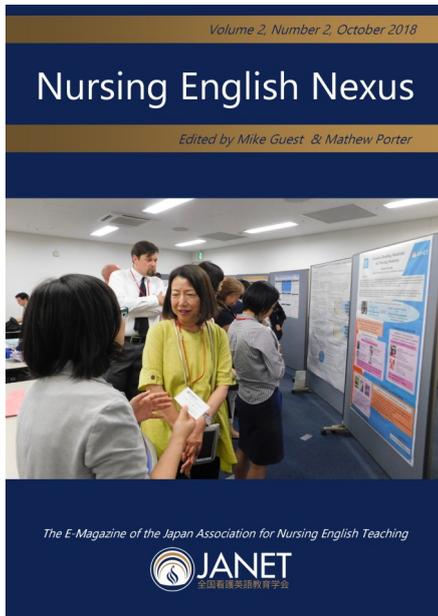


# Workshop to Promote Patient-Centered Cross-Cultural Care Among Japanese Nursing Students

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## Workshop to Promote Patient-Centered Cross-Cultural Care Among Japanese Nursing Students

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**Abstract:** *Cultural competency in nursing care is fundamental to an ethical healthcare system and a pre-requisite of practicing nurses. In Japan, where the topic of cultural competency in healthcare is becoming more relevant, there is minimal guidance for nursing educators. In 2017, we designed and launched a 2-day pilot workshop to cultivate cultural competency through the cross-cultural patient-centered approach targeting Japanese nursing students in Tohoku University. We utilized novel teaching methods, including 1) the use of self-reflection and discussion to develop self-awareness and insight; 2) providing a safe space for foreign patients and future nurses for sharing their experiences, connecting, and promoting empathy; and 3) the application and consolidation of their learning through creating and sharing concrete tools with potential end-users. Qualitative evaluation was conducted through anonymous student feedback forms. Student feedback suggested that the workshop successfully conveyed the principles of cultural competency. Invited foreign participants also highlighted the positive impact of the class, which they said made them feel that their voices were heard. We hope that our workshop model can provide new ideas for other nursing educators, and trigger the important conversation to include cultural competency in the National Nursing Curriculum.*

**Keywords:** Cultural competency, nursing education, curriculum development, cross-cultural care, Japanese nursing students.

In many western countries, especially in countries such as the United States with a long history of diverse cultural backgrounds, cultural competency has already been incorporated into the nursing education curriculum for several decades (Flood & Commendador, 2016; Campesino, 2008). It has been shown that culturally competent nursing care results in improved quality of care, improved patient satisfaction, positive patient health outcomes, and decreased health-related disparities (Gallagher & Polanin, 2015; Ervin et al., 2006; Waite et al., 2010).

In Japan, cultural competency in healthcare has become more relevant in recent years. Japan has become one of the top tourist destinations in the world with a total of 28.7 million visitors in 2017 alone, and the number continues to grow each year (Japan National Tourism Organization, 2017). The total number of foreigners living in Japan is also on the rise (Ministry of Internal Affairs and Communications, 2017), especially with Japan's recent immigration policies becoming more receptive to foreign laborers and foreign

highly-skilled professionals. The Economic Partnership Agreement (EPA) has also sponsored care workers and nurses from several Southeast Asian countries to be trained to work in Japan (Vogt, 2017). If these trends continue, nurses will only have more exposure to foreigners, either as potential patients or colleagues, making it critical that our future generation of nurses are well-equipped to care and work for an increasingly diverse community.

As the International Council of Nursing stated under the Code of Ethics, "Nursing care is respectful of and unrestricted by considerations of age, color, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status." (International Council of Nurses, 2012, p. 1) In addition, the World Health Organization (WHO) also emphasized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." (World Health Organization, 2018, p. 1) Therefore, cultural

competency in nursing care, in essence, is actually a fundamental obligation and duty as a practicing nurse.

