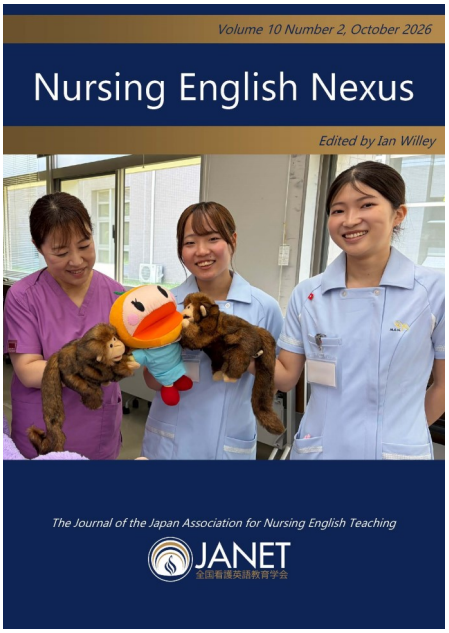
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Developing Empathy, Nursing Communication, and Professional Identity through Puppet-Based Maternity Care Dialogues in a First-Year Nursing English Reading Course: An Interdisciplinary Educational Study

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Abstract: *Effective nursing communication requires empathy, non-judgmental listening, trust-building, and an understanding of patients' emotional experiences. This qualitative study examined how an interdisciplinary educational intervention integrating nursing English and maternity nursing through puppet-based clinical dialogues supported first-year nursing students' communication learning and emerging professional identity. A 90-minute session was conducted in a first-year nursing English reading course at a Japanese nursing college. Students observed three maternity-care puppet dialogues, collaboratively created continuation stories in English, presented their dialogues, and completed written reflections. Of 97 reflections collected, 96 with written consent were analyzed using qualitative thematic analysis. Five themes emerged: understanding women's emotional experiences (93.8%), learning active listening and non-judgmental communication (41.7%), building trust through empathetic dialogue (58.3%), developing professional identity as future nurses (27.1%), and recognizing English as a tool for patient-centered care (6.3%). The findings suggest that puppet-based clinical narratives combined with collaborative dialogue and reflection can provide first-year nursing students with an accessible form of vicarious clinical experience. Nursing English education may therefore support not only language learning but also empathy, relational competence, and emerging professional identity before substantial clinical placement experience.*

Keywords: empathy; interdisciplinary education; nursing English education; nursing communication; professional identity; puppet-based learning

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Communication is fundamental to nursing practice. Nurses are required not only to assess patients' physical conditions but also to understand their thoughts, emotions, values, family circumstances, and social backgrounds while developing relationships of trust. The ability to communicate empathetically and appropriately is therefore an essential foundation of patient-centered nursing care.

Contemporary nursing education in Japan increasingly reflects these expectations. The Japanese government's revised Model Core Curriculum for Nursing Education emphasizes the importance of developing competencies that enable nurses to understand the diverse backgrounds of patients and other healthcare professionals, establish constructive relationships, and provide high-quality nursing care through effective interaction with patients (Ministry of Education, Culture, Sports, Science and Technology [MEXT], 2025). Communication competence among nursing students has similarly

been identified as an important practical capability supporting patient understanding and the development of therapeutic relationships (Abe, 2025).

For nursing students, however, communication skills cannot be developed simply by memorizing appropriate expressions. Effective nursing communication requires learners to consider what patients may be experiencing, why particular concerns may be difficult to express, how a nurse's response may affect a patient emotionally, and how trust develops within a therapeutic relationship. Empathy, active listening, non-judgmental responses, and the ability to create psychological safety are therefore important components of communication education.

These interpersonal dimensions are increasingly relevant to nursing English education. As healthcare environments become more linguistically and culturally diverse, Japanese nurses may encounter patients and families with whom English serves as an important means of communication—a lingua franca, as it were. Nursing English education consequently needs to extend beyond specialized vocabulary, grammar, and reading comprehension toward opportunities in which students experience how English can function within caring relationships.

A nursing English reading course can provide one such opportunity. Reading and language learning remain important components of the course, but clinically situated activities can additionally allow students to observe the effects of particular words within nurse–patient interactions. An expression such as "Thank you for telling me," for example, is linguistically simple but interpersonally meaningful because it communicates acceptance rather than judgment. Similarly, "Let's think about this together" can position the nurse not merely as an authority providing information but as a professional accompanying a patient through uncertainty.

