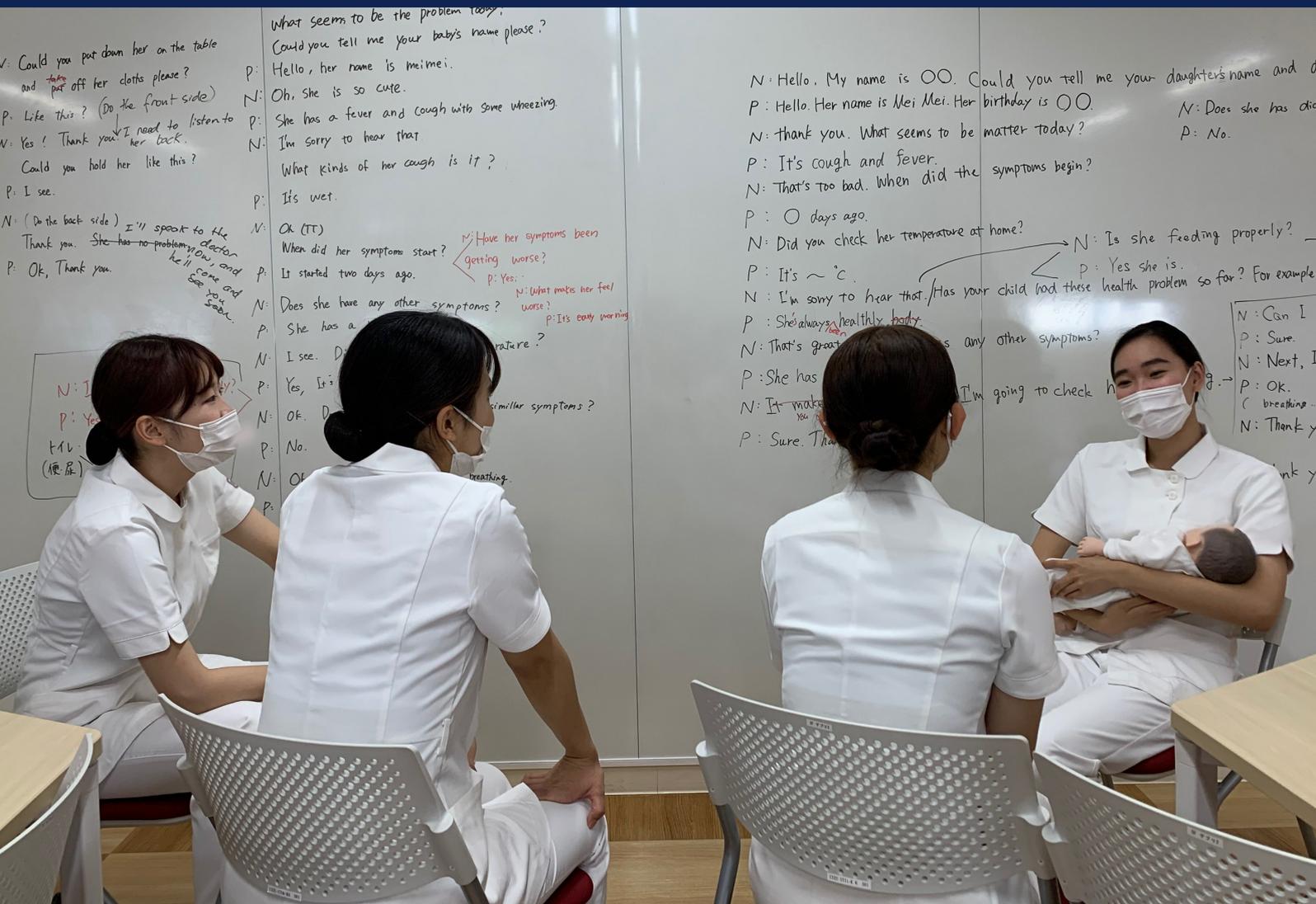


Nursing English Nexus

Edited by Mike Guest & Mathew Porter



The E-Magazine of the Japan Association for Nursing English Teaching

Nursing English Nexus

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From the Editor

The light at the end of the Covid-19 tunnel is now clearly visible. With the new academic year in Japan upon us, hopes for a return to educational and classroom normalcy top many instructors' wish lists. In the previous (4.1) issue of Nursing English Nexus, we focused upon how COVID-19 had affected classroom instruction. In this (5.1) issue, Sufian Elfandi and Fernando Bolstad from Nara Medical University have followed up on their previous research, uncovering how students felt about online versus face-to-face classes, outlining the benefits and problems of both approaches. Margaret Chang of Miyagi University presents us with a very different focus: a compelling look at troubling workplace issues involving three novice nurses that have resulted in not only profound degrees of unnecessary stress, but also a desire to change their profession. David Casenove from Chiba University discusses the reflective role that cognitive and meta-cognitive prompts can play in a Nursing English curriculum. Finally, I have offered here one of my own favourite classroom follow-up tasks—the Top Ten review, which serves not only to enable student reflection upon what they have learned in a course but also helps inform the teacher as to what the students have truly considered important.

We hope that you enjoy reading this issue and look forward to receiving your contributions for the October (5.2) issue. Remember to submit your manuscript, following the Nursing English Nexus guidelines, to mikeguest59@yahoo.ca or janetorg.nexus@gmail.com by September 1st, 2021.

Michael Guest

Co-Editor, Nursing English Nexus

Call for papers: We welcome anyone with an interest in any aspect of nursing English education to submit an article – in English or Japanese – in one of the following formats:

- Research articles (between 3000-4000 words)
- Issue theme articles / reports (up to 2000 words)
- Reports / introduction of current research projects – "My kaken" (up to 1500 words)
- Discussion / observations / polemics / opinions (up to 1500 words)
- Short summaries or reviews of books or articles (up to 1500 words)
- Interviews with nursing educators (up to 1500 words)
- Reviews of nursing English materials and / or technologies (up to 1500 words)
- Short, practical teaching tips (up to 1000 words)

Submissions for the April issue must be received by February 28 and the October issue by August 31. Information about the submission process and a style guide can be found at <https://www.janetorg.com/nexus>.

**Simon Capper****A Message from the Executive Director**

Welcome to the year's first volume of JANET's esteemed publication, Nursing English Nexus! As we move deeper into C2 (the 2nd year of the Covid-era) we're becoming increasingly aware of the long-term effects of the pandemic on our working lives. Many of us, particularly those who have been struggling to manage online classes, are busier than ever, with no time to research, or no time to write papers. Others have found their efforts stymied by the lack of suitable and available subjects, or have had no chance to stimulate their research through being able to physically attend conferences.

So with this edition of Nursing English Nexus we salute the hardy few who have managed to contribute papers and articles in spite of all the challenges they've had to face. We really appreciate your efforts to contribute to our nursing English community in such a positive way, and hope that our readership will honour you by reading your articles—and will perhaps even join you in submitting a paper in the future, sharing their wisdom and experience to the benefit of all.

As you may already know, our JANET2021 Conference will—for what we hope will be the first and last time—be going online. If you're planning a presentation for JANET2021 we strongly encourage you to consider writing it up and submitting it for the autumn edition of Nexus.

Meanwhile, the editorial team and I wish you all an enjoyable and smooth return to classes in the new school year. We hope it's a good, safe and fulfilling one for you all.

Mission: The Japan Association for Nursing English Teaching (JANET) was formed in order to provide a forum for improving the quality of teaching, learning and research in the field of nursing English education in Japan. We aim to encourage collaboration between English teachers and nursing professionals, and support teachers to better serve the needs of the Japanese nursing community.

