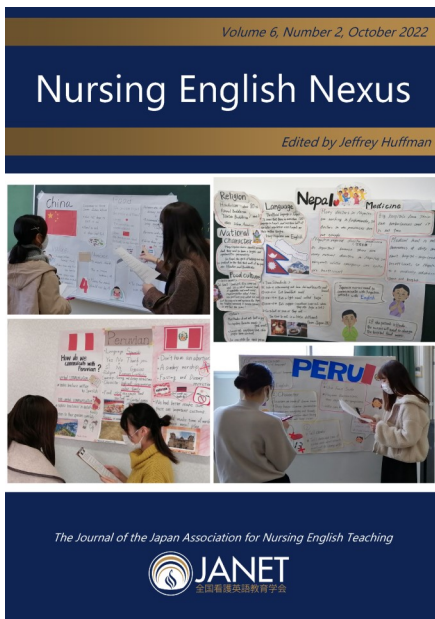


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Article citation

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

Nursing English Nexus

<http://www.janetorg.com/nexus>

ISSN 2433-2305

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Student Project Focused on Providing Culturally-Sensitive Healthcare to Non-Japanese People in Japan

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Abstract: *The second-year nursing English course at our university focuses on health care- and nursing-related topics. This culminates in a final project that includes research and a poster presentation about (1) the customs, beliefs, and practices of selected cultural groups, and (2) how Japanese health care professionals can best accommodate members of these cultural groups when providing them with health care. This paper describes and evaluates this student research and presentation project, with particular attention given to how it is implemented in the classroom and to the students' answers and comments in the post-activity review papers they completed following the presentations. A qualitative analysis was conducted on the 86 post-activity student review papers. The results suggest that the students learned important aspects of the cultures studied. Furthermore, students provided comments concerning how they could apply this newfound knowledge to patient care upon becoming nurses in the future. We conclude that this project was a successful introduction to foreign cultures in an English class, but that it should not be considered a replacement for actual training or interactions with people or patients from those cultures.*

Keywords: Japanese nursing students, nursing education, communicative English, cultural competence, culturally-sensitive health care

Japan has a long history of being a homogenous country where a very large majority of the population is Japanese and identifies with Japanese culture. Nevertheless, in recent years that has been changing somewhat rapidly as more and more non-Japanese people choose to make Japan their home. The number of non-Japanese residents continues to rise yearly, with the current population standing at 2.75 million, or 2.2% of Japan's total population (Statistics Bureau of Japan, 2021). Foreign tourism has likewise been growing rapidly over the last decade with the number of inbound tourists just before the pandemic rising to around 30 million annually (Japan National Tourism Organization, 2022). It is not only sightseeing trips that entice people to visit Japan. People from abroad are coming to seek medical care as well. Medical tourism, which Mestrovic (2018) defines as "international travel for the purpose of receiving care", has been increasing in recent years. There is even hope that Japan will become the top destination for medical tourism in Asia, with tens of thousands of foreign

medical tourists having visited Japan annually in the years immediately preceding the recent pandemic (*Medical Tourism Magazine*, n.d.). Additionally, with a large elderly population and the workforce decreasing, Japan is turning to nurses and care workers from countries such as the Philippines, Indonesia, and Vietnam who come to Japan to study and train through the Economic Partnership Agreement (Villog et al., 2020). This suggests a future where nurses in Japan not only care for non-Japanese patients, but also work alongside them. Combined, these phenomena indicate that it is increasingly essential for those working in health care to have a higher level of understanding of foreign cultures so that they can provide culturally-sensitive care, especially to those groups with significant populations either living in Japan or traveling to Japan as tourists. This led us to develop and incorporate learning activities in our English classes that promote intercultural communication and understanding.

An Overview of Nursing English Courses at Our Institution

There are two years of compulsory English courses for nursing students at Nara Medical University (NMU). In the first year, our curriculum focuses on four-skills general English with an emphasis on presentation skills through the practice of mini-presentations. In the second year, we shift to Content and Language Integrated Learning (CLIL) focused on nursing and health care English and include the concept of intercultural competence discussed in this paper.

The Cambridge Dictionary defines culture as “the way of life of a particular people, especially as shown in their ordinary behavior and habits, their attitudes toward each other, and their moral and religious beliefs” (2022). Considering this definition, both the first and second-year curricula contain cultural elements. In the first year, cultural themes are broadly addressed in course materials. For example, a unit on food shares the history and perception of food in cultures throughout the world, while a unit on family discusses how the definition of a family may differ by country.

