Identifying Nursing Duties for the Nursing English Curriculum: A Target Task Analysis Using Written Sources from the Field of Nursing in Japan

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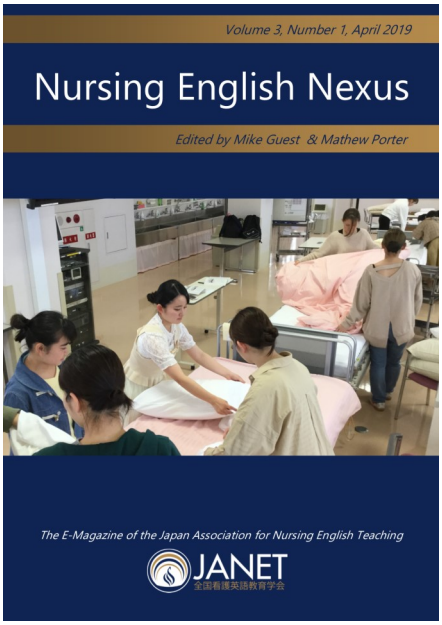

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Identifying Nursing Duties for the Nursing English Curriculum: A Target Task Analysis Using Written Sources from the Field of Nursing in Japan

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***Abstract**: Needs assessment is essential in designing English language courses for occupational purposes. However, existing research into the specific tasks in which English language skills are needed by Japanese nurses is limited. Using a 2015 study of nursing duties conducted by the Japan Hospital Association as a framework and additional domain-specific literature related to nursing duties, the author investigated the duties nurses were responsible for in five areas of the hospital in order to develop a list of target task types to be used in the design of a needs assessment tool. From the literature, the author identified 100 instances of potential nurse-client spoken interaction, which could be organized into 24 target task types following an inductive content analysis. The resulting list provides a starting point for designing a needs assessment tool but needs to be verified by practicing nurses, nursing educators, and nursing English educators to identify missing and/or mislabeled items.*

Keywords: English for nursing, needs assessment, target tasks

In ESP, needs assessment (NA) has been called the starting point of any vocationally-oriented course (Anthony, 2018) because it plays a central role in the design of learning objectives and the selection of teaching methodology, materials, and learning assessments. A number of studies targeting the needs of nurses and nursing students have been carried out in Japan. These studies have found a high demand for English among nurses (Watanabe, 1998; Inoue, Sato, & Kanda, 2005; Mori & Suzuki, 2018) and nursing students (Takakubo, 2002; Suzuki & Mori, 2017) , as well as a need for English proficiency in both general and nursing-specific situations (Yamanaka & Parker, 2004; Miyake & Tremarco, 2005; Nagasaka, Noro, Uchida, & Takeda, 2005; Mori & Suzuki, 2018). Researchers have also found the approach to English language classes at Japanese nursing schools inadequate at providing nursing students with relevant English courses (Yamanaka & Parker, 2004; Porter, 2018) and dissatisfaction with university-level English language education among current nurses (Inoue, Sato, & Kanda, 2004; Nagasaka, et al., 2005; Willey, McCrohan, Nishiya, & Tanimoto, 2016).

In addition to the above, Watanabe (1998), Inoue, et al. (2004), Nagasaka, et al. (2005), and Mori & Suzuki (2018) have explored the need for English in nursing scenes, or *bamen* in Japanese. Mori & Suzuki (2018) define these scenes as the "situations in which the nurses actually find themselves while working in the hospital" (112). This echoes Long (2015) who argued for tasks, "our students need, or will need, to be able to do in the L2" (Ch. 5.5), as the unit of analysis in NA because they can be immediately understood by domain experts as well as by ESP professionals who can use them to organize lessons. They also provide an ideal context for linking linguistic forms and functions and their obvious relevance to learners' future occupations can be meaningful and motivational for students (Long, 2005). Knowledge of the tasks that students will perform in their future careers links directly to decisions in the language classroom, as Serafini, Lake, & Long (2015) explain: "Once target tasks (TTs) (e.g., serving breakfast, lunch, dinner and drinks) and target task types (TTTs) (e.g., serving food and beverages) are identified based on the results of the NA, course designers can proceed with the latter phases of creating the program, which involve deriving pedagogic tasks (PTs), or what learners and teachers actually do in the classroom" (13).

