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# Japanese Assessment Class and Cultural Introduction

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JAPANESE ASSESSMENT CLASS AND CULTURAL INTRODUCTION

A Paper Presented to Meet Partial Requirements

For NRSG 594-A

MSN Capstone – Summer 2011

Southern Adventist University

School of Nursing

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## **Chapter 1 - Introduction**

Experiencing another culture and language can be both exciting and frustrating. Since Bible times when the Lord confounded the languages of the world at the tower of Babel (Genesis 11:9), there have been challenges facing people in their attempts to communicate with and understand each other.

For the third year in a row, a group of nursing students from two different Japanese Universities came to Southern Adventist University in Collegedale, TN, as part of a two and a half-week international nursing exchange program for which some students receive college credit during the summer of 2011. This exchange program is multifaceted, including an introduction to nursing in America, English as a second language (ESL) and assessment classes, cultural experiences, and some outings just-for-fun.

International nurse exchange programs provide opportunities to improve cultural awareness and help to foster a better understanding of worldwide healthcare issues (Leinonen, 2006). Leinonen (2006) also describes several reasons that nurse exchange programs are important, which include: Facilitating the exchange of information about professional nursing practice, education, and research; enhancing the quality of care provided in the countries that the participants come from, and giving the students opportunity to experience other cultures.

### **Description of the problem**

When working with students that speak a different language and come from a different culture, there are certain problems expected from the onset, one of the most difficult being verbal communication. Another problem is a lack of knowledge regarding cultural differences such as student-teacher interaction and body language.

The majority of the Japanese students had very limited if any English language skills, even though most of them had studied English in school. The instructor for the class neither had Japanese language skills, nor a working knowledge of the Japanese culture. However, the instructor did have experience with Mongolian and Korean culture that proved to be an asset in preparing for and teaching the Japanese students.

Another problem that is often faced in dealing with other cultures is the lack of a good interpreter. However, for this class, an excellent interpreter was available who had worked with the assessment class in the past. Having a good interpreter is critical in the work of educating students from other cultures. Giving the interpreter time to review the classroom materials covering assessment for nursing students was important, since the interpreter did not have previous medical training. As noted by Cox (2010), in order to ensure effective communication through interpretation, activities such as briefing, interaction and debriefing should take place before, during, and after classroom sessions so that the interpreter fully understands the materials and can adequately convey the information.

### **Purpose**

The purpose of this capstone was to help the Japanese nursing students improve their assessment knowledge, skills, and application in the clinical setting by providing a five-day assessment class. Other aspects of the student experience included introducing them to American culture, education, and the work of the nurse. This was accomplished through an introduction to the role of the nurse, cultural outings, and tours of hospitals and other medical facilities.

## **Chapter 2 – Literature Review**

### **Introduction**

In preparation for teaching assessment to students from a different culture, personal education was needed in order to better understand how students learn, and to ascertain the learning styles and needs of nursing students from Japan. Following are some of the important aspects of Japanese culture and education found in current literature.

### **General Literature**

In the country of Japan, communication is much different than communication in the United States. Indirectness is the first and the most readily recognized characteristic of Asian verbal communication (Davidhizar & Xu, 2005). Gudykunst, Ting-Toomey, and Chua, (1988) noted that Japan is a collectivistic culture, putting the needs of a group (i.e., family, work unit, community) above the individual needs of the person. In this type of culture, people are constrained from speaking boldly through explicit verbal communication. “Group harmony and conformity are accomplished through the use of imprecise, ambiguous verbal communication behaviors” (p. 102). Davidhizar and Xu (2005) also observed that, to save face, open and direct confrontation are avoided at all costs.

Confucianism has a profound effect on East and Southeast Asian cultures and because of this, teachers are regarded as the “parent outside the home” for students and therefore should be honored, respected, and revered. This is derived from the absolute respect for and obedience to one’s parents and the love for learning and knowledge that is instilled in children at an early age (Davidhizar & Xu, 2005). Teachers are expected to treat students as their own children and are regarded as the “holders of truth, exemplars of moral behaviors, and trusted friends (Davidhizar & Xu, 2005, p. 4).”

