

# Introduction of a Foreign Lecturer in an International Nursing Curriculum in Japan

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## Abstract

A core goal of international nursing (IN) curricula is to help students gain an understanding of healthcare situations in foreign countries. Lectures by a local (e.g., a Japanese lecturer in Japan) may not be sufficient to impart cultural diversity understanding, even with the aid of audio-visual materials. To address this goal with our IN students, we conducted a trial of bringing in a foreign lecturer to supplement our IN curriculum. Our aim was to employ a practical strategy to create a more international atmosphere. Nursing student participants provided favorable responses to the trial and felt that the foreign lecturer's contributions provided an enhancement that could not be met with textbook-based lectures. Given pandemic-related travel uncertainty, it is unknown when students will be able to travel abroad to communicate with foreign nurses or when it will be feasible for guest lecturers to commit to international plans. During this period, the inclusion of accessible educational activities, such as short lectures by foreigner residents and connecting via video-chat software with healthcare professionals located in other countries may be used to enhance IN education.

## Introduction

An important element of international nursing (IN) instruction is understanding how healthcare circumstances vary across regions and countries. However, it is usually difficult to teach this information effectively through lectures alone, even with the aid of audio-visual materials. Efforts have been made to improve global health experience and cultural competence among

nursing students (Miles, 2019; Cuellar, 2008), including having a permanent foreign lecturer. Previously in our university in Japan, all IN lectures were taught in English by a British nurse with the assistance of a Japanese interpreter. However, it can be difficult to hire a native-English-speaking lecturer for IN curriculum, and the students' ability to understand the contents of such lectures may be impeded by a language barrier. Some IN programs in Japan have pursued exchange programs with foreign institutions or visitation to facilities outside of Japan. In 2019, selected IN program students in our program visited Thailand with the aim of broadening their perspective of IN. Although this activity was a fruitful experience for the students (Minami, 2019), subsequent trips have not been possible due to the COVID-19 pandemic.

Since April 2020, the IN curriculum in our program has been taught by two Japanese lecturers. To bring real-world international affairs into the lectures, current topics related to COVID-19 were included in our 2020 IN curriculum. The introduction of topical issues proved to be an effective way of attracting the attention of the nursing students (Oka, 2021). To further enhance IN instruction and, hopefully, create a more international atmosphere, we employed the practical strategy of conducting a trial with an invited foreign lecturer who supplemented the IN curriculum.

## Curriculum

In most nursing degree programs in Japan, IN is taught by way of a series of about 15 lectures administered to students over one or two program years, though some programs have a specialized international nursing

department. The Matsuyama School of Nursing at the University of Human Environments in Japan has an IN curriculum integrated within its four-year degree program. During the first two program years, all students attend fifteen 90-minute lectures. Selected students go on to attend fifteen IN lectures in year three and eight more lectures in year four. Currently, the IN lectures at Matsuyama School of Nursing are provided entirely by the authors of this paper (NT and YO).

In the first term of 2021, fourteen third-year students attended IN lectures. The contents of the IN curriculum lectures for program year three are summarized in Table 1. The continued IN instruction for third-year students included lectures combined with small group discussions of the lecture topics.

Table 1. International nursing curriculum

Program year three
1. Practical issues in global nursing
2. Background in world health problems 1: Poverty and peace keeping activity
3. Background in world health problems 2: Gender and female health problems
4. Background in world health problems 3: Population and aging
5. Background in world health problems 4: Child health and education
6. Background in world health problems 5: Cultural issues and immigrants
7. World health problems 1: Mental health in developing countries
8. World health problems 2: Infectious diseases
9. World health problems 3: Non-communicable diseases (NCDs)
10. International health activities 1: Environments
11. International health activities 2: Foreign residents in Japan
12. Human resources in international nursing 1: JICA and JOCV
13. Human resources in international nursing 2: Carrier design
14. International collaboration 1: Maternity health and nursing education
15. International collaboration 2: Working outside of Japan

JICA: Japan International Cooperation Agency

JOCV: Japan Overseas Cooperation Volunteers

### Lectures by a foreign lecturer

We invited a Mongolian medical doctor who was working at a university in Ehime for her clinical training and doctoral research (OM) to serve as a foreign lecturer in our program. Although English was not her mother

Table 2. Topics covered by the foreign lecturer

Multicultural co-existence, foreign residents in Japan (Lecture 6)
Mental health in urban and nomadic people (Lecture 7)
Infectious disorders: COVID-19 (Lecture 8)
Non-communicable diseases in Mongolia (Lecture 9)
International cooperation between Mongolia and Japan (Lecture 12)

