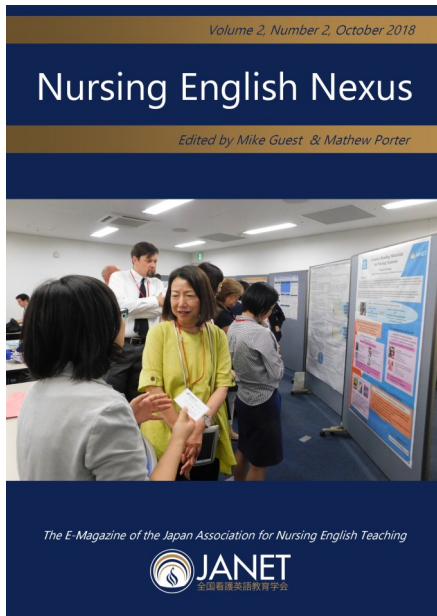


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An Overview of Nursing English Curricula at Private Universities in Japan

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Abstract: Although English is a required part of almost every degree-granting university undergraduate program in Japan, little is known about the characteristics or suitability of English courses within undergraduate nursing programs. This study investigated the 2017-2018 curricula of 159 (98.1%) nursing programs at 156 private universities in Japan using information publicly available online such as syllabi, curriculum maps, and graduation requirements. The analysis focused on course availability, course content, and teaching staff. It was found that 792 (79.4%) English courses were offered in the first and second years and 444 (42.2%) of all course sections focused on medical English. Additionally, part-time teaching staff and faculty members borrowed from other departments made up the majority (n=317, 59.8%) of instructors teaching English to nursing students. These results suggested that revisions to the curriculum are needed. Although in many schools it may be challenging to identify faculty members who can advocate for these changes, data from this study can support nursing school administrators in evaluating their curricula and making revisions to provide the most appropriate and effective English education for nursing students.

Keywords: nursing English, medical English, university English curriculum

In 2006, English teachers in Japan were heralding the coming tide of English for Specific Purpose (ESP) classes which would sweep into universities across the country, appropriately tying English study to students' future career fields. (Evans & Squires, 2006). Evans & Squires even predicted that, "English for Specific Purposes (ESP) will become the norm not the exception in Japanese universities, replacing general English curricula" (17). Over a decade later, one would expect that the English curricula within nursing departments today would consist mainly of classes addressing the specific English needs of present-day nurses in Japan.

Although the real-life needs of Japanese nurses have not yet been explored on a national scale, Willey, McCrohan, Nishiya, and Tanimoto (2016) investigated the English needs of 490 nurses working at a large university hospital and 517 nurses at a large prefectural hospital in the same rural prefecture. They found that 64% of the nurses at the university hospital (UHN) and 63% of nurses at the prefectural hospital (PHN) had ever used English in their work during any time in their career. Talking to patients and their families was the most frequent reason given by both sets of nurses (UHN=89%, PHN=100%), but additional reasons varied by type of hospital with nurses at the university hospital communicating with other

medical staff (UHN=22%, PHN=6%), getting information from the internet or journals (UHN=17%, PHN=8%), and preparing manuscripts (UHN=6%, PHN=0%) more frequently than nurses at the prefectural hospital. Nurses in the Willey, McCrohan, Nishiya, and Tanimoto study were also asked about their experience studying English at university and the relationship of English to their careers. Nurses in both groups reported low satisfaction and low relevance to their work; however, they recognized the necessity of English. Furthermore, when asked what nursing students should study, the most common response from both groups was speaking and conversation followed by medical/nursing English, listening, and reading. Less common responses included TOEIC/TOEFL test preparation, presentation and debate, and writing.