Study	Method	Tasks
Watanabe (1998)	Open-ended question on a survey	(1) communicating with a non-Japanese patient* (2) reading physician notes on a medical chart (3) reading international research (4) communicating with and understanding physicians* (5) common sense as an adult (6) handling foreign visitors and researchers* (7) studying abroad and overseas training* (8) reading medical exam reports (e.g., CT scan, MRI) (9) understanding medical terminology (10) understanding manuals of imported medical devices
Inoue, et al. (2004)		(1) explaining about a treatment* (2) explaining to a patient about care* (3) explaining about an illness or wound* (4) asking a patient about lifestyle* (5) asking about a medical condition* (6) providing moral support to a patient* (7) meeting a new patient* (8) giving instructions*
Nagasaka, et al. (2005)	Selecting from a list of situations	(1) understanding medical charts and exam results (2) talking about non-medical topics* (3) talking about medical topics* (4) reading research for self-improvement (5) researching information on the Internet (6) studying abroad* (7) receiving foreign visitors and researchers*
Mori & Suzuki (2018)		(1) explaining operation procedures* (2) having a bedside conversation* (3) instructing how to take medication* (4) explaining medical tests or treatment* (5) explaining admission procedures* (6) indicating locations in the hospital* (7) taking vital signs* (8) reading medical records (9) reading related literature

Fig. 1: Situations investigated in four assessments of the English needs of Japanese nurses.
Asterisks denote a situation requiring oral communication skills.

All NA are limited by constraints, such as time, financial resources, and access to domain insiders, that can reduce their reliability and validity. Although many of the studies mentioned above have contributed valuable insights into the tasks in which Japanese nurses require English skills, weaknesses can be found in the methods and sources used. Watanabe (1998) and Inoue, et al. (2004) gathered examples of scenes (Fig. 1) through open-ended questions on a questionnaire, analyzed the results, and categorized the responses. Open methods, such as these open-ended questions, are exploratory, inductive tools, which Long (2005) and Serafini, et al. (2015) recommend using before quantitative tools, such as surveys, to allow for initial categories of tasks to emerge so their generalizability can be tested on a larger sample of the population through surveys. This open-before-closed sequence was followed in Nagasaka, et al. (2005) and Mori & Suzuki (2018), where lists of situations in which nurses might need English (Fig. 1) were included on questionnaires and nurses were asked to indicate which situations they had encountered at work (Nagasaka, et al., 2005) or the frequency at which they encountered the scenes at work (Mori & Suzuki, 2018). However, Nagasaka, et al. (2005) did not report how the situations presented on the questionnaire were sourced, while Mori & Suzuki (2018) appear to have used nursing English

textbooks. Although, NA often relies on the intuitions of applied linguists and language teachers to identify vocational duties, they perform poorly compared to domain insiders (Long, 2005; Serafini, et al., 2015).

Serafini, et al. (2015) created the Adaptable Methodological Checklist for Reliable and Valid NA Practice which recommends gathering data from two or more sources using two or more methods. Ideally, an NA will follow an open-before-closed sequence with research tools informed by insider knowledge from domain experts. One source of insider knowledge can be written literature from the domain, which Long (2005) recommends as a first step before consulting domain insiders. Long (2005) performed a literature survey to identify sources, methods, and source x method combinations for NA and then evaluated their relative merits in identifying the language and tasks of airline flight attendants (FA). He found written sources, representing "insider-to-insider communication," were "the richest sources of information for the tasks involved in an FA's work" (50).

The creation of a tool for assessing the language needs of Japanese nurses following a methodological approach such as the one recommended in Serafini, et al. (2015) is a critical first step in a larger plan to conduct a nationwide survey to measure the English language needs of nurses in Japan. The purpose of this paper is to create a list of target task types based on a review of written sources produced by Japanese nurses, nursing educators, and professional organizations for use on a future NA survey instrument.

