses

1. On arriving in Japan, did you have any uncertainty as a male nursing student from Thailand?

A: *Yes, I felt very nervous about adjusting to life in Japan, including daily life, making new friends, and acquiring nursing knowledge. In addition, my English communication skills were not fluent, so I needed to improve my English and gather information about Japanese culture.*

2. What was especially interesting or challenging about Japanese nursing culture? Did you feel nervous using English in academic discussions?

A: *I felt very nervous during the first few days. I prepared [for] academic topics such as the healthcare system in Thailand and Thai culture to discuss with professors and students. I wanted to share my knowledge, exchange ideas, and gain new knowledge from others.*

3. Did these experiences lead to self-reflection or emotional growth?

A: *Yes, they encouraged me to reflect on my strengths, limitations, and attitudes toward learning in an international environment. Facing cultural differences and communication barriers helped me develop self-confidence and emotional resilience.*

Section 2: English as a Lingua Franca in Nursing Education

4. Did you feel that English in the Japanese classroom was not "owned" by anyone? How did Japanese students communicate with you?

A: *Yes, I felt that English was not owned by anyone. Japanese students spoke politely, made efforts to speak clearly, and listened carefully. They respected my opinions and focused on mutual understanding rather than linguistic*

accuracy, which increased my confidence.

5. Did using English in Japan help you focus more on [communicating] meaning rather than [on grammatical] accuracy?

A: *Yes, communication focused more on meaning than perfect accuracy. This made communication more comfortable and effective. It also reinforced my belief that nursing communication is about understanding others. Shared understanding among nurses and healthcare team members is essential for safe and holistic patient care.*

Section 3: Clinical and Professional Learning

6. Did hospital visits influence your understanding of nursing?

A: *Yes, I was very impressed by hospital visits. I observed nursing practices, medical equipment, and patient cases I had never seen before, such as preterm infants born at less than 28 weeks of gestation and [older patients in] psychiatric care. Nurses and healthcare teams welcomed me warmly and answered my questions. I realized that Japanese nurses are very attentive and professional.*

7. As a male nursing student, were you aware of being a minority? How were you treated in Japan?

A: *I was not concerned about being a minority. In Thailand, healthcare focuses on patient care rather than gender. In Japan, I felt I was treated equally and accepted as a nursing student by nurses, healthcare professionals, professors, and students.*

8. What experience strengthened your confidence in working in international settings?

A: *Visiting the home of a bedridden patient strengthened my confidence. I communicated with nurses, physicians, and healthcare team members, observed the care process, and spoke with the patient [briefly in Japanese]. This experience increased my confidence in working in international healthcare settings.*

Section 4: Social and Psychological Development

9. Did spending time with Japanese students outside of class influence you psychologically or emotionally?

A: *Yes, traveling [with them] to places such as Kyoto and Nara and sharing meals helped me feel relaxed. Although I am a homebody, these experiences made me very happy and motivated me to visit Japan again.*

10. Did your experience make you more patient and culturally aware?

A: *Yes, I became more attentive to details and more patient in caring for patients. For example, when caring for a patient from Myanmar [after I returned to Thailand], communication was sometimes difficult. My experience in Japan helped me try harder to understand the patient's needs and feelings, especially as [the patient was] living in a foreign country.*

11. Did your experience in Japan change your professional identity?

A: *Yes, it increased my confidence in applying my knowledge to patient care. I also realized that patients have loved ones who care deeply for them. This motivated me to provide the best possible care.*

Section 5: Educational Context and Gender Perspectives

12. How many male students are in your year [in your nursing program in Thailand]?

A: *Approximately 15 students.*

13. Could you describe the English program at your university?

A: *English courses are based on the Mahidol University English Language Test (MUELT). Students must also pass an English proficiency test before graduation.*

14. What English courses did you take?

A: *1st Year: LAEN103–106 (English Levels 1–4)
2nd Year: LAEN223 (Situational-Based Communication English)*

15. What skills are emphasized in [these] English courses?

A: *The courses mainly focus on listening and speaking, particularly in communication contexts.*

16. Is Thai grammar different from English?

A: *Yes, Thai grammar differs from English. For example, Thai verbs do not conjugate, and polite particles ("krub" for males and "ka" for females) are added at the end of sentences.*

Section 6: Career Perspectives and Gender in Nursing

17. Are other male students interested in studying abroad?

A: *Currently, most students are not interested because they are required to work at Ramathibodi Hospital for two years after graduation.*

