

A Reflective Analysis on Developing Nursing English Courses in Japan and Korea

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This paper is an overview and reflective analysis on developing and teaching nursing English courses in Japan and Korea, examining the outcomes and implications for such courses. The study includes two courses in Canada (Korean undergraduate nursing students) and six in Japan (Japanese undergraduate nursing students). The paper opens with a short background on the growing need for English in healthcare, followed by a literature review that identifies some of the specific reasons for English in nursing education. It then examines the eight nursing English courses in terms of needs analysis, context/situation including stakeholders, course design and development, and assessment. The paper then looks at the overall outcomes, implications and trends emerging from the analysis, and ends with a discussion about recommendations for future courses, limitations of the current study and overall conclusions about the courses.

Whether as tourists, workers, or immigrants the movement of people around the globe continues to grow. As these individuals travel from country to country they also bring with them their associated healthcare needs. Thus, in order to properly treat these people, the demand for English speaking healthcare workers continues to grow, regardless of country, and Japan is no exception. With this in mind, many Asian university nursing faculties are attempting to meet these English needs through innovative programs that include an important English component that links to nursing skills themselves. The following analysis is based on several such courses.

LITERATURE REVIEW

There are two broad situations regarding nursing English courses. One is the EFL (English as a foreign language) situation, in which nurses are in a non-English language environment, but may require English at times during their work, such as dealing with patients who do not speak the nurses' first language. The other is the ESL (English as a second language) situation, in which nurses whose first language is not English come to a country like Canada, where their English environment will be English-speaking. While this article is primarily concerned with the first situation, the ESL situation, while different, also offers insight into the challenges of learning nursing English. This literature review covers articles relating to both situations.

The Nursing Situation in Japan and Korea and English Language Needs

Over the past several decades there has been a demographic shift in the industrialized world. Developed countries on all continents have rapidly aging elderly populations, whose citizens are travelling more and more as they age, and are being cared for by an aging workforce (Buchan, 2001). These two trends are burdening national healthcare systems with a crisis that is both financial and personnel-related. One of the personnel areas most feeling this pressure is the nursing sector. A 2006 report by the Japanese Nursing

Association indicated that, based on retirement eligibility, there was the potential for the Japanese healthcare system to lose 20% of its current nursing staff by the year 2020. This amounts to roughly 80,000 registered nurses. In contrast, the increase in registered nurses has not kept pace with the growing elderly population that is placing an ever larger burden on the healthcare system (Japanese Nursing Association, 2011; Turale, S., Ito, M., & Nakao, F., 2008). One of the more commonly suggested solutions to this dilemma is to increase overseas nurse recruitment (Japanese Nursing Association, 2011). A well-known example of this is the increasing number of foreign applicants, such as Indonesian nurses, sitting the Japanese nursing certification exam (Japanese Nursing Association, 2011). This initiative has led to an increasing number of internationally-educated nurses (IENs) coming to Japan. As these nurses attempt to acquire Japanese nursing licenses, a number of factors need to be considered, among the most important of which is language support within nursing programs for foreign-trained nurses (Hawthorne, 2001; McGuire & Murphy, 2005). As many of these nurses are already highly proficient at communicating in English, this could act as a bridge to communicate with their Japanese colleagues as they are working to learn Japanese.

Soh (2004) performed a needs analysis of the perceived use of English in the workplace among Korean nurses and nurse educators in order to design an ESP course. In her study she identified certain small talk features, such as introductions, greetings, and communication strategies, which are vital for achieving an acceptable level of communicative competence. Unlike Cameron (1998), Boshier and Smalkoski (2002), or Gatehouse (2001), Soh's research was conducted in Korea, an EFL context. This lends compelling support to the notion that a nurse's communication should include an English component, regardless of geographical location. Soh suggests that even in an EFL environment such as Korea, due to globalization, oral English should constitute a significant portion of any nursing-oriented ESP class. Based on a somewhat similar healthcare cultural heritage, Soh's research offers insights into how English education might be applied to the nursing situation in Japan.

English Language Learning for Nursing in North America

Regarding nursing English language learning issues in North America, these are mainly associated with international nurse recruits; there has been ample research to suggest that spoken language is a major communication barrier for students entering North American ESL nursing programs (Amaro et al., 2006; Gardner, 2005a, b; Hawthorne, 2001; Klisch, 2000; Labun, 2002; Malu & Figlear, 1998; Soroff et al., 2002; Xu et al., 2005). The most frequently cited difficulties faced by non-native IENs are language and communication skills (Thiederman, 1989; Williams, 1992; Yi & Jezewski, 2000). This is not surprising considering that the technical nature of the language used in university nursing programs has been identified as a challenge for even native-speaking students (Klisch, 2000). Strategies for combating this language barrier are identified as varying levels of language support for IENs. Extensive research indicates that, as a result of providing language support to IENs and non-native nursing students in university nursing programs, these students will ultimately be more successful at communicating (Amaro et al., 2006; Flinn, 2004; Gardner, 2005a, b; Jalili-Grenier & Chase, 1997; Malu & Figlear, 1998; McGuire & Murphy, 2005; McLaughlin, 2007; Phillips & Hartley, 1990). These above identified challenges to communication can just as easily be applied to developed, non-English speaking countries anywhere in the world.