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Standing in the shoes of Japanese nursing students during the COVID-19 pandemic

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Nara Medical University

Abstract: *The COVID-19 pandemic has affected all aspects of our lives in 2020. Social distancing and remote working are two of the many features of the "new normal". As a result, academic institutions, instructors, and students have been asked to switch to the digital world. The present study aimed to assess and evaluate the difficulties faced by first-year Japanese nursing students at Nara Medical University during the first year of this pandemic. Twenty-one first year students were surveyed over the course of the spring semester in 2020. Results showed that 81% preferred studying on campus, mainly because of a lack of communication with their friends and teachers, the distractions they experienced, and the difficulty they had concentrating at home, while technical issues were the least reported reason for their preferences. Nineteen percent stated a preference for online teaching, with saving money, commuting time, and the autonomy obtained while studying from home given as the main reasons for this preference. While 2020 was a difficult and challenging year for both teachers and students alike, it was also a time full of new skills learned, helping everyone prepare for future online experiences.*

Keywords: Japanese nursing students, remote teaching, distance education, COVID-19

In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, urging people to follow many preventive measures, one of these being social distancing. The Red Cross (2020) defines social distancing as, "staying home, avoiding gathering in groups, staying out of crowded places, and keeping at least 6 feet away from others". The worldwide implementation of social distancing measures has resulted in the suspension of classes for more than 850 million students across the globe (Chen et al., 2020). Universities globally have closed their campuses in order to follow the social distancing measures, and distance learning has been recommended to cope with the new pandemic prevention measures (Toquero, 2020).

This unexpected change during the COVID-19 pandemic has become a measure of organizational agility (Wu, 2020), as the top priority for many universities and academic institutions was to transfer their curriculum and classes to the digital world within a limited time. Japan was no exception; the Japanese government declared a state of emergency on April 7, 2020. This led to the interruption of original teaching plans for

many Japanese universities. Universities in Japan were therefore forced to start offering online courses to students without sufficient time to prepare or adjust existing teaching plans. Likewise, teachers at Nara Medical University (NMU) were given less than a week's notice between being ordered to go online and commence online classes.

At NMU, the first two months of the spring semester were taught remotely, while the final two months of the course were conducted in an alternating style, one week face-to-face and the following week online. Thus, we used two digital tools to conduct the online classes: Zoom and Edmodo. Zoom was used for real-time online lessons. It allows users to have an online meeting with up to 100 participants at the same time. Among its many features is the ability to divide participants into different breakout rooms and a whiteboard feature which allows the host to type important messages and announcements and share them with other participants. In addition, the host has the ability to mute selected participants. On the other hand, Edmodo is an online platform used to create virtual online

classes that students can join using a specific code. With Edmodo, teachers can create and correct assignments and quizzes and post important announcements for the students. Through Edmodo, students were able to send and receive messages to and from their teacher or other students. Edmodo was also used to host videos and lessons for asynchronous teaching and other course resources.

Based on these circumstances, in this exploratory study we chose to investigate the online learning challenges faced by first-year NMU nursing students both at the beginning of and throughout the spring semester.

Method

First-year nursing students at NMU have two compulsory English courses: Communicative English I in the spring and Communicative English II in the autumn. Each course has 4 sections. This study was conducted in one out of four sections of the spring 2020 course. It involved twenty-one out of a total of eighty-five first-year nursing students.

During the first semester of the English course, students were asked to answer an essay question as a part of their in-class activity. This question was used to teach students how to answer a similar essay question on their final exam, following the format of introduction, body, and conclusion.

At the beginning of the semester, students were asked the following question: "During the last month, students around the world have been forced to study at home rather than school. Do you think studying at home is better than studying at school? Why or why not?" Students were encouraged to answer the question giving two or more reasons to support their responses. Students were given feedback on their responses during the course of the semester, and they were informed that their responses would also be used anonymously for this research.

At the end of the semester, students were

asked to give feedback on the course: "Have you faced any difficulties with the online classes?" And, if yes: "How could online classes be improved?" Students were asked to fill in this survey outside of class, using Edmodo. They were informed again that their responses would be used for possible improvement of the online courses as well as anonymously for this research.

The responses were collected between May 2020 and July 2020. Students' responses were subjected to inductive content analysis. They were classified into different categories and coded accordingly by the principal investigator and then discussed with the other author.

Results

Twenty-one students participated in this study, 20 female and one male. All of the students were Japanese.

Essay question

The response rate was (100%). Seventeen students (81%) reported that they prefer studying at the university campus, while 4 students (19%) reported they prefer studying from home.

Among the responses from the seventeen students who preferred to study at school, we identified four categories. The largest category was "lack of communication with friends" (16/17), followed by "lack of communication with the teacher" (12/17), then "distraction and lack of concentration" (10/17), and finally "technical issues" (3/17) (Figure 1).

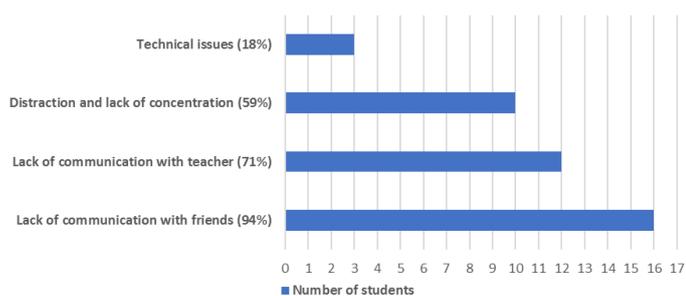
We recognized three categories in the responses of the four students who preferred studying from home. The principal two categories were autonomy and the absence of commuting time (3/4). This was followed by accessibility of reaching the class teacher (1/4) (Figure 2).

End of semester survey

The response rate was (100%). Thirteen out of the twenty-one students (62%) complained about technical issues with their devices or a weak,

Figure 1

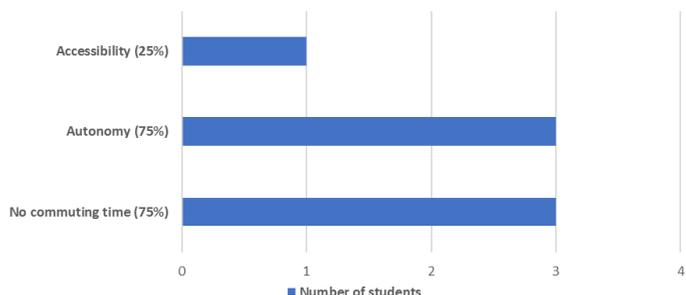
Difficulties faced by students who preferred studying on campus



Multiple responses were allowed

Figure 2

Reasons why students preferred studying from home



Multiple responses were allowed

unstable internet connection. Seven students (33%) reported difficulties making friends. Five students (24%) mentioned feeling nervous, overwhelmed, and had difficulties getting used to the online classes at the beginning of the semester. Two students (10%) did not mention facing any issues. Not being able to express their opinion during online classes was reported by one student (5%) (Figure 3).

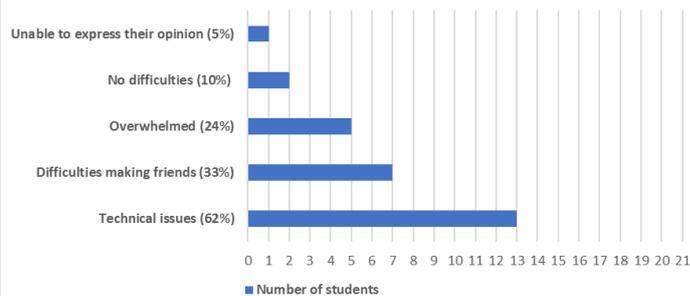
General feedback for improving the online class was received from 3 students. Two students reported that it was good to mute other students in Zoom; hence the teacher could be heard clearly. One student suggested having no more than two students in each breakout room. The remaining students did not report any ways to improve the online classes.

Discussion

Most of the students preferred studying at school (81%). This was expected, as they are freshman students, just graduated from high school, and eager to experience the life of college students. On the other hand, it was also surprising, since they were in the middle of the COVID-19

Figure 3

Difficulties faced during the semester



Multiple responses were allowed

pandemic, with health and government authorities asking citizens to work/study remotely.

Students who preferred to study on campus

The majority of students (n=17) claimed to prefer studying at the university campus. The reasons expressed are discussed in greater detail below.