18. How many students are in your cohort?

A: *There are 237 students.*

19. Do you think there should be more male nursing students?

A: *Yes, but many young men in Thailand prefer fields such as engineering, which may explain the lower number of male nursing students.*

20. Do you think more men should work as nurses?

A: *Yes. [In my case,] I want to be a nurse because I enjoy caring for people and helping patients return home. Holistic care is very important to me.*

21. Why do [you think] male students choose nursing?

A: *Their reasons are similar to [those of] female students, including a desire to care for others and [prior] experiences with [helping] elderly family members. Some [male] students also enter nursing because they were accepted only into this faculty.*

Investigating Japanese Nursing Students' Attitudes Toward Speaking Assessments

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Abstract: *Speaking tests are an important part of assessment in ESP programmes for nursing students. This paper presents two formats of speaking assessment undertaken by third-year students in a Japanese university: a memorized conversation performed in pairs in front of the class, and an unscripted role-play carried out in a private setting with the class instructor. A questionnaire administered at the end of the academic year investigated students' attitudes toward these speaking tests. As well as highlighting the importance of receiving targeted feedback from students, this research revealed that although students found the more authentic, on-the-spot test format to be more difficult, they also found it more worthwhile and more aligned with their future needs. Additionally, students generally reported feeling less nervous in a one-to-one test setting than when performing in front of the whole class. These findings support the move to more meaningful assessment, while also offering some insight into causes of student anxiety.*

Keywords: speaking assessment, test authenticity, test anxiety, English for nursing

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Communication with patients is one of the fundamentals of nursing care. With the growth of inbound tourism and immigration in Japan, the need for medical care for patients who do not speak Japanese is also growing, making English skills increasingly necessary for nurses. Within an ESP programme for nursing students, research (Willey et al., 2016; Mori & Suzuki, 2018; Yamanaka & Parker, 2005) suggests that nurse-patient conversations should be a key focus of English classes in order to provide students with the communicative skills they will need in their professional lives. Accordingly, testing conversational skills should be incorporated into student evaluation. By examining students' attitudes toward speaking assessments, we can attempt to identify and mitigate barriers to successful performance, such as test anxiety. In addition, knowledge of nursing students' understanding of their English language needs helps us to design tests that they will find relevant and motivating (Bachman & Palmer, 1996). This report presents two formats of speaking assessment used in an ESP programme for nursing students and

investigates students' opinions about them.

Context

This report concerns third-year nursing students in a national university in Japan. The cohort of about 80 students is divided into two groups for a weekly medical English class. The class focuses on nurse-patient interaction and medical vocabulary.

At the end of each semester, students undertake a speaking assessment as well as a written final test. In the first semester of the year concerned, pairs of students wrote, practiced, and presented a nurse-patient conversation based on one of the situations covered during the course. Students presented their conversation in front of the class and were graded by the instructor on the content (English accuracy and appropriacy, and whether the content followed the assignment instructions) and presentation (clarity, fluency, memorization).

This format allowed the whole group to be evaluated in one class period, gave the students an opportunity to be creative, and provided some information about the students' English ability. However, it lacked the unpredictability and

spontaneity that characterize natural conversation. It did not match the goal of the class, which was to prepare students to talk with patients in their role as nurses. To be seen as authentic, a test task should directly reflect the real-life language usage being evaluated (Bachman & Palmer, 1996; Hughes, 2003). These presentations failed to assess students' abilities to understand and interact with another speaker in an unscripted setting, and so cannot be considered an authentic task aligned with class goals. This lack of authenticity also affected the test validity, since a valid test should accurately measure what it intends to measure (Hughes, 2003). Therefore, a new speaking assessment format was designed with the goal of increasing authenticity and validity and providing greater educational value for the students. This new format was implemented for only one of the two class groups, which at the end of the second semester comprised 36 students.

The new speaking test took the format of a role-play between a nurse (student) and patient (instructor), in a private, one-to-one setting. At the time of the test, the student was given one of four cards, randomly selected, which described the situation and listed five communication tasks (see Appendix). The cards were written in Japanese to ensure students' comprehension of the task and to prevent them from simply reading the information on the card aloud. The students were told the basic situations in advance, but not the details of what would be on each card, and a fifth situation, not used in the test, was used as a practice sample test in class to demonstrate the format. The instructor used a basic script to ensure conformity, but reacted naturally to what the students said. For each of the five tasks, scores of "completed well", "completed with difficulty", or "unable to complete" were given. An additional score was given for general communication skills, including eye contact, willingness to communicate, and overall attitude.

