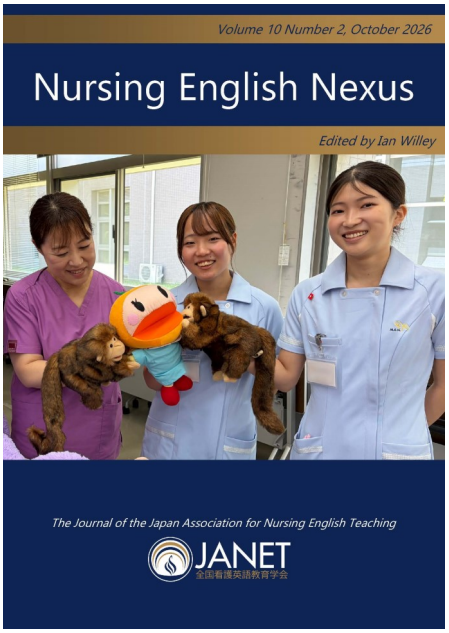
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Supporting Foreign Patients and Families in Japanese Healthcare Settings: Reframing Nursing English Education as Professional Communication for Culturally Responsive Care

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***Abstract**: As Japan's foreign resident population continues to increase, nurses require communication skills that extend beyond English proficiency. The present study is a qualitative descriptive report that explores the healthcare experiences of foreign women and families in Japan and examines the implications for nursing English education. Interview narratives and relevant literature were analyzed using qualitative descriptive analysis. Three themes emerged: communication barriers related to language and health literacy, reliance on family members as interpreters, and cultural differences in health beliefs and family practices. These findings indicate that effective nursing communication depends not only on language ability but also on "cultural humility," patient-centered communication, and collaboration with professional interpreters. Accordingly, nursing English should be reconceptualized as professional communication education rather than as language instruction alone. Educational programs should foster communication competence through plain-language communication, teach-back strategies, culturally responsive care, and reflective learning to prepare future nurses for increasingly multicultural healthcare environments.*

Keywords: cultural humility; foreign residents; intercultural communication; nursing English; patient-centered care

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Japan has become an increasingly multicultural society, with the number of foreign residents exceeding 4.12 million in 2025, the highest level on record (Immigration Services Agency, 2026). As the population of foreign residents of childbearing age continues to grow, nurses are increasingly providing maternity, pediatric, and family care for patients from diverse linguistic and cultural backgrounds.

Effective communication is fundamental to safe, patient-centered nursing. However, communication in multicultural healthcare extends beyond language proficiency. Patients' understanding of health information is influenced by health literacy, cultural beliefs, family roles, religious values, and previous healthcare experiences (Nonaka & Higuchi, 2010; Watanabe, 2024). Consequently, accurate translation alone does not guarantee mutual understanding or informed participation in healthcare decisions.

Although healthcare institutions in Japan are caring for an increasing number of foreign patients, culturally and linguistically responsive support remains insufficient. A nationwide survey by the Ministry of Health, Labour and Welfare (2024) reported that many hospitals continue to

lack comprehensive systems for multilingual communication, professional medical interpretation, and coordinated support for culturally diverse patients. Previous and subsequent studies have similarly identified communication difficulties between Japanese healthcare providers and foreign residents during pregnancy, childbirth, child-rearing, and pediatric care (Gomi & Ota, 2023; Hashimoto & Satoh, 2023; Nishioka et al., 2025).

These challenges have important implications for nursing English education. Traditionally, nursing English has focused on medical terminology and routine clinical communication. While linguistic competence remains essential, contemporary nursing practice increasingly requires communication that promotes cultural responsiveness, shared understanding, and collaborative partnerships with patients and families. Nursing English might therefore be viewed as professional communication education rather than language instruction alone.

This paper reports on a small-scale study that explored the healthcare experiences of foreign women and families in Japan and examined how these experiences can inform the future development of nursing English education. By integrating perspectives from family nursing, intercultural communication, and nursing education, the authors propose educational approaches that foster communication competence and culturally responsive nursing practice.

Methods

Report Design

The study reported on here employed a qualitative descriptive design to explore healthcare experiences of foreign patients and families in Japan and examine their implications for nursing English education. Qualitative description is well suited to generating practical knowledge that informs healthcare practice and educational development (Sandelowski, 2000). In qualitative descriptive research, data are examined with the aim of staying close to participants' accounts and presenting experiences in clear, practice-oriented language rather than developing highly abstract theoretical explanations. Accordingly, in the present study, interview narratives were read repeatedly, compared across cases, and organized according to recurring communication-related patterns. These patterns were then considered alongside relevant Japanese -language literature to clarify their practical significance. This approach is particularly appropriate to the present topic because the study sought to describe how communication difficulties are experienced in actual healthcare encounters and to translate those experiences into concrete implications for nursing English education.