Although cultural competency in nursing care is not yet a prescribed compulsory topic on the National Nursing Curriculum (Japanese Nursing Association, 2016), there are encouraging signs recognizing its importance. For example, emphasis was placed on preparing nurses to care for a diverse society and culture in the latest revision of the sample model curriculum in 2017 (Nursing Human Resources Development Working Group for University Education, 2017). However, although this optional topic was recommended, there is currently minimal guidance for nursing educators who wish to teach this topic in Japan. Consequently, there is a growing urgency for teaching methods and materials for the Japanese context.

Past literature on the topic of cultural competency education in healthcare has largely focused on the trans-cultural or multi-cultural approach derived from the Culture Care Theory (Leininger & McFarland, 2002). Culture Care Theory is an established nursing theory that emphasizes culture and care as essential concepts in nursing, and is aimed at using culture care research findings to provide culture-specific care that is believed to be culturally appropriate, safe, and beneficial to people of diverse cultures (Leininger & McFarland, 2002; Leininger & McFarland, 2006). However, despite the enormous impact this theory has had on highlighting culture as an integral part of humanity, it has often been "misinterpreted" and became a superficial application of learned cultural knowledge during nursing care, where it tends to direct nursing students to remember specifics of cultural and religious preferences, rules, and habits of certain cultural groups. More recently, it has been recognized that this approach is not only prone to stereotyping, it is also literally impossible to memorize rules from every single culture and

religion that exist in our current world (Epner & Baile, 2012; Lancellotti, 2008; Allen et al., 2013). In addition, even within the same ethnic group, culture may differ by personal characteristics such as age, sex, and personality. Therefore, in our workshop, we introduced cultural competency in nursing care based on the cross-cultural approach adapted from Epner and Baile's patient-centered principles (Epner & Baile, 2012). The cross-cultural approach focuses on foundational communication skills, health beliefs, and unique characteristics of each individual (Epner & Baile, 2012). Epner and Baile emphasized the key to cultural competence as "patient-centeredness build on respect, sensitivity, composure, partnership, honesty, astuteness, curiosity, and tolerance" (Epner & Baile, 2012, p. 41). Ultimately, they emphasized the universal human need to be heard and cared for with empathy.

In this article, we hope to share our course design and experiences from our pilot workshop to benefit other nursing educators and future nurses. We hope our teaching plan may serve as a possible teaching model for other nursing educators wishing to try a novel approach to teaching cultural competency.

### **Course Description**

This course was a workshop developed and taught for the first time among fourth-year (final year) undergraduate nurses in Tohoku University in Japan. The two-day workshop was held on two separate days one month apart on 19 December 2017 and 19 January 2018. The course was developed by three teaching staff, two with public health nursing licenses, and one specializing in global health. Two of the three teaching staff have collectively worked in multi-cultural settings in approximately twenty countries. The class was taught in English, with bilingual teaching staff available in class to provide language support as required.

## Course Objectives

The objectives of this workshop were: 1) to give nursing students an opportunity to reflect on their identity and values as a nurse caring for our increasingly diverse community; 2) to encourage critical thinking and communication of their opinions; and 3) to promote the development of cultural competency through a cross-cultural patient-centered approach.

### Day 1

**Introduction to cultural competency in nursing.** Day 1 started off with an ice-breaker to help students to enter the mindset for the class by thinking about their own culture and those of a foreigner they know. Students were then asked to reflect on the meaning of culture and cultural competency, and why they think cultural competency is important for a nurse. Discussions were guided by the teaching staff who highlighted the relevance of cultural competency in nursing.

**Self-reflection and discussion.** The students were then guided through a series of self-reflection exercises where they first reflected on their experience as a nurse, including the envisioned characteristics of a nurse and the characteristics they gained during the past four years of nursing education and training. They were then asked to do an exercise which was adapted from the concept of "the ideal self" under the intentional change theory (Boyatzis & Akrivou, 2006). The purpose of the exercise was to help participants to create a personal vision of the kind of health professional they aspire to be.