Such learning may be especially important during the first year of undergraduate nursing education. First-year nursing students generally have limited direct clinical experience, yet their professional formation has already begun. Classroom experiences may therefore influence how they conceptualize patients, communication, caring, and the kinds of nurses they wish to become.

The present study investigates an interdisciplinary classroom intervention combining nursing English and maternity nursing through puppet-based maternity-care dialogues, collaborative story development, presentation, and written reflection. The fictional pregnant patient in the dialogues was named Chico and is referred to by that name throughout this study. Rather than evaluating the intervention merely as an innovative classroom activity, the study qualitatively examines students' reflections to investigate what the experience revealed about empathy, nursing communication, trust, English learning, and emerging professional identity.

Literature Review

Communication and Empathy in Nursing Education

Nursing communication involves substantially more than transmitting accurate information. Nurses need to listen to what patients say, recognize concerns that may be difficult to articulate, respond appropriately to emotional vulnerability, and create conditions in which patients feel safe enough to communicate openly.

In a review of education for nursing students, Abe (2025) identifies nursing communication (both verbal and non-verbal) as a major pedagogical concern because of students' limited ability to articulate their ideas, emotions, and experiences. Effective communication supports students' understanding of the roles of nurses in helping relationships with patients and colleagues. Communication education therefore properly addresses not only communicative skills

but also the interpersonal and therapeutic purposes for which those skills are used.

Empathy is particularly important in this context. Students need opportunities to move from observing clinical situations externally toward considering how those situations might be experienced by patients. This shift from observation toward understanding another person's experience resonates with Noddings' (2003) relational understanding of caring. As Noddings explains, caring involves, for the one-caring, a "feeling with" the other—a relationship that may be understood as empathy (p. 31). From this perspective, empathy in nursing education involves more than recognizing another person's emotions; it requires students to imaginatively enter the patient's perspective and respond to that experience as relationally meaningful.

The educational value of such perspective-taking can also be understood in relation to reflection and professional development. Schön (1983) emphasizes reflection as an important dimension of professional learning, particularly when practitioners encounter complex situations that cannot be addressed through technical knowledge alone. In nursing, Benner (1984) similarly emphasizes the role of experience in the development of professional expertise, showing how clinical understanding develops through engagement with practice over time. Taken together, these perspectives suggest that students need opportunities not only to acquire knowledge and communication skills but also to interpret situations, consider others' perspectives, and reflect on how they might respond as future nurses. Such opportunities are especially relevant before clinical placement, when students have limited direct experience communicating with patients. Learning environments that encourage students to interpret emotional experience, consider why patients may hesitate to disclose concerns, and reflect on how nurses' responses affect patients can therefore provide an important foundation for subsequent clinical learning.

Simulation and Scenario-Based Nursing Education

Role-play and simulation are widely used in undergraduate nursing education because they allow students to connect theoretical knowledge with representations of clinical situations (Inoue & Sato, 2022). Scenario design is particularly important, as effective simulation requires students to integrate knowledge, skills, attitudes, interpretation, and communication within a meaningful clinical context (Matsuzawa et al., 2017).

Scenario-based learning can provide a preparatory space between classroom knowledge and direct clinical practice. Students can explore alternative responses, discuss interpretations with peers, make decisions without creating risks for actual patients, and reconsider those decisions through reflection. For first-year nursing students, such experiences may be particularly valuable because clinically-situated scenarios allow them to begin thinking from a nursing perspective before they have extensive clinical experience.

Puppet-Based Learning

Interactive puppetry represents a distinctive form of simulation. Tilbrook et al. (2017) endorse the use of interactive puppet simulation in nursing education and children's healthcare. More recently, Abu-Ras et al. (2025) identify puppetry as a potentially useful medium for facilitating emotional expression and social interaction. Puppets may be particularly valuable when education engages with emotionally sensitive situations. Representing another person through a fictional character can create a degree of psychological distance while retaining sufficient narrative and emotional detail to encourage perspective-taking.

In the present study, puppetry was combined with continuing maternity narratives rather than

used simply as a visual or entertaining classroom device. The fictional patient Chico was represented across adolescence, pregnancy, and the postpartum period. This continuity provided students with opportunities to observe not merely isolated clinical problems but changing emotional and interpersonal experiences across time.

Reflection and Professional Identity Formation

Experience alone does not necessarily produce professional learning. Reflection enables learners to reconsider what they have observed or experienced, identify why it matters, connect it with professional values, and consider how they might act in comparable situations. This reflective process is especially relevant to professional identity formation (PIF), through which students gradually develop an understanding of themselves as members of a profession.