In a study of communication between nurse aides and elderly patients in long-term care settings,

Carpiac-Claver and Levy-Storms (2007) found that nurse aides' "affective verbal communication skills need further development in terms of scope and depth in order to optimize residents' well-being" (p. 59). This finding suggests that even native speakers' communication skills may benefit from further training.

Bosher and Smalkoski (2002) carried out a needs analysis to determine the reasons that certain ESL students did not succeed academically in a nursing degree program. Although nursing education might vary to a certain degree from country to country, the need for intelligible communication with patients is an absolute necessity for nurses of all backgrounds. They highlighted the need for better ESP instruction in nursing courses. The area that their nursing students identified as most challenging was "communicating with clients and colleagues in a clinical setting" (p. 59). The authors point out that by offering language support to foreign language nursing students, they not only achieve a greater success rate in their program, but that care of a diverse patient population in the healthcare system is also directly enhanced.

Emerging Issues

A number of issues emerge from the literature review. First, in the EFL context, English may be required as a lingua franca in the case where nurses from abroad are starting to integrate into a medical community in Japan or Korea. In such cases nurses may need to communicate with other nurses in English on medical topics. They may also have to deal with patients in English, being both effective in communicating their meanings and affective in dealing with patients feelings. Consequently, even if it is not the language of everyday work, it is important for nurses to have the ability to use English in their work as the occasion demands. The courses described in this article were designed and developed with these considerations in mind.

RESEARCH METHOD

In this section, some basic information is given about the courses under study, and my approach to the research. The research covers two periods, 2007-2008 and 2011-2013, in which I taught the courses. These courses, the participants involved, the general set-up of the courses, and my method in this article are described below.

The Courses and Participants

The eight courses being considered in this paper include two four-month intensive Korean nursing English courses that took place during the summers of 2007 and 2008 in Chilliwack, Canada. The other six courses were undergraduate, elective nursing English courses that were offered, two per fall semester, at Fukuoka University from 2011 to 2013. The course participants were second year undergraduate nursing students for the two Korean intensive courses and third year undergraduate nursing students for the six semester-based Japanese courses.

TABLE 1. Number of Students and Instructors Surveyed

Korean class 1 - May to Aug. 2007: 15 students, 1 instructor

Korean class 2 - May to Aug. 2008: 15 students, 1 instructor

Japanese classes 1 & 2 - April to July 2011: 6 students & 6 students*; surveyed 4 nursing professors* for input

Japanese classes 3 & 4 - April to July 2012: 12 students & 7 students*; surveyed 2 nursing professors* for input

Japanese classes 5 & 6 - April to July 2013: 10 students & 8 students*; surveyed 2 nursing professors* for input

** All Japanese students who took the second class were also enrolled in the first class. The surveys for the second classes were merely used to identify and refine class content targets **

Totals

Korean students - 30

Korean instructors - 2

Japanese students - 28

Japanese nursing professors - 4* (two of the professors who took the survey in 2011, were the same professors who took the survey in both subsequent years)

All students - 58

All instructors - 6

Course Set-up

The Korean nursing English course was designed around three core components. The in-class ESL component involved roughly 150 hours of nursing ESP instruction. The nursing component consisted of a combination of a medical terminology course and a range of content-specific nursing lectures. The volunteer/practical component involved the participation in nurse directed community support groups, the in-hospital shadowing of student nurses and volunteering at a local nursing home.

The Japanese nursing English course was designed around two core components. The in-class EFL component involved 15 ninety-minute classes. The practical component consisted of two nursing-lab classes that were built around role-playing nurse-patient and nurse-nurse interactions.

Reflection

Reflective analysis (the attempt to analyze past practice) was applied while the courses were taught and throughout the writing of this paper, using the initial needs analysis as the basis for comparison. The definition used for reflective analysis is based on the approach used by Embree (2011) in which he suggests that it is meant as “a way to observe and describe” a situation, circumstance or event where the significance of “previously overlooked” aspects are identified, recognized, and considered. In this paper, the more formal data, drawn from surveys, interviews and assessments, has been combined with the observations of the teacher-researcher himself, and the more informal feedback that occurs through conversations with students and colleagues.

NEEDS ANALYSIS

In order for any language program or course to run smoothly it is important to develop a list of the various stakeholders, and to identify and address their respective needs. The needs analysis was carried out by surveying the stakeholders on their specific needs, intentions, or desires. The stakeholders included the Korean, Japanese and Canadian nursing department staff (including lecturers, professors and hospital nurse instructors), the ESL instructors, and the students themselves.