In Japan, nursing education is regulated by the Act on Public Health Nurses, Midwives and Nurses, which requires that nursing institutions be designated by the Ministry of Education, Culture, Sports, Science, and Technology (MEXT). When establishing a nursing program, administrators must ensure the curriculum, facilities, and faculty meet the standards not only for tertiary education but for nursing education as well and submit supporting documents to that end to MEXT (Uehata, 2017). These documents can provide

insight into the rationale of nursing program administrators when designing English curricula, a rationale that often designates English as a tool necessary for nurses to communicate with patients who cannot speak Japanese and to access and participate in the international nursing community. A representative example comes from a private women's university in Nagoya which applied to establish a new nursing department in 2009. Their proposal included Chinese, Portuguese, and English language courses, but specifically outlined the above reasons for emphasizing oral English communication skills and reading skills (Sugiyama Jogakuen University, n.d.).

In the 12 years since Evans & Squire's (2006) prediction, the number of nursing programs at private, public, and national universities has increased from about 100 to over 250, a 150% gain, with the largest increase due to the number of new private nursing universities or existing private universities adding a nursing department (MEXT, 2017c). Additionally, during that same period, the number of foreign residents in Japan has grown by 20%, from around 2 million to 2.5 million (Ministry of Justice, 2018), and visitors by nearly 500% — from under 6 million to 28 million (Japan National Tourism Organization, 2018). The need for nursing programs to provide their students with English courses of sufficient quantity and relevant content has never been higher, but are nursing programs doing enough to prepare their students to use English in their future careers? This study seeks to answer that question by examining three areas of the English language learning curriculum: (1) course availability, (2) course content, and (3) teaching staff.

Methodology

Definitions

This paper describes the organization and delivery of educational content at a variety of

administrative levels and contains some terminology that may be confusing due to the different ways these terms are used by speakers from different English-speaking regions. For the purpose of this paper, *program* indicates an administrative unit within a university that is responsible for the planning and delivering of educational content leading to a specific degree. *Curriculum* refers to all of the courses, compulsory or optional, available to students in a program in fulfillment of requirements leading to that degree. A *course* is an 8- or 16-week series of classes covering a single subject. Courses may have *sections*, a version of a course that is taught to different students or by a different teacher. Courses or sections follow a *syllabus*, a document outlining the objectives, content, and other details relevant to delivering the subject matter to students.

Data Collection

The author consulted the list of designated nursing programs for 2017 (MEXT, 2017b); this list contains all the certified national, public, and private universities, vocational colleges, and training schools with nursing programs and is updated and released by MEXT annually. At the start of the 2017 school year, there were 162 nursing programs at 156 private universities recognized by MEXT, accounting for 63% of Japan's 246 nursing programs and comprising nearly 70% of the country's nursing students.

Using the contact information for the 156 private universities listed, the author accessed the universities' official websites and reviewed publicly available resources including curriculum charts, graduation requirements, teaching staff introductions, syllabi, and other official documents for details about the English courses available to nursing students in each program.

Of the 162 nursing programs, 3 programs did not provide enough information online and were eliminated. The information collected from the

remaining 159 (98.1%) programs included the names of English courses, whether the course was required or elective, and in which year the course was available. Additionally, syllabi for 859 courses, accounting for 95% of the English courses offered within the 159 programs, were downloaded and used to gather names and affiliations of the course's instructors and descriptions of course content. Based on these details, categories were identified for course content and instructor affiliation. For each of the three areas explored, the number of programs and syllabi providing sufficient data for analysis differed and are noted where applicable.

Data Coding and Analysis

Availability. Availability refers to two characteristics of a course: requirement and allocation. Courses were coded based on whether they were required or elective and to which year they were allocated in the curriculum. Course availability was examined from two perspectives — first from the program level using data about graduation requirements from the 159 (98.1%) nursing programs and second from the course level relying on information taken from the syllabi of 829 (96.5%) English courses offered by these nursing programs.

Three complexities related to data coding were identified: required elective courses — courses belonging to a group from which a designated number of credit hours is needed, mixed major courses with a large number of course sections, and courses assigned to multiple cohorts. The treatment of each of these complexities are indicated in the relevant sections below.

Content. Course content was coded using categories determined by a review of course titles. Titles were first examined for the words nurse, medical, clinical or health in English or Japanese, supplemented by course details from syllabi. This permitted the creation of two content-based

categories: medical English (ME) and general English (GE). These categories were then subcategorized based on language skills and content.