Friends. When students communicate asynchronously with their fellow students only digitally and not in person, the real-time sharing of ideas, knowledge, and information is missing (Britt, 2006). Perhaps as a result of this, sixteen out of the seventeen students reported that it was difficult making friends while studying remotely. This is compounded by a lack of interaction between students outside of class time, as well as the interruption of all university club activities, which is the usual place and time for Japanese students to make new friends and interact with their seniors. Some students mentioned the lack of motivation, support, and encouragement from their friends and peers while studying at home in comparison to studying at the university. Among the comments expressed were: *"If we study with our friends, then we would probably have a more combative spirit, we would make more effort to study."* *"When I study with my friends, we can discuss and share our opinions together, as well as, we can improve our communication skills."* *"I can study harder when I am with my friends, for example, if I have difficulties understanding something, I can ask them for help."*

With the declaration of a national state of emergency, it was difficult for students to meet

and study together. Using online applications/websites for studying was a new experience for most of them. Despite teachers suggesting students arrange online meetings/study sessions outside of class-time for them to study together, no students reported doing this.

Difficulties in communicating with the class teacher. The lack of proper interaction with the instructor is a major concern associated with online learning (Zhong, 2020). Our study also found this to be true at NMU, as twelve students reported that it was not easy to communicate with their class teacher through Zoom. Some of them had difficulties asking the teacher questions during the online class, and if they wanted to ask questions outside of class time, they had to send an e-mail or a private message through Edmodo.

This response time may be seen as an obstacle to communication with their teacher, as was expressed by these students: *"If I have a question, I can immediately ask the teacher in a face-to-face class."* *"If I have a question, I have to write it to the teacher and send it as an e-mail, because it is difficult to ask the teacher in Zoom."*

We believe that these difficulties are due to several reasons. Japanese students tend to be shy in face-to-face classes, so asking their teacher a question via Zoom might be even more stressful as they need to do it in front of all the other class members. Another reason might be because all students are muted during the class time, therefore they might find it difficult to un-mute themselves and disrupt the flow of the class. To combat this, we suggest that teachers introduce a useful tool in the Zoom application/website, which might be unknown to the students. This is the 'raise the hand' feature, where students can virtually raise their hand, and the teacher will be notified. The teacher can then unmute the student, assist them with their questions, and actively encourage them to ask more questions during online classes.

Distractions and lack of motivation. Ten

students thought it was difficult to concentrate during online classes. They were distracted by many factors, such as smartphones, television, magazines, comics, and other family members. They reported that: *"In school, you cannot use your smartphone in class."* *"In school, I tend not to be lazy. The time in which I study at school is decided and preset, so I can concentrate on the classes and learn efficiently."*

We had expected that this would be the most challenging aspect of online classes for students. It is difficult for the teachers to influence and control this factor, so students have to maintain it independently. Interestingly, one of the students described this challenge as an 'enemy'. In the student's own words:

"At home, there are many things which stop us from studying, such as comic books, magazines, games, and snacks. They are enemies when we are studying. However, there is nothing which interrupts our studying at school, so we can concentrate on studying."

Technical issues. At the beginning of the semester, only three students reported suffering from issues related to technology. We had expected more students to report this issue, as we believed that some students might have weak or unstable internet connections, might not possess a smartphone or a personal computer, and some might not be familiar with using online technologies for study. The university offered rooms with free, stable internet connections and laptops for the students in need, but it was not requested by any of the students surveyed. One student reported difficulties hearing the teacher because of the unstable internet connection: *"Sometimes, during online classes it is difficult to listen to the teacher and other students, because of bad internet connection or the noise."*

Another student stated that it was problematic to use the laptop for a long time: *"I am not used to taking online classes, it is stressful*

for me to be in front of the computer for a long time”.

Students who preferred studying online from home

The reasons stated by these students (n=4) for their preference are described below.

Commuting distance and time. For three students (75%), one of the main reasons for preferring studying at home was the time spent traveling from home to the university and vice versa. One student mentioned that not being required to wake up early in the morning to be at the university on time was a big advantage: *“I can wake up late, and I feel less fatigue when I do not have to commute to the university.”*

On the other hand, another student mentioned that she used the time saved commuting to the university both to study and for her hobbies: *“In my case, I can save two hours every day. I can devote that time to study or for my hobbies.”* Saving time not going to and coming back from the university was a major advantage for both teachers and students. It led to more time for pre-class preparation, more studying time for the students, and more post-class time for the teachers to finalize their daily duties.

Autonomy. Three students mentioned that having the autonomy to control their schedule for studying and not having a fixed study time was an advantage for them. One of those students reported that they have to follow a preset schedule in school, even if they do not feel motivated: *“I can study at my own pace when I am motivated to do so.”* Another student mentioned that it is good to take a nap between classes: *“If you are tired, you can take a nap, and after that, you would focus more on your classes.”*

Giving autonomy to the students is a double-edged sword. On one side, giving students freedom and independence has been shown to improve their creativity, and it is associated with intrinsic motivation (Ryan & Deci, 2002). When

students are intrinsically motivated, student classroom activity is consistent with their needs and preferences. As a result, students show strong motivation and active engagement, and are involved in meaningful learning (Deci, Vallerand, Pelletier, & Ryan, 1991; Reeve, 2002; Ryan & Deci, 2000). However, at this young age, students might need a certain level of supervision and guidance. This point was clearly expressed by one of the students who was not in favor of the autonomy she received: *“Because you can decide the time to study by yourself, you may not be able to determine when is the study and when is the free time.”*

Accessibility. Only one student thought that having a method to reach the teacher outside of the class time was convenient, while this was not considered to be an advantage by three out of four students from the group who preferred studying on campus. These students claimed that the difficulties faced because of lack of direct communication with the teacher in class outweighed the merits of having accessibility and a means of communicating outside of the university. It is worth mentioning that this also increased the teachers' workload, as the teachers had to reply to students' questions and inquiries and help them with their difficulties whenever necessitated.

Follow-up survey

At the end of the semester, all students, regardless of their study location preference, were asked to fill out a semi-structured survey. They were asked to report any difficulties or challenges faced during the spring semester and if they had any suggestions on how to improve their online study experience. For more than half of the students, technical problems were the main issue.

This was notably higher than the total reported at the beginning of the semester, when only three students claimed to suffer from technical issues.

This might be due to multiple reasons. First, with the semester's progress, more and more universities changed to online teaching, causing more pressure on internet providers and online platforms (Edmodo, Zoom). Another reason might be that students at the beginning of the semester were not familiar with this new teaching method, and as time passed, they started noticing technology-related issues that they had overlooked to begin with.

In the final survey, only seven students reported that having difficulties making friends was one of their main challenges. This was an improvement over the thirteen students who reported this at the beginning of the semester. This decrease may be attributed to the change in the attendance method implemented by the university: after the end of the national state of emergency, students were allowed to attend face-to-face classes every other week. This helped students to meet in person and interact. Moreover, five students had difficulties adapting to the online classes at the beginning of the semester. These difficulties may be ascribed to having to adjust to a new teaching method.

Despite the teacher asking students to remain after class if they needed any help, wanted to ask questions, or express their opinions freely, one student reported to be still suffering from difficulties expressing an opinion with the teacher and other students during the online sessions. This might best be attributed to individual learner differences, as the other students reported having no such difficulties.

Conclusion

The COVID-19 pandemic has affected the lives of billions of people around the globe. Governments have implemented multiple measures to curb the spread of this pandemic. The largest of these was social distancing, and as a result, remote working and online teaching were imposed on university students and university teachers both in Japan

and around the world.

Around 80% of the students in our survey preferred studying on campus. The need to make new friends and the lack of communication with the teachers and their peers were cited as the students' main concerns, followed by a lack of concentration and motivation when studying from home, while technical issues were reported by only a few students. On the other hand, for 20% of the students, studying from home was their preferred way of learning. Saving time and money on commuting and the degree of autonomy associated with taking online classes were the main reasons given for this preference, followed by the accessibility of the teachers through the digital tools (Edmodo, Zoom) employed.

In contrast, according to the end of semester survey results, technical problems were indicated by the students as being the main issue, while difficulties making and communicating with friends improved slightly over the course of the year. Interestingly, only one student reported specific difficulties expressing an opinion during online classes.

The 2020 academic year was unusual and difficult for both teachers and students alike. At the same time, it was a year full of new experiences and many new skills were acquired, hopefully making any future online teaching an easier and more fruitful experience.