Students

The student needs analysis was carried out with a variety of surveys to determine the individual reasons for studying English and whether there were any concrete goals (Appendix 1). The surveys were carried out in a pre/post-test manner and used the following question types: yes/no and open-ended survey questions, as well as one 10 point Likert-scale question which was used to self-evaluate student English level. Leading questions were avoided in all the surveys. Pre/post TOEIC tests were used in the Korean nursing courses, but not in the Japanese courses, and functioned as a quantitative measure of students' overall general English level. Both pre/post listening and pre/post speaking (interview) tests were carried out in order to gain a clearer understanding of the students' ability across the four skills. In the two Korean situations, because students were taking well over 100 hours of English class, mid-term speaking and listening tests were also administered. However, due to time constraints in the Japanese courses, these tests were not all carried out.

The results of the needs analysis were quite straightforward with only two major differences: TOEIC scores and job prospects, which were considered to be important factors for the Koreans, but not the Japanese. In all courses the students clearly identified improved English as their primary goal; although this was measured qualitatively with an "If yes, why?" question, the answers generally indicated they liked English or loosely identified its importance through expressions such as 'need it for work'. Furthermore, the students identified the skill areas in which they felt they were the weakest: Over ninety percent of the students consistently identified listening, with roughly seventy five percent also including speaking. They also made individual suggestions either for nursing-specific grammar areas they wanted to practice, such as 'nursing verbs', or nursing situations such as 'hospital English' or 'talking with patients'. Lack of nursing-specific vocabulary as well as chances to speak with native English speakers were also regularly noted as an area of concern.

In all cases, the suggestions of both the students and the nursing instructors were taken into consideration and integrated into the course content. In particular, the Korean course involved far more English class instruction, and I was able to address the identified language needs in a more robust, comprehensive manner - more classes and exercises for longer periods of time, as well as more targeted homework. This also allowed for ongoing adaptation and improvement over the period of the four-month courses. An important outgrowth of the experience gained from the two versions of the Korean course was a refined and more effective application of tasks in the subsequent shorter and more concentrated Japanese versions. Examples of this are better use of preparation time and distributing adequate details for nursing lab role-playing activities, and an improved approach in choosing topics for both the pre/post speaking and listening tests.

Faculty Staff

According to members of both the Japanese and Korean nursing faculty with whom I spoke and surveyed, the main criterion used for determining participation was simply a desire to learn English. Because the Korean group were involved in an overseas program, a TOEIC score above 500 was an additional requirement. The Korean student English levels were all tested and found to be in the range of 500 to 650 on the TOEIC scale. The Japanese student TOEIC levels were not formally tested. A third determining factor identified by the nursing faculties was nursing skill as exhibited during regular course work - nursing classes, nursing labs, and in hospital practical experiences. Unfortunately, as a researcher I never had the opportunity to explore this factor. Thus, beyond discussion with the nurse instructors, it wasn't considered critically while preparing this paper.

Although only nursing students took the actual classes, both the Japanese and Korean faculties as well as many of their respective nursing professors were genuinely interested in the success of the courses. Therefore as a course designer and instructor, I often consulted with the nursing professors regarding course content and class outcomes. Generally, the Korean faculty was more concerned with concrete outcomes such as measurable increases in TOEIC scores than the Japanese faculty. My impression, both as an instructor and collaborator, was that the Koreans were more interested in potential job prospects and the status of their university as evidenced through a measurable higher level of English in their graduates, while the Japanese faculty expressed simply a desire to see their students show an increased level of interest in the international side of healthcare. This general attitude was reflected in both the survey results as well as in personal discussions and interviews with both the Korean and Japanese faculties.

COURSE DESIGN AND CONTENT

The content and activities were based on both an initial and an ongoing needs analysis, which included pre-class, in-class, and post-class surveys. Furthermore, the class content was changed and adapted to fit suggestions or ideas that arose during the course, or in subsequent courses based on reflective analysis of the previous versions. Both the Japanese and Korean nursing students overwhelmingly identified 'nursing-focused' English as well as speaking opportunities as their prime choice of activity types. As noted above, listening was identified as the most challenging language skill, with the Koreans having explicit expectations of an improvement in TOEIC scores. An important difference between the Korean and Japanese courses was the availability for the nursing students to contextualize their learning by engaging with Canadian society in areas such as health support groups, volunteering at nursing homes, and shadowing Canadian nursing students at hospitals; the Korean students placed high value on communication opportunities with Canadian hospital staff and homework that could be done with their homestay families. However, as these latter options were not available to the Japanese, the Canadian ESL activities linking to the wider English-speaking community are not explored within this paper's analysis.