### **Research Literature**

Sweeping changes are needed in Japanese university education (Daugaku, 1998). The report noted that although attending a university was important, learning while attending the university was not considered as important. The expectation was that the university did not educate students, but rather served as a place of rest for four years after the pressures of preparing for the university entrance examinations. As a result of this, according to Ogawa (1999), most students' performance typically involves passing a course at 60% or above, not questioning the professors, and not engaging in out-of-classroom assignments.

According to Lambert, Lambert, and Petrini (2004), clinical experiences for nursing students in Japan are largely observational. Students are not allowed to administer medications or participate in invasive procedures. They are only allowed to do tasks like taking vital signs and giving bed baths. Lambert et al. stated that lecture is the predominant method of teaching and the Japanese culture discourages speaking freely and asking questions. They also noted that students do not question professors about content that is presented in the classroom.

Since verbal communication from student to teacher is so limited in the Japanese classroom, it is important for educators to understand nonverbal behaviors and communication, which are more reliable. Lambert et al. (2004) noted that among Asians, it is common for them to give an affirmative "yes" response while nodding and smiling. However, this response often means only "I heard you" and does not automatically equate to agreement or consent. Asians try not to offend others by saying "no".

As a teacher, it is important to understand that students from Asian countries seldom ask questions in class because they do not want to stand out in public, want to avoid personal embarrassment by asking "foolish" questions, and wish to avoid a possible situation where the faculty member would lose face by being unable to answer a question. Both making an

appointment to see and being in a one-on-one situation with a faculty member will likely provoke anxiety and even panic in Asian students (Davidhizar & Xu, 2005).

Whether in the classroom or the clinical setting, little if any dialogue occurs between faculty and students. However, it is up to the teacher to make sure that the students learn what they need to know to pass the class. When the student does not learn enough and fails a course, it is the responsibility of the faculty member to help them pass. This is because, in Asian culture, personal achievements and failures are extended to one's family and even ancestry. Shame is associated with losing face, which in turn projects disgrace to the honor of one's family and ancestry (Colosimo & Xu, 2006). It is also the faculty member's responsibility to help the student find gainful employment after graduation, sometime taking the teacher to distant parts of Japan visiting colleagues and health care facilities with the sole intent of finding employment opportunities for their graduating students (Lambert et al., 2004).

In the Japanese educational system, much is learned through rote memorization. There is very little hands on training even in the hospital setting. Rarely, if ever, do nursing students care for more than one patient. When students were asked, "When do you learn clinical nursing skills and the ability to organize your workload?" the students responded, "After we graduate!" (Lambert et al., 2004).

With health care becoming ever more complex, nurse educators must use the most effective methods possible to prepare students to be competent nurses. Phillips and Vinten noted that the role of the nurse educator is to motivate and support students and, in mutual process, use guiding techniques that can be modified for the individual student (2010). Unless there is bidirectional communication, effective learning will not occur and patients as well as nurses will suffer. Encouraging students to explore and apply new knowledge is critical to their success.

Some examples of innovative teaching strategies discussed by Phillips and Vinten included allowing students to make their own assignments, implementing scenarios, concept maps and case studies, and utilization of simulation, live models, and games. Other strategies found useful in improving cognitive function included encouraging students to describe their clinical reasoning and how they solved problems.

### **Theoretical framework**

The Hand model was developed by Lou Jurlina to support the teaching of cultural safety from the perspective of the educator and the student and is the theoretical framework chosen for this capstone (Jurlina, 1995). The key element in this model is that “cultural safety in nursing is in your hands.” This framework is important because it addresses all the important aspects of working with students from other cultures, including Asians.

As noted in diagram 1 below, the thumb represents ‘awareness’, and the other four digits signify ‘connection’, ‘communication’, ‘negotiation’ and ‘advocacy’ respectively. Each digit is connected to the palm where the ultimate evaluation of the Hand Model in promoting cultural safety culminates in the metaphorical clasping and shaking of hands, which, in many cultures, is a symbol of shared meaning (Mackay, Harding, Jurlina, Scobie, & Khan, 2011). Just like a hand-print is unique, so is each student and educator, thereby making it more important than ever to strive to understand and communicate effectively in partnership with others.