Limitations

This study's major limitation is its small sample size: we cannot be sure that it reflects the challenges faced by all students in our university, as this was one class out of a total of four. However, we believe that that it is an accurate reflection of the experience of the students we surveyed and, as such, may be of use in understanding the types of challenges and benefits that students experience during online lessons. The second limitation is that students'

opinions were followed up after one semester only. We hope that, in future studies, we and/or other researchers will be able to include a larger sample size across a longer timeframe.

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Nursing Workplace Culture: Where Have All the Young Nurses Gone? Three Case Studies

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Abstract: *This paper contains a collection of vignettes, gathered through semi-structured interviews, intended to provide a glimpse of the experiences of three young nurses working in hospitals in Japan in the early stages of their nursing career.*

Keywords: nursing education, nursing management, lateral violence, workplace harassment, professional development and training

As a university English educator, my work with young adults also carries over to interest and curiosity about career satisfaction and success of young university graduates in Japan. To my concern, the overall impression of the challenges faced by novice nurses has often seemed more discouraging than encouraging, making me feel an increasing need to gain a clearer close-up view of the details of the problems on a more personal, direct level. Through closer inspection, I endeavored to get a better grasp of the current workplace dynamics that lead to turnover among young nurses in hospital patient care environments. It is hoped that the following three case studies will give readers a richer, humanistic view and deeper understanding for where possible causes of the problems may be found, and thus, provide valuable insights in determining the best direction for further research about the realities of working in nursing—a profession which plays such a vital role in Japan's aging society.

When I ask my undergraduate nursing students, "Why do you want to be a nurse?" they often answer the question with reference to images of how they had been inspired by well-known historical figures in nursing such as Florence Nightingale; others make mention of a lasting impression of a nurse's dedication and kindness to them or a family member in a past personal experience that required being hospitalized, or of having survived a significant event that led them to want to work in a

profession that helped the sick and injured. In other words, the aspiring nurses' stated reasons were usually selfless with the ideal of being motivated by the desire to directly assist and give care to others. Rarely did I hear answers that mentioned steady income, status, job security, or other economic variables. Motivated by this image of tending to the sick and helping to save lives, the students faithfully attend four years of classes, tests, observations, labs, practical trainings, and licensing examinations. Finally, they graduate and are overjoyed to find that they have passed all the various licensing requirements and look forward to starting their new careers in nursing. However, as detailed in the case studies of Nurses A, B, and C below, the path is not always smooth. In fact, young nurses find they must learn to manage unforeseen obstacles and endure many trials as they discover the gaps between their expectations and the realities of their new profession.

Three Case Studies

The following are the stories of Nurse A, who is at the start of her nursing career, Nurse B, who has been a nurse for more than five years, and Nurse C, who left the profession after one year on the job. All three worked, or are working in, hospitals which are categorized according to this classification system:

1. Small hospitals: 99 beds or fewer

2. Medium hospitals: 100 to 499 beds
3. Large hospitals: 500 beds or more

Information for the case study data was obtained through three 90-minute semi-structured oral interviews in Japanese with volunteer subjects who were at different stages of their young nursing careers. In an attempt to obtain sufficient substantive information for this exploratory research, purposive sampling strategies—mainly emergent and convenience sampling—were used in the subject selection process. The subjects were willing to speak openly and unguardedly about their experiences in hopes that their stories would contribute to dialogue among professionals by giving a close-up view of the current situation, and to help highlight the need for change. However, the subjects still feared loss of privacy and repercussions if their identities were to become known. For that reason, identifying details such as gender—interviewees as well as other players in the stories are all uniformly referred to as “she”—and specifics such as place of nursing study, description of workplace other than size of hospital have been purposely omitted. All subjects responded that they chose to go into nursing because of a desire to help others directly. Finally, I have refrained from making any interpretive statements in presenting the case information. The case studies were written in a manner to reflect the interviewees’ responses as closely as possible, including affective expressions and their interpretation and understanding of the situation.

Nurse A’s Story

Nurse A (NA) is in the first year of her career as a new nurse at a large hospital. In response to being asked whether her overall impression of her job experiences has been more positive or negative, she confided that it was half-and-half. When asked for more details, she explained that she felt she had to be constantly on guard about the hierarchy and what she said to her superiors and

senior nurses. When she happened to be paired with a senior nurse who took the time to explain unfamiliar procedures kindly and was amenable to questions, it was a relief for NA as a new nurse, but there were also senior nurses who had a critical and impatient attitude. This gave NA much stress since she felt a great sense of responsibility to not let her lack of experience as a new nurse on the job result in harm or injury to patients, yet she was afraid and hesitant to ask questions for fear of evoking negative responses of annoyance, irritability, and exasperation from impatient senior nurses. She hesitated to ask because everyone seemed to be already overburdened and overworked with so many duties that she felt afraid to add to their workload or possibly risk an explosion of anger and frustration.

Notably, NA observed that those who adopted a hard-to-approach demeanor could protect themselves from the extra work of dealing with new nurses’ problems and questions, so it was a strategy that selfishly but successfully benefitted those who adopted it. NA admitted that it was a harsh realization to find out that the hospital workplace was not one where selfless leadership, dedication, and hard work are rewarded, but instead, refusing to help and using tactics to lessen the workload for oneself were common strategies for survival.

Additionally, NA felt that there was no unified system for training new nurses for specific on-the-job duties. At best, it was piecemeal and lacked uniformity. Procedures sometimes varied depending on the trainer and there seemed to be no unified standard or protocol which new nurses like her desperately needed. NA noted that her basic training had provided ideal situations, but there was hardly any training on how to negotiate the unexpected and navigate obstacles within the actual work situation. Further, NA claimed that the in-house training that they did receive on the job often did not directly address *real issues* and was not *practical*. In contrast, much extra time and

work training at her hospital were spent on activities such as perfunctory meetings and extra work duties unrelated to patient care, in addition to homework assignments, such as practice report-writing about minutiae that, in her opinion, did not provide the necessary experience needed to give her the skills that were crucial for specific on-site situations. For example, NA noted how nurses were required to take inventories of medical supplies such as gloves and gauze. NA felt this could be assigned to non-nursing staff, thereby freeing up time for nurses to do more duties that were specific to nursing. In addition, she stated that there were rules that rigidly stipulated the only times when certain procedures could be done. As a result, she felt that the time was not spent efficiently, especially considering that there was already so little time available for activities such as ensuring that new nurses had adequate on-the-job training in caring for patients directly. There were also times when her senior partner would presume that she already knew how to perform certain procedures when she in fact had not yet had any such experience.

When asked if she had had the opportunity to voice her fears and concerns to supervisors, NA disclosed that there had been a formal interview with the head supervising nurse. However, she said the atmosphere seemed routine and superficial to her. She confided that she did not feel safe in opening up about her true concerns and the need for mentoring by more approachable senior nurses, and added that it seemed that the supervisor was not truly interested in hearing anything beyond confirmation that everything was “fine” and that everyone was “nice.” In her view, they seemed to be unaware—or perhaps did not want to be—of the realities of the quality of the work environment and gaps in the system to be able to provide sufficient support for first-year nurses. She noted that, at the same time, the senior staff went through the motions of appearing to uphold standards such as quality

performance interviews and follow-ups to maintain the image of the system being in good order and competently managed.

Finally, in response to what NA planned to do in the future, she revealed that she was not planning to stay in hospital nursing for more than two or three years. She stated that she wanted to move to another area, such as public health, where she hopes that the environment would be more supportive and less stressful.

Nurse B's Story

Nurse B (NB) has been working in a medium-sized hospital for five years. She is very conscientious about her work, and genuinely enjoys taking care of patients and nursing as a profession. However, her job satisfaction was greatly marred by an ongoing, distressing case of psychological harassment, also known as *horizontal violence* (Taylor, 2016) or *lateral violence* (Christie and Jones, 2013), at her workplace. The perpetrator was a nurse, henceforth referred to as Nurse X (NX), who held more seniority in the ward where NB had recently been transferred to. NX displayed passive-aggressive behavior towards NB. For example, NX would not be forthcoming in relaying pertinent patient information to NB about the patients under NB's charge for her shift. This caused both stress and performance problems for NB in terms of being able to care for patients safely and effectively, and at times caused NB to appear incompetent and unaware of necessary information including changes in doctor's orders or patient care schedules. NB noticed that NX would often refuse to talk to her, ignoring her presence whenever they had to work together on the same shift or not responding to NB's attempts to ask for information and clarification. NB observed that although NX was not an extrovert, she did behave in a more open and cooperative manner and was more conversant and amicable with other nurses or senior level staff.