When this new format was first introduced to the students in class, many expressed surprise and worry that the test would be more difficult than the presentations of the first semester. Despite assurances that the test would only cover content studied in class, and that active participation in class would go a long way towards preparing them for the test, students remained concerned. However, the majority of the students taking this speaking test performed very well. Overall, they had clearly practiced and studied hard to prepare for the assessment, and their efforts to communicate were impressive. In many cases, the students themselves seemed surprised at how well they were able to complete the task. Given the initial lack of enthusiasm for this format of speaking test, it was decided to investigate the students' opinions of the two different speaking assessments that they had experienced.

Questionnaire

After the end of the academic year, the 36 students were invited to respond to an online questionnaire concerning their opinions of the speaking assessments. Students were no longer taking any English classes at this point. Participation was voluntary and anonymous. Students were informed of the purpose of the questionnaire, and it was administered in Japanese. Twenty-three responses were received, a response rate of about 64%.

The questionnaire was divided into two sections, one for each of the speaking assessment formats, each containing the following five items:

1. This task was difficult.
2. Doing this task improved my English-speaking skills.
3. This task was helpful in preparing for using English in medical settings.
4. I felt nervous during this task.
5. Comments regarding this task.

Questions one to four used a 5-point Likert

scale ranging (*strongly disagree* to *strongly agree*). Students responded to the fifth, open-ended question in Japanese, and all answers quoted here are my translations.

Results

As expected, students generally found Format B (unscripted role-play with the instructor) more difficult than Format A (memorized conversation with a classmate). If the two positive and two negative categories are combined, the majority of students reported that Format A was not difficult (12 students, 52%) and that Format B was difficult (17 students, 74%).

However, students seem to have realized that this increased difficulty was perhaps worthwhile. Although both formats received generally positive responses to the statement "Doing this task improved my English speaking skills", the results were more clearly positive for Format B. Responses to the statement "This task was helpful in preparing for using English in medical settings" further support the idea that students considered Format B to be more useful for them. Almost all students (91%) responded positively to this statement for Format B, with just two neutral responses. Again, the same statement for Format A was slightly less positive, with more neutral responses (30%) and 1 (4%) who disagreed.

Considering comments made in class about the new test format, I had expected that students would have been more nervous undertaking Format B than Format A. The results of the

questionnaire, however, show a broadly similar attitude to each of the formats regarding nerves. It seems that any form of speaking assessment is likely to make students nervous.

To gain a better understanding of the students' attitudes to these speaking assessments, I next considered their comments. Since students wrote just one comment for each test format, this information can also be presented as quantitative data. Many students commented about the difficulty of the tasks, but often in conjunction with the perceived value of the task. Regarding Format A, 7 students (30%) expressed opinions which could be summarized as "not difficult but also not very useful". For example, one respondent wrote: *It was easy because I could do it once I'd memorized it, but I didn't really feel like it had sunk in.* Conversely, only 1 student commented that Format A was difficult, and nobody commented that they found it useful. Regarding Format B, 12 students (52%) commented on the practical usefulness of the task, such as: *It was difficult, but having to come up with the conversation on the spot felt more realistic,* while no students commented negatively on its usefulness. These comments, and others like them, support the conclusion drawn from the Likert-scale data that although Format B was considered more difficult, it was also considered to be a more beneficial exercise.

The second largest category of comments concerned nerves. Seven students (30%) reported feeling nervous when presenting in Format A,

Table 1
Student Responses to the Questionnaire

(N=23)	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Format A					
This task was difficult.	0	6	5	9	3
Doing this task improved my English speaking skills.	1	11	8	3	0
This task was helpful in preparing for using English in medical settings.	2	13	7	1	0
I felt nervous during this task.	7	11	1	4	0
Format B					
This task was difficult.	4	13	4	2	0
Doing this task improved my English speaking skills.	3	15	5	0	0
This task was helpful in preparing for using English in medical settings.	3	18	2	0	0
I felt nervous during this task.	10	10	0	3	0

writing, for example, "I was very nervous because it was in front of a large group." Eight students (35%) described feeling nervous in the Format B test but for different reasons, such as: *I was very nervous because I didn't know what I would be asked until the day of the test*, while 4 students (17%) specifically commented that the one-on-one format made them less nervous.

A more surprising grouping of comments discussed enjoyment. Five students (22%) expressed enjoyment of Format A, writing, for example, "It was fun to see the other pairs' presentations." Five students (22%) made similar comments about Format B, writing, for example, "The atmosphere was easy to talk in and enjoyable."

