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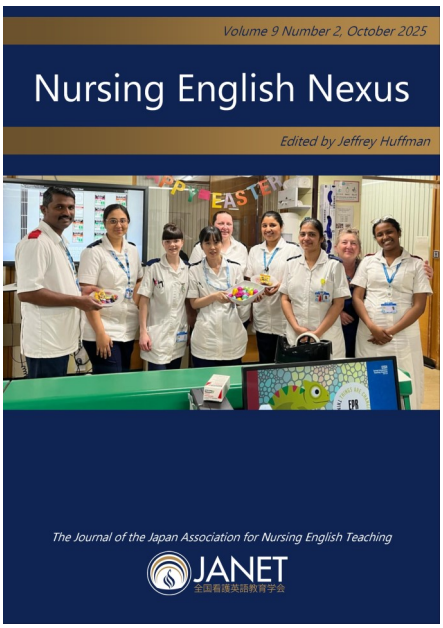

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***Abstract**: Narrative-based approaches have been used in health education to foster empathy, professionalism, and inquiry skills, and more recently to support the development of intercultural competence in English language education. Databases of patient narratives exist in both English and Japanese, but the voices of culturally and linguistically diverse (CALD) patients remain absent. This omission is particularly significant in Japan, where nurses play a central role in patient care, yet international nursing courses often give limited attention to caring for CALD patients. This report describes the development of an open-source online corpus of patient narratives from foreign residents who experienced healthcare in Japan, created for use with nursing and medical students. The 36 narratives encompass a range of language backgrounds and medical topics, with most participants female and from non-English-speaking countries.*

Keywords: patient narratives, culturally and linguistically diverse patients, cultural competency

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Visiting a hospital in Japan can be an intimidating experience for culturally and linguistically diverse (CALD) patients. Language barriers, unfamiliar hospital systems, and cultural differences in medicine can make even routine visits stressful (Watanabe & Sakka, 2016; Teraoka & Marunaka, 2017). Our individual and cultural backgrounds also shape how we expect to be treated and how we interact with healthcare professionals. In 2018, the author was awarded a grant from the Japan Society for the Promotion of Science to establish a corpus of patient narratives from foreign residents who had experienced healthcare in Japan for use in nursing and medical education. These narratives reflect diverse experiences, ranging from routine encounters to situations involving significant communication and cultural challenges, such as those described in this narrative of a Latvian woman, recorded in 2019.

> *Ms. L arrived at a women's health clinic a few minutes after they had stopped seeing patients for the day. She was late because she spent time outside the clinic entrance practicing the Japanese she would need at reception. Her symptoms were familiar and suggested a urinary tract infection, but they weren't clearing up. Hoping for confirmation and medicine, she made her case to the receptionist.*
>
> *The doctor agreed to see her, and she was ushered into an examination room. Ms. L explained her symptoms in Japanese and understood the doctor's request for a urine sample. But to her surprise, she wasn't given a paper cup and shown to the toilet. Instead, she was led to another room, where a nurse asked her to remove the lower half of her clothing and lie back in a reclining exam chair.*
>
> *The first nurse had difficulty inserting the catheter. So did the next. Eventually, four nurses were involved. They extracted a sample, cleaned her up, and sent her back to the doctor's office, leaving Ms. L in shock, confused, and feeling violated.*

Although the interaction took place in Japanese, Ms. L reported being troubled by the absence of any explanation for why a catheter would be used

to collect the sample, as well as by the apparent lack of skill shown by the nurses. She felt her privacy had been violated and that she had neither been informed of the procedure nor given consent.

Role of Nurses

In the story above, it was the responsibility of the doctor to ensure that Ms. L understood what was going to happen and confirm that Ms. L had consented to the procedure. Many of the challenges described in the narratives the author collected arose during interactions with doctors, making the corpus especially relevant for medical students. This raises the question of why it was conceived for use with nursing students. The answer lies with the role of Japanese nurses, particularly in facilitating patient understanding.