Methodology

This analysis was carried out in three steps. First, I identified opportunities for spoken interaction between nurses and clients, defined as the patient and their families, from among the nursing duties investigated by the Japan Hospital Association (JHA) in a 2015 study, presupposing that these opportunities are independent of the interlocutor's first language. Throughout the paper, I refer to this type of interaction as *nurse-client spoken interaction*.

The purpose of the JHA study was to identify and predict changing trends in the division of labor related to nursing duties. The JHA study investigated 24 nursing duties across 5 areas: outpatient ward, endoscopy unit, dialysis unit, inpatient ward, and operating room. The outpatient ward, inpatient ward, and operating room are representative nursing assignments in Japan, but other assignments may include the ICU, the ER, and the cardiac cath lab. For each duty, head nurses from 947 JHA member institutions were asked to report who currently performed the duty, who performed the duty five years prior, and who was expected to perform the duty five years in the future.

Next, I explored written sources from within the field of nursing to clarify ambiguous situations and identify duties not investigated by the JHA study, focusing on each of the five areas. A key consideration was the perceived transparency of the nursing duty and the associated task or tasks from the perspective of a domain outsider, such as an English instructor. For example, it may be easy to imagine the tasks a nurse must perform when explaining a medical examination to a client—describing to the client the reason for the exam, procedural steps, necessary preparations, and any risks. However, it may not be easy to imagine the potential tasks associated with the nurse's role when accompanying the doctor during a medical interview.

Finally, I conducted an inductive content analysis in the manner of Elo & Kyngäs (2008) in which I coded examples of nurse-client spoken interaction, grouped similar instances, and created categories, resulting in target task types with examples.

Results & Discussion

Nursing Duties

Of the 24 nursing duties examined in the JHA study (Fig. 2), 12 (50%) indicated potential for nurse-client spoken interaction. These are italicized in Fig. 2. Of the 12 duties which suggest opportunities for nurse-client spoken interaction, 8 duties were unambiguous and mostly concerned with the performance of an act, such as making a bed, collecting blood, or washing a patient's hair. The remaining 4 duties, indicated by an asterisk in Fig. 2, were ambiguous and served as a starting point for the exploration of written sources from inside the domain.

Outpatient Department

Three of the four nursing duties in the outpatient department investigated by the JHA study indicate potential for spoken interaction between nurses and clients. The actions that constitute two of those duties, blood collection and explaining examinations, are straightforward, whereas those related to accompanying doctors are vague and in need of clarification. In a MedPeer's (2013) study of outpatient services, 1,350 doctors indicated that a nurse was present during outpatient consultations. In the open comments, doctors reported that they relied on nurses to perform the following duties: guiding patients in and out of the exam room, checking blood pressure, conducting preliminary medical interviews, and explaining

Outpatient Department	**accompanying doctors when explaining medical conditions, operations, and examinations to patients*
	blood collection
	explaining examinations
	straightening up, cleaning, and disposing of waste
Inpatient Ward	preparing the environment (room)
	Bedmaking
	personal care and grooming (sponge bath, washing hair, assisting with bathing, oral care)
	toilet assistance (leading to the toilet, changing diapers)
	**inpatient orientation*
	blood collection
	preparing and mixing injections
	checking medicine the patient brought with them
	**watching over patients with dementia or who appear disquieted*
Operating Room	preparing the OR
	laying out surgical instruments
	peripheral duties (indirect assistance)
	passing surgical instruments (direct assistance)
	post-op cleaning
Endoscopy Unit	preparation and verification of lighting and equipment
	**assisting the endoscopy and endoscopic treatment*
	cleaning the scope
Dialysis Unit	*insertion and removal of dialysis needles*
	inspection and management of equipment
	straightening up afterward, cleaning, throwing away garbage

Fig. 2: Nursing duties investigated in the 2015 Japan Hospital Association study.

Opportunities for nurse-client spoken interaction are italicized. Ambiguous duties are indicated with an asterisk.

and assisting with the exam. Nurses who accompany doctors during outpatient consultations experience a variety of expectations related to doctor-patient interactions. Slingsby, Yamada, and Akabayashi (2006) explored the communication styles used by outpatient doctors by employing direct observation of the interactions and conducting follow up interviews with doctors, nurses, and patients. They observed two communication styles involving nurses: an individual style in which nurses were not expected to assist with doctor-patient communication and a collaborative style in which they were. They also identified two motives for adopting this collaborative style, one positive—improving patient -provider communication, and one negative—minimizing doctor communication with the patient. The follow-up interviews revealed that nurses were often seen as mediators or facilitators of doctor-patient communication.