Data Sources

Data were obtained from two complementary sources. First, interview narratives from 13 foreign patients, family members, and Japanese school teachers were examined to identify communication challenges during pregnancy, childbirth, child-rearing, and general healthcare encounters. These interviews were conducted by the first author of this paper over multiple years. From these interview narratives, three cases were selected that provided particularly illustrative perspectives from three different positions—a mother, an individual with lived experience as a child interpreter, and a schoolteacher.

Then, Japanese-language literature addressing maternity care, pediatric nursing, maternal and child health, and the healthcare experiences of foreign residents was reviewed to contextualize and support the interpretation of the interview findings (Gomi & Ota, 2023; Hashimoto & Satoh, 2023; Kawasaki, 2014; Nishioka et al., 2025; Nishimura et al., 2023; Toda, 2019; Watanabe, 2024).

Data Analysis

Data were analyzed using qualitative descriptive analysis. Through iterative reading and comparison of interview narratives and published evidence, recurring patterns were identified and organized into three themes: (1) communication barriers associated with language and health literacy; (2) challenges related to interpretation and language support; and (3) the influence of cultural beliefs and family health practices on healthcare experiences. These themes were interpreted in light of the perspectives of family nursing, intercultural communication, and nursing English education, with the aim of identifying educational strategies for strengthening culturally responsive communication.

Findings

Analysis of the interview narratives and supporting literature identified three interconnected themes affecting healthcare communication for foreign patients and families in Japan: (1) communication barriers related to health literacy; (2) reliance on family members as interpreters; and (3) cultural differences in health beliefs and family practices. Together, these findings indicate that effective nursing communication depends on understanding patients' linguistic, cultural, and social contexts rather than relying on language proficiency alone.

Communication Barriers Related to Health Literacy

One participant who developed pregnancy-induced hypertension was advised to reduce salt intake. Although she followed the instruction by avoiding table salt, she was unaware that many processed foods and seasonings commonly consumed in Japan also contain high levels of sodium. Because the explanation did not sufficiently connect the general instruction to the specific foods, seasonings, and meal patterns in her everyday life, she was unable to recognize all of the dietary sources of sodium that were relevant to her condition. She subsequently delivered a very low-birth-weight infant prematurely. Despite this outcome, she expressed gratitude for the care she received, believing her infant might not have survived in her home country. This case illustrates that patients may appear to understand health guidance while important misunderstandings remain undetected because of information gaps caused by unaddressed cultural and language differences. This case also demonstrates the importance of confirming not simply whether patients understand the words used in an explanation, but how they typically interpret and apply health information within their everyday lives.

Reliance on Family Members as Interpreters

Another participant relied on her school-age child to interpret during a medical consultation because professional interpretation was unavailable. The child struggled both to explain symptoms accurately and to convey the healthcare provider's recommendations, resulting in misunderstandings that delayed treatment. Similar difficulties were reported when adult family members acted as interpreters despite having only conversational Japanese skills. These findings suggest that family interpretation may compromise communication accuracy and place unnecessary emotional responsibility on relatives, particularly children.

Cultural Differences in Family Health Practices

A third example involved oral health education in an elementary school attended by children from multicultural families. Some children repeatedly arrived without toothbrushes, prompting school staff to explore the reasons with their families. Through communication with the families, staff learned that the issue was not simply that the children had forgotten to bring toothbrushes to school. Rather, regular toothbrushing had not been established as a routine health practice in some of the children's households. As a result,

bringing a toothbrush to school and participating in school-based toothbrushing activities were not yet understood as part of the children's everyday health routine. Importantly, school staff did not immediately interpret this situation as parental indifference or neglect. Instead, they sought to understand the families' existing health practices and the circumstances underlying the children's behavior and adapted their oral health education accordingly. This case demonstrates that practices which healthcare and educational professionals may regard as basic or self-evident cannot always be assumed to be shared across families. Effective health education therefore requires respectful dialogue to identify existing health practices and knowledge, followed by support that helps families understand the purpose of unfamiliar preventive health behaviors without stigmatizing or judging them.

Discussion

The findings indicate that communication challenges experienced by foreign patients and families in Japan extend beyond language differences. Effective healthcare communication is shaped by the interaction of language proficiency, health literacy, cultural beliefs, family practices, and access to appropriate support. Consistent with previous research (Gomi & Ota, 2023; Hashimoto & Satoh, 2023; Watanabe, 2024), these results suggest that misunderstandings often arise because patients and healthcare professionals interpret health information through different cultural and social frameworks.