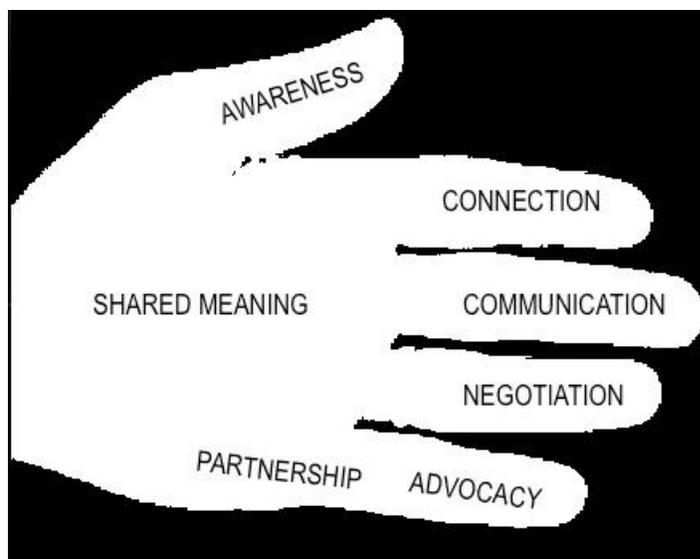
Cultural awareness is the first step towards cultural safety, and this is reflected in the model by the thumb, the dominant digit. “It includes awareness of one’s own culture, self identity, and the recognition, acceptance and respect of all other cultures” (Mackay et al, 2011, p. 18). Connection is important for the teacher and the students because it ultimately facilitates the development of sociocultural awareness and communication skills and helps students function in

the dominant culture, while at the same time, maintaining their own cultural identity (Mackay et al, 2011).

As noted by Mackay et al (2011), communication is enacted in verbal or written language, plus non-verbal means, showing that participants must go beyond a mere focus on words. Differences in verbal and non-verbal communication styles need to be explored and addressed through discussion of possible clinical and classroom scenarios so that all can understand how these affect the culture of the student and the educator.

Negotiation can be problematic for students from the Confucian paradigm, as they may have a difficult time asking questions and challenging those they see as an authority figure. It is expected that the teacher will approach the student to ascertain their understanding of a given topic (Xu et al, 2005). The teacher is the advocate for the student until they have the ability and confidence to advocate on their own. Understanding each other is critical in this aspect: one exists because one relates to others (Mackay et al, 2011).

### **CULTURAL SAFETY IN NURSING**



**IS IN YOUR HANDS**

Diagram 1. Lou Jurlina's Hand Model. This diagram illustrates how important cultural safety is in nursing, and to make it effective as nurses, it is important that students be educated regarding the different aspects of cultural safety.

### **Chapter 3 – Practical Component – Case Study**

#### **Interaction with population and setting**

During the summer of 2011, 14 nursing students from Japan arrived July 31<sup>st</sup> and stayed through August 16. This experience was to teach them English as a second language (ESL), give them exposure to the American culture and medical system, teach them about the role of the U.S. nurse, help them complete a cardiopulmonary resuscitation (CPR) class, and teach them nursing assessment. For the assessment portion of this experience, there were a total of five, three-hour assessment classes that included lecture, hands-on skill practice, and simulation training.

There were a total of 10 students from the Red Cross University, and four from the Saniku Gakuin Seventh-Day Adventist College. All the students were in their second year of nursing training, but the significant difference noted was that the Red Cross University has a three-year nursing program whereas Saniku Gakuin College has a four-year nursing program.

For this class, pre and post 10-question surveys were administered. Both surveys addressed the students' comfort doing assessments and applying the knowledge gained. Additionally, the pre-survey included questions regarding education in Japan, while the post-survey queried students' perceptions of the class (see Appendix A for the English and Japanese version of the pre-class survey, and Appendix B for the English and Japanese version of the post-class survey). These surveys had no reliability or validity, but were evaluated by several nursing instructors and faculty members for general layout and wording. The interpreter also evaluated the surveys and

gave feedback on how to make them more culturally sensitive. They were then translated into Japanese for the students, and the results were translated back into English.

The setting for the nursing assessment aspect of this project was a mixture of classroom, skills lab, and simulation lab. The first hour of each of the five class periods was usually spent lecturing using PowerPoint presentations that were translated into Japanese. The latter two hours included time in the skills lab, using case scenarios, and practice in the Simulation lab. Each student was given a copy so that he/she could make notes and look up words as needed. The instructor lectured in English, then the interpreter translated what was spoken into Japanese. Some of the students were able to ask questions in English, but most would ask questions in Japanese and the interpreter would translate them into English.