NB tried to bring up her situation to other co-

workers by tactfully mentioning that NX did not talk to her very much. However, she would receive disinterested responses to the effect that NX was just "different" and did not talk much. From this, it appeared to NB that other nurses did not want to risk getting involved in NB's problems, or perhaps even incurring NX's wrath. NB later hesitantly brought her concerns to senior nurses in formal leadership positions, but these attempts were also met with apathy. The head nurse did not seem to be concerned about the seriousness or possible dangers for patients nor repercussions for the hospital should a case of malpractice result from NX's failure to convey crucial patient information to NB. They did not ask any further probing questions to get pertinent details, nor follow up on the situation. The nurse supervisor only responded with comments telling her not to worry so much, not to work so hard, and to try not to get overly stressed. NB's talk with another leader also yielded only superficial responses, such as noting that it would be hard to change anything and that change would take time, or unfulfilled promises, such as supervisors saying they would do what they could.

Continually upset and unable to eat or sleep as a result of her workplace situation, NB eventually fell into a state of clinical depression, and became unable to work for a period of time. While on sick leave, she felt guilty for the other nurses having to carry her workload while she was away ill. She constantly felt self-imposed mental pressure to return to work as soon as possible in order to relieve her co-workers of the burden of extra work that her absence imposed on them. Additionally, after this experience, she now feels that she can no longer trust supervisors and managers at her workplace, and is thinking about transferring to another hospital.

When prompted further, NB commented that she felt that leadership and selection standards for supervisors were a major part of the problem. She noted that supervising nurses are primarily

chosen according to age and seniority. She further observed that there was negative financial motivation to be placed in supervisory positions since supervisors sometimes ended up seeing a decrease in pay from working relatively fewer night shifts, which pay a higher hourly wage. Consequently, the nurses who were designated to work in supervisory positions ended up seeing their paychecks go down since they no longer worked the higher paying night shifts. Head nurses often had no actual formal management training, and were usually overworked and too busy trying to survive day to day to be able to give time, attention, or care to anything beyond the routine. As a result, there was low efficiency as the system ran on an automated mode where meetings, scheduling, and other management and administrative functions were more a matter of mere form or routine rather than for sharing meaningful content or purpose.

NB sees a large gap between the ability of the system to handle very real and important issues and the overwhelming need for effective administrative and supervisory management, professional and mental support for staff, and healthcare safety for patients. She feels very alone as she continues to have nowhere official to go for consultation or to be able to confidentially report incidents such as those related to workplace harassment or situations that pose potential harm and risk to patients' safety and well-being.

NB's situation with lateral violence remains unresolved. She can only hope that she will be transferred to another ward soon. In the meantime, she is thinking about changing from working in a hospital environment to being a public health nurse, school nurse, or private nurse. NB concluded that she did not know many nurses at her workplace who could say that they truly liked the hospital as a workplace environment.

Nurse C's Story

Nurse C (NC) worked in a large hospital after graduating from university with a nursing degree and immediately passing the national exam to successfully obtain her license. However, she quit her nursing career after just one year. NC described how she felt tremendous pressure from the beginning of her job about the seriousness of her chosen profession and how there was no room for mistakes. She thought about her work incessantly, even after finishing her shift and returning home. Her ward had many serious cases and was a high-pressure environment. Furthermore, her ward was one where relatively new types of treatment were being performed. It seemed to NC that not only she but everyone else was highly stressed. As a result, she felt that she had no one to turn to for help as a first-year nurse. She had tried to consult with senior co-workers about her worries, but only received superficial, lukewarm responses that, to her, indicated that they did not want to take on any more responsibility by getting overly involved.

When asked for more explanation about the nature of how she felt unprepared for her actual job duties, she related the following. In her training, she had experienced controlled situations where conditions were manageable and ideal, for example, placing a catheter into a patient who was conscious and in stable condition. However, in her daily work situation, she found herself suddenly having to catheterize a patient who was in an immediate post-operational unconscious state and still on a ventilator. NC felt she did not have enough experience to handle this more serious situation as she did not know how to operate the ventilator correctly in case something happened to the patient during catheterization. Her primary focus upon patient safety and her strong sense of responsibility caused unbearable pressure and stress due to her being thrown into a situation where she could not open up about her concerns about her inexperience and the need for

instructional help and guidance. She was repeatedly faced with sink-or-swim situations where patients' safety might be at risk. This eventually took its toll on her mental health and her new career. When she left her job, she was mentally and emotionally exhausted and suffering from depression.

Upon self-reflection, NC came to the conclusion that the constant self-blame that resulted from such situations was perhaps the single greatest source of her stress. She considers the possibility that her main problem might have been a lack of self-confidence stemming from her own inexperience rather than a lack of surrounding support. She added that it would have been helpful to have had a good role model. The nurse that she was paired with changed each day depending on her work shift, so she did not really have anyone close and familiar with whom she could openly consult about her fears and worries. On the occasions that she did try to reconfirm whether her understanding of orders and procedures was correct, she would sometimes be met with exasperation and impatience. Yet, she shared that she did not feel that she was being bullied or harassed, but rather that she was being scolded and reprimanded for her lack of experience. She reiterated that the main cause of her stress was the heavy burden of responsibility for feeling ill-prepared, even though she possessed a license to practice nursing.

NC, along with a few other new nurses, were able to give each other some degree of emotional support and empathy, but they could not help each other in terms of professional and technical support. NC had spoken with nursing supervisors about her concerns, but received a range of responses, from getting some degree of advice to being told to try to work it out herself. From her experience, NC concluded that support for first-year nurses should be made a major focus for in-house training. For her, the reality at that time was a hit-or-miss training system that was not

well thought out in terms of attempting to address the actual needs from the perspective of nurses with little on-the-job experience. At the same time, these new nurses had to bear the burden of awareness that the consequences of their actions could mean life or death for their patients. NC claimed that the feelings of dread towards going to work and of wanting to quit were the norm, rather than the exception, among new nurses.

Discussion and Conclusion

The above three case descriptions paint a grim picture of young nurses in Japanese hospitals feeling mentally overwhelmed by burdens and pressures due to lack of professional and psychological support at their workplace. Despite their best efforts, the nurses interviewed could cope only by planning to continue their careers in different environments, taking sick leave, or leaving the profession altogether.

Several common themes can be found among the three cases, such as disillusionment, overwork, rigid hierarchy, and an environment that is not open to questioning, which suggest the need for management and leadership training, effective in-house training, and a more explicit commitment to professional development. All these current conditions set the stage for lateral violence, which is described in the context of nursing as *nurse-to-nurse aggression* (Hanks, 2017, p. 2) or "behaviors intended to demean, undermine, and/or belittle a targeted individual working at the same professional level" (Sanner-Stiehr & Ward-Smith, 2017, p. 113). A quick review of literature soon reveals that lateral violence is not uncommon in nursing (Pilette, 2005; Christie and Jones, 2013; Taylor, 2016). One study even goes so far as to state, "Nearly all nurses experience lateral violence in their careers." (Rainford et al., 2015, p. 158).

Another relevant concept of note here is *presenteeism*, which is described as "employees

being present at work but unable to be fully engaged in the work environment" (Lack, 2011, p. 77). It is a situation in which "people are physically present in the workplace, but are functionally absent" (Shamansky, 2002, p. 79), or succinctly rendered as "on-the-job productivity losses" (Goetzel et al., 2004, p. 399). Another study goes further to define presenteeism as "being at the workplace but not fully working due to health problems" (Vanni et al., 2015, p. 299). In two of the three case studies presented in this paper, the young nurses eventually developed depression.