Teaching Staff. Details about instructors were taken from section syllabi and compared with publicly available information related to faculty and staffing at the host universities. Categories were constructed based first on employment status, part-time or full-time, and then on affiliation for full-time tenured and non-tenured teaching staff. Four categories related to affiliation were identified: (1) nursing department; (2) other medical department such as occupational therapy or acupuncture; (3) non-medical department such as early childhood education or English literature; (4) or center devoted to English or liberal arts education within the university.

Analysis. The data were analyzed using descriptive statistics in Microsoft Excel.

Results

Course Availability

Looking at curricula, the majority of programs offered English courses to their first- and second-year students, with 158 (99.4%) programs offering courses in the first year and 128 (80.5%) offering courses in the second year. However, the number of nursing programs offering courses in the third and fourth years drops substantially to 52 (32.7%) and 42 (26.4%) respectively (Figure 1).

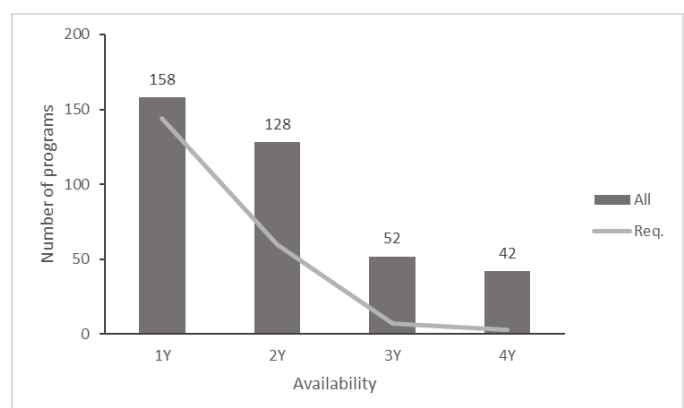


Figure 1. Number of nursing programs offering courses versus number of nursing programs requiring at least one course per year in private nursing schools in Japan, 2017.

Y=school year; Req.=required courses.

According to information from the 829 syllabi, 71 (8.5%) courses were listed as open to more than one cohort. These courses were included in the totals for each cohort able to register for the course, resulting in 471 (56.8%) courses available to first-year students, 321 (38.7%) to second-year students, 113 (13.6%) to third-year students, and 93 (11.2%) to fourth-year students (Figure 2).

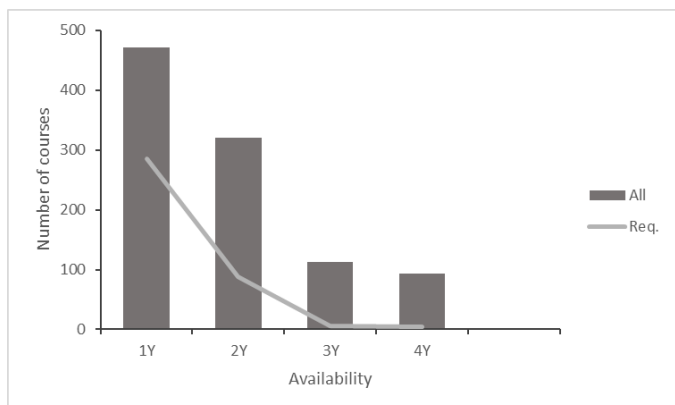


Figure 2. Availability of total courses versus required courses per year in private nursing schools in Japan, 2017. Y=school year; Req.=required courses.

Courses available to multiple cohorts accounted for 54% (n=61) of the third-year courses and 62.4% (n=58) of the fourth-year courses.

Required Courses. At the program level, an average of 2.92 English courses was required over four years of study. The number of required courses across the 159 programs ranged from zero to eight, with seven (4.4%) nursing programs not requiring any English courses and 14 (8.8%) programs requiring more than five courses (Figure 3).