The second part of the self-reflection focused on their experience as a patient. Students were first asked to reflect upon and journal about a time when someone close to them experienced a medical situation followed by an imaginary scenario of the same medical situation occurring in a foreign country where they could not communicate with the health professionals in the local language. The reflection ended by asking

students to journal about what health professionals could say and do to make them feel better in the imaginary scenario.

For all the self-reflection exercises, students were asked to write freely about anything that came to mind without worrying about grammar or spelling. After each self-reflection, they were first asked to share what they wrote with another classmate, and on some occasions, to share what they felt comfortable sharing with the whole class.

**Experience sharing by foreign community members and healthcare provider.** In the afternoon session, three guest speakers were invited to share their experiences with the students. One guest speaker was an international student from Kenya, another was a homemaker from Taiwan living in Japan, and the final guest speaker was a Japanese healthcare provider with experience supporting foreigners seeking healthcare in her clinic.

The experience sharing session was conducted in an informal, conversational style guided by the teaching staff. The foreigners were asked to share one positive and one challenging experience while seeking healthcare in Japan, as well as explain the most important factors that made the experience positive, and what else could have been done to improve their experience during the challenging events. One foreigner described her hospitalization experience during her pregnancy which created a lot of anxiety and resulted in her returning to her home country for her delivery. The other foreigner described an experience of being refused treatment in a health clinic due to language barriers. The healthcare provider was also asked to share her motivation in making greater efforts to providing for foreigners and all the steps she took to accommodate foreigners in her clinic.

**Development of easy-to-use tools for foreigners in healthcare settings.** After the experience sharing session from the guest

speakers, the students were divided into two groups to brainstorm ideas for their final projects. Both groups were asked to develop something they believed would be useful to assist foreigners seeking healthcare in Japan, based on their learning from day 1 of the workshop, over a one-month period. Their final products were assessed and contributed to their final grade for this course.

## Day 2

**Self-reflection and discussion.** Day 2 of the workshop started with reflections of learning from day 1 of the workshop. The students were then introduced to the concept of a multi-cultural versus a cross-cultural approach to cultural competency. Specifically, they were asked to reflect on several principles proposed by Epner and Baile (Epner & Baile, 2012, p. 36). These included several principles which describe the universal human need to be heard and cared about, including the importance of considering the patients' family during medical treatment, the significance of physical touch, and verbal and non-verbal communications. The students were asked to discuss with their peers the meaning of these principles and to share a personal story or example demonstrating each principle. They were also asked to brainstorm what they can say and do to practice these principles as a nurse. To conclude the session, the students were reminded of Epner and Baile's golden rule, that "All people really care about is being cared about." (Epner & Baile, 2012, p. 41).

**Sharing of tools with foreign community members.** In the afternoon session, the two foreigners from the first session and a third foreigner from Mexico were invited to participate. Guests were first briefed on the students' learnings from the first session, and they were then invited to share their thoughts from the first session. The students then directly interacted with the foreigners to explain the tools they developed and received direct feedback. One

group described a bilingual handbook they created to guide healthcare providers in explaining the different aspects of giving birth in Japan to foreign expecting mothers. This handbook covered a list of things to prepare before hospitalization for delivery, the importance of the Maternal and Child Handbook, childbirth and childcare allowances, birth registration, and what to expect during and after delivery. The other group developed a quick reference guide for foreigners visiting a clinic, including information about seeking healthcare in Japan, things to bring to the clinic, phone numbers for free interpreter services, emergency numbers, as well as useful Japanese phrases and vocabulary in the healthcare setting.

**Final self-reflection on key learnings.** At the end of the workshop, the students were asked to do a final self-reflection which was graded along with the products they developed. This self-reflection consisted of 1) their most important learning from the workshop; 2) three ways that they can put what they learned into practice; 3) concrete ways to further disseminate the tools they developed; and 4) who they might teach what they learned in this workshop to and why.