Cruess et al. (2014) describe PIF as a developmental process through which individuals come to think, act, and feel like members of a profession. Reflection and social interaction play important roles in this process. Similarly, Dryden et al. (2026) examined professional identity formation through an international nursing exchange involving a Thai nursing student as a visiting student at a Japanese nursing college. Their findings conceptualized PIF as a dynamic and longitudinal process through which nursing students use experiences, social interactions, and reflections to internalize professional values, responsibilities, and ways of understanding themselves.

A particularly relevant finding from Dryden et al. (2026) is that language learning and professional identity formation need not constitute separate educational processes. English communication becomes professionally meaningful when emphasis moves beyond linguistic perfection toward mutual understanding, empathy, psychological safety, and patient-centered interaction. The present study extends this perspective by investigating whether comparable processes may become visible among first-year nursing students before substantial clinical placement experience.

Interdisciplinary Nursing English Education

Collaboration between language and nursing educators may create educational opportunities that neither discipline alone can provide. Nursing educators can contribute clinical authenticity and professional knowledge, while language educators can structure opportunities for dialogue, narrative development, communication, and reflection. Such collaboration may transform the nursing English classroom from a setting in which students primarily learn English about nursing into a learning environment in which they begin to explore, through English, how nurses listen, respond, establish trust, and care for patients.

Despite previous research on simulation, empathy, and interactive puppetry (Tilbrook et al., 2017; Abu-Ras et al., 2025), the authors are not aware of any research that has examined the integration of puppet-based maternity-care scenarios, English dialogue, collaborative narrative construction, reflective writing, and professional identity formation among first-year Japanese nursing students. The present study addresses this gap.

Research Questions

Accordingly, this study seeks to answer the following research questions:

> RQ1. How do first-year nursing students interpret the emotional experiences of women as simulated in puppet-based maternity-care scenarios?
>
> RQ2. What understandings of active listening, non-judgmental communication, empathy, and trust emerge from students' reflections on such simulations?

RQ3. In what ways do students' reflections indicate emerging professional identity formation before substantial clinical placement?

RQ4. How do students understand the role of English in their imagined future patient-centered nursing communication?

Methods

Study Design

The present study employed a qualitative descriptive design to examine first-year nursing students' reflections following an interdisciplinary educational intervention integrating nursing English and maternity nursing. A qualitative approach was selected because the purpose was not to measure improvement in predefined competencies but to investigate how students interpreted and constructed meaning from their educational experiences. Qualitative approaches are appropriate when researchers seek to investigate participants' interpretations of their experiences, feelings, and the meanings they construct from them (Dörnyei, 2007; Holliday, 2015).

The study focused on students' interpretations of simulated interactions between the fictional maternity patient Chico and Nurse Mikan and on how these activities related to their imagined future professional roles. The activities were also intended to prepare students to build trusting relationships with non-Japanese patients in future clinical settings.

Ethical Considerations

Prior to the classroom intervention, students received written and verbal explanations in English concerning the educational activity and the use of their reflections for research and publication. Participation was voluntary, and participation or non-participation had no influence on course grades or academic evaluation. Only reflections from students who provided written informed consent were included in the analysis and in the selection of illustrative quotations.

Participants and Educational Setting

Participants were first-year undergraduate nursing students enrolled in English Reading I, a compulsory Nursing English course at a Japanese nursing college. The intervention was conducted during their first year, before they had accumulated substantial clinical placement experience. This timing was important because the study sought to examine whether clinically meaningful language-learning activities could contribute to patient-centered perspectives and emerging professional self-concepts during an early stage of nursing education.

Ninety-seven students completed an English-language reflection following the session. One student did not provide written informed consent for use of the reflection for research and publication and was therefore excluded. The final qualitative dataset consisted of 96 reflections.

Development of the Educational Intervention

A 90-minute interdisciplinary educational session was collaboratively developed by educators specializing in English education and maternity nursing. Three original scenarios were constructed around the continuing experiences of a woman named Chico and a nurse named Mikan.

In Scenario 1 ("Chico in Adolescence"), Chico visits an obstetrics and gynecology clinic because her period has not occurred for several months and she fears that she might be pregnant. She initially finds it difficult to disclose her concern. Nurse Mikan uses gentle questions, allows time for silence, listens without criticism, and responds, "Thank you for telling me."