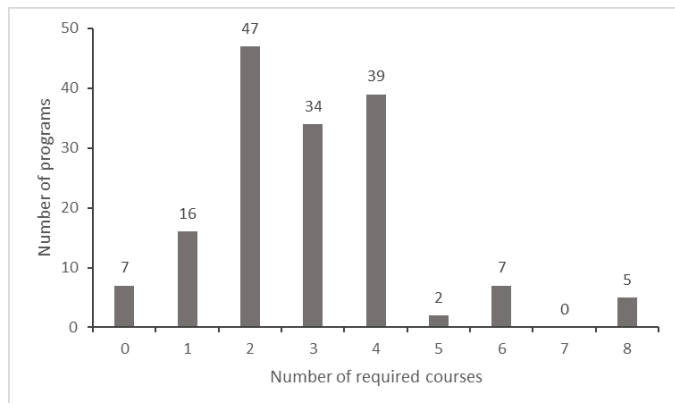


Figure 3. Range of required English courses across all nursing programs in private nursing schools in Japan, 2017.

There were 144 (90.5%) programs requiring at least one English course in the first year, dropping

to 60 (37.7%) in the second year, 7 (4.4%) in the third, and 3 (1.8%) in the fourth (Figure 1).

Of the 821 (95.5%) courses with information about required/elective status, 382 (46.5%) courses were required. Included in this total were 2 courses available to more than one cohort, which were added to the total for each cohort. In addition, there were 42 required elective courses within 8 nursing programs. Some programs grouped these courses with liberal arts courses or other foreign language courses, making it possible for students to avoid taking an English course or to choose another language to study, such as French or German, as was possible at one university. These courses were also included in the total for required courses.

Nearly 75% (286, 74.9%) of required courses were offered in the first year, with almost all the remaining required courses assigned to the second year (88, 23%). In the third and fourth years, there were only ten required courses, six (1.6%) in the third year and four (1%) in the fourth (Figure 2).

Elective Courses. The number of elective English courses offered by the 159 programs ranged from zero to seventeen, averaging 2.69 courses. Programs with a large number of electives (8 or more) were more likely to be sharing courses with other departments. At the program level, the number of programs offering at least one elective in the first year was just 51 (32%), which may be due to the prevalence of

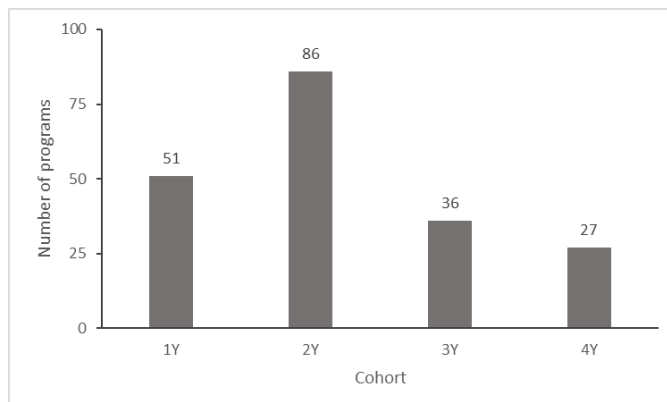


Figure 4. Number of programs with at least one elective in a given year in private nursing schools in Japan, 2017. Y=school year.

programs requiring English courses in the first year. Offering electives in the second year was the most common practice, observed in the curricula of 86 (54%) nursing programs. Only 36 (22.6%) and 27 (16.9%) programs offered third- or fourth-year electives respectively (Figure 4).

At the course level, 439 (53.4%) of the offered courses were elective. This included 69 courses available to more than one cohort which were added to the total of multiple cohorts, resulting in 146 (33.3%) courses being available in the first year, 209 (47.6%) available in the second year, 92 (21%) in the third, and 79 (18%) in the fourth (Figure 5).