Discussion

Considering the data from the Likert scale questions and the open-ended comments, several themes emerge. As expected, students generally found the Format B speaking test more difficult, since it was more unpredictable and entailed real-time reaction. Overall, however, students reacted more positively to this format regarding how much it improved their English and how useful it would be to them in their professional future. They understood that the very elements which made the task more difficult also made it more worthwhile, reflecting Bachman and Palmer's (1996) assertion that a more authentic test is perceived as more valuable by test takers. Without this questionnaire, it would have been easy to assume that students preferred the easier Format A if the only feedback had been the immediate in-class pushback when the new format was introduced. This reinforces the importance of obtaining meaningful feedback from students, and also warns us not to underestimate students' understanding of their own EFL needs (Mori & Suzuki, 2018). Nursing students may have clearer language goals than many general students of English, which can

improve motivation and, as in this case, increase receptivity to more challenging tasks if they are perceived as valuable. Teacher awareness of this, through targeted, specific student feedback, can lead to a more appropriate assessment design.

Another surprising theme to emerge from the comments was about the students' nerves. I had expected students to find Format B much more stressful than Format A, for the same reasons that they found it more difficult. However, the question about feeling nervous yielded very similar results across formats, with only a slight weighting towards Format B, which caused more nerves. The comments revealed that although students often felt less nervous because of the pre-planned nature of Format A, performing the conversation in front of the class was nerve-racking for many, demonstrating the reluctance to stand out often observed in Japanese classrooms (Brown, 2004). Conversely, while Format B made students nervous because they did not know exactly what they would have to do until the moment of the test, several students commented that talking one-on-one with the teacher made them feel more comfortable.

To conclude, surveying my students revealed some attitudes and opinions that may have been overlooked without specifically seeking out feedback. Although this was a very small study and cannot necessarily be extended to larger student populations, the results do at least highlight several points to consider in future syllabus and assessment design. In particular, students seem to appreciate the benefits of more realistic, on-the-spot speaking activities even if they find them more difficult, supporting the move to more valid and educationally meaningful assessment. In addition, these students seem to generally prefer one-on-one tests to whole class presentations, so the new format may allow them to perform better with less anxiety.

References

- Bachman, L.F. & Palmer, A.S. (1996). *Language testing in practice*. Oxford University Press.
- Brown, R. A. (2004). Learning consequences of fear of negative evaluation and modesty for Japanese EFL students. *The Language Teacher*, 28(1), 15.
- Hughes, A. (2003). *Testing for language teachers* (2nd ed.). Cambridge University Press.
- Mori, H. & Suzuki, S. (2018). Needs analysis of English for hospital nurses. *Journal of Japanese Red Cross Toyota College of Nursing*, 13 (1), 109–119.
- Willey, I., McCrohan, G., Nishiya, K., & Tanimoto, K. (2016). The English needs of doctors and nurses at hospitals in rural Japan. *Journal of Medical English Education*, 15(3), 99–104.
- Yamanaka, M. & Parker, P. (2005). What English do nurses need? In K. Bradford-Watts, C. Ikeguchi, & M. Swanson (Eds.) *JALT2004 Conference Proceedings*. JALT.

Appendix

Sample of test card for Format B (originally in Japanese):

Caring for Inpatients – Talk to the patient about her operation tomorrow.

1. Ask her how she's feeling today
2. Tell her tomorrow's schedule: surgery at 10:00; you'll come for her at 09:45
3. Tell her she cannot eat or drink anything after 20:00 tonight
4. Answer her questions

Patient's questions (not given to students):

1. When can my husband come and see me?
2. When can I leave hospital?

A Culturally Sensitive Approach to Communicative Language Teaching for Japanese Nursing Students

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Abstract: *Communicative Language Teaching (CLT) is broadly advocated as an effective method for enhancing English language proficiency. While CLT emphasizes meaningful interaction and communicative competence, its implementation in Japan may be constrained by teacher-centered traditions, exam-oriented curricula, and students' limited experience with spontaneous communication. Research on CLT in Japanese contexts has yielded mixed outcomes: some studies report an increased willingness to speak English, while others highlight student anxiety and cultural mismatches. To address these challenges, a culturally sensitive approach (CSA) is proposed, which integrates communicative principles with locally adapted strategies. A CSA encourages teachers to analyze classroom contexts, scaffold activities, adapt materials, and gradually introduce interactive learning. For nursing students, this approach may foster confidence, practical communication skills, and professional readiness, illustrating the importance of flexible, context-aware pedagogy in EFL education.*

Keywords: communicative language teaching; culturally sensitive approach; Japanese nursing students

About the Author: Adam Crosby is an English teacher at Kobe City College of Nursing. He was awarded a doctoral degree in education from the University of New England in 2024 for his research on the silence of Japanese university students in English language classrooms. His research interests include the effects of cultural norms in the classroom, the willingness to speak, and classroom silence.