Nursing outpatient services. An area not explored by the JHA was nursing outpatient services. In response to the increasing number of patients visiting outpatient departments who are in need of managed, ongoing care, often of a specialized nature, more hospitals have begun to offer nursing outpatient services where nurses, coordinating with doctors and other healthcare professionals, play a central role in providing outpatients with lifestyle-appropriate care and assistance in learning to manage their own conditions (JNA, 2010). A 2009 survey of nursing directors at 3,495 medical facilities conducted by the Japan Nursing Association (2010) found that 975 (27.9%) medical facilities had established nursing outpatient services and that 868 (35.1%) were considering doing so. From among the 14 services respondents could choose from, the most common services offered were stoma, wound, ostomy, and continence care (522, 14.9%), foot care (422, 12%), and diabetes-related care (300, 8.6%). Less common services included pediatric nursing care, cancer nursing care, palliative care, care related to lifestyle diseases and lymphedema, smoking cessation, and advising about home oxygen treatment.

The JNA (2010) described the skills desired of outpatient nurses and those involved in nursing outpatient services. Basic outpatient nursing skills include the ability to provide or assist in providing reassuring, safe, and reliable care so patients can recover and to coordinate with doctors so that patients can receive medical consultation efficiently. The JNA indicated that both outpatient nurses and nurses working in nursing outpatient services should be able to evaluate a patient's condition based on facial expressions, words, and actions; be able to explain and advise about the patient's condition, reactions to treatment, or health maintenance; and respond to questions about the patient's condition or course of treatment. They also indicated that nurses involved in nursing outpatient services should be able to provide advice about lifestyle adjustments and about improving patients'/patients' family's quality of life; gather information about any latent problems from patients/patients' family's shared thoughts and help patients/patients' families to become aware of problems or latent problems within their everyday lives; obtain informed consent and support patients/patients' families in making their own decisions about treatment; and provide specialized knowledge and care that will lead to an alleviation of the patient's symptoms.

Inpatient Ward

Ward nurses are responsible for providing care to hospitalized patients from the moment they are admitted until their discharge. The JHA study investigated nine duties of ward nurses, with seven implying some degree of nurse-client spoken interaction. Duties such as bed making, toilet assistance, and blood collection are immediately clear; however, additional sources were consulted to clarify the content of duties related to the inpatient orientation and treating

patients with dementia.

Inpatient orientation. While inpatient orientation may imply the explanation of daily schedules, hospital services, and rules to patients when they are admitted to the hospital, this is certainly not the case at every hospital. In response to changes in the medical fee schedule by the Japanese Ministry of Health, Labour, and Welfare (N.D.), which aims at creating community-based integrated care systems comprising various health care professionals working together to guide patients into hospital care and back into their communities, some hospitals have introduced pre-hospitalization support services through patient support centers. At these centers, nurses, coordinating with other medical staff, provide guidance to patients as they prepare for hospitalization and their eventual discharge. Seto and Mitsuhashi (2013) investigated the effects of the introduction of a patient support center on nursing duties at their hospital. The content of pre-hospitalization support sessions provided to patients at their hospital focused on not only explaining the treatment process to patients, performing detailed assessments and history-taking, and conducting pre-operation orientations, but also often consisted of explaining medical fees; listening to patient needs related to diet, rooming, and accompanying family members; explaining post-operative rehabilitation, and introducing and providing training with assistive medical devices, such as breathing aids.

Treating patients with dementia. Patients facing a decline in their cognitive functions often experience problems communicating, altered personality traits, and disturbances in their emotions, moods, perceptions, thoughts, and motor activity, which can present a variety of obstacles for nurse-client spoken interaction on the ward. Chida & Mizuno (2014) investigated the experiences of 26 nurses at two hospitals who were working with elderly patients experiencing dementia. Using semi-structured interviews, they identified three sets of difficulties containing 29 subcategories relating to dealing with the symptoms of cognitive impairment, the nurse-patient relationship, and caring for elderly patients with cognitive impairment.

Subcategories relevant to this analysis include dealing with patient behaviors such as refusing any kind of care or treatment, removing necessary equipment such as catheters, trying to leave the hospital without permission, eating non-nutritious items such as hair or chalk, and soiling themselves. It also includes nurses not being able to understand the patient's complaints and having to make decisions for patients who cannot make their own decisions or express their own will. Nurses also reported problems getting the patient to understand the need for treatment or care as well as reports of patients who were angry or violent, caused problems with other patients, and needed to be physically restrained.

Discharge planning. Although the JHA study considered inpatient orientations, it did not examine discharge planning, which can be an additional area of responsibility for nurses on (and off) the ward. A study of 839 hospitals of over 150 beds found that 558 hospitals (67.1%) had already established a department responsible for coordinating patient discharge while an additional 83 (9.9%) intended to establish one (JVNF, 2011). Nurses staffed these departments at 470 (83.5%) hospitals, second only to medical social workers. Of the 276 hospitals without a discharge planning department or the expressed intent to create one, ward nurses were responsible for discharge planning at 86 (31.2%) hospitals (JVNF, 2011).

The JVNF study identified 23 duties related to coordinating patient discharge in which nurses play a central role, almost all of which provide opportunities for nurse-client spoken interaction. These duties involve negotiating family relationships and methods for at-home health care; explaining the prognosis and care plan to patients and their families; providing guidance to

patients and their families regarding post-discharge treatment, including explaining how to use medical equipment, perform self-care techniques, or provide nursing or medical care to recovering family members; introducing the patient and/or the patient's family to various health care providers, such as care specialists, local doctors, visiting nursing stations, home helpers, public health facilities, as well as available social resources and schemes; providing counseling and psychological support to patients and their families; organizing and holding a pre-discharge conference with necessary stakeholders; and visiting the patient's home prior to discharge in order to advise about preparing the environment for at-home care and treatment, as well as on the day of discharge (JVNF, 2011).

Operating Room

The JHA study investigated 5 roles carried out by operating nurses, but none of these implied nurse-client spoken interaction. However, as a member of the operating room team along with anesthesiologists and surgeons, nurses are responsible for ensuring the patient's safety from pre-op to post-op. With the reduction in hospitalization periods, more hospitals are performing pre-op assessments on an outpatient basis to help the patient prepare both physically and mentally for the operation with the aim of reducing potential risks during and after the operation (Ishibashi, 2015). Depending on the hospital, these orientations are conducted by operating room, ward, or outpatient nurses.

Comprised of history taking, physical examinations, and explanations, the pre-operation orientation presents considerable opportunities for nurse-client spoken interaction. The history may consist of a medical history (current medication, complications, past illnesses, experiences with anesthetics, allergies) and a social history (occupation, lifestyle, use of alcohol and tobacco, etc.), while the physical examination covers the entire body, including teeth and the oral cavity. In addition, the nurse might conduct a screening to prevent a pulmonary blood clot, which would rely on assessing signs, symptoms, and risk factors. During the pre-op assessment, the nurse might explain the fees associated with surgery and hospitalization as well as the process on the day of the surgery, including a walk-through of the operation room. Finally, there may be a need to educate the patient about post-operative breathing methods and the importance of refraining from smoking (Ishibashi, 2015).

Endoscopy Unit

Endoscopic procedures include examinations of the genitourinary system and the digestive system using a small camera inserted directly into body openings or small incisions in the body. For the layperson, endoscopy may suggest a visual observation of the inside of the body using a special camera, but endoscopic procedures also include the collection of cell and tissue samples, direct treatment of internal bleeding, and removal of growths. In the endoscopy unit section of the JHA survey, a single duty implying nurse-client spoken-interaction was identified—assisting with the endoscopy and endoscopic procedures.

Although there is considerable variation by hospital regarding how a nurse might assist endoscopies and endoscopic procedures, the nursing committee of the Japan Gastroenterological Endoscopy Technicians Society has released a standard for nursing duties in the endoscopy unit. It contains five primary objectives related to nursing practice in the endoscopy unit: (1) provide physical, mental, and social assistance to people in need of care; (2) provide support so the patient can undergo an endoscopy or endoscopic therapy with peace of mind; (3) continuously monitor people in need of care, ascertain problems, and respond appropriately; (4) respond effectively to emergencies; and (5) carry out medical procedures under the direction of doctors and

monitor the patient's response. Each of these objectives is composed of a dozen or more overlapping and interrelated expectations profuse with opportunities for nurse-client spoken interaction (2008), which could be grouped into three broad categories—educating the patient and gathering information, assessing the patient and providing support or care, and acting as an intermediary. The opportunities for nurse-client interaction identified repeat those already discussed in the three areas above, and due to space limitations will not be discussed here.

Dialysis Unit

Dialysis is a treatment available to patients with compromised kidney function. The kidneys filter waste products from the blood and regulate the body's fluid balance. With hemodialysis, the most common type of dialysis, the kidneys' functions are performed externally by a machine, which requires the placement of needles in the patient's arteries and veins. Dialysis therapy and the underlying disease it treats results in considerable changes to the patient's lifestyle. Standard hemodialysis therapy requires 4 hours and 3 visits to the hospital per week, but it can also be done at home with training. Since dialysis is a lifetime treatment, barring a transplant, opportunities for nurse-client spoken interaction are plentiful. Mizutsuki, et al. (2004) reported on the current state of dialysis nursing and the expected roles of dialysis nurses from the perspective of nephrologists, clinical engineers, social workers, and nurses themselves. Based on their responses, opportunities for nurse-spoken interaction could be found when providing care during treatment, educating the patient and patient's family, caring for the patient's mental health, and providing the patient with support to adapt socially to lifestyle changes brought on by treatment. As these are similar to the target tasks already identified in the three main areas above, they will not be discussed further here.

Target Task Types

Over 100 duties that feature potential for nurse-client spoken interaction were identified in the exploration of domain literature and were organized into 23 target task types, as seen in Figure 3. Only one of the four studies above, Inoue, et al. (2004), focused exclusively on spoken interaction. The task types proposed in Figure 3 expand considerably upon those found by Inoue, et al. (2004), which were gathered directly from nurses in their study. In this list of target tasks, situations such as "giving instructions" reported in the Inoue, et al. study were divided into giving instructions about how to use a medical device and giving instructions about how to perform a technique, but entirely new tasks such as acting as an intermediary and obtaining informed consent were also identified. These results support conclusions by Long (2005) and Serafini, Lake, and Long (2015) about the high value of domain-insider sources of information when identifying potential tasks of a domain and the importance of carrying out this kind of detailed target type analysis before undertaking quantitative survey research on members of the target population.

As for the nursing English curriculum, the resulting list of target task types implies a substantial range of potential pedagogical tasks. This list contains tasks already found in nursing English materials, such as drawing blood and checking blood pressure, guiding patients in/out of an exam room, explaining medical exams, and conducting preliminary medical interviews–tasks that nurses with low- to intermediate-level English language proficiency might be able to accomplish with a limited repertoire of vocabulary and set expressions. However, more complex English language demands could be placed on nurses if they are involved in obtaining informed consent, advocating for patients' needs, or helping patients and their families to make lifestyle changes. These tasks demand not only greater English language proficiency, particularly