A 2015 nationwide survey by the Japan Hospital Association of 2,419 hospitals aimed to document changes in the division of nursing-related tasks across departments, comparing practices in 2011 to those in 2015, and to consider measures for improving the work environment. One question in the survey that focused on outpatient settings asked for clarification about who was responsible for being present during explanations of illnesses, surgeries, and tests. Nurses were reported as overwhelmingly responsible for this role both five years earlier (92.5%) and at the time of the survey (94.6%). Looking ahead, respondents anticipated greater involvement from clerks and technologists, but nurses were still projected to remain the central figures in this task (66.2%).

A different online survey of 2,891 physicians who belong to the MedPeer community of doctors (2013) helps to better clarify what 'being present during explanations' entails. Respondents reported that nurses often accompanied doctors during patient examinations in outpatient settings, noting that nurses' responsibilities extended beyond physical assistance to include supporting the examination, explaining tests, conducting preliminary questioning and vital checks, and managing preparation and cleanup.

The scope of such communicative duties was further explored by Porter (2019), who conducted a thematic analysis of domain-specific Japanese-language literature on nursing duties. From 100 instances of potential nurse-patient spoken interactions, 23 distinct target task types were identified. These included explaining procedures performed by other healthcare professionals, obtaining consent, checking patient comprehension, and providing emotional or psychological support. Several of these responsibilities were notably absent from Ms. L's narrative, underscoring the essential role nurses ideally play in ensuring patient understanding and safety.

Cultural Competence and Nursing Education

An additional concern is the influence of culture on interactions between Japanese nurses and CALD patients. The importance of developing cultural competence has long been recognized in both nursing education and nursing practice in countries with diverse patient populations (Registered Nurses' Association of Ontario, 2007; Calvillo et al., 2009; Nursing and Midwifery Board of Australia, 2018). Although Japan is often described as a homogenous society, the number of foreign residents and tourists continues to rise, and encounters between healthcare providers and CALD patients, such as the Latvian woman described above, are becoming more common. Reflecting this need, the 2021 Japanese Code of Ethics for Nurses (Japan Nursing Association) emphasizes the importance of providing equitable care that is respectful of and responsive to diverse cultural backgrounds and needs. Likewise, the revised model's core curriculum for nursing programs specifies that nursing students should understand how to support the lives of people from diverse cultural backgrounds (Ministry of Education, Science, and Technology, 2022, p.2)

and be able to communicate in a manner that is sensitive to the diverse characteristics of patients and their families, including age, disability, nationality, race, culture, language, customs, sexual orientation, and gender identity (p. 23).

In addition to foreign language courses and study abroad programs, many nursing programs offer one or more courses focusing on international nursing-related content. In a nationwide survey by Nagamine et al. (2025), 82.9% of Japanese nursing programs provided such content, but it was found that more than 70% devoted ten hours or less to the topic, and only 63% included material specifically focused on caring for CALD patients. Additionally, only 18% of the associated faculty had expertise in nursing for CALD patients. These findings suggest that nursing students still have few opportunities to cultivate cultural competence in the context of providing care for CALD patients.

One way to address this challenge is through the use of patient narratives, which are first-person accounts from CALD patients who have sought care in Japan. These narratives could provide practical and accessible means for students to engage with the complexities of culturally sensitive care. They can be incorporated into international nursing courses, used as preparation for study abroad programs, or used to inform the creation of simulated patient scenarios.

The Use of Patient Narratives in Education

Narrative medicine refers to the use of patient stories as therapeutic tools (Hu et al., 2024) for patients, data (Nembhard et al., 2024) for healthcare research, and educational resources to support the healthcare providers in developing person-centered care (Glässel & Hippold, 2024). A well-known source of patient narratives is the Database of Individual Patient Experiences (DIPEx), which is managed by a health charity in the United Kingdom. Founded in 2001, DIPEx aimed to "describe the widest practicable range of people's individual experiences of health and disease, and to provide a rich information resource for people affected by diseases and for those who look after them" (Herxheimer & Ziebland, 2008, p. 117). It now includes thousands of personal stories across hundreds of topics and has been adapted for use in other countries and languages.