Scenario 2 ("Chico Comes to the Hospital for a Prenatal Checkup") is set during pregnancy, when Chico becomes confused and anxious because of contradictory information encountered online

concerning diet, activity, and everyday behavior. Nurse Mikan acknowledges her uncertainty, provides reassurance, and encourages continued communication.

In Scenario 3 ("Chico Becomes a Mother"), during the early postpartum period, Chico is exhausted by her newborn's persistent crying and begins to question whether she can become a good mother. Nurse Mikan acknowledges her distress, reassures her that no one becomes a perfect mother immediately, and supports her in caring for the infant.

The scenarios were deliberately designed to represent different emotional challenges across a maternity trajectory rather than merely different clinical problems. The continuity of Chico as a character allowed students to encounter maternity care as an unfolding human experience.

Learning Activities

The intervention consisted of four interconnected activities. First, students observed puppet-based English dialogues in which movement, pauses, tone of voice, and interaction between the characters conveyed linguistic and emotional meaning. Second, students worked collaboratively to create continuation stories in English. Rather than being given a single correct ending, they discussed how the characters' situations might develop and what kinds of communication might be appropriate. Third, students presented their continuation dialogues to their classmates, enabling multiple interpretations and possible communicative responses to become visible within the classroom. Finally, students completed individual written reflections in English. They considered Chico's emotions, Nurse Mikan's communication, what they had learned from the activity, and how that learning might relate to their future nursing practice.

Data Collection

Written English reflections were collected immediately following the educational intervention. The reflections were treated as qualitative data rather than as course satisfaction evaluations. Analysis focused on how students interpreted the clinical narratives involving Chico and Nurse Mikan in relation to patient emotions, communication, trust, nursing values, English learning, and future professional practice.

Qualitative Thematic Analysis

The 96 reflections were analyzed using qualitative thematic analysis. The researchers first read and reread the complete dataset to become familiar with the students' responses. Meaningful units concerning emotional understanding, listening, non-judgmental communication, empathy, trust, professional self-concept, and English learning were identified.

Initial codes were generated from these units. Related codes were compared and grouped into candidate themes, which were subsequently reviewed against the complete dataset and refined according to their central organizing meanings. Five final themes were identified:

1. Understanding the emotional experiences of pregnant women
2. Learning active listening and non-judgmental communication
3. Building trust through empathetic dialogue
4. Developing professional identity as future nurses
5. Recognizing English as a tool for patient-centered care

Individual reflections could contain evidence relevant to more than one theme; categories were therefore not mutually exclusive. Frequencies were calculated descriptively to indicate the prevalence of each thematic pattern. These frequencies contextualized the qualitative findings rather than functioning as independent quantitative measures of educational effectiveness.

Participants were assigned anonymous

identifiers from S1 to S96 to protect confidentiality while maintaining a clear relationship between interpretations and supporting data. Representative quotations are incorporated into the Results section.

Results

Thematic Analysis

Five interrelated themes were identified from the 96 reflections. Students' responses extended beyond comments concerning enjoyment of the activity or English language difficulty. They interpreted Chico's emotional trajectory, identified relational functions of Nurse Mikan's communication, considered how trust was established, and, in some cases, projected these observations onto their own future professional identities.

Table 1

Mean Major Themes Identified from Students' Reflective Writing (n = 96)

Theme	Number of Students	Percentage (%)
1. Understanding the emotional experiences of pregnant women	90	93.8
2. Learning active listening and non-judgmental communication	40	41.7
3. Building trust through empathetic dialogue	56	58.3
4. Developing professional identity as future nurses	26	27.1
5. Recognizing English as a tool for patient-centered care	6	6.3

Note. Individual reflections could be coded under more than one theme; therefore, combined percentages do not equal 100%.

Understanding the Emotional Experiences of Pregnant Women

The most prevalent theme concerned students' recognition of the patient's emotions and psychological changes. Ninety of the 96 students (93.8%) demonstrated awareness of Chico's emotional experiences across the maternity-care trajectory.

During the adolescent pregnancy phase, students frequently emphasized emotions such as fear, confusion, anxiety, and isolation. One wrote, "Chico felt very scared, confused, and lonely because she could not tell anyone about her pregnancy" (S75). Another observed, "Chico was confused and anxious because of her unexpected pregnancy" (S2). These responses indicate that students recognized not only the clinical possibility of pregnancy but also the emotional difficulty associated with uncertainty and disclosure.