Since the assessment class was immediately after lunch at 1330, it was difficult for some of the students to stay awake. This lethargy was a direct result of the 10-hour time difference. To ameliorate this, the instructor would stop lecturing and ask the students questions, present scenarios for discussion, or divide the students into groups of two or three and give them a case study to work through. Sometimes a YouTube video on some aspect of assessment would be incorporated to help prevent monotony.

After lecture on a given topic, the class would meet in the skills lab or simulation lab so that the students could practice the assessment skills taught in the classroom. The students greatly enjoyed learning how to do Ophthalmoscope and Otoscope exams on each other. They also enjoyed learning more about the use of inspection, auscultation, percussion, palpation along with other types of equipment to aid in ascertaining different medical norms and problems. During this time, the students did not have difficulty staying awake and were very interactive and

attentive. They greatly enjoyed getting to practice different skills on the Sim Man, such as assessment and cardio pulmonary resuscitation (CPR).

Body language was an important aspect of this education experience. If the instructor noted that the students' attention span was lagging, sometimes an extra break would be utilized so that the students could get something to drink, improve circulation, and rest their minds. For one of the classes, to help with variety, the instructor served apple juice in a urinal (new) along with M&M's in a bedpan. The students were surprised to see this but quickly warmed up to the idea and had a great time drinking apple juice and eating M&M's. This helped to keep the students awake for an extended period of time.

With the cultural introduction, the nursing and ESL instructors helped lead out in the different outings, thereby gaining a better understanding of the backgrounds of the students, and learning to communicate while establishing relationships. Establishing relationships with people from other cultural backgrounds expands opportunities to learn, empower, and value other cultures (Scholes & Moore, 2000). The assessment instructor felt that this was a very valuable part of the educational experience, helping to build friendships with the nursing students.

For the CPR and the Nurses role in America, another graduate student instructor used both Japanese and English power points and handouts, helping the Japanese students to become certified in CPR prior to the hospital tours. Since this class was held toward the beginning of the students' stay in America, before the assessment classes were taught, it really helped the students begin to warm up and open up with questions and feedback. It was beneficial to the assessment instructor to be able to work with the students and learn more about their culture before teaching assessment, as it provided ideas on how to present information and elicit feedback.

At the end of the assessment class, an evaluation form was also completed that ascertained the perceptions of the students about the teacher's effectiveness, encouragement, reflection of Christian values, mastery of the topics, and clearness of assignments and subject matter. This survey, which was used to evaluate nursing education students, was used with permission from Southern Adventist University, and was translated into Japanese for the students (see Appendix C for English and Japanese version of Teacher Evaluation).

### **Level of complexity**

For the assessment class training, there was a moderately high level of complexity related to the lack of hands-on training that many of the students had coming from a mostly observational learning environment. However, with the assistance of an excellent interpreter and several other students and staff from Southern Adventist University, the students were able to enjoy interpretation of all the important information in the classroom, then practice what was learned in the skills lab and simulation lab with hands on training. The majority of the students had very little English language conversational ability at the beginning of the session, but by the end, their ability to converse was greatly improved.

Another issue that made the assessment class more complex was the timing. Being immediately after lunch, with students that were jet lagged, many of the students struggled to stay awake, but the practical, hands-on aspects of the class helped keep the students involved and interested.

### **Comparison of literature/research findings to actual situation**

When compared to the literature and research findings, the experience of working with Japanese students had very few similarities. Davidhizar and Xu (2005) stated that students in Japan have very little verbal interaction with their teachers and that they do not ask questions or

put the faculty member in a situation where they could lose face. This group of students was very friendly and interacted well from the beginning, asking many questions and enjoying talking and practicing skills throughout the entire educational experience.

Cox and Yamaguchi (2010) suggested that open-ended questions and engaging discussions would not go well, but this group was found to be engaged and interested, both asking and answering questions when appropriate. There were a couple of students who seemed uncomfortable when asked questions early on in the assessment class as suggested by the literature, but by the end of the class, even these students were much more autonomous and happy to answer questions and interact with the teachers as well as other students.