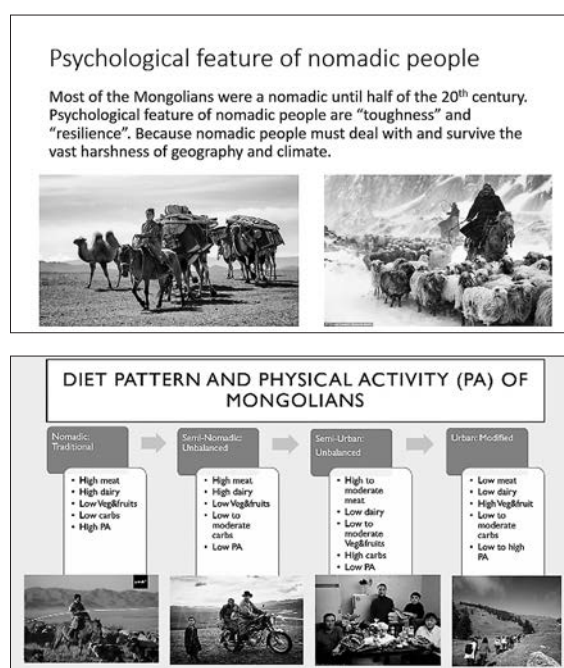


Figure 1. Example lecture slides.

Example slides from lecture 7 (mental health, left) and lecture 9 (non-communicable diseases).

tongue, her English fluency was sufficient for lecturing in English to nursing students. We asked the invited foreign lecturer to join the following five lectures (Table 2), previously given solely by a local physician instructor (YO): lecture 6, Background in world health problems: Cultural issues and immigrants; lecture 7, World health problems 1: Mental health in developing countries; lecture 8, World health problems 2: Infectious diseases; lecture 9, World health problems 3: Non-communicable diseases (NCDs); and lecture 12, Human resources in international nursing 1: Japan International Cooperation Agency (JICA) and Japan Overseas Cooperation Volunteers (JOCV).

Each of these co-administered lectures included two parts. The first part covered background knowledge for the topic based on the textbook and was given by the Japanese instructor. The foreign lecturer gave the second part of each of these lectures, which consisted of a 10-minute talk in English that was related to the lecture topic (Figure 1). A PowerPoint® presentation consisting



Figure 2. Lecture by an invited Mongolian doctor.

of ten or so slides written in English was prepared for each lecture. The content included explanations of the experiences of the lecturer in Japan and in Mongolia in some cases, or medical information about Mongolia germane to the lecture topic. She was instructed to talk slowly in a simple English to facilitate the students' comprehension. For each slide, the Japanese instructor summarized the foreign lecturer's talk in Japanese to further enhance the students' understanding (Figure 2). After the lectures, the students were given the opportunity to ask questions or make comments, and the Japanese lecturer was available for translation of the discussion as necessary.

In lecture 6 (Cultural issues and immigrants), the Japanese instructor talked about immigrants to Japan, focusing on the burden of becoming ill in a foreign country. The Mongolian lecturer talked about her experiences as a foreign resident in Japan, sharing her perspective on differences in lifestyle, food, weather, and medical care between Mongolia and Japan. Nursing students were quite interested in learning about the Mongolian climate and were intrigued to learn that winter temperatures in Mongolia can reach as low as  $-40^{\circ}\text{C}$ . On their post-lecture response sheets, the students made comments regarding gaining a better understanding of the burden that foreign residents living in Japan face and the difficulties people face consulting hospitals in a place with another culture.

In lecture 7 (Mental health in developing countries), the Japanese instructor presented the case of a patient with a psychiatric disorder in a developing country and discussed the burden of taking care of psychiatric disorders in developing countries. Then the Mongolian lecturer talked about emerging mental healthcare problems, particularly with respect to the mental health needs of nomadic people moving into urban cities.

The students' response sheet comments highlighted the need to avoid prejudice against foreign patients with psychiatric disorders and their hopes for a more sophisticated system that is adaptive to foreign patients.

In lecture 8 (Infectious diseases), the Japanese instructor talked about three major infectious diseases that remain a major problem in developing countries (AIDS, tuberculosis, and malaria) and provided a brief update on COVID-19. The Mongolian lecturer talked about COVID-19 transmission in Mongolia, which was very well controlled initially with a lockdown but then worsened later in the pandemic, as had also occurred in many other countries. Six students commented on the response sheet that they were impressed with the quick decision by the Mongolian government to lockdown at a very early stage of the pandemic.

In lecture 9 (NCDs), the Japanese instructor told the students about the emerging problem of NCDs such as obesity, diabetes, and hypertension in Japan. The Mongolian lecturer shared information regarding how Mongolian people have started to develop more NCDs in recent years. In their response sheet comments, students expressed interest in the situation of traditionally nomadic people who have been considered to be generally healthy developing NCDs due to lifestyle changes.