During the prenatal scenario, students identified another form of vulnerability: uncertainty created by excessive and contradictory information. One wrote, "She became overwhelmed by the huge amount of information on the Internet and did not know what to believe" (S89). During the postpartum phase, attention shifted toward exhaustion, self-blame, and diminished maternal confidence: "She blamed herself when her baby would not stop crying" (S89). Students also recognized emotional change resulting from supportive interaction: "Chico gradually became calmer" (S45).

Students therefore followed an emotional trajectory rather than identifying isolated feelings. They recognized that the patient's emotional needs changed across different stages of maternity care.

Learning Active Listening and Non-Judgmental Communication

Forty students (41.7%) explicitly reflected on active listening, acceptance, and non-judgmental communication as important components of nursing care. The simple expression "Thank you for telling me" (S12) was particularly salient. Students interpreted it not merely as an English phrase but as a response communicating acceptance after Chico had struggled to disclose a possible pregnancy.

One participant wrote, "Listening carefully is one of the most important skills for nurses" (S81). Another emphasized, "Mikan did not blame

her" (S71). Students also referred to the importance of accepting patients' feelings and avoiding immediate judgment.

These responses suggest that students recognized a significant distinction between obtaining information from patients and creating an interpersonal environment in which patients feel sufficiently safe to disclose difficult information.

Building Trust through Empathetic Dialogue

Fifty-six students (58.3%) described how empathetic communication contributed to reassurance, psychological safety, and trust. One student wrote, "The nurse listened without judgment and created a safe atmosphere" (S43). Another observed, "Chico continued to trust and rely on her" (S50). Another participant recognized the development of a therapeutic relationship: "This may have helped them build a trusting relationship" (S30). Students also responded to expressions such as "Let's think together," interpreting them as indications that the patient did not need to face uncertainty alone.

Theme 3 was analytically distinct from Theme 2. Theme 2 concerned what the nurse did communicatively, whereas Theme 3 concerned what those actions made possible relationally. Students' reflections therefore suggested a process in which active listening and non-judgmental communication contributed to psychological safety, disclosure, reassurance, and trust.

Developing Professional Identity as Future Nurses

Twenty-six students (27.1%) explicitly connected the activity with their own future identities, values, or responsibilities as nurses. One wrote, "I want to become a nurse like Mikan" (S15). Another stated, "I want to care not only for my patients' bodies but also for their feelings" (S42). Another participant wrote, "I hope to respect every patient's feelings and always provide compassionate, patient-centered care" (S45).

These statements are particularly noteworthy because the participants were first-year students with limited clinical experience. Rather than merely evaluating the behavior of the fictional nurse, these students began to appropriate the values represented by Nurse Mikan and relate them to their own future nursing practice.

Their reflections suggested a developmental movement from observing nursing behavior, to recognizing professional values, to imagining oneself as a nurse, and finally to articulating a desired professional self. This pattern was interpreted as evidence of emerging professional identity formation rather than evidence that professional identity had already been fully established.

Recognizing English as a Tool for Patient-Centered Care

Six students (6.3%) explicitly connected English learning with their future nursing practice. One student wrote, "I need to continue improving my English skills" (S10). Another reflected, "We can talk with patients in easy English" (S21).

Although relatively few students explicitly referred to English, these comments are educationally meaningful. For these students, English began to shift from being understood solely as an academic subject toward being recognized as a practical resource for communicating with patients and supporting patient-centered care.

Discussion

Puppet-Based Maternity Narratives and Patient Understanding

The most prominent finding was students' attention to Chico's changing emotional experiences, thereby addressing RQ1. Ninety of the 96 participants (93.8%) recognized negative emotions or psychological changes across the

scenarios, including fear, confusion, isolation, information overload, uncertainty, exhaustion, self-blame, and reassurance. Importantly, students differentiated these emotions across adolescence, pregnancy, and the postpartum period.

This finding is significant in first-year nursing education because students have limited clinical experience from which to understand how patients may experience healthcare situations. The puppet-based scenarios provided a form of vicarious clinical experience through which students could encounter an unfolding patient narrative before extensive participation in actual clinical care.

The continuity of Chico's experiences across the three scenarios may have strengthened this process. Instead of encountering unrelated cases, students followed one woman through changing life and care situations. They could therefore consider the patient not simply as a clinical problem but as a person whose emotions, needs, and circumstances developed over time.