One interesting aspect that the instructor noted was that on the cultural trips, where the instructor's two-year-old daughter and wife joined with the students and faculty, the students loved to talk with and take pictures of the little girl, and really seemed to bond with her, which seemed to improve the interaction and comfort level of the students with the faculty. As noted by the literature, the students were very respectful and paid attention in class, but were much more interactive and interested than supposed (Davidhizar & Xu, 2005).

### **Findings**

In the classroom, the students were attentive and interested in learning. Most took notes throughout the lecture. During breaks they would obtain something to eat or drink, then socialize with each other. The groups from the two different schools had very little interaction at the onset of the class, sitting on different sides of the classroom. To improve the interaction between the groups of students, the instructor divided and mixed the students up for case studies, which seemed to help communication between the students and also make them more comfortable with the faculty.

In the skills lab, the students started out quite timid about hands-on practice and implementation of what they had learned. The instructor would demonstrate the various skills and then the students would practice the skills observed. Early on, the students became much more comfortable with actually being involved and engaged in the hands-on learning aspect. They asked a lot of questions, sometimes of each other, and more of the faculty as the classes progressed. By the end, almost all the students appeared very comfortable and seemed to greatly enjoy the practical aspects of learning. They especially enjoyed the Sim-Man simulation experiences by implementing different assessment techniques and having the opportunity to perform CPR and defibrillate the patient.

#### **Chapter 4 – Evaluation**

##### **Discussion of learning and experience**

Throughout this learning experience, the teachers and students all gained a better understanding of each other's culture, language, and personality. Even though the students had studied English for years while in Japan, their ability to converse in English was very limited upon their arrival to the United States. The opportunities that the students have to speak English are limited in Japan and this makes it difficult for most of them (Scheele et al, 2011). Learning from a book or class is not the same as being actively involved with and submersed in the culture.

When the students were asked to complete a survey at the beginning of the assessment class, some seemed rather reluctant to do so. Explaining that evaluations would be used to help improve instruction and make the class more geared to the learning needs of the students, they seemed much more willing to be involved (Cox, 2010).

On the pre-class survey, most (79%) of the students stated that they learned best by hands-on training. However, as noted in the review of literature, 86% of the students said that in Japan,

teaching is done by lecture only or a combination of lecture and power point. Only 14% stated that they had any hands-on practice in their classes. They also noted that in Japan, none of the students had an easy time asking questions of their teachers, though some could ask questions of select teachers. The majority (67%) of the students stated that they felt comfortable asking questions of classmates. The students were most interested in practicing as midwifery and pediatric nurses (20% each).

On the pre-class survey, as noted in Table 1, most of the students stated that they felt “comfortable” or “very comfortable” performing a physical assessment on a patient, but in the skills lab, they exhibited limited physical assessment skills. This could be related to the fact that in Japan, it is very important to save face personally and for the group or family (Davidhizar & Xu, 2005). Most of the students (87%) felt that it is “very important” to be able to do good assessments as a nurse while only 13% felt “comfortable” actually applying the information gained from the assessment to the care of their patient.

For the post-class survey, most (93%) of the students still felt that hands-on or hands-on with lecture was their best method of learning. Many students (79%) stated that they would like to see more practice and hands-on training in Japan. The majority (71%) said they felt comfortable asking questions of the teacher in this assessment class, and 86% said they felt comfortable asking classmates questions. The most important finding was that, at the end of the class, only 20% were “uncomfortable” performing a physical assessment (see Table 1). However, where at the beginning, several students stated that they were “very comfortable” performing a physical assessment, at the end, none of them felt “very comfortable.” This could be attributed to the increased knowledge of the vast amount of information gained from the physical assessment and how important the information is in caring for the patient. All the students (100%) felt that the

physical assessment is “very important” for nurses and only one student felt “uncomfortable” applying the information found during the assessment to help ascertain what is wrong with the patient. The majority of the students greatly enjoyed the practice and practical aspects of the assessment class. The class sponsor also stated how much she had learned and how she now felt much more competent with assessment in real-life situations.