In our second-year course, we move into nursing and health care-focused content, with explicit intercultural competence goals built into the curriculum. The two years of combined English courses, and in particular our second-year curriculum, aim to satisfy the MEXT goal of developing and fostering intercultural communication skills for our students to help them deal with people from different cultural backgrounds after they become nurses (Committee for Fostering Human Resources in Nursing Education, MEXT, Japan, 2017). The culmination of our two-year curriculum is a research and presentation project in the final semester focused on developing intercultural competence to provide culturally-sensitive health care to non-Japanese people in Japan.

Project Background & Design

Cultural competence is an essential skill for nurses. The Chicago School (2021) explains, “cultural competence in nursing implies the ability of health care workers to give the best medical care to patients while demonstrating cultural awareness for their beliefs, race, and values”. Campinha-Bacote (2002, 2011) has taken this concept of cultural competence and created the Model of Cultural Competence in Health Care Delivery, which was specifically designed for nurses. In it, she explains that cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire (Campinha-Bacote, 2002, 2011). These five constructs coalesce around three key processes. The starting point is self-examination, where one looks at their own culture and place within that culture. From self-examination it becomes possible to build one’s knowledge and skills concerning other cultures, both in terms of learning about them and experiencing them. Finally, both of these processes are meant to stimulate the desire in the nurse, or nursing student in this case, to continue to learn not only about themselves and their own culture, but about other cultures, and how to effectively communicate with people from those cultures. With Campinha-Bacote’s model in mind, we created a research and presentation project for our class.

To introduce the project, the semester begins with an intra-cultural reflective activity that utilizes the first construct of Campinha-Bacote’s model: self-examination. In it, the students are presented with a number of reasonably well-established Japanese cultural symbols such as sushi, sumo, and natto. The students are then asked to move toward different sides of the room depending on how connected they feel to that aspect of Japanese culture. The activity is designed to start the semester with some fun, but more importantly to show the students that even

within their own culture, there is quite a bit of variation. A further goal is that by showing students that variation exists within their own culture, they will avoid engaging in cultural essentialism, the presumption “that there is a universal essence, homogeneity, and unity in a particular culture” (Holiday, 2010, p. 1). In particular, we aim to help our students avoid assuming that all members of the cultural group they are researching are one and the same and should be treated accordingly. As a way of augmenting the cultural self-reflection process, we include a short class unit on intercultural understanding and competence at around the halfway point of the course (before students begin their intercultural communication presentation project). This class unit includes a handout (Appendix A) that is designed to review and reinforce the concepts taught through the self-reflective activity completed at the beginning of the course.

Finally, in order to make this project more relevant and meaningful for our students, we focus on the most recent demographic data available on non-Japanese residents in Japan. We selected 10 of the ethnic groups (based upon country of origin) which are near the top of that list: Chinese, South Korean, Filipino, Brazilian, Taiwanese, Vietnamese, Indonesian, Thai, Peruvian, and Indian (Immigration Services of Japan, 2019). These groups represent the nationalities of patients that our students are most likely to encounter when working as nurses in Japan in the future.

Project Description and Implementation

In our English courses over two academic years, the students have had several opportunities to research and present, starting with mini-presentations and finishing with one eight-minute final presentation in the first year, and finally moving on to two end-of-the-semester presentations in the second year. As previously

mentioned, the second-year presentations are centered on nursing and healthcare-focused topics. Thus, the final presentation project on intercultural understanding is the culmination of two years of practice and study. By providing the students with these step-by-step opportunities starting in the first year, they become familiar with creating and giving presentations in both online and in-person settings.

Format

The intercultural communication presentation is an in-class pair-created poster presentation of approximately 3–4 minutes with a theme of intercultural understanding in health care. The teachers introduce the project by handing out an information sheet (Appendix B) early in the semester (week 4) that includes the details of the project as well as some suggested questions that they should consider before they get started. After student pairs are decided, students are asked to research and present on one of the ten given cultural groups listed, with the condition that no two pairs will present on the same cultural group.

This group project can be broken down into three steps: research and poster creation, presentation, and a review paper.

Step 1: Research and Poster Creation

To facilitate student preparation, the teachers use the “small groups” function within Edmodo, a learning management system (LMS) that we have used regularly at NMU as a virtual classroom solution since the pandemic forced us to have an online component to our classes. Students can brainstorm and share information and research materials with each other and their teacher by posting in those small groups. The teacher can also check in with the small groups to see if students have any questions as they work on their research.