The puppets themselves may also have supported perspective-taking. Tone of voice, pauses, movement, and interaction enabled emotional meanings to be communicated visually and aurally, while the fictional format provided some psychological distance from sensitive issues such as unexpected pregnancy and postpartum distress. This interpretation is consistent with previous discussions of interactive puppet simulation in nursing education (Tilbrook et al., 2017) and the potential of puppetry to facilitate emotional expression and social interaction (Abu-Ras et al., 2025).

The educational value of puppetry should therefore not be understood solely in terms of novelty or enjoyment. In the present study, it functioned as a narrative medium through which abstract concepts such as vulnerability, hesitation, acceptance, reassurance, and trust became accessible to novice nursing students.

From Communication Techniques to Relational Meaning

A second important finding was that students did not merely identify useful communication techniques; they considered what those techniques accomplished within the nurse–patient relationship. Students recognized the importance of listening, waiting, accepting feelings, avoiding blame, and responding supportively. Expressions such as "Thank you for telling me" and "Let's think together" became particularly meaningful because of their relational contexts. The first followed a difficult disclosure and acknowledged the courage required to speak, while the second communicated that the patient did not have to manage uncertainty alone.

The distinction between Themes 2 and 3 is therefore important. Theme 2 represents communicative behavior—listening, accepting, avoiding judgment, and responding—whereas Theme 3 represents possible relational consequences: feeling safe, disclosing concerns, feeling understood, and developing trust.

This suggests that students were moving beyond a checklist understanding of communication. A clinically appropriate phrase is not valuable simply because it is linguistically or technically correct; its nursing significance depends partly on what it enables within the relationship. The educational question consequently shifts from "What should a nurse say?" toward "What might this way of communicating allow the patient to feel, express, or do?" Such a shift is fundamental to patient-centered nursing communication.

Empathy, Active Learning, and Relational Perspective-Taking

The findings further suggest that students' understanding of empathy extended beyond identifying the patient's emotions. Students considered why Chico was afraid, why she hesitated to speak, why contradictory information caused anxiety, why persistent infant crying could

undermine maternal confidence, and how Nurse Mikan's responses changed the emotional situation. These findings provide answers to RQ2.

This represents a progression from recognizing what a patient feels toward considering why she may feel that way, why communication may be difficult, and how a nurse's response can influence the interaction. Such reasoning reflects relational perspective-taking rather than simple emotion identification.

The collaborative continuation-story activity may have strengthened this process. Students did not remain passive observers of completed model dialogues. They were required to determine what might happen next, imagine the patient's subsequent experience, and construct an appropriate nursing response in English. They therefore had to consider simultaneously what English they could use, what the patient might feel, how the nurse might respond, and how the relationship might develop.

The collaborative nature of the activity also allowed students to negotiate ideas with peers and compare interpretations rather than simply reproduce a predetermined nursing dialogue. Reflection then provided an opportunity to reconsider the meaning of their choices.

The educational mechanism suggested by the findings can therefore be understood as a sequence of narrative encounter, collaborative interpretation, communicative construction, presentation, and individual reflection. Each stage encouraged students to move further from passive observation toward active interpretation of patient-centered care.

From Observing a Nurse to Imagining Becoming One

The professional identity findings constitute an important contribution of the present study. More than one-quarter of participants—26 of 96 students (27.1%)—explicitly articulated characteristics of Nurse Mikan that they hoped to emulate or professional values they wished to carry into their future nursing practice.

These findings address RQ3 in revealing that professional identity formation is not a single educational outcome that can be achieved through one classroom intervention. Rather, it is a dynamic and longitudinal developmental process involving experience, reflection, social interaction, professional values, and increasing participation in professional communities (Cruess et al., 2014). The present findings should therefore not be interpreted as demonstrating that a 90-minute intervention formed students' professional identities. Rather, the intervention appears to have provided an early opportunity for emerging professional identity formation.

This interpretation is particularly meaningful because participants had limited clinical experience. Some students nevertheless identified professional values represented by Nurse Mikan—empathetic listening, non-judgmental communication, respect for patients' feelings, and patient-centered care—and related them to the kinds of nurses they themselves hoped to become. The fictional interaction thus provided a form of vicarious professional experience.

Becoming a nurse involves more than learning what nurses know or what nurses do. Students

Figure 1

The Process of Emerging Professional Identity Formation



also gradually develop understandings of who nurses are and who they themselves wish to become. The present intervention provided an early educational space for this professional self-questioning.