DIPEx-Japan is an ongoing effort in Japan to create a similar database of Japanese-language patient narratives for use by patients and healthcare professionals. These narratives have been incorporated into medical education to help cultivate empathy by encouraging students to view illness from the patient's perspective, thereby also supporting the development of professionalism and inquiry skills (Son, 2019). However, neither the original DIPEx nor DIPEx-Japan appears suitable for addressing cultural competence when caring for CALD patients in Japan, due to the different healthcare settings and the high level of English required to access the original DIPEx, as well as the absence of CALD patient narratives in DIPEx-Japan.

While narrative-based approaches have gained traction in health education, they have also been adapted for foreign language learning in Japan. Drawing on the principles of narrative medicine, David Ostman (2023) proposed an approach he calls Intercultural Competence through Narrative (ICN), which integrates empathy with the cultural competence needed by English learners as they navigate an increasingly diverse Japan. Using his Database of Immigrant Narratives (DIN), he guides students to engage "in the life stories of immigrants, in which they are encouraged to take alternate perspectives" (Ostman & Xethakis, 2024, p. 15). This, he argues, "affords learners the cognitive space to consider not only how they would feel in the place of others, but also fosters a deeper understanding of the challenges that immigrants face in a new society,

as well as the contributions that they make" (p. 15).

Introducing the Spoken Corpus of Foreign and Immigrant Patient Narratives

The Spoken Corpus of Foreign and Immigrant Patient Narratives (hereafter referred to as the Corpus) does not approach the scale of DIPEX in terms of the number of participants, breadth of experiences, or depth of resources. However, the Corpus does draw attention to the healthcare experiences of CALD patients in Japan, making it an appropriate tool for cultivating cultural sensitivity and empathy among medical and nursing students in Japan.

Aim

The aim of this project was to create a corpus of 100 first-person patient narratives from foreign residents and tourists in Japan in order to support the development of online listening comprehension activities focused on non-specialist vocabulary and pronunciation variation, as well as to offer stories that encourage Japanese nursing and medical students to consider medical care from the perspective of CALD patients.

Participants

Based on 2018 foreign resident data from Fukuoka Prefecture, the participant pool was intended to be balanced in terms of gender and country of origin, reflecting the predominance of foreign nationals living or traveling in Japan from countries where English is not the dominant language. The call for participants requested 12 native Chinese speakers (any dialect), 10 Korean speakers, 10 Vietnamese speakers, 10 Tagalog speakers, 8 Indonesian speakers, 8 Tagalog speakers, 6 Nepali speakers, 6 Brazilian Portuguese speakers, and 20 participants from other countries where English is not the dominant language (with no more than two from the same country). The remaining 20 participants were to be recruited from countries where English is widely spoken as a first language, with consideration given to regional variation and balance in country representation.

Eligible participants were at least 20 years old and non-native speakers of Japanese. Recruitment took place through social media platforms (Facebook, Instagram, LinkedIn), classified ads on a local website for foreign residents and tourists in Fukuoka, and word of mouth. Participants were asked to share either their experience of a single visit to a Japanese hospital or their experience with one medical issue that required multiple visits to one or more hospitals. The account could reflect satisfaction or dissatisfaction with the care received.

Ethical approval was granted by the Institutional Research Board of Fukuoka Jo Gakuin Nursing University (18-3(3)). All participants gave written informed consent and signed release forms permitting the use of their recordings in the development of educational materials. Each participant received a 2,000-yen honorarium as a token of appreciation.

Methodology

Narratives were recorded in a single sitting without follow-up questions, using a semi-structured, uninterrupted format. Prior to recording, participants viewed a seven-slide presentation that provided guidance on selecting a suitable story, maintaining a natural speaking pace, using everyday vocabulary, and avoiding the use of place names (Appendix). The final four slides outlined a suggested structure for the narrative, consisting of:

1. Background: length of stay in Japan and self-assessed Japanese proficiency;
2. Setting: chief complaint and symptom onset;
3. Healthcare Experience: interactions at the medical facility, procedures, and treatments received;

4. Resolution: reflections on the experience and comparisons with past care in their home countries.

Results

The Corpus currently consists of 36 first-person narratives, each focusing on a single medical visit or a series of visits related to a specific health issue. A breakdown of the demographic data is in Table 1. Of the participants, 26 identified as female, and 22 were from countries where English is not the dominant language. The average recording length was 11 minutes and 15 seconds, with durations ranging from 4 minutes and 11 seconds to 24 minutes and 29 seconds. Table 2 shows a categorization of the patient narratives by medical topic. For the purposes of this article, each narrative was assigned a single topic, although some could be categorized under multiple topics. For example, the narrative shared above is classified under Urological/Renal, but it could also be categorized under Reproductive Health.