As a part of the project, we strongly

encourage the students to conduct primary research. How they go about this research is at the students' discretion. However, we offer advice on how to potentially connect with members of the cultural group they are researching, such as posting questions in an online discussion forum related to the cultural group, contacting members of the cultural group through social media platforms, and even seeking out members of the culture directly. For example, if they have chosen India for their cultural group, the students could visit the local Indian restaurant nearby campus and politely ask if the staff would answer some questions for a school project. We also briefly explain the types of questions they might ask, such as questions specifically about aspects of the target culture and questions about their experience in the Japanese healthcare system. After gathering enough information, the students work as a team to make a poster using the A1-size poster paper provided to them by the teachers.

Step 2: Presentations

Presentation day takes place near the end of the semester (week 13). With posters displayed, students take a few minutes to rehearse their presentations before the actual presentations begin. In a carousel style, one member of each pair will stand by their poster and give a presentation about the cultural group they researched while their partner listens to the presentations on the other cultural groups. Each student in the class has the chance to present 3–5 times, time permitting. This also means that each student will have the chance to listen to at least 3–5 presentations. The teacher also walks around the classroom and listens in order to assess each presentation.

It is not enough for the students to just prepare and give presentations. It is equally important to actively listen to their classmates' presentations. Communication is, after all, one of the skills we focus on in English class. We strongly

encourage the students to be active listeners and to ask thoughtful questions to the presenters. Students are also advised to take notes as they will be required to write a review paper about the presentations later.

Step 3: Review Paper

Following the presentations, the students are required to complete a review paper (Appendix C). In the review paper, the students are asked to draw upon the things they learned in their research about the cultural group that was the subject of their own presentation, as well as a cultural group that was the subject of one of the presentations they watched and listened to in class. The review paper works as an additional assessment tool, but just as importantly, it creates an opportunity for student feedback on the project itself.

Student Feedback from Review Papers

The principal purpose of the review paper assignment was to allow the teachers to assess whether the students learned about the cultural components of the cultural groups which they researched and which their classmates presented on. Secondly, we wanted to see if the nursing students thought about how they might apply this knowledge to a nursing context, considering how knowing about the cultures of their patients could help them to provide culturally-sensitive healthcare.

Cultural Themes

We looked closely at the 86 submitted review papers and did a qualitative analysis of the answers. The first step was to code each student by number (R1–R86). The next step of this analysis was to look through the papers and identify the themes presented. We identified seven themes: the body, communication, food, religious and cultural beliefs, death and dying, health care and society, and family relations. Of these themes, the body, communication, food,

Table 1
Number of Students Who Mentioned Each Theme

Cultural Themes	Number of students
The Body	60
Communication	48
Food	31
Religion & Cultural Beliefs	56
Death & Dying	11
Healthcare & Society	12
Family Relations	22

and religious and cultural beliefs were mentioned most frequently, as can be seen in Table 1.

Sub-themes

We then divided each of these themes into sub-themes to better understand in detail the aspects of culture the students found to be important. Each of the themes included anywhere from two to six sub-themes. In the following, we will describe the sub-themes for all seven themes and how many students discussed these sub-themes in their review papers.

The first theme, the body, has four sub-themes which include: touching (29 students), sacred/dirty parts of the body (13 students), toilet usage (13 students), and showering/bathing (five students).

The second theme, communication, has four sub-themes as well, including language (e.g., official languages, the necessity for an interpreter, gestures, illustrations, etc.) (30 students), relationships with others (e.g., physical/psychological closeness, hierarchy, etc.) (five students), how to call a patient's name (four students), and how to express one's feelings (e.g., straightforwardness, consideration of others, etc.) (nine students).

The third theme, food, has three sub-themes including eating habits (e.g., balance/size of meals, number of meals per day, etc.) (three students), eating manners (e.g., using hands, eating with family, purposely leaving a portion of food uneaten, etc.) (13 students), and dietary

preferences (e.g., strong seasoning, serving cold water during a meal, seasonal foods, etc.) (15 students).

The fourth theme, religious and cultural beliefs, has six sub-themes including food restrictions (e.g., no pork, no beef, vegetarian, fasting, etc.) (24 students), clothes (e.g., females' skin exposure) (5 students), prayer time/place (15 students), punctuality (eight students), numbers (e.g., superstitions) (two students), and importance of nature (two students).

The fifth theme, death and dying, has three sub-themes including religious views (e.g., resurrection, abortion issues, etc.) (four students), how to die (e.g., meeting with a priest at the end of one's life, where to die, etc.) (five students), and how to treat a patient after they die (two students).