As hospitals and clinics in Japan become increasingly international, nurses are more frequently required to use English to communicate with foreign patients. Yet many nursing students report that their primary motivation for studying English is for general daily use rather than for professional clinical purposes (Sakurai et al., 2022). This reveals a potential gap between classroom language study and future workplace demands. One commonly used approach to address this gap is Communicative Language Teaching (CLT), which emphasizes the use of functional language in real-life contexts.

Issues with CLT in Japanese Classrooms

Communicative Language Teaching (CLT) is widely promoted as an effective approach to developing functional English proficiency. However, the use of CLT and other active learning approaches in classrooms in Japan has produced mixed results (Egitim & Garcia, 2021). Some studies indicate positive outcomes. For instance, Toyoda et al. (2021) found that Japanese students

showed greater willingness to speak English when engaged in student-centered activities. Similarly, Yashima and Zenuk-Nishide (2008) reported that students who experienced active learning in English classes demonstrated increased motivation to communicate. However, other studies highlight challenges and limited success. For example, active communication activities and tasks can be a cause of anxiety for Japanese due to cultural and pedagogical constraints and differences in language learning (Burrows, 2008; Sakamoto, 2023).

Recent research on nursing students by Porter et al. (2025) highlights how institutional priorities and curricular constraints can limit the effectiveness of communicative approaches. These findings suggest that while communicative and active learning methods have clear potential, their success may depend on careful adaptation to Japanese educational contexts, students' expectations, and classroom culture. This indicates a need for approaches that explicitly

acknowledge local norms and the particular pressures faced by learners, such as nursing students. These concerns point toward the value of a culturally sensitive approach (CSA) that retains the strengths of CLT while adapting its implementation to align with students' cultural learning backgrounds and future professional contexts.

A Culturally Sensitive Approach

Because of the challenges of using CLT in Japanese contexts, a CSA for teaching English to Japanese nursing students may be beneficial. Rather than rejecting CLT, a CSA adapts communicative principles through four key points: (1) contextual adaptation through bottom-up design, (2) structured support to reduce communicative anxiety, (3) gradual progression through manageable early-stage tasks, and (4) balanced and supportive feedback practices. As shown in Table 1, a CSA diverges from CLT by emphasizing flexibility, contextual understanding, and local responsiveness instead of applying the same communicative principles everywhere. A CSA may help provide a practical framework for integrating communicative teaching into Japanese nursing programs. It preserves the core strengths of CLT while aligning instruction with local educational traditions and the professional realities of nursing practice.

Table 1
Comparison of CLT and CSA

Aspect	CLT	CSA
Method	Prescriptive, communicative focus	Context-sensitive, flexible
Teacher Role	Facilitator of communication	Reflective, adapts to context
Learner Role	Active participant	Active participant shaped by context and expectations
Materials	Authentic, communicative	Contextually relevant, adapted
Implementation	Uniform principles	Tailored to the classroom micro-culture

Bottom-Up Design

One major obstacle to CLT implementation in Japan is its frequent presentation as a universally

applicable methodology. When communicative teaching is introduced without regard for teacher-centered traditions or exam-oriented systems, it may appear to undermine established classroom norms (Bax, 2003). A CSA addresses this issue through bottom-up design. Teachers analyze their specific classroom contexts and gradually introduce interactive learning in ways that respect existing expectations. Rather than abruptly shifting to fully student-led discussion, instructors can integrate short, structured communicative segments within familiar lesson formats. This approach may help students develop their communication ability incrementally. In doing so, it avoids framing CLT as a prescriptive import and instead positions it as adaptable to local educational cultures.

Reducing Anxiety

A second concern is the stress associated with active communication. Research suggests that Japanese students may feel pressured to speak in communicative classrooms (Sakamoto, 2023). A CSA, therefore, emphasizes highly supported communicative practice. Structured role-plays, clear models, sample dialogues, and visual prompts can provide learners with concrete examples of appropriate language use. For nursing students, instructors might use simplified patient interview forms addressing pain levels, medication adherence, or recent symptoms. Such materials allow students to focus on meaning and professional purpose rather than worrying excessively about grammatical perfection.