Finally, in lecture 12 (International cooperation), the Japanese instructor showed several videos about JICA and JOCV activities in developing countries. The Mongolian lecturer talked about a Mongolian-Japanese cooperative program focused on sleep education that was initiated by a Japanese lecture five years ago and led to a Mongolian lecturer's presentation in Japan on sleep medicine training and research. She told stories about the ongoing cooperation related to these lectures and thus gave the nursing students a strong impression



Figure 3. Online discussion connecting students with a Mongolian healthcare provider.



Figure 4. Group photo of the lecturers and students.

Mongolian lecturer in a Mongolian traditional costume (back row, 3<sup>rd</sup> person from left), Japanese lecturer (back row, 2<sup>nd</sup> person from left), and the organizer of the lecture series (front row, 1<sup>st</sup> person on the right).

of the feasibility of international cooperation. In addition, the Mongolian lecturer connected with a colleague in Mongolia via Zoom (Figure 3), and students were given the opportunity to ask questions about Mongolia online with the assistance of the presenters for inter-translation among Mongolian, Japanese, and English. After lecture 12, a group photo of the students with the Japanese instructor and the Mongolian lecturer was taken (Figure 4). Ten students commented on their response sheets that they were pleased with the opportunity of having lectures from the Mongolian physician. Additionally, they commented that they enjoyed having live communication with the lecturer's Mongolian colleague via Zoom.

The Mongolian lecturer (OM) shared that she was impressed with the lecture series. Firstly, she felt that the curriculum content was very educational for students in terms of addressing social problems, healthcare issues, and possible solutions on an international level. She commented that she felt it would help the students to see a broader perspective of IN, the field the students are preparing to practice in. Secondly, she indicated that she hoped that the introduction to her country and the differences between Mongolia and Japan from her point of view were interesting for the students, particularly with respect to real-life experiences and the discussions that were had about cultural differences. Thirdly, she considered notable highlights of the curriculum to be the consideration of foreign residents' experiences living in Japan and the preparation provided for students to interact with and help foreigners in their future jobs. While living in a foreign country can be associated with many challenges, such as language barriers and cultural

differences, health issues remain a particularly serious problem. She remarked that having professionals with knowledge of these issues would be very helpful to foreigners and that foreigners would benefit from more internationally informed health care service providers.

## Discussion

Cultural diversity should be considered seriously in IN curricula. Although integrated cultural competence curricula have been introduced in Western countries, levels of achievement differ greatly from beginner to expert and theoretical formulations about culture, health, and nursing have yet to be addressed sufficiently (Brennan, 2008). Compared to Western countries with multi-cultural societies, it may be more difficult for Japanese nursing students to feel and understand cultural diversity while living in a Japanese community.

Exposure to foreign environments and people can improve cultural understanding in nursing students. For example, nursing students in ethnically diverse areas tend to show greater interest in healthcare for foreign residents, indicating the importance of contact experience in understanding ethnic diversity (Tanaka, 2018). Online transcultural nursing courses meet the learning objective of providing opportunities for a variety of students; and successful online learning experiences can contribute to the provision of culturally competent nursing care (Adam, 2008). Learning from real world experiences may provide a unique educational opportunity, especially in relation to international issues. Our aim in introducing a foreign lecturer into the teaching of IN curriculum was to produce as much opportunity as possible for the students to attend talks by a foreign resident who has herself experienced cultural disconnections.

Although we did not obtain statistical data in this educational trial, our IN students provided favorable responses to the trial. Despite most not fully understanding the lectures in English, they were able to feel the tone of the discussion without translation. A majority of students used their free-response comment cards to express their being impressed with the supplemented lectures. Some students lauded that listening to the Mongolian lecturer's talk live provided an experience that could not be matched by a textbook-based lecture alone. Although there were some internet connection glitches during the online discussion with the Mongolian colleague, the students seemed to enjoy the

session fully. The Mongolian lecturer was impressed by the lecture series and appreciated that communication with nursing students enhanced her own understanding of differences in healthcare related issues between Mongolia and Japan.

Given the uncertainty regarding future COVID-19 travel protocols, it is unclear when students will be able to travel abroad to communicate with foreign nurses or welcome foreign lecturers to Japan. We welcomed a Mongolian doctor residing in Japan for this trial and found that these efforts were a great augmentation to the lecture series. Although it may not always be possible to invite medical professionals from abroad, foreign residents may have some share-worthy experiences and they may have endured some healthcare related challenges. Communication with foreign people about culture, nutrition, healthcare, and diseases may also serve to enhance healthcare providers' understanding of cultural diversity in health and medicine.

## Conclusion

Inclusion of a foreign lecturer within an IN curriculum had positive outcomes for the students as well as the invited lecturer. Although a systematic approach to enhancing communication with foreign medical professionals may be difficult to establish due to human resource and funding limitations, international healthcare education can be improved in small steps.

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