The sixth theme, healthcare and society, has two sub-themes: the medical system (e.g., 24-hour care, ranking hospitals, etc.) (six students) and payment (e.g., medical costs and insurance) (six students).

The seventh theme, family relations, has four sub-themes including families at the hospital (e.g., family visits and family members taking care of the patient) (four students), the importance of family (10 students), family structure/relationship (e.g., polygamy, patriarchy, etc.) (four students), and respect for elders (four students).

Student Comments

After performing the thematic analysis, the next step was to go back through the papers and look for instances where students wrote comments that expressed an understanding of how the knowledge they obtained through this project was important for dealing with patients who come from a different culture than their own. As expected, most, if not all, of the students wrote sentences that successfully answered the questions laid out in the review paper assignment at a basic level. Of these students, however, there

were several that seemed to take it a step further, thoughtfully writing comments that expressed an understanding of culture on a deeper level, something that we hoped would happen as we set up this activity. This can be seen in the following examples of student comments.

About the communication theme, R11 wrote, *"I learned that there are many problems other than communication such as language when non-Japanese people receive medical treatment in Japan. When a multinational person comes as a patient, the medical staff needs to investigate the characteristics of the person's country, and I think it is necessary to make a board of the person's language for that person."*

In regard to religious beliefs, R13 commented, *"Through presentations about other countries, I felt that it was necessary to study the religion and values of that country in order to provide culturally sensitive medical care."*

Concerning food, R49 wrote, *"I learned that in order to provide sensitive medical care, it is important to pay attention to the content of food because there are some foods that people cannot eat due to cultural reasons."*

Regarding providing care, R4 wrote, *"Understanding, respecting, caring for the patient's culture is what medical professionals must do."*

Finally, R29 concluded, *"Patients have national characteristics of each country. We learned that we can communicate more comfortably for the patients and the nurses and provide more comfortable nursing care for the patients by knowing the patient's place of origin and studying the culture beforehand."*

One caveat worth mentioning here is that a few students who successfully described several aspects of the cultural groups they studied about did not consider how they could apply this knowledge to nursing care for members of those groups while they were patients at a hospital in Japan. Instead, they wrote about things that Japanese nationals should consider when they are

in a hospital overseas based on the information they researched about through their presentation and their classmates' presentations.

Discussion

In this paper, we described a research and presentation project for a second-year English class for nursing students that focused on an introduction to cultural competence based on concepts laid out in the Model of Cultural Competence in Health Care Delivery (Campinha-Bacote, 2002, 2011). This included a self-reflective activity at the beginning of the semester where the students were able to analyze aspects of their own culture. This was followed by a short unit in the middle of the semester where the students once again reflected on their own culture and also imagined themselves as a patient at a hospital abroad. Finally, the students engaged in research about a particular cultural group that is well represented in Japan and made a presentation on it to their classmates and teacher at the end of the semester.

Based on the student feedback during and after the presentations, the response to the project was overwhelmingly positive. As we walked around the classroom during the presentations, the excitement was palpable. After completing the hard work of researching and preparing their presentation, our students seemed to enjoy teaching their classmates about the cultural group they had researched. There were a lot of smiling faces as they shared interesting information about cultural customs and fielded questions in English from their classmates and teacher. Secondly, the students who walked around and listened to the presentations were engaged. They actively listened, took notes, and asked questions to the presenters, often continuing to ask questions or discussing further even after the presentation time had finished. Campinha-Bacote's model states that cultural desire, a genuine motivation

to want to become more aware and knowledgeable about cultures, is one of the key components of cultural competency (Campinha-Bacote, 2002, 2011). The nursing students seemed rather tuned into this concept in this setting.

The review papers that the students completed following the presentations also showed us that they had become more aware of the fact that each culture has distinguishable features, and there are often both similarities and differences between cultures. The student comments shared in the previous section suggest that several of the students also thought about how the cultural awareness and knowledge they had obtained through this project might translate into becoming better nurses to non-Japanese patients.

This project is not without its limitations. As an introduction to the concepts of culture and intercultural competence in a college-level English class, it served its purpose. On the other hand, we do not consider this a replacement for or equivalent to cultural competence training in a hospital or clinical setting or the experience of interacting with non-Japanese people or patients. Although the students enthusiastically researched and presented about cultural groups, most of the students were reluctant to reach out to people from those communities to learn firsthand from them. In one study exploring the cultural sensitivity of Japanese nurses, Toda et al. (2018) found a similar sentiment. The majority of respondents had very little confidence when it came to interacting with non-Japanese people, suggesting that more training and experience are necessary.