A key finding is the distinction between language proficiency and health literacy. Patients who communicate adequately in everyday Japanese may still struggle to understand medical concepts or apply health advice appropriately. The case of pregnancy-induced hypertension illustrates the need for effective communication in which nurses impart health information that is clearly tied to patients' daily lives, dietary habits, and cultural contexts. Communication could therefore be viewed as a collaborative process of developing shared understanding rather than simply transmitting information with minimal context.

The findings also highlight the limitations of relying on family members, particularly children, as interpreters. Although relatives often provide valuable support, they may lack the linguistic and clinical knowledge needed for accurate medical interpretation. Their involvement may also increase emotional burdens that lead to communication errors. Whenever possible, it would be best for healthcare professionals to collaborate with qualified medical interpreters while using multilingual resources, visual materials, and plain-language communication to enhance patient safety and understanding.

The previously-mentioned oral health example further illustrates that culturally responsive care does not mean attributing every difference to culture. Rather, such situations require professionals to suspend immediate judgment, explore the practices and assumptions operating within a particular family, and determine collaboratively what kind of explanation or support is needed. In this case, recognizing that regular toothbrushing had not been established as a household routine allowed school staff to respond educationally rather than judgmentally. This distinction is particularly important in nursing, where behaviors that appear to indicate noncompliance may instead reflect differences in prior health education, health literacy, family routines, or understandings of preventive care.

Such perspectives and practices align with the concept of cultural humility (Foronda et al., 2016), which emphasizes continuous self-reflection, respectful partnerships, and openness to patients' perspectives. Cultural humility does not require nurses to possess detailed knowledge about every cultural group. Rather, it encourages them to recognize the limits of their own assumptions, ask

respectful questions, listen carefully to patients and families, and develop care collaboratively according to individual circumstances. Such an approach helps prevent cultural difference from being interpreted through stereotypes while still recognizing that cultural and social experiences may influence health practices.

The findings presented here have significant implications for nursing English education. Nursing students need more than the ability to reproduce appropriate medical terminology or standardized clinical expressions. They need to learn how to discover what patients and families already know, how they understand a health issue, what practices are part of their everyday lives, and what may prevent them from following healthcare recommendations.

For nursing English education, therefore, scenario-based learning would require students to negotiate meaning rather than merely produce correct English. Students could practice explaining health information in plain language, checking understanding through teach-back, working appropriately with professional interpreters, and responding to culturally unfamiliar perspectives without making premature assumptions. For example, instead of simply instructing a family to follow a particular health behavior, students might learn to begin with open questions such as, "Could you tell me about your usual oral-care routine at home?" Such questions transform English from a tool for giving instructions into a means of understanding the patient or family before deciding how best to communicate health information.

Reflection following these activities can further help students examine how their own cultural and professional expectations influence communication. Students can be encouraged to consider why they regard particular health practices as obvious, how a patient or family member might understand the same practice differently, and how they can communicate recommendations without stigmatizing unfamiliar behaviors.

In such ways, nursing English education can function as a bridge between language learning and professional nursing judgment. Its contribution lies not only in expanding students' vocabulary but also in helping students decide what needs to be explained, what needs to be asked, how understanding ought to be checked, and when additional linguistic or cultural support is required. Developing these capacities may enable future nurses to recognize hidden misunderstandings earlier and respond more effectively in increasingly diverse clinical settings.

Conclusion

Japan's increasingly multicultural healthcare environment requires nurses to provide communication that is both linguistically accessible and culturally responsive. This preliminary report demonstrates that communication challenges experienced by foreign patients and families extend beyond language barriers to include differences in health literacy, cultural beliefs, family practices, and healthcare expectations.

The three cases presented in this report demonstrate a common educational lesson: communication difficulties may remain hidden when healthcare professionals assume that patients and families share the same meanings, knowledge, and everyday practices. The educational priorities for nursing English would be optimally served not by the addition of more English expressions alone, but by the development of students' abilities to discover, prevent, and repair misunderstandings through listening, questioning, explanation, and verification of understanding.

Nursing English education can provide students with repeated opportunities to explain health information in accessible language, explore patients' everyday practices without premature judgment, collaborate appropriately with

interpreters, use teach-back, and reflect critically on their own assumptions. In this sense, English communication becomes inseparable from patient-centered nursing judgment.

Future research and teaching practices could develop and evaluate nursing English learning activities based on authentic multicultural healthcare cases such as those presented here. Examining how students respond to these cases—and whether they become better able to identify health-literacy needs, use interpretation support appropriately, explore family practices respectfully, and adapt communication to individual patients and families—would provide a strong evidence base for integrating intercultural communication into nursing English curricula in Japan.

Ultimately, preparing nurses for multicultural healthcare is not simply a matter of teaching students what to say in English. It is a matter of teaching them how to listen, how to identify what has not yet been understood, and how to build shared understanding with patients and families whose experiences and assumptions may differ from their own.

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