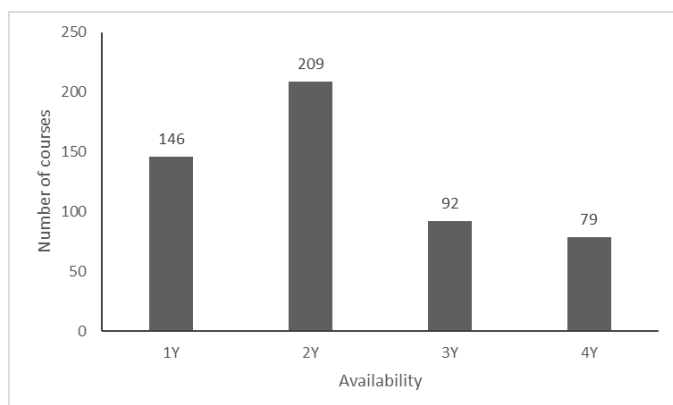


Figure 5. Availability of English-related elective courses per year in private nursing schools in Japan, 2017.

Y=school year.

Content

Course titles from 852 (99.8%) courses were available from the 159 nursing programs and only 120 (14.1%) of those titles contained a word indicating that course content was related to medical English. Of these courses, 48 (40%) were required, accounting for 5.6% of total courses. The majority of course titles were simply numbered series containing the words English, Basic English, or English Communication, which did not reveal much about course content.

Details about course content were available from 1052 syllabi. These syllabi represented 807 (94.7%) courses from 151 (95%) nursing programs. The number of syllabi exceeded the number of courses due to 51 (33.8%) programs offering more than one section of the same course, resulting in

sections with the same course title but offering different content. Multiple course sections were identified for 323 (40%) courses, with 128 (15.9%) courses having multiple syllabi.

Information from the syllabi indicated that 444 (42.2%) sections addressed ME to some extent. Of these syllabi, 271 (61%) were for required courses, comprising 25.8% of all ME and GE syllabi. These required ME courses were offered by 91 (60.3%) of the nursing programs examined. ME content accounted for 173 (16.4%) of all syllabi for elective course sections, adding another 35 (23.2%) nursing programs to the number of programs offering English courses with relevant content.

The distribution of courses was similar to the results above. For required course sections, 194 (71%) syllabi were for first-year courses, 67 (25%) syllabi for second, 7 (2.5%) syllabi for third, and 4 (1.5%) syllabi for fourth. This total includes one course open to two cohorts. There were also 14 elective courses available to more than one cohort, resulting in 44 (25.4%) syllabi describing courses available in the first year, 82 (47.9%) in the second, and 39 (22.5%) in each of the third and fourth years.

The ME courses can be further subcategorized into three content areas: oral communication, especially between a nurse and patient; medical terminology, particularly anatomy, physiology, and pathology; and reading. Reading can be further subcategorized into reading for academic purposes — using journal articles or unmodified nursing-related content — and ESP reading comprehension, using reading textbooks with a broad range of health-related subject matter. Of the 271 syllabi from required courses, 163 (60.1%) focused on oral communication within a medical setting, 75 (27.7%) addressed reading with only 9 (12%) of those syllabi aimed at academic reading, and the remaining 33 (12.2%) concerned with medical terminology. Syllabi for Elective ME courses showed a similar relationship; with the

exception of reading which accounted for 66 (38.2%) of the 173 elective ME syllabi (Figure 6).

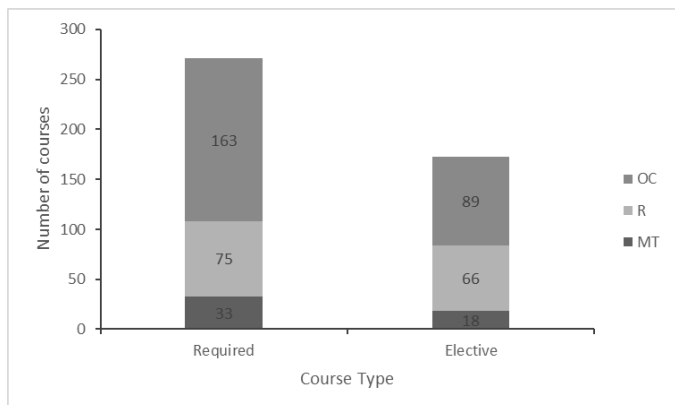


Figure 6. Medical English content by content area and required/elective status in private nursing schools in Japan, 2017. MT=medical terminology; R=reading; OC=oral communication.