One way that we could improve this project is to take it a step further by creating a situation where we facilitate interactions between the nursing students and members of the foreign cultures studied. It was not enough to just suggest that the students attempt to connect with non-Japanese people unassisted. Instead, creating a

component of the course where we bring in members of foreign communities could be worthwhile. Chiu et al. (2018), working at a nursing school in Japan, created a workshop to promote cross-cultural care among Japanese nurses and the results were rather encouraging. Not only did the students seem to benefit from the experience, but the foreign community members who participated benefitted as well.

For educators considering implementing a project similar to this one, we offer the following recommendations based on our experience. First and foremost, it is important to introduce the project early on in the semester. We have a fifteen-week semester and introduce the project in week four. At this time, we not only introduce the project and its purpose but also decide on the pairs and which topics each pair will research. We allow the students to make their own pairs and choose the cultural group they desire to research from a list that we give them of cultural groups well-represented in Japan. The presentations take place in week thirteen, more than two months later. This allows for plenty of time for pairs to work together on the project, which eventually accounts for 20% of their class grade. We have the students do the majority of the work outside the classroom as we have quite a full curriculum to get through besides this project.

Nonetheless, we find it worthwhile to schedule between two and three sessions, from the time we assign the project in week four to the day of the presentations in week thirteen, where the pairs can work together on the project in class under teacher supervision. This accomplishes two important things. First, it allows teachers to monitor students' progress and make sure they are on track. Second, it allows the teachers to troubleshoot. In the first year that we included the project, there were some pairs that, although they had prepared a presentation, had somehow completely misunderstood the purpose of the assignment. This could have been due to the

English level of the students. In our nursing classes, we have quite a variety of levels in each class. Therefore, by having a couple of project work sessions during class, the teachers can check in to see whether students have questions about the assignment and also provide guidance to low-proficiency students who need extra support. This has reduced misunderstandings and ensures that nearly all students complete the project successfully.

As we have conveyed throughout this paper, the number of non-Japanese people residing in or traveling to Japan will continue to increase in the future. If we can help our nursing students become aware of this fact and better prepare them to interact with people of different cultures, we believe this will contribute to their becoming nurses who can provide culturally-sensitive care in the future.

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Appendix A**Intercultural Competence Handout**

- In order to provide culturally competent nursing care, the starting point is thinking about your own cultural background. In your opinion, what are some of the most important customs and cultural beliefs in Japan? Write your answers in the box below:

- The managers of a healthcare clinic in Shanghai want to provide more culturally-sensitive healthcare to Japanese residents and Japanese tourists in Shanghai. The managers of the clinic have asked you for your advice about how they might be able to achieve their goal. Write your advice in the box below:

Appendix B

NMU Second-Year Nursing Clinical English**GROUP PROJECT INFORMATION (SECOND SEMESTER)**

- ❖ The group presentations will be on Tuesday, 21 December.
- ❖ Your teachers will give you some time in class to prepare for your group presentation. However, you will also need to do some preparation for the group presentation outside of class.
- ❖ The format for the group presentation is as follows:
 - It is a pair presentation;
 - The presentation should be about **intercultural understanding in healthcare** (you need to choose a cultural group from the list of cultural groups below);
 - For the presentation, you need to prepare:
 - (1) a **poster** about your intercultural understanding in healthcare topic;
 - (2) **presentation notes** for your roughly 3-4-minute in-class presentation about your intercultural understanding in healthcare topic.
- ❖ When you are preparing your poster and notes, you should think about these questions: (1) *What are some of the most common beliefs and customs in this cultural group?* (E.g., beliefs or customs relating to language and communication practices, religious beliefs, diet, healthcare beliefs, family roles and social structure, etc); (2) *How can Japanese healthcare professionals provide culturally-sensitive healthcare for people from this cultural group?* (E.g., communication with the patient and their family, medical procedures, alternative treatments, the hospital environment, dealing with death and dying, etc)
- ❖ You should choose ONE cultural group from the list below. (Students are also able to choose a cultural group that is not included in the list below, but you need to discuss it with your teacher.)

LIST OF CULTURAL GROUPS

- | | | | |
|--------------|-----------------|---------------|--------------|
| 1. Chinese | 2. South Korean | 3. Filipino | 4. Brazilian |
| 5. Taiwanese | 6. Vietnamese | 7. Indonesian | 8. Thai |
| | 9. Peruvian | 10. Indian | |