Whether it be called bullying, power harassment, psychological terrorism, toxic work environment, power play, or horizontal violence—also described as *intergroup conflict* (Duffy, 1995, p. 5), there is no denying that there is a widespread problem of lateral violence and presenteeism in nursing that needs to be addressed through transparency, trust building, and an equitable system of evaluation and reward. Effective intervention requires strong leadership training and placement of dependable managers and supervisors with insight to be influential role models, and to oversee teamwork and promote cooperation among nurses.

It is not the intention of this paper to advocate an entire overhaul of the current system. However, while young nurses need to be made aware of and prepared for the realities of the job and workplace through effective orientation and ongoing support, nurses in training should not be given practice in only ideal caregiving situations and conditions. This is unrealistic and, at times, disadvantageous for the trainees. They need to be better prepared in terms of expectations and skills for managing everyday realities of the workplace. They need to be taught interpersonal communication strategies, effective ways to navigate the hospital system and its hierarchy, and to be provided with sufficient support and positive experiences in order to confidently make the leap from highly controlled textbook scenarios to real life

situations involving coworker interaction and patient care. At the same time, young nurses need access to a dependable advisor whom they can turn to and confide their difficulties and concerns to. In order to achieve this, hospitals must invest in better formal administrative and human resource training, development, and management. Nursing educators must also adopt a creative problem-solving stance such as, "What can we do to change the current situation?" rather than a protective or defensive attitude such as, "That's the way things are. We can't change the system." We must find ways to be able to effectively address the needs of future nurses and better equip them with the necessary skills while providing a supportive environment of approachability, openness, consistency, and trust.

Our role as educators must include follow-up in order for our education to be relevant. Our work does not simply end once our nursing students graduate and pass their licensing exams. Ours must be a role of holistic education that includes follow-up research continuing to inform our teaching for the sake of effective and meaningful education. In this era of new infectious diseases and a shortage of health care workers in aging Japan, I feel a great sense of urgency to increase research in the educational training and professional development of, and support for, young nurses. Educators, researchers, and hospital managers must focus on finding ways to reduce the incidence of lateral violence, presenteeism, and turnover among nurses by developing a system that will ensure their emotional and psychological well-being.

I invite fellow educators and researchers to join me in further exploring this challenging aspect of nursing education and practice that warrants immediate attention in order to stop the loss of young nursing professionals in the field.

The nurses in all three case studies expressed the desire to leave their current workplace, or in C's case, had already left the nursing profession.

There may be a reluctance to take a deep look at the seemingly negative situation in favor of a desire to turn the other way and pretend that a serious problem does not exist, hoping that it will somehow sort itself out over time or go away. However, like the dentist's sign that warns, "Ignore your teeth and they'll go away," we also risk suffering similar unwanted consequences in that if we ignore our new nurses, they too, will "go away."

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Cognitive and metacognitive awareness prompts as core components of a new English language curriculum for nursing students in Japan: A model

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Abstract: *Due to the requirements for nursing institutions to submit their curriculum plans to the Japanese Ministry of Education, Culture, Sports and Technology (MEXT) as part of the Act on Public Health Nurses, Midwives, and Nurses, proposals for new nursing English curricula often emphasize the role of English as a tool facilitating nurses' communication with patients who cannot speak Japanese and participation in international nursing academic and professional activities as a way to adhere to the governmental guidelines announced in 2009 and 2014 (Porter, 2018). In the present review, I examine the use of self-reflective cognitive and metacognitive prompts as learner-centered strategies to increase engagement as well as knowledge retention through the development of cognitive and metacognitive awareness. After examining the theoretical framework underpinning the use of cognitive and metacognitive prompts in language acquisition, I will introduce the new English curriculum that we have developed for undergraduate and graduate nursing students at Chiba University, and suggest ways of utilizing these prompts within other existing curricula.*

Keywords: learner motivation, effort, ideal L2 self, language proficiency

The literature produced in Japan and regarding Japanese students' acquisition of English as a foreign language (EFL) has, in the last decade, increasingly focused on learner motivation (C. A. Brown, 2017), identity (McEown et al., 2017), and emotional development (Agaësse, 2017), as well as cognition (Yasuda, 2019) and the role of metacognition (Tsuji, 2015). This body of work mirrors a modification of the instructional criteria and outcome recommendations established by the Japanese Ministry of Education, Culture, Sports, Science, and Technology (Ministry of Education, Culture, Sports, Science and Technology, 2009, 2014) and concurrent initiatives introduced by Japanese universities to internationalize (H. Brown, 2014). In the international context, this research matches trends occurring in applied linguistics, psycholinguistics, and writing studies (Camp, 2012; Cooper, 2011; Duff, 2010; Egel, 2009).

Meanwhile, English Medium Instruction (EMI), Content and Language Integrated Learning (CLIL), active learning, and flipped classroom pedagogies have become widespread methods guiding EFL course and curriculum designs in

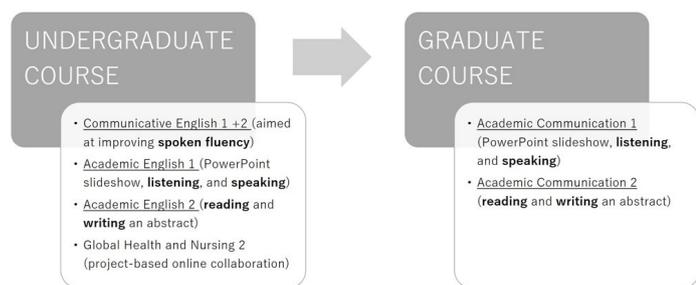
Japan (Asaka et al., 2018; H. Brown, 2014; Fujimoto-Adamson & Adamson, 2018; Jones & Palmer, 2017; Rose & McKinley, 2018). Although uneven implementation and lack of coordination in administering these pedagogies is cited as inhibiting their effectiveness (Jones & Palmer, 2017). I believe that English curricula should aim at promoting these types of process learning rather than outcomes.

The goal of this article is to present a review of the scholarship about learner autonomy in reflection pedagogy for English for Specific Purposes curricula, as well as to offer an example of curriculum design utilizing cognitive and metacognitive prompts aimed at offering an enhanced quality of both instruction/learning and learning outcomes for Japanese nursing students.

Justification for the new nursing English curriculum at Chiba University

Porter (2018) surveyed the 2017-2018 curricula of 159 nursing programs from 156 private universities in Japan and subsequently contrasted their availability and content with the needs addressed in Willey, McCrohan, Nishiya, and Tanimoto

Figure 1

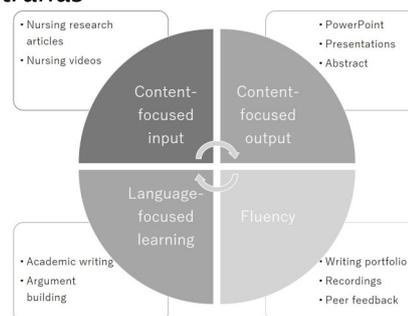
Organigram for the new nursing English curriculum

Five elective classes are offered to undergraduate students from years 2 to 4: Communicative English 1 and 2, offered to second to fourth year nursing students during the summer semester; Academic English for Nursing 1, offered to third year students during the winter semester; Academic English for Nursing 2, offered to third year students during the summer semester; and Global Health and Nursing 2, an online collaboration with students at partner universities abroad offered to second to fourth year nursing students during the winter semester). Two elective classes are offered to graduate students from both the master's and doctoral degree programs: Academic Communication 1, offered during the winter semester and Academic Communication 2, offered during the summer semester.

(2016). The latter study showed that most programs were addressed to first and second-year students (158/159 and 128/159 respectively) and focused primarily upon medical terminology, oral communication, and reading. Non-medical English content included verbal communication, listening or reading/comprehension, and test training. A minority of the syllabi focused on writing, study abroad, and business English. Porter concluded that more language courses should be made available to third and fourth-year nursing students, with an integration of nursing-specific contents in the curricula. He also suggested that a stronger emphasis on cross-cultural nursing would encourage students to understand the healthcare needs of foreign patients to provide appropriate care.