Slightly more than half (30, 50.8%) of the elective reading syllabi targeted academic reading and were offered to third- and fourth-year students.

Non-ME Content. A detailed analysis of non-ME content is beyond the scope of this paper, but some general trends can be summarized as follows. Of the remaining 608 syllabi, 76% consisted of one of four content areas: oral communication (192 syllabi), comprehensive English/four-skills (134 syllabi), reading or reading combined with another skill (89 syllabi), and testing (45 syllabi) (Figure 7). Other content areas included writing, business English, current events, and study abroad.

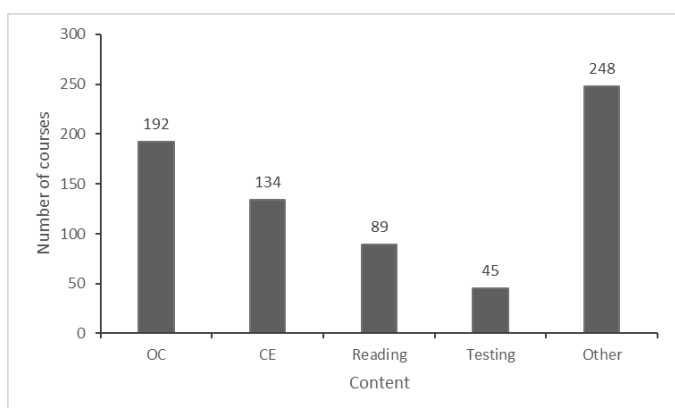


Figure 7. Most frequent content areas for elective courses in private nursing schools in Japan, 2017. OC=oral communication; CE=comprehensive English.

Teaching Staff

Information on teaching staff was available from 154 (95.1%) programs. The average number of instructors involved in the teaching of English

within these programs was 3 (range=1-11), and included medical doctors and nurses whose primary role was not English teaching. Overall, 115 (74.7%) of the programs did not have a full-time English instructor affiliated with the nursing department and 32 (20.8%) relied solely on part-time instructors.

An additional 14 (9.1%) programs were eliminated from the 154 programs because their English curricula included courses, often shared across diverse majors, with over 15 sections (in some cases 50) taught by a large number of full- and part-time staff. From the remaining 140 (86.4%) nursing programs, 530 English instructors were identified and 317 (59.8%) were found to be part-time instructors. Included in this group are full-time English instructors from other nursing programs, affiliated academic institutions such as junior colleges, and nursing English textbook authors. The remaining instructors were distributed among nursing departments (n=58, 10.9%), other medical departments (n=53, 10%), non-medical departments (n=58, 10.9%), and centers (n=44, 8.3%) (Figure 8).

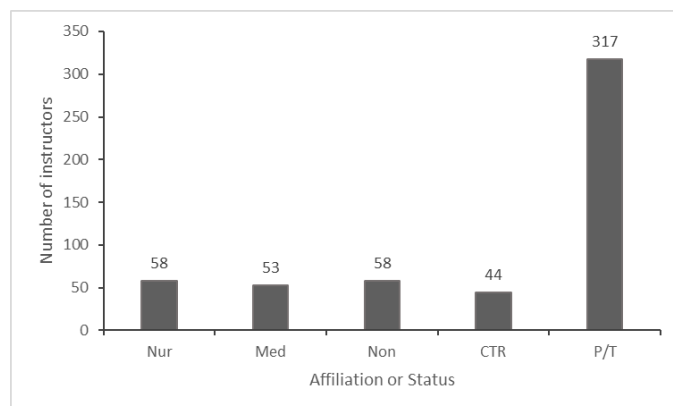


Figure 8. Affiliation/status of English teaching faculty in nursing programs in private nursing schools in Japan, 2017. Nur=nursing department; Med=other medical department; Non=non-medical department; CTR=center; P/T=part-time.

Of the 21 (15%) programs relying on center staff members to teach all or some of their program's English courses, four programs employed some staff with medical backgrounds, including one whose center staff consisted entirely of medical doctors.

Discussion

Based on the results of this study, it was shown that nursing students at most private universities in Japan have access to English courses related to their field of study, and that a large percentage of both required and elective courses focused on the development of much-needed oral communication skills. However, with the large number of programs offering the highest concentration of English courses in the first and second years, consideration must be given to student readiness for medical English content.

Evans & Squire recommended against teaching domain-specific content to “pre-experience learners (students without work experience in their expected field) [because they] will have little knowledge of the subject, [and] it will be difficult to draw on their knowledge and experience” (17). Nursing students in Japan can have their first clinical practice experience as early as the end of the first semester of the first year or as late as the end of the first semester of the second year. English courses with a focus on medical English, particularly oral communication skills, would be more appropriate for nursing students after the first clinical practice because they will have developed a deeper understanding of the nursing duties associated with caring for patients which can be used as a basis for imagining what a nurse might need to do to provide care for a foreign patient.

Evans & Squire recommend preparing students for domain-specific content by first introducing genre-specific language, the language items that are relevant for participating in the domain (17). In the case of nursing English, this would mean exposing students to rhetorical functions that are used by nurses in oral interactions such as describing locations or giving instructions and practicing these functions outside of the nursing context. By offering nursing-related English courses later in the curriculum, nursing programs could make remedial or

transitional GE courses available to first-year students to provide them with opportunities to review domain-relevant English they learned in secondary school and get accustomed to classroom activities and methodologies that focus on actively using English as a tool for communication.

Another curricular trend in need of consideration is the lack of English courses in the third and fourth years. Nursing students are busy in these final years with more clinical practice experiences, capstone projects, graduation reports, and preparations for the national nursing exam, but students considering graduate school for an advanced degree in fields such as public health nursing or midwifery will need to not only prepare for the English section of the graduate school entrance exam, which often consists of translating passages from and summarizing a two-page journal or newspaper article on a health topic, but also develop English reading comprehension skills necessary for graduate-level research. The data showed that some nursing programs do address reading comprehension in the third and/or fourth years, and this could serve as an example for other programs to follow. Furthermore, additional opportunities to improve cross-cultural communication and increase awareness of the challenges of caring for foreign patients could be provided that go beyond teaching English. Besides difficulties with communication and gathering sufficient information about the patient’s chief complaint, these challenges include accommodating the patient’s religious needs and lifestyle, mediating problems between foreign and Japanese patients, and explaining insurance and payment details to ensure payment (Japan Hospital Association, 2015; Kubo, Y., Takaki, S., Nomoto, Y., Maeno, Y., & Kawaguchi, Y., 2014).

For the above considerations to have any impact on curriculum revisions, there needs to be someone in the nursing department who can

advocate for improvements, and this is not currently the case at most universities. With the October 2017 release of the Ministry of Health, Labour, and Welfare core curriculum model outlining essential competencies for nursing programs, it seems likely that many nursing programs will be revising their curricula in the immediate future. Although foreign language ability is not addressed in the model, competency E-1-2-9 calls for nursing students to be able to understand the cultural backgrounds of foreign patients and provide appropriate care, while E-1-2-10 encourages students to understand the healthcare needs of foreign countries and contributions made to those countries through international cooperation (MEXT, 2017a). Part-time instructors and instructors from other departments can make adjustments to individual course syllabi, making it possible to add medical English content to current general English courses; however, program-level curriculum decisions are managed by faculty committees staffed by full-time members of the department.

Conclusion

For students enrolled in nursing programs at private universities, it does not appear that the prediction made by Evans & Squire has yet come to fruition. But, this situation can change. Until now, to the author's knowledge, no data analyzing the English language curricula of nursing departments at private universities in Japan has been published. Alone, this study provides a number of benchmarks for instructors involved in curriculum decisions to analyze existing curricula and can be used when advocating for change. It is hoped that the data from this study can inform and facilitate the discussion to create a national nursing English curriculum as is intended by the Japan Association for Nursing English Teaching. Furthermore, an investigation of public and national nursing program curricula would make a valuable

contribution to the discussion above.

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