Reflection appears to have been particularly important. After observing Nurse Mikan's interactions with Chico, students were encouraged to relate their learning to their own future practice. Their reflections connected communication, empathy, and professional values with anticipated nursing roles. This interpretation is consistent with Schön's (1983) account of reflection as central to professional learning and with Benner's (1984) understanding of nursing expertise and professional development as grounded in meaningful engagement with practice and experience.

The movement from observing practice toward imagining oneself as a future nurse is also consistent with Cruess et al.'s (2014) conception of professional identity formation as a process through which learners gradually integrate professional values into their sense of self. Although the students had not accumulated substantial clinical experience, the narratives allowed them to encounter clinically meaningful situations indirectly, consider patients' emotional experiences, observe models of nursing communication, and reflect on the professional values represented within those interactions.

This interpretation also extends the findings of Dryden et al. (2026), who showed that professional identity formation through international nursing exchange can develop through experience, reflection, interpersonal interaction, and communication. Whereas that study explored PIF through intercultural and experiential learning, the present findings suggest that related processes may begin considerably earlier, even before extensive clinical placement.

Classroom activities cannot replace direct clinical experience. They can, however, provide preparatory spaces in which students begin developing the values, perspectives, and questions that they later bring to patient encounters. Puppet-based narrative learning and reflection may therefore contribute not only to communication education but also to the early development of students' awareness of themselves as future members of the nursing profession.

Reconceptualizing English—from an Academic Subject to a Caring Resource

Only six students (6.3%) explicitly discussed English as a future nursing resource, and this finding should be interpreted cautiously. The study did not measure English proficiency, and the data do not demonstrate improvement in language ability. Nor should the relatively small number of explicit comments concerning English be overstated.

Nevertheless, the nature of these comments is educationally significant. Statements such as "We can talk with patients in easy English" (R21) suggest that some students were reconsidering what successful nursing English communication might mean. The relevant distinction is not simply between good and poor English but between viewing English solely as an academic subject and recognizing language as a means of reaching another person. This data showed that at least some participants were actively considering the role of English in their future nursing careers (as envisaged by RQ4).

This interpretation is consistent with Dryden et al. (2026), in which communication became professionally meaningful when learners moved away from an exclusive emphasis on linguistic perfection toward mutual understanding and patient-centered interaction. Even linguistically simple expressions can carry considerable professional meaning when they help patients feel accepted, understood, respected, or less alone.

Nursing English education should therefore continue to develop linguistic competence while

also helping students understand the relational purposes for which language is used. From this perspective, English can move from being something students study for nursing toward something they learn to use through nursing relationships.

Interdisciplinary Education as a Professional Learning Space

A distinctive feature of the intervention was the interconnection between English education and maternity nursing. The maternity nursing perspective contributed clinically meaningful situations and knowledge of women's emotional experiences, while the English education perspective created a communicative environment in which students could interpret those situations, construct dialogues, negotiate meanings, and reflect through another language.

The intervention was therefore neither simply an English exercise containing nursing vocabulary nor a maternity nursing simulation translated into English. Its educational value emerged from the intersection of the two disciplines.

This suggests that nursing English can occupy a distinctive curricular position between general education and professional nursing education. Particularly for first-year students, it can provide a bridge from language learning to clinical communication, from understanding a fictional patient to considering actual patient-centered care, and from classroom participation to professional reflection.

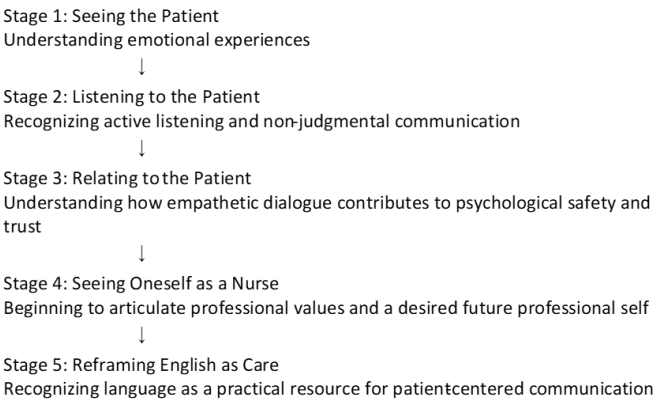
Such interdisciplinary learning also provides an opportunity to connect language with the ethical and relational dimensions of nursing. Students do not simply ask whether an English expression is grammatically correct; they begin to consider whether it communicates acceptance, creates safety, supports disclosure, or contributes to trust.

An Integrated Educational Process

Taken together, the five themes can be understood as interconnected dimensions of an educational process rather than entirely separate outcomes.

Figure 2

Five Stages in an Integrated Educational Process



The sequence shown in Figure 2 should be understood as an interpretive model rather than a demonstrated causal pathway. The five themes overlapped, and the qualitative design cannot establish that one necessarily causes the next. Nevertheless, the model synthesizes the findings and suggests a broader educational trajectory from patient recognition toward professional self-recognition.

Educational Implications

The findings have several implications for Nursing English and first-year nursing education. First, clinically meaningful narratives can be incorporated into language learning from the beginning of undergraduate nursing education. Students do not necessarily require advanced clinical knowledge to begin considering vulnerability, empathy, trust, and patient-centered communication.

Second, communication education should address not only what nurses say but also what their words accomplish relationally. Students can be encouraged to consider whether particular responses create acceptance, psychological safety, reassurance, trust, or willingness to disclose concerns.

Third, reflection should be treated as an

integral component of learning rather than an optional exercise after the main activity. In the present study, reflection provided a bridge between observing Nurse Mikan and considering students' own professional values and future nursing practice.

Fourth, allowing students to construct continuation narratives can encourage active interpretation. Instead of reproducing predetermined expressions, students must consider what a patient might experience and what an appropriate nursing response could be.

Fifth, professional identity formation should not be regarded solely as an outcome of later clinical education. Early classroom experiences may provide opportunities for students to begin considering the nurses they wish to become.

Finally, collaboration between language educators and nursing specialists can create interdisciplinary spaces in which linguistic learning, empathy, communication, professional values, and reflection become interconnected.

Limitations and Future Research

Several limitations should be acknowledged. First, the study was conducted with first-year students at a single Japanese nursing college. The findings therefore cannot be assumed to represent students at other institutions, educational levels, or cultural contexts.

Second, the data consisted of written reflections collected immediately following a single 90-minute intervention. They demonstrate students' interpretations and emerging professional orientations but do not establish sustained changes in empathy, communication behavior, or professional identity.

Third, the intervention included several interconnected components—puppetry, maternity narratives, English dialogue, collaborative story construction, presentation, and reflection. The present design cannot determine the independent contribution of each component.

Fourth, professional identity was interpreted through students' reflective statements rather than measured using a validated professional identity instrument. The findings should therefore be understood as evidence of emerging professional self-concept and professional identity formation rather than proof of an established professional identity.

Fifth, thematic frequencies provide useful descriptive information concerning the prevalence of particular patterns, but this was fundamentally a qualitative study. The percentages should not be interpreted as quantitative measures of intervention effectiveness.

Sixth, the study did not include pre-intervention data or a comparison group. It is therefore impossible to determine the extent to which students' perspectives were generated specifically by the intervention rather than reflecting attitudes they already held.

Future longitudinal research could follow students as they progress into specialist nursing courses and clinical placements and investigate whether early commitments to empathetic and non-judgmental communication are retained, modified, or strengthened through direct patient encounters. Future studies could also compare puppet-based narrative learning with conventional role-play, standardized-patient simulation, video-based cases, or other narrative approaches to clarify which elements are particularly effective in supporting empathy, relational communication, and professional identity formation.

Conclusion

The findings suggest that the educational value of puppet-based learning extends beyond making classroom activities engaging. The maternity-care narratives provided first-year nursing students with an accessible form of vicarious clinical experience through which they could consider patients' emotions, the relational meanings of nurses' words, the development of psychological

safety and trust, and their own future nursing practice.

A particularly important finding was the movement among some students from evaluating the fictional nurse's actions toward articulating their own desired professional selves. Although a single classroom intervention cannot establish professional identity, meaningful patient narratives combined with communication and reflection may create early opportunities for students to recognize professional values and begin imagining the nurses they hope to become.

The findings also support a broader conception of nursing English education. English need not function solely as a subject through which students acquire specialized vocabulary, reading comprehension, or linguistic accuracy. When language learning is integrated with clinically meaningful narratives, empathy, interdisciplinary collaboration, active participation, and reflection, English can become a medium through which students explore the relational and ethical dimensions of nursing.

The educational trajectory suggested by the present study can therefore be summarized as a movement from seeing the patient, to listening to the patient, to building trust with the patient, and ultimately to seeing oneself as a nurse. Within such a process, nursing English may provide students with an opportunity to move from learning English for nursing toward learning, through English, how to become a nurse.

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