	Target Task Type	Example Tasks
1.	Collecting information from clients about the patient's chief complaint or current condition	Conducting a preliminary medical interview or an ongoing assessment, assessing adverse reactions, performing a physical assessment or blood clot screening, checking on a patient during nursing rounds, checking on a patient during a procedure
2.	Collecting information about potential problems	Recognizing clients' latent problems, fears, doubts
3.	Collecting information from clients about the patient's lifestyle	Conducting a social history, asking about the patient's ability to perform activities of daily life and instrumental activities of daily life, assessing challenges related to the client's health, behavior, cognitive ability, communication ability.
4.	Collecting information from clients about the patient or family members' medical history	Conducting a medical history, asking about allergies and current medications
5.	Collecting information from clients about family relationships	Understanding family structure and roles, who is assisting the patient, methods for home health care
6.	Obtaining informed consent from clients	Explaining the nature, purpose, risks, and benefits of an intervention, obtaining clients' consent
7.	Explaining to clients about a procedure that another medical professional will perform on the patient	Explaining a medical exam, giving a walk-though of the operation room, explaining purpose and content of a procedure
8.	Explaining the patient's condition to clients	Explaining about the patient's disease, symptoms, prognosis, care plan, reactions to treatment, changes in condition, health maintenance
9.	Explaining the patient's treatment or care to clients	Explaining about dialysis, endoscopy, endoscopic procedures, the treatment process, an operation, and post discharge treatment
10.	Explaining about hospitalization to clients	Explaining medical fees or post-op rehabilitation
11.	Giving instructions about how to use a medical device to clients	Explaining about home oxygen treatment or home dialysis, training clients to use assistive medical devices
12.	Giving instructions about how to perform a technique to clients	Explaining nursing care or medical skills for use in home care, explaining post-op breathing methods
13.	Providing advice or support to clients related to necessary lifestyle changes	Providing support for smoking cessation, lifestyle adjustments, improving client quality of life, restructuring family roles, accepting changes, maintaining health, and doing self -care
14.	Checking clients' comprehension	Confirming clients understand the doctor, providing supplemental explanations
15.	Responding to clients' questions and requests	Responding to questions about condition, care, treatment. Responding to clients' needs relating to diet, rooming, accompanying family members
16.	Performing a procedure on the patient	Collecting blood, checking blood pressure, inserting/removing needles
17.	Providing care to clients	Providing care during treatment, providing specialist care such as foot care or stoma/ wound care, changing dressings, making the bed, providing toilet assistance
18.	Providing moral or psychological support to clients	Alleviating anxiety, discomfort, fear, pain; helping clients become aware of latent problems; helping clients maintain a good relationship
19.	Providing physical assistance to clients	Guiding clients in/out of exam rooms, assisting patients with eating, evacuating, moving, changing positions
20.	Dealing with upset, aggressive, disoriented, or uncooperative clients	Alleviating the situation and accomplishing the nursing goal
21.	Acting as an advocate for clients	Supporting clients when making decisions about treatment, understanding and respecting clients' wishes
22.	Acting as an intermediary between the clients and medical/social services	Introducing social resources and schemes or other health services to the client, holding a pre-discharge conference, contacting family members in an emergency
23.	Visiting the clients' home	Performing a home inspection or site visit, providing on-call care

Fig. 3: Target Task Types for Nursing English with Examples

in the areas of speaking and listening, but also the ability to understand and convey specialized information to non-specialists.

Conclusion

Using the above list (Fig. 3) on a NA instrument with a sample population that takes into consideration the size and location of hospitals and clinics as well as the experience and duty stations of nurses will shed light on which target task types are most relevant to particular nurses, thereby helping nursing English instructors design better courses, materials, and assessments. However, before that can happen, the list needs

to be evaluated by nurses, nurse educators, and nursing English educators in order to verify the target task types, identify missing and/or mislabeled items, and thereafter, refine the list. In addition, a list of high priority items can provide a starting point for building a database of pedagogical tasks that could be used by nursing English teachers and materials designers to design and deliver content more relevant to nurses and nursing students seeking higher proficiency in English. Finally, the refined list could be used by teachers of other languages to identify the needs of nurses working with patients that speak Korean, Chinese, or another frequently encountered languages.

Returning to the original purpose of the JHA study, which was to identify changing trends in nursing duties, English educators must also recognize that nursing in Japan is moving towards more specialization and, as a result, this will mean changes in the duties performed by nurses and the nursing English curriculum. Duties such as hygiene care, blood collection, and the verification of medicines are already being taken over by certified caregivers, clinical technicians, and pharmacists, while duties requiring less specialized knowledge such as bedmaking and toilet assistance are shifting to nurse assistants. Although the introduction of team-based medical care has been heralded in Japan for some time, these changes may be slow to manifest due to a lack of specialized staff, training, and guidelines to facilitate these changes. However, it is certain that these changes will come, signifying the importance of developing and maintaining a list of target task types in order to conduct high quality needs assessments in the future.

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