## Evaluation

**Student feedback.** The majority of the students stated that their favorite thing about the class was the experience sharing with foreigners. One student (student A) stated, "I noticed that this [experience-sharing from foreigners] was good for both foreigners and us students!" Another student (student B) described, "Just having the experience and chance to chat with foreigners can help students to have more confidence and develop a strong will to help them." One student (student C) declared, "I want to be a pioneer and change our environment to make foreigners more comfortable!" She also mentioned her most important learning, "It is important to have interest in foreigners and show

that we care about them, even if we cannot communicate well by speaking or understand them fully. It is important to look at each person as a unique individual instead of holding prejudices or stereotyping." Student D mentioned the best way she can practice cultural competency as a nurse is, "...to be open, to be fair, and to be kind."

**Guest feedback.** The guest speakers also seemed to have benefited from sharing their experience in the workshop. One of the guest speakers (foreigner A) said during the workshop, "I feel like I finally got closure, I've kept this experience bottled up inside of me for so long with no one to tell." She thanked the students for "...making me feel accepted into this society." The other guest speaker (foreigner B) also expressed a feeling of being heard: "I feel touched that through sharing my personal story, something concrete is coming out of this. I feel happy that someone is doing something about this and I hope things will gradually improve for us foreigners seeking healthcare here." The healthcare provider also reported that after the workshop, she went back to her workplace and took concrete action immediately, by creating an English version of the patient registration form for her clinic.

### Discussion

In this paper, we have described a pilot workshop where we tested a novel approach to teaching cultural competency to future nurses in Japan. Specifically, we adopted the following methods: 1) the use of self-reflection to develop self-awareness and insight, often utilized in the disciplines of psychology and counseling (Dewey, 1938; Myers, 2003); 2) the focus on two-way discussion and mutual inquiry in the classroom to engage students based on adult learning theory (Merriam, 2002; Knowles, 1970); 3) the creation of a safe space for patients and nursing students to share their experiences and connect, to promote empathy and compassion (Brunero et al., 2010;

Jeffrey, 2016); and 4) the application and consolidation of their learning through creating concrete tools based on the patients' needs and sharing them with potential end-users. Most importantly, we adopted the patient-centered approach which we believe is the way forward to teaching cultural competency, as it can be more widely applied across cultures (Epner & Baile, 2012).

In Japan, there has been a growing push to encourage nurses to think critically and advocate for patients' rights and well-being in an increasingly complex healthcare system. (Bradbury-Jones et al., 2007; Stockhausen & Kawashima, 2003). The current shift from a hospital-based to a community-based healthcare system, technological advances in medicine, and the increasingly diverse patient population, all bring new challenges to the current nursing field. To navigate these complexities, nurses these days need to advocate for the patients while interacting with various types of health professionals to provide holistic care. The above teaching methods were selected to empower nursing students to develop critical thinking skills and encourage them to express their opinions. Based on the student feedback in this pilot workshop, we believe the workshop, which utilized a combination of a patient-centered approach and a self-reflective teaching strategy, successfully conveyed the fundamental principles of cultural competency. We were surprised that this workshop benefited not only the nursing students but also the invited guests, creating a win-win situation for all involved.

As Japan is becoming more globalized, there is a growing need for culturally competent nurses. Given that cultural competency is not yet a required topic for nursing education in Japan, there is little information available on how other universities in Japan are addressing this increasingly important topic. We hope that our workshop model can be a useful example for other nursing educators developing similar

courses, and can initiate the important conversation of introducing cultural competency as an official subject into the National Nursing Curriculum in Japan. For the next step, we hope to better understand the current situation of cultural competency education for nursing students in other nursing schools across Japan, to further build a case to advocate towards this cause. Ultimately, we hope to cultivate the next generation of culturally competent nurses who have the capability to provide patient-centered care for our increasingly diverse community.

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