Given these recent findings, we proposed a new nursing English curriculum to be made available to nursing students running from the second year of the undergraduate program to the third year of the postgraduate program, from April 2019 at Chiba University (Figure 1). The curriculum includes seven elective courses using English as a medium of instruction. At the undergraduate level, two courses focus on

Figure 2

The four strands

Each class in the new nursing English curriculum attempts to balance meaningful input and output with language-focused instruction through an assortment of class activities and homework. Related class activities involving task repetition and the production of student portfolios are aimed at developing fluency and automaticity.

building spoken fluency, two courses focus on the development of academic English skills for oral presentation and writing, and one focuses on cross-cultural comparisons of healthcare systems, combining online international collaboration and a student exchange program.

At the graduate level, two courses focus on medical English for research purposes, with an emphasis on the norms of scholarly communication through oral presentations and/or academic writing.

Content of class activities for the new nursing English curricula

All courses in the new English curriculum for our nursing students cover both basic and advanced verbal communication, the former through collecting information from patients and casual talk and the latter through medical terminology and using academic arguments in discussion. All courses also focus on academic writing skills, through reading research reports and writing abstracts. All courses aim to balance Nation's (2007) "four strands" of language learning: content-focused input/output, language-focused learning, and fluency (Figure 2). Through contact with authentic texts or videos from graduated levels of difficulty (CEFR A2-B1 for oral communication, CEFR B1-C1 for written texts), the courses aim at making the nursing contents

accessible to students at a broad spectrum of proficiencies.

Related class activities involving task repetition and the production of student portfolios are aimed at developing fluency and automaticity. Students use audio or video recorders in class and at home to document elements of speech or dialog performances. The same tools are used in repetition activities, with the first speech produced in three minutes and the subsequent iterations of the same content restricted to two minutes (3/2/2 pattern) as fluency building exercises.

Activities in all seven courses include meaningful nursing-related tasks, such as examining the role of small talk in nurse-patient interactions in order to collect information, establish a personal rapport quickly with the patient, or lessening the impact of unpleasant patient experiences (Macdonald, 2016). Self-reflection activities using cognitive and metacognitive prompts are either completed before class activities to bring students' attention to possible gaps in knowledge, during activities to allow students to compare and contrast their personal knowledge about nursing English with that of their classmates, or after class activities to assess their understanding of the language points.

One example of a class activity is illustrated in Figure 3. This speaking activity involves a sample dialogue wherein the nurse reacts to what the patient is saying (with the relevant text in italics). Students practice acting out the dialog three times while recording each attempt and discuss the function of the text in italics regarding the exchange of information between the nurse and the patient.

Implementation of the courses involved blended learning, with lectures and materials made available online prior to activities in class (Kirk & Casenove, 2016). Online materials were made by teachers to introduce stylistic and syntactic norms of nursing English that are then

developed and practiced through collaborative tasks. The purpose of focusing in-class activities around student-centered tasks is to increase engagement and retention among participants (Freeman et al., 2014). In-class activities are built following graduated levels of cognitive difficulty, from simple quizzes (to assess comprehension of the online materials) to collaborative writing and peer reviews. The collection of student output, with its associated feedback from classmates or the instructor, constitutes a portfolio that reflects the students' progress throughout the courses. The portfolio can include successive audio recordings, such as can be seen in Figure 3, or written abstracts that are revised over time.

Cognitive and metacognitive prompts for the new nursing English curricula

General views

Benson (2011) has defined learner autonomy as the "capacity to take charge of one's learning" (p. 16) and subdivides that control into three components: learning management, learning content, and cognitive processes. In language learning, learner autonomy is connected to developing metacognitive awareness, awareness of the learner's own learning processes, and incorporates self-awareness, language awareness, cognitive awareness, social awareness, and cultural awareness (Ellis, 2000). Cognitive awareness refers to knowledge about learning strategies and processes involved in language acquisition.

Both cognitive awareness and metacognitive awareness can be approached in class or cultivated outside the classroom through interaction with peers, and are connected to affective factors that play into learners' motivation (Hurd, 2008). The goal of cultivating metacognitive awareness is for students to develop the ability to identify and address areas of weakness and subsequently chart a course geared towards more efficient learning strategies (Bernat & Gvozdenko, 2005; Horwitz, 1999; Mynard, 2012;

Figure 3

Communicative English I sample reading material

Here is a dialog between a nurse named Yuko and a patient called Yona. Yona is visiting a hospital for a consultation. Look at the way Yuko reacts to what Yona is saying. In this context, can you explain the function of these short comments?

Yuko works as a nurse in a Japanese hospital. Yona, a student, goes to visit that same hospital after falling on the pavement on a rainy day.



Yuko: Hi, I'm Yuko Osada. I am a charge nurse here at ward C. Can I help you?

Yona: Hi, Yuko. I'm Yona. Good to meet you. And yes, I need to see a doctor because my ankle hurts.

Yuko: *Oh it is quite swollen and red!* How did that happen?

Yona: I was walking to school but I slipped on the wet pavement and twisted my ankle. I am worried because it suddenly became so big.

Yuko: *I understand your concern.* Let me have a closer look. Could you just raise your foot a little bit so that I can feel it?

Yona: Like that?

Yuko: *That's right. It's quite warm, isn't it?* Hmm I will call the doctor to inspect it more in details. It won't take long.

An example of reading material for the Communicative English 1 course offered to second year undergraduate students at Chiba University. This course is focusing on spoken English skills for nurses working at clinics or hospitals. The reading material is presented after students are made aware of the notion of "small talk" in the nursing context through a short lecture conducted either on-demand or face-to-face. Students are asked to read the dialog and discuss in Japanese or in English about the meaning of the text that is italicized.

Wenden, 1998). In the past, the efficacy of cognitive and metacognitive awareness prompts has been studied through the examination of corrective feedback (Lee, 2013; Sato, 2013), questions prompts during collaborative processes (Näykki et al., 2017), or languaging (Suzuki, 2016), among other active learning techniques.

For English as a Foreign Language (EFL) learners, research on metacognitive awareness has focused on self-efficacy as a driver of motivation (Flavell, 1979), instrumentality as the conscious control that learners perceive regarding the effectiveness of their strategies (Dickinson, 1995), and purpose as the value that learners place into their study (Graham, 2006).

Implementation

In the case of Japanese nursing students learning English as a lingua franca, we believe that improving both cognitive awareness and metacognitive awareness can be achieved through the implementation of scaffolded collaborative activities, with regular reflection

prompts given as homework. In all seven courses of the new English curriculum, we introduced a variety of cognitive and metacognitive prompts at each step of the production of students' assignment portfolios. These prompts invited students to reflect on their communication processes, the outcomes of their learning strategies, and their plans to improve the efficacy of these learning strategies. All prompts were communicated in English and aimed at 1) allowing students to self-identify their gaps in knowledge and 2) suggesting ways to revise any insufficient grasp of the English language or to improve their communication skills.

The prompts can be classified into three categories, which are mixed throughout the duration of the classes. The first category of prompts consists of correcting syntactically erroneous statements or selecting a correct word/phrase to complete a statement (e.g., in Figure 3, Yona was walking *from* school). The second category of prompts relies on students explaining the reason why a sentence is semantically incorrect (e.g., in Figure 3, Nurse Osada displays empathy). The last category of prompts allows students to give their opinions on their understanding/adherence to the norms of nursing English. As such, the cognitive and metacognitive prompts can help students revise any insufficient grasp of the English language without the need for immediate teacher corrective feedback, which is suggested as a suitable model for scientific knowledge in STEM disciplines (Williams et al., 2016).

In the sample activity shown in Figure 3, a cognitive prompt focusing on pragmatic awareness invites students to focus on the function of specific words or clauses in the nurse's speech (just, little bit, and it won't take long). This third-category prompt is given to students after a class discussion regarding the roles of small talk in the dialogue (i.e., lessening the impact of unpleasant experience of a patient who broke her

ankle and showing understanding of both the clinical information and the emotional state of the patient). An alternate prompt consists of having students work in teams to translate the dialogue into Japanese, which leads them to reflect on the linguistic and cultural contrasts related to talking about physical pain in nurse-patient interactions. A metacognitive prompt asks students to state their preferred strategy to memorize the newly studied pragmatic expressions (physically acting out the words, making flashcards, or associating the English expressions with Japanese equivalents) that they may have encountered during the class.