All of the courses were designed on the basis of a nursing themed, ESP approach. They were content-based on nursing and wherever possible highly contextualized to include true nursing environments as support for the learning. At all times the instructor used the students' prior knowledge of nursing as a support for their English learning. Specific examples of this were the role-playing of injuries, nursing scenarios offering treatment, as well as medical terminology content discussions. Importantly, due to the students'

previous studies of English nursing terms, the Korean students were able to use this knowledge to support their experience in the Canadian learning context. The most successful learning tasks could be listed as follows: 1) nurse and student paired tasks; 2) nursing students' role-play activities in the nursing lab; 3) vocabulary database development; 4) student designed testing; 5) interactive community nursing.

Courses involved a four skills approach: speaking, listening, reading, and writing (the writing component taking up the smallest portion of class time). Due to the nursing focus of the program a content-based instruction framework was used; as often as possible interactive activities such as role-plays, and authentic materials and dialogues provided contextual support to the English lessons. Some of the tasks carried out by the students were oral presentations, role-plays, nursing-focused improvisation activities (in nursing labs, classrooms, computer labs and large theatre-style lecture halls), community-based assignments, as well student-driven supplemental research tasks. Of important note was the nursing practice-based role plays that were used to assess the students' contextualized communication ability. These were effective tasks for assessing language ability, and offered the students, the ESL instructor, and the nursing instructor powerful communicative activities that integrated both nursing and English skills.

Regarding class participation by faculty members, Korean nursing instructors took part in roughly sixty percent of the general English classes and all of the nursing lab activities, while the Japanese nursing instructors only took part in the nursing lab activities. The impact of their presence on classroom activities was not formally measured. However, as groups, both the Japanese and Korean students appeared to have a very open and trusting relationship with their respective nursing professors. Based on student feedback from the nursing lab activities, where the nursing instructors acted as both patients and nurses in the role-playing tasks, the presence of the nursing instructors was deemed a positive influence and inspiring aspect of the class. Based on my own observations of student-nursing instructor interaction, this positive feedback was unsurprising and reflected a consistent level of observed positive relationships. Furthermore, the nursing faculty members with whom I worked in both the Japanese and Korean student groups all set a great example for their students by insisting on using English themselves during class time.

Rationale for Choice of Textbooks and Materials

Through the use of health and nursing oriented textbooks and materials, the instructor was able to emphasize the relationship between the content and field of nursing. By maintaining a content-based language learning structure, the practical aspect of in-class communication underscored the relevance of the English to real nursing situations. Of particular note were a variety of activities that addressed important topics such as the various registers of language nurses use in healthcare environments (colleagues, patients, families, and administrators), the academic and research sides of healthcare, and the importance of cultural awareness in nursing and healthcare in general.

Textbooks

A total of eleven different textbooks were used over the five-year period in which the courses took place (Appendix 3). Of those that were used, two books generated the most positive overall feedback from the participants and the nursing professors: *Bedside Manner* (Capper, 2012) and *Cambridge English for Nursing* (Allum & McGarr, 2008). These two textbooks were used independently for different components

of the 2011 and 2012 courses. However, because of the positive feedback, they were used as a pair for both courses in 2013.

Together they represent an excellent balance of active, student-focused tasks, coupled with well-considered and accurately illustrated and portrayed, nursing-specific content. Additionally for the first time in all of the courses, both the nursing students and the nursing professors felt that the English component was overwhelmingly appropriate for the student level of language ability. This may be due to the way I utilized the two textbooks. *Bedside Manner* is written in a simpler, communicative style, while the language and explanations of the *Cambridge English for Nursing* at a higher, perhaps less accessible level. Therefore, as the instructor, I decided to use *Bedside Manner* as a primer for the students, so that when I introduced exercises from *Cambridge English for Nursing* they would be prepared for them. This careful staging from the useful simpler language of one book to the more complex language of the other raises the important issue of giving students achievable tasks and activities as they develop their skills in nursing English.

Nursing Lab Practical Experience

Every course included a nursing lab component (a nursing lab is a mock-up of a hospital ward to allow nurses to experience contextualized learning). The Korean courses included weekly sessions in a nursing lab, while the Japanese courses had two lab sessions per semester. In these sessions, the activities focused on one of the following three situations: 1) nurse-patient role plays; 2) nurse-patient's family role plays; 3) nurse-nurse role plays. These nursing-lab classes were consistently rated as positive and extremely useful in survey feedback. All students stated that they would have liked more lab class sessions than were offered.

Nursing Lectures

An instructive aspect of the Korean course, which due to time constraints was only used a few times in the Japanese courses, was having nurse specialists come to class and co-teach the content related to their specialization. These “nursing lectures” were based on individual subjects that the nursing instructors had identified in the needs assessment as important for their students to study. These lectures combined nursing-instructor-developed and English-lecturer-developed material. Some of the healthcare topics covered during the eight courses were nursing in Canada, gerontology, palliative and home care, nursing in a cross-cultural context, maternity nursing, pediatric nursing, emergency nursing, and public health nursing.