In addition, guided language frames help alleviate anxiety about making mistakes. Sentence starters such as "Can you tell me...?", "When did the pain start?", or "I recommend that you..." provide functional building blocks that students can apply across multiple scenarios. By offering linguistic scaffolding, teachers enable learners to participate in communication without feeling overwhelmed by the demand for

spontaneous production.

Manageable Early-Stage Tasks

A third difficulty lies in the open-ended nature of many CLT tasks. Students with limited experience in spontaneous communication may struggle when asked to generate extended, unscripted interaction. A CSA addresses this by implementing a gradual progression model through early-stage tasks that are manageable. Ideally, early-stage tasks should be highly structured and narrowly focused, with clear objectives and limited linguistic demands. For example, students may practice confirming allergies, identifying symptoms from brief case descriptions, or explaining medication schedules using structured prompts.

These early-stage tasks can create authentic communicative needs while keeping performance demands manageable. As students gain familiarity and confidence, teachers can progressively reduce support and increase task complexity. This staged approach aligns with findings that progressive scaffolding is particularly beneficial for learners who struggle with open-ended communicative formats (Yashima & Kojima, 2024). Over time, learners move from controlled interaction toward greater spontaneity.

Supportive Feedback Within a CSA

A fourth concern is the potential effect of feedback provided to students. Error correction during communicative tasks often heightens anxiety, especially for students accustomed to high-stakes accuracy in formal learning environments (Richmond & Vannieu, 2019). Instead, a CSA recommends a balanced feedback approach: teachers prioritize meaning-focused communication during activities and save most corrective feedback for post-task reflection. Techniques such as delayed correction and selective focus on high-impact errors help maintain Japanese students' confidence while still

promoting language development. At the same time, positive reinforcement plays a key role in lowering classroom anxiety. This balance respects cultural norms around precision and teacher authority while fostering a classroom environment conducive to risk-taking and gradual language growth.

References

- Bax, S. (2003). The end of CLT: A context approach to language teaching. *ELT Journal*, 57, 278–287. <https://doi.org/10.1093/elt/57.3.278>
- Burrows, C. (2008). Socio-cultural barriers facing TBL in Japan. *The Language Teacher*, 32(8), 15–19. <https://jalt-publications.org/tlt/articles/849-feature-article-socio-cultural-barriers-facing-tbl-japan>
- Egitim, S., & Garcia, T. (2021). Japanese university students' perceptions of foreign English teachers. *English Language Teaching*, 14(5), 13–22. DOI:10.5539/elt.v14n5p13
- Porter, M., Levine-Ogura, J. Y., MacCallum, H., Mathieson, P., Capper, S., & Pauly, M. (2025). Enhancing English instruction for Japanese nursing students. In B. Lacy, M. Swanson, & P. Lege (Eds.), *Moving JALT into the future: Opportunity, diversity, and excellence*. JALT. <https://doi.org/10.37546/JALTPCP2024-29>
- Richmond, S., & Vannieu, B. (2019). *Over the wall of silence — How to overcome cultural barriers when teaching communication in Japan*. Alma Publishing.
- Sakamoto, F. (2023). *Global competence and foreign-language (FL) learning in Japan: An exploration of stakeholder perspectives on the goals and challenges of global competence-oriented FL education in Japanese higher education*. [Unpublished PhD thesis]. Macquarie University. <https://doi.org/10.25949/23974830>
- Sakurai, Y., Tanaka, H., & Nakamura, K. (2022). Japanese nursing students' motivations and learning needs regarding studying English: A cross-sectional study. *SAGE Open*, 12(2).

- <https://doi.org/10.1177/21582440221093345>
- Toyoda, J., Yashima, T., & Aubrey, S. (2021). Enhancing situational willingness to communicate in novice EFL learners through task-based learning. *JALT Journal*, 43(2), 185-214. <https://doi.org/10.37546/JALTJJ43.2-3>
- Yashima, T., & Kojima, N. (2024). English learning motivation, proficiency, and success in EMI. *JACET Journal*, 68, 91-107. https://doi.org/10.32234/jacetjournal.68.o_91
- Yashima, T., & Zenuk-Nishide, L. (2008). The impact of learning contexts on proficiency, attitudes, and L2 communication: Creating an imagined international community. *System*, 36(4), 566-585. DOI:10.1016/j.system.2008.03.006