Recordings and transcripts are freely available on the Corpus website: https://sites.google.com/st.fukujo.ac.jp/nonjapanesepatientnarratives/

Table 1

Corpus Demographics

Dominant Language	Female (Age Range)	Male (Age Range)	Total
English	11 (20-59)	3 (40-69)	14
Indonesian	4 (20–49)	1 (30–39)	5
Portuguese	1 (30–39)	2 (30–39)	3
Arabic	2 (20–29)		2
Chinese	1 (20–29)	1 (40–49)	2
Sinhala	1 (20–29)	1 (20–29)	2
Vietnamese	2 (20–29)		2
Bangla		1 (30–39)	1
French	1 (30–39)		1
Latvian	1 (30–39)		1
Malay	1 (30–39)		1
Malagasy	1 (20–29)		1
Tagalog		1 (40–49)	1
Total	26	10	36

Table 2

Categorization of Patient Narratives by Medical Topic

Medical Topic	No. of Accounts
Pregnancy & Childbirth	6
Orthopedic / Injuries	5
Gynecological	4
Infectious Diseases / Screenings	4
Cardiovascular	3
Internal medicine	3
Surgical Procedures / Post-op	3
Mental Health	2
Preventive / Checkups	2
Dermatological	1
Gastrointestinal	1
Pediatric	1
Urological	1

Conclusion

This study has sought to address a critical gap by developing a corpus of patient narratives that can be used not only to support English language learning but also to prepare nursing students for the cultural and communicative challenges of caring for CALD patients in Japan. However, the Corpus remains limited in scope. Accounts from Vietnamese, Chinese, and Korean patients—the largest groups of foreign residents and tourists—are underrepresented, and narratives from people of color and members of the LGBTQ+ community are almost completely absent.

In part due to the COVID-19 pandemic, which reduced the number of short- and mid-term residents available to participate, fewer than half of the intended number of narratives were collected. Moreover, building connections within certain language communities proved difficult and restricted opportunities for recruitment.

Nevertheless, it is hoped that the Corpus will inspire future efforts to collect a broader and more representative range of CALD patient experiences in Japan. The author welcomes opportunities to collaborate on expanding the Corpus and exploring how it can be effectively used in medical and nursing education to support

the development of English language skills and cultural competence.

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Appendix: Narrative Interview Guide

1. Choosing a story to share

- one visit to a Japanese hospital

  Examples: very first time at a Japanese hospital for diagnosis and treatment of a cold or injury

- many visits to one or more Japanese hospitals about the same complaint

  Examples: surgery, chronic conditions such as diabetes or organ failure, pregnancy

2. Speaking Suggestions

- Speed: natural—moderate speed (not to too fast or too slow)
- Language: natural—do not worry about your vocabulary or grammar
- Names: do not use your name, anyone else's name, the name of any train stations, hospitals, or clinics.

3.1 Story Structure

(1) Background

1. When did this experience happen?
2. How long had you been in Japan?
3. Were you able to understand much Japanese?

(Example) This happened in 2015. I had been in Japan for about 2 years. I couldn't speak much Japanese.

3.2 Story Structure

(2) The Scene

1. Why did you seek medical care?
2. What kinds of symptoms were you experiencing?

(Example) One day, I started to feel pain on my left side, the left side of my stomach. The pain was really sharp. It hurt when I moved. But, I was able to go to the hospital in my neighborhood.

3.3 Story Structure

(3) At the Hospital/Clinic

1. What medical treatment or medical procedures did you receive?
2. Were you hospitalized? How long?
3. What were your interactions with medical staff like?

(Example) First, I had to have a urine test and a blood test…

3.4 Story Structure

(4) Impressions

1. Did anything you experience at the hospital surprise or shock you?
2. What was your impression of your experience?
3. How was your experience different from seeking medical care in your country?