An important consideration that came to light during the first Korean course was the placement of the above-mentioned content lectures. By strategically placing them in the course schedule it gave the Korean students background knowledge and a context for upcoming practical experiences such as participating in support groups, volunteering at the nursing homes, or shadowing at Canadian hospitals. It also allowed other nursing faculty to participate based on their schedules, and gave the nursing instructors a better understanding of the students' language levels. As the Japanese versions could not offer the same community volunteer activities, the nursing lectures were organized based on instructor availability.

Unfortunately, an area of concern related to these content-based nursing lectures did arise. Both the students and the nurses felt that the English demands for these lectures were at times simply too great to overcome. Therefore, with regard to the order of class content, more challenging topics needed to be left for the latter part of a program, once the students had had time to develop their language skills.

Due to the nature of the Korean courses taking place in Canada, practical experience and volunteering options were available to participants. Due to the Japanese courses taking place in Japan, English healthcare volunteer opportunities were limited to in-class interaction with English speaking faculty members, and out-of-class interaction with foreign exchange friends. Some of the activities that the Korean students participated in were healthcare agency and hospital visits, volunteering at hospices, nursing homes, and community nursing support groups such as head injury, alcohol addiction, pre-natal counseling, and Parkinson's disease. As community health is an integral part of nursing care it helped to foster cultural awareness and important class discussions. Regardless of country, this type of professional observation should be promoted where possible.

EVALUATION

This section covers both the methods used for individual student evaluation and an evaluation of the course itself. Regarding the former, I used a variety of tasks to evaluate the course participants. In relation to the latter, in assessing the course I draw from the overall results of the individual evaluations, informal oral feedback and, in the Korean courses, changes in TOEIC scores.

Individual Student Evaluation

Assessment of students was carried out using the following tasks: A pre- and post- interview, a nursing role play, a researched presentation on a nursing topic, a reflective journal, targeted nursing-content quizzes and tests. Evaluation charts with pre-discussed criteria were used to evaluate the students during spoken assessment (Appendices 3 & 4). The results were given to students as written comments supported with verbal feedback. Students seemed to respond favorably to this type of assessment but it wasn't explicitly included in the post-course survey. Therefore, this assertion is based on individual, class, and nursing faculty spoken feedback.

Evaluation of the Course

Perhaps most importantly, all nursing students were perceived by the instructors to show an increase in their willingness to use spoken English over the course of the program. The basis for this observation lies in the lecturer's in-class interactions, and discussions with the Japanese and Korean faculty members who felt that the students were not only speaking more, but were also exhibiting increased confidence when speaking.

Based on results of the listening and speaking pre- and post-tests (an interview and a presentation), the spoken and listening skill levels of almost all nursing students showed some degree of improvement. Even those few who didn't demonstrate an increase in terms of discourse structure, vocabulary and grammar, showed more confidence and less hesitation when speaking. This increase in confidence can probably be attributed to three possible factors: 1) an increased comfort level with the lecturer and classmates in an English speaking environment; 2) an expanded vocabulary that strengthened basic speaking skills but not enough to show up in the post-test; or 3) a genuine overall increase in skill level but poor performance on the post-test due to undetermined factors.

Significantly, all the nursing students spoke favorably about their overall program experience. This goes for both the two Korean and the six Japanese courses. In the exit survey, all participants stated in one

form or another that their experience of the course had been positive and hoped that they would both be able to keep improving and to continue using English. Furthermore, the Korean participants all improved their TOEIC scores by an average of fifty points (Appendix 5). An increase is to be expected considering that they were in Canada for four months. However, despite positive feedback about the English lessons, the specific impact of the English course on their English ability was not analyzed in isolation, and thus the course's direct impact on the increase in TOEIC scores remains uncertain. This is particularly important considering that all students certainly acquired some degree of English outside of classes while living in Canada.

DISCUSSION

In many ways, this article describes not eight courses, but variations of one nursing English course that has evolved over time. Eight versions of a nursing English course offer considerable opportunity for reflection on the overall course and its outcomes, both positive and negative. As an experienced English instructor who has been involved in the sciences, healthcare, and medical research, my experience was important in developing the course. This may have helped with what was the key factor in the success of the course described in the next paragraph: coordination between me, the English teaching specialist, and the nursing faculty staff.

In both the Korean and Japanese contexts, one of the key factors was the interest taken by nursing instructors. In particular, the participation of nursing instructors who used English in class had a motivating effect. As experienced professionals with extensive knowledge of the specialist field under study and an ability to use English effectively, they are themselves role models of what students can achieve. To see a Japanese nursing instructor communicating with an English language instructor in English on nursing topics demonstrates the kind of communicative abilities that students need. Also, nursing specialists, with their experience, can elaborate on nursing topics in a way that English language instructors, lacking the depth of field knowledge, often cannot. They provide reassurance to students that their performance in role-plays is medically appropriate. Also, given the levels of trust that exist between students and nursing instructors, students may confide in nursing instructors in a way that they do not with their English instructor. Although this carries risks, the level of trust I had with these nursing instructors meant that they gave me indirect feedback from students and offered advice on classes.

A related point is that a nursing English course needs to be integrated as strongly as possible into the overall curriculum of a nursing department. This can occur where there is good interaction between the nursing specialists and the English specialist on the course, so that the nursing faculty members and the English lecturer should discuss content and goals beforehand in a way that the two parties can inform each other about ideas and concerns. In the long term, a nursing faculty could take on a top-down coordinating role, identifying key topics and areas in which to develop classes and materials.

Another interesting finding in the feedback was the value that students placed on sessions in nursing labs. Language forms a part of human activity, and the students clearly liked to get a feel for nursing English in situations that simulated real-life nursing. While role-playing in classrooms was useful, in the nursing lab, students were closer to a real-life nursing environment, engaging with the challenges of a medical situation, and using English to address it. For example, the course could include an expanded reflective journal component that incorporates all aspects of the course including interaction with the nurse educators as well

as student-to-student interaction. The explicit goal would be to simulate the importance of “charting” within the nursing profession.

Finally, given that nursing is a profession, so that there is a degree of homogeneity in nursing studies both within countries such as Japan and Korea, as well as across countries, there is the opportunity for more in-depth research to create English language programs that strongly reflect the nursing curriculum. A highly integrated nursing English component would help to increase a faculty profile.

Study Limitations

In writing this article, I have examined eight courses. Two of the courses were intensive, and took place with Korean students in Canada, and six courses were semester-based, and taught to Japanese students in Japan. The cultural backgrounds, locations, and time frames of the courses can be expected to impact the course outcomes. While I have not been able to investigate this in depth, I have focused primarily on the taught components shared by both courses, and where I consider there to be important differences, I have noted them in the article. Also, while two courses were taught in an ESL context, both the Korean and Japanese students expected to practice nursing in their own countries, using English as a foreign language.

Although pre/post surveys and tests were used with all courses, the surveys and tests were not exactly the same across all the courses. In addition, the courses changed over time as I made improvements to them and also developed as a teacher. However, this is not a scientific study involving a comparison of two types of teaching; it is a reflective analysis on designing and teaching an ESP course in nursing. What should be emphasized is that through careful reflection and improved design based on that reflection, courses change over time. Given the aim of this article, the small changes in the surveys and developments in the course are not a major concern.

CONCLUSION

I have reviewed a set of nursing English courses that I taught between 2007 and 2013, and which received positive feedback from students and other stakeholders. Although nursing English in Japan or Korea may not have the importance that it does in countries such as the U.S.A. or Canada, I have argued that there is still a need for nurses to develop English skills in nursing.

A key point that emerges from the analysis is that developing a nursing ESP course requires teamwork between English specialists and nursing specialists, and this involves the building of trust and professional relationships. In the courses under consideration, input and participation from nursing specialists was of great benefit. The nursing specialists were both role models and guides to the students in a variety of activities designed to build up students’ English language skills.

Some potential areas for future study could include an investigation into the ‘real’ need for English in typical Japanese and Korean hospitals. Quantifying this might lead to a better understanding of the ‘actual usefulness’ of English instead of the current situation which focuses on its ‘perceived usefulness’. Furthermore, casting some light on which language skills are most beneficial to nurses would help course-developers better plan course content. Finally, a look at the difference between linguistically homogenous classes versus linguistically heterogeneous ones would be instructive as to whether a mixed group of students fosters better language learning.

REFERENCES

- Amaro, D. J., Abriam-Yago, K., & Yoder, M. (2006). Perceived barriers for ethnically diverse students in nursing programs. *Journal of Nursing Education, 45*, 247-254.
- Bay, D. (1994). Instrumentality and integration: A taxonomic approach to analyzing motivational factors in syllabus and materials design for English for nursing purposes in Japan. *Annual of Keio Junior College of Nursing, 4*, 25-32.
- Bosher, S., & Smalkoski, K. (2002). From needs analysis to curriculum development: Designing a course in health-care communication for immigrant students in the USA. *English for Specific Purposes, 21*, 59-79.
- Cameron, R. (1998). A language-focused needs analysis for ESL-speaking nursing students in class and clinic. *Foreign Language Annals, 31*, 203-218.
- Choi, L. L. S. (2005). Literature review: Issues surrounding education of English as a second language (ESL) nursing students. *Journal of Transcultural Nursing, 16*, 263-268.
- Embee, L. (2003). What is reflective analysis? Downloaded from www.reflectiveanalysis.net at 14:57, Dec. 5th.
- Flinn, J. B. (2004). Teaching strategies used with success in the multicultural class room. *Nurse Educator, 29*, 10-12.
- Gatehouse, K. (2001). Key issues in English for specific purposes (ESP) curriculum development. *The Internet TESL Journal, 8*. Retrieved May 9, 2007, from <http://iteslj.org/Articles/Gatehouse-ESP.html>.
- Hawthorne, L. (2001). The globalisation of the nursing workforce: Barriers confronting overseas qualified nurses in Australia. *Nursing Inquiry, 8*, 213-229.
- Hill, D. R., & Stickell, H. N. (2000). Brandon/Hill selected list of print nursing books and journals. *Nursing Outlook, 48*, 10-22.
- Klisch, M. L. (2000). Retention strategies for ESL nursing students: Review of literature 1990-99. *The Journal of Multicultural Nursing & Health, 6*, 18-25.
- Malu, K. F., & Figlear, M. R. (1998). Enhancing the language development of immigrant ESL nursing students: A case study with recommendations for action. *Nurse Educator, 23*, 43-46.
- McGuire, M., & Murphy, S. (2005). The internationally educated nurse. *The Canadian Nurse, 101*, 25-29.
- Soh, Y. (2004). Needs analysis of English for nurses: Practitioners' and professors' perception. *Korean Journal of Applied Linguistics, 20*, 81-105.
- Soroff, L., Rich, E., Rubin, A., Strickland, R. D., & Plotnik, H. D. (2002). Diversity: A transcultural nursing education environment: An imperative for multicultural students. *Nurse Educator, 27*, 151-154.
- Williams, J. (1992). Orienting foreign nurse graduates through preceptors. *Journal of Nursing Staff Development, 20*, 156-163.
- Xu, Y., Davidhizar, R., & Newman Giger, J. (2005). What if your nursing student is from an Asian culture? *Journal of Cultural Diversity, 12*, 5-11.
- Yi, M., & Jezewski, M. A. (2000). Korean nurses' adjustment to hospitals in the United States of America. *Journal of Advanced Nursing, 32*, 721-729.
- Yoder, M. K. (2001). The bridging approach: Effective strategies for teaching ethnically diverse nursing students. *Journal of Transcultural Nursing, 12*, 319-325.

APPENDIX 1
Example Survey Questionnaires

a) Typical student survey

1. Why are you studying nursing?
2. Why are you studying English?
3. What level is your English? 0 (no English) to 10 (fluent in English)
4. Do you think you need English?
5. Do you want to use English in your work?
6. Please tell me areas of English that you find challenging?
7. Do you like English class? Why/why not?
8. Do you ever use English (speaking, listening, reading, or writing) outside of your English classroom?
9. Do you think English is useful? Why/why not?
10. How do you feel about studying or living in a foreign country?
11. Would you like to study or live in a foreign country?
12. Regarding language study, what area(s) of English would you like to focus on?
13. What type of activities would you like to do in English class?
14. Please explain the role of nursing content in your ideal nursing English class.
15. What level is your English? 0 (no English) to 10 (fluent in English)

b) Typical nurse instructor/administrator/professor survey

1. Do you feel nursing students should learn English? Why/why not?
2. Do you feel nurses need English? Why/why not?
3. Do you ever use English at work? If 'yes', when do you use it?
4. Do you think English is useful? Why/why not?
5. Do you use English in your research?
6. Do you read research articles?
7. Did you study English when you were doing your nursing studies?
8. How do you feel about living and working in a foreign country?
9. Would you like to live and work in a foreign country?
10. Regarding language study, what area(s) of English would you like the students to focus on?
11. What type of activities would you like the students to do in English class?
12. Please explain the role of nursing content in your ideal nursing English class.
13. What level is your English? 0 (no English) to 10 (fluent in English)

APPENDIX 2

List of Course Textbooks

- Allum, V., & McGarr, P. (2008). *Cambridge English for Nursing*. Cambridge: Cambridge University Press.
- Allum, V., & McGarr, P. (2010). *Cambridge English for Nursing: Pre-intermediate*. Cambridge: Cambridge University Press.
- Capper, S. (2012). *Bedside Manner*. Nagoya, Japan: Perceptia Press.
- Charles, M., Bohbot, D., Moore, A., Nicols, R., Helps, L., Neale, H., & Goldsworth, D. (2007). *Nursing in a New Language* (2nd ed.). Vancouver, BC: Lynx Publishing.
- Grice, T. (2007). *English for Careers: Nursing 1: Show You Care in English*. Oxford: Oxford University Press.
- Meier Penn, J., & Hanson, E. (2006). *Anatomy and Physiology for English Language Learners*. White Plains, NY: Pearson Education.
- Milner, M. (2006). *English for Health Sciences*. Boston, MA: Thomson ELT.
- Morooka, V., & Sugiura, T. (2009). *Vital Signs*. Tokyo: NAN'UN-DO Publishing Co.
- Symonds, M. S., & Wright, R. (2011). *English for Nursing 2*. Essex, U.K.: Pearson Education.
- Tanaka, Y., Minamii, N., Miyazaki, M., & Chiba, R. (2009). *Clinical Scenes for a New Age*. Tokyo: MacMillan Language House.
- Wright, R., & Cagnol, B. (2012). *English for Nursing 1*. Essex, U.K.: Pearson Education.

APPENDIX 3
Evaluation Sheet for Presentations

Name: _____

Instructor: _____

Date of Presentation: _____

Title of Work: _____

	Criteria				Points
	1	2	3	4	
Organization	Cannot understand presentation: no sequence of information.	Difficulty following presentation: student jumps around.	Information in logical sequence: can almost follow completely.	Information in logical, interesting sequence: can follow.	_____
Content Knowledge	Student does not have grasp of information: Cannot answer questions about subject.	Student is uncomfortable with information: Answers only rudimentary questions.	Student is at ease with content, but fails to elaborate.	Student demonstrates full knowledge: Explanations and elaboration.	_____
Nursing Vocab	Uses little or no nursing vocabulary. Almost entirely non-technical language.	Uses some nursing vocabulary. Majority non-technical language.	Uses nursing vocabulary regularly. Minimal non-technical language	Almost entirely nursing appropriate language.	_____
English Usage	Uses English inappropriately. Comprehensibility is greatly affected.	Sometimes uses English inappropriately. Comprehensibility is occasionally affected.	Generally uses English appropriately. Comprehensibility is rarely affected.	Uses English in an appropriate, confident manner. Little or no effect on comprehensibility	_____
Visuals	Student used superfluous or no visuals.	Occasional visuals that may support text and presentation.	Visuals related to text and presentation.	Used visuals well to explain and reinforce text and presentation.	_____
Mechanics	40 or more spelling and/or grammatical errors that affected comprehension.	30 spelling and/or grammatical errors that affected comprehension.	20 spelling and/or grammatical errors that affected comprehension.	Less than 10 spelling and/or grammatical errors that affected comprehension.	_____
Delivery (Elocution)	Student mumbles, incorrectly reads terms, and comprehension is difficult.	Student incorrectly reads terms, difficulty hearing presentation.	Student's voice is clear. Student reads most terms correctly.	Student used a clear voice and correct, precise reading of terms.	_____
Eye Contact	Reads report with little or no eye contact.	Occasionally uses eye contact, but reads most of report.	Maintains eye contact most of the time but often returns to notes.	Maintains eye contact, seldom returning to notes.	_____

Teacher Comments:

APPENDIX 4
Evaluation Sheet for Role-plays

Oral English Role-Play Evaluation

Name: _____ Topic: _____
 Date: _____ Class: _____

	Exceptional (4)	Admirable (3)	Acceptable (2)	Developing (1)
Content of Conversation				
Student Initiated Role-Play				
Coherence of Ideas				
Clarity of Speech				
Creativity				
Listening: Answers appropriately.				
Confidence				
Interlocutor Response				
Nursing Vocabulary Used				
English Sentence Construction				
Length of Role Play				

Total Score: _____

Teacher Comments:

APPENDIX 5
TOEIC

Student #	TOEIC Score: Pre-course	TOEIC Score: Post-course
1.	570	635 (+65)
2.	565	600 (+35)
3.	680	720 (+40)
4.	555	625 (+70)
5.	605	700 (+95)
6.	590	635 (+45)
7.	650	660 (+10)
8.	585	670 (+85)
9.	575	625 (+50)
10.	575	610 (+35)
11.	555	590 (+35)
12.	615	670 (+55)
13.	560	600 (+40)
14.	660	725 (+65)
15.	550	595 (+45)

Scores of Participants - Korean Students 2007

要 約

日本と韓国の看護英語課程推進に関する内省的分析

クリングウォル・ディオ
大学院医歯薬保健学研究院

本論文は日本と韓国の看護英語課程教育とその推進に関して概観及び内省的分析を行い、その結果と考察について検討したものである。本研究はカナダの2つの課程（韓国人の学士看護学生が所属）と日本の6つの課程（日本人の学士看護学生が所属）を含めている。また、保健医療における英語の更なる必要性に関する文献について述べている。さらにニーズ分析に関して、8つの看護英語課程、看護課程関係者を含む状況、コースデザインとその改善及び評価について検討している。その後全体的な結果、考察、その分析から明らかになった傾向について述べ、最後に将来の看護課程に向けた提言を行うとともに、本研究の限界と全体的結論を述べている。