Table 1

Survey of Japanese Students and Instructor	Pre-class survey (# of students)	Post-class survey (# of students)
Comfort level performing assessment		
Very Uncomfortable	1	0
Uncomfortable	1	3
Somewhat comfortable	3	8
Comfortable	4	4
Very Comfortable	6	0
How important assessment is to practice as nurse		
Not important	0	0
Slightly important	0	0
Somewhat important	0	0
Important	2	0
Very important	13	15
Comfort level in applying assessment findings		
Very uncomfortable	6	0
Uncomfortable	7	1
Somewhat comfortable	0	9
Comfortable	2	3
Very comfortable	0	2

Getting to know students outside the classroom setting was a very important aspect of this project as noted by Hammond (2007). In each of the classes, when students answered questions, positive feedback was given to them by the teachers, which is important for the improvement and self-confidence of the students (Hammond, 2007). The students really seemed to enjoy the pair work and small group work which, according to Hammond, is a very useful way to help students get past their fears and become more comfortable (2007).

With feedback from previous instructors, changes were made this year that seemed to enhance the learning experience of the students as a whole. Timing for various outings, providing food that was more palatable to the Japanese taste, preparation in advance, and host families that spent time with the students; all were changes that facilitated the flow of the program and provided a learning experience about which all the students gave positive verbal feedback. Everyone was willing to make small adjustments to the schedule as needed and during a post-experience evaluation, all the instructors felt that the process flowed smoothly. This was an enjoyable cultural teaching and learning experience for the author of this paper.

### References

- Cox, K. (2010). Evaluating the effectiveness of intercultural teachers. *Intercultural Teacher Evaluation, 32*(2), 102-106. Retrieved December 29, 2011 from CINAHL database.
- Cox, K., & Yamaguchi, S. (2010). Japanese graduate nursing students' perceptions of the teaching performance of an intercultural teacher. *Nursing Education Perspectives, 31*(3), 156-159. Retrieved from <http://www.nln.org/nlnjournal/index.htm>
- Colosimo, R., & Xu, Y., (2006). Research on shame: Implications for English as a second language nursing students. *Home Health Care Management and Practice, 19*(1), 72-75. Retrieved from <http://hhc.sagepub.com/>
- Daugaku, S. (1998). Universities at the turn of the 21<sup>st</sup> century: Plans for reform. Tokyo: University Council.
- Davidhizar, R., and Xu, Y., (2005). Intercultural communication in nursing education: When Asian students and American faculty converge. *Journal of Nursing education, 44*(5). Retrieved from <http://vnweb.hwwilsonweb.com>.
- Gudykunst, W. B., Ting-Toomey, S., & Chua, E., (1988). Culture and interpersonal communication. *Journal of Professional Nursing, 6*(2).
- Hammond, C. (2007). Culturally responsive teaching in the Japanese classroom: A comparative analysis of cultural teaching and learning styles in Japan and the United States. *Journal of the Faculty of Economics, KGU, 17*, 41-50.
- Jurlina, L. (1995). The Hand model: Cultural safety in nursing is in your hands. Unpublished manuscript.

- Lambert, V., Lambert, C., & Petrini, M. (2004). East meets West: A comparison between undergraduate nursing education in Japan and the United States. *Journal of Nursing Education*, 31(1), 16-20. Retrieved from <http://vnweb.hwwilsonweb.com>
- Leinonen, S. J. (2006). International nursing exchange programs. *The Journal of Continuing Education in Nursing*, 37(1), 16-20. Retrieved December 29, 2011 from CINAHL database.
- Mackay, B., Harding, T., Jurlina, L., Scobie, N., & Khan, R., (2011). Utilizing the hand model to promote a culturally safe environment for international nursing students. *Nursing Praxis in New Zealand*, 27(1), 13-24.
- Ogawa, Y. (1999). Japanese higher education reform: The University Council Report. Boston: Boston College Center for International Higher Education.
- Phillips, J. M., & Vinten, S. A., (2010). Why clinical nurse educators adopt innovative teaching strategies: A pilot study. *Nursing Education Perspectives*, 31(4), 226-9
- Scholes, J., & Moore, D. (2000). Clinical exchange: One model to achieve culturally sensitive care. *Nursing Inquiry*, 7(1), 61-71.
- Xu, Y., Davidhizar, R., & Giger, J. (2005). What if your nursing student is from an Asian Culture? *Journal of Cultural Diversity*, 12(1), 1-11.

Appendix A: Pre-class Survey

English version

English translation from Japanese version

Japanese version

Appendix B: Post-class Survey

English version

English version translated from Japanese

Japanese version

Appendix C: English and Japanese version of Teacher Evaluation