The way the prompts are presented to students also varies between on-demand online quizzes, with immediate feedback prepared for each possible student response (Chou et al., 2017), group activities in class where students propose explanations and receive comments from peers, and self-reflective written assignments submitted online (Moore & Iida, 2010). All online tasks are centralized on a Learning Management System that all students at Chiba University can access.

Expected outcomes

Among the practical language outcomes hoped for the new curriculum is to expose students to a variety of nursing-related content in English to communicate medical information, both written and oral, as well as develop their communicative strategies to be able to convey that information in PowerPoint presentations, non-rehearsed discussions, or written texts such as research abstracts. The cognitive and metacognitive prompts are designed to support students in assessing their proficiency levels and to enable a deeper understanding of the syntactic and stylistic norms of nursing communication in English (and even in Japanese). Hopefully, combining graduated reading and listening materials with cognitive/metacognitive prompts can promote student engagement with the learning materials and

reduce the rate of demotivation regarding language education.

Finally, these cognitive and metacognitive tasks are expected to help provide information about students' learning outcomes regarding their understanding of academic conventions for argumentation, ability to analyze nursing communication as critical thinking, and discussion in both Japanese and English. Peer review activities are combined with self-assessment tasks that follow similar guidelines and checklists which allow students to improve the accuracy of their production. The similarity in guidelines and checklists enables students to contrast their opinions on their proficiency with the opinions of others (classmates or the instructor). These prompts allow for an account of students' oral and written production throughout the duration of the course, thus creating a valuable snapshot of student progress (or lack thereof).

Conclusion

This review highlights the benefits of integrating cognitive and metacognitive prompts in combination with student-centered activities in both the classroom and online. Compared to textbook-based courses, this new curriculum design gives students a structure to exercise agency in the choice of reading and video materials to maximize the amount of meaningful input and enable extensive reading and listening. In addition, the prompts are crafted to allow students to critically assess their strengths and weaknesses and focus their attention on the most relevant learning goals.

In April 2019, we launched a pilot study to assess the impact of this new curriculum. We expect that the cognitive and metacognitive prompts, combined with the blended flipped learning design, will improve students' attitudes towards using English in nursing research and clinical practice as well as improve their mastery of the norms of nursing English for clinical or

academic purposes. Preliminary findings indicate that all students perceived that their performance had improved throughout the courses and that they could discover linguistic and cultural differences in the way nurses communicate (with patients or with international colleagues). A successful implementation of the cognitive and metacognitive prompts could lead students to contrast nursing communicative techniques more effectively in both Japanese and in English as well as increase motivation favorable to long-term English learning.

Currently, the impact of the new English curriculum is limited by its elective status which might lead only those students who are initially more proficient in English or more motivated to register. Therefore, the hoped-for impact of the cognitive and metacognitive prompts on students may not be relevant for the bulk of the nursing student population. Ultimately, effective assessment of the new curriculum may require either establishing the language courses as mandatory for all students or integrating the cognitive and metacognitive awareness prompts into the current mandatory nursing classes.

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The Top Ten: A Helpful Course-Final Assignment
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What exactly are your nursing students learning in your English classes? What do they find most memorable, helpful? In fact, it may not match exactly what you thought you were teaching or intended to teach but need that be a problem? In order to gain feedback on what my students are absorbing in my lessons I have long used a closing assignment entitled 'My Top Ten'. This has provided me with extremely useful feedback which has guided my teaching materials and classroom manner in subsequent years. In this short article, I will explain how this activity works.

Procedures

The basic idea of this assignment is simple. I ask my first-year nursing and medical students to list and explain the ten most important, interesting, memorable or helpful things they have learned during my class (of course this can easily be expanded to 15 or even 20 items, should the teacher wish). A form is provided (see Appendix 1) which contains basic guidelines and the sections they are to fill in and submit. However, in order to make this exercise productive for both students and teacher, following the guidelines is important. Here, I will explain the guidelines.

The students are to write down the items that they have chosen and then add a comment or explanation in English as to why they consider each memorable, important, or interesting. It is important that students give due consideration for this exercise so I emphasize the following guidelines:

1. Do not just choose new words. Students should also include a variety of clinical content, expressions, cultural notions, social/interpersonal ideas, grammatical points etc. All items chosen must have arisen during this course.
2. The items should not come from one or two lessons alone, nor merely from a single source, such as a textbook. They should be gathered from numerous sources (book, handouts, teacher explanations, activities, other media, personal insights) based on the entire length of the course.
3. The list should include not only completely "new" items but also new insights and clarifications of English form and/or content.
4. The explanations should indicate not only that the student understands the content well but also indicate clearly how or why the student considers it helpful, memorable, important etc.
5. The explanations should utilize a variety of patterns, not merely, "This is important for my future as a nurse" or, "This is new for me because I didn't know it before."
6. A few representative samples should be given in advance by the teacher so that students might have a better understanding as to what type of items or explanations are desirable or not.

Evaluation, criteria, and feedback

In my case, I grade this assignment, largely to ensure that students take it seriously and give due consideration to both the items chosen and the quality of their explanations. Of course, it is difficult to grade the quality of what are, largely, students' subjective choices regarding what they found memorable. However, there are certain standards that can be applied. The breadth of variety of items is one criterion and the quality/depth of thought expressed in the explanation is another. Students are penalized for choosing minor and peripheral items, if the choices of which they can not adequately defend (the

inclusion of such items often indicates that the student might merely have scanned their textbook or handouts for words that they didn't know, even though such items may have little or no long-term value—and may have been duly explained as such by the teacher).

I also provide explicit feedback to each student post-submission. Sometimes, I will add a comment to further expand the student's grasp of the item. In some cases, it may be apparent that the student hadn't correctly understood the intended teaching point. In other cases, the explanation may be vague and I request greater clarity or specificity. If a student simply lists 10 words (particularly 10 new clinical items or specialist terms, as some are prone to do) I will ask for a revision requiring more variety of content. If the explanations all follow the same pattern, or only a small number of lessons/activities are represented, I also ask for revision.

Benefits

One bonus of this activity is that this assignment can easily be carried out online or as homework. More fundamentally, the greatest benefit for the students is that it serves as a type of review of the year's contents—a conscientious student will be reminded of a number of learning points. Moreover, the cognitive act of choosing representative items and adding a considered explanation in English for each can serve to consolidate these items in the students' minds.

The other major benefit is for the teacher, who now has an opportunity to see how effective his or her teaching intentions have been absorbed or understood by the students. If several students display an incomplete or incorrect understanding of a key point the teacher will know that some adjustment may be needed when teaching it in the future. Teaching points that the teacher had considered minor may be emphasized by students—such that the teacher may want to expand on these items in the future. Teachers

may become more aware of those areas that require further explanation or a more concentrated teaching focus. Finally, as the reader may have suspected, this activity can be applied to almost any type of English course.

In short, the 'My Top Ten' activity is able to perform that which formalized classroom surveys often fail to do: provide students with an opportunity to show what they've learned and teachers with helpful insights that can positively impact future teaching.

Authentic samples

Below, I display three authentic well-written and well-considered entries collected from among my student submissions as examples:

1. Item: The correct usage of "more than x" does not include the given number X.
Comment: *I have been ambiguous about whether or not to include the given numbers so I could understand it accurately in the class.*
2. Item: "breathe deeply" or "take a deep breath"
Comment: *Use "breathe deeply" for repeated deep breaths. Use "take a deep breath" when taking a deep breath only once, such as auscultation.*
3. Item: He/She is allergic to ~
Comment: *Before I learned it, I had thought "His/Her allergy is ~". This phrase is essential not only in the medical field but also daily life. And "be allergic to ~" can be applied when I want to tell my allergy. This phrase is a must to protect myself and other people.*

Appendix 1: Sample 'My Top Ten' form

MY TOP 10!

Ten English words, phrases, ideas, and points I remember best from this class



Name (in Romaji) _____

**Try to use items from different lessons; don't just list individual words. Also, try to vary your comment patterns. Show me that you understand what you are writing.*

1. _____

Comment:

2. _____

Comment:

3. _____

Comment:

4. _____

Comment:

5. _____

Comment:

6. _____

Comment:

7. _____

Comment:

8. _____

Comment:

9. _____

Comment:

10. _____

Comment: