

【原 著】

Human Caring Theory and the English Curriculum

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Abstract:

Recent changes in Japanese nursing education include an increased number of baccalaureate programs and in many cases the addition of English into the curriculum. At the Japanese Red Cross Hiroshima College of Nursing the human caring theory of nursing propounded by Dr. Jean Watson offers ideas for the English curriculum. Teaching nonverbal communication as a form of cross-cultural communication and teaching short conversational strategies can help nursing students become more sensitive and responsive to speakers from other cultures. The medical interview technique, also consistent with Watson's theory, offers a method for teaching verbal communication by means of video.

Key Words:

English curriculum, human caring theory, communication

Recent changes in Japanese nursing education reflect Japan's increasing need for qualified nurses. That need intensifies every year as Japan's population ages. One of those changes is the move from two- or three-year programs to four-year programs. Another, at least at the new Red Cross Colleges of Nursing, is inclusion of two years of language study at least one year of which must be English. This paper will consider some of the implications of and possibilities for the English requirement for nurses.

CHANGES IN NURSING EDUCATION

Foreigners, especially Americans, are often startled to discover the relatively low social status of nurses in Japan. Various cultural and sociological phenomena have contributed to this low status, (Anders, 1994) but one obvious way to improve it is to raise the level of nurses' education. Altering education requirements for Japanese nurses is complicated by the fact that nursing education falls under the auspices of two separate government agencies. According to Abe and Sato (as cited in Primomo, 2000, p.2), the Ministry of Education, Culture, Sports, Science and Technology (formerly known as the Ministry of Education) regulates baccalaureate and

higher degree programs, licenses the schools, and determines their curriculum. The Division of Nursing of the Ministry of Health, Labor and Welfare regulates the diploma programs, functions as the Board of Nursing for licensure and administers the national exams for all registered nurses. The Ministry of Education, Culture, Sports, Science and Technology has recently increased the number of baccalaureate programs from ten in 1989 to seventy-six in 1999. It also increased the number of master's degree programs from four in 1987 to thirty in 1999. If the current plan to increase the number of baccalaureate programs by about ten per year continues, (Murashima as cited in Primomo, 2000, p.3) nursing education will shift to the university or college level, perhaps resulting in some improvement in nurses' social status.

THE NEED FOR ENGLISH FOR NURSES

One requirement of many four-year Bachelor of Arts degree programs in the United States is a two-year language requirement. Learning at least the rudiments of another language adheres to the traditional idea of a liberal education. Many American Bachelor of Science programs, however, including many nursing degree

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programs, have no such requirement. Why include a language requirement in Japan? In part, the answer is the Japanese desire for "internationalization." Whatever is or was meant by the term, *kokusaika* has, according to at least one study, in the past decade doubled the rate of Japanese students' international experience. Yoneoka (2000, p.17) attributes that increase to students' contacts with teachers such as JETs, international school trips, advanced communications, and efforts by parents and English teachers. A one or two-year language requirement in the nursing curriculum may continue this trend by providing students with their first close contact with a native English speaker and giving them some minimal introduction to another culture. For a fortunate few, it may even include a study abroad experience.

Internationalization has already affected the now influential Japanese Nursing Association (JNA). Once only for the well-educated elite, the JNA today is a large and active organization with an informative website in both Japanese and in English, a research center, a library, and a publishing company for journals, texts, and books. It also publishes an English language newsletter twice a year. Most importantly for its members, the JNA participates in policy making by providing testimony on issues related to nursing at the national level. It works with prefectural nursing associations to assist in lobbying efforts with organizations and government offices, and it supports nurses as political candidates (Japanese Nursing Association, 2001).

Japan's success at internationalization is one reason why Japanese nurses today need English. Today's nursing students may, five, ten, or fifteen years into their career, find themselves asked to serve the Japanese Red Cross or the Japanese government as nurses in other Asian countries. As Japan assumes more of its role as the wealthiest and most technologically advanced nation in its area of the world, it becomes increasingly obligated to send assistance in the form of both technology and personnel to other nations in need. Natural disasters such as the earthquake in and around Ahmedabad, India in late January, 2000 inevitably lead to an offer of medical personnel by the Japanese government. Nepal is now requesting Japanese construction companies to assist in the building of roads. The large scale of the projects will require the presence of medical personnel. Thailand has recently requested Japanese assistance in the creation of new universities, which will include programs for train-

ing doctors and nurses. In these and many other situations in Asia, Japanese medical personnel will be requested. Nurses who cannot communicate in English with doctors from other countries or, in the case of India and other places, with patients themselves, will be disadvantaged. If the Japanese government does not have enough English-speaking nurses, the government itself will be disadvantaged, indeed embarrassed.

Most first or second-year nursing students, however, can scarcely imagine themselves going to another country in the course of their career. But even in their local hospitals and clinics, a fact of which nursing students seem blissfully unaware is that Japanese nurses need English. An unpublished study by Margaret Yamanaka (2000) of Gifu Women's University shows that of 200 hospital head nurses surveyed, an overwhelming percentage of the 106 respondents answered that their nurses need more English. One reason head nurses gave is that doctors write their patient reports in English and nurses must read them. Another is that Japanese nurses even in suburban and rural hospitals encounter English-speaking patients.

COMMUNICATION AND HUMAN CARING THEORY

At the Japanese Red Cross Hiroshima College of Nursing, the nursing curriculum is based on "human caring," the nursing theory propounded by Dr. Jean Watson from the University of Colorado. While caring is seen by many theorists and practitioners as "central to effective nursing practice," Watson finds that caring remains one of the least understood concepts used by nurses. In 1979 Watson defined caring as the moral ideal of nursing whereby the outcome is protection, enhancement, and preservation of human dignity (cited in Cortis, 2000, p.54).

In "Writing-to-Learn Communication," nurse and nursing professor Zoe New states emphatically that "Everything nurses do involves communication" (1997, p.73). New places communication skills at the core of any nursing education program. The central theme of Watson's 1985 seminal text *Nursing, the Philosophy and Science of Caring* is that caring processes are intrinsic to therapeutic interpersonal relationships between the nurse and the patient. A major component of the helping-trust relationship Watson encourages in nurses is communication.

Watson defines three basic types of communication that provide a context in which to understand people:

1. The somatic level, which includes the breathing and heart rates, the general physical state, and the related biophysiological states.
2. The action level, which includes all nonverbal behavior, such as body movement, posture, gait, and position.
3. The language level, which refers to words and their meaning (p.33).

HUMAN CARING THEORY AND NON-VERBAL COMMUNICATION

Watson divides the language level into a) denotative communication or explicit meaning and overt, manifest context of words, and b) connotative communication, which refers to implicit meaning, associated ideas, feelings, symbolic responses, and latent content of words. The emphasis Watson places on these two types of communication has direct bearing on the English language curriculum for nurses. If, as Watson says, sixty-five percent of communication is nonverbal, then we do our nursing students a disservice if we teach only language-based communication in English. The goal is to teach our students to communicate. While it would be ideal to make every Japanese nursing student fluent in English verbal ability, we can at the minimum teach a modicum of verbal communication and at least some basic skills in nonverbal communication.

Because nonverbal communication is often culture-specific, it needs to be taught. But few textbooks contain even a passing reference to the nonverbal. Simon Capper (2000) has recently outlined the distinctions between the forms of nonverbal communication most relevant to the classroom : gestures, head movements, facial expressions, eye contact and gaze, and kinesics or body language. These forms assume greater importance when we consider that our students may be communicating in a hospital or clinic situation not only with English speakers but with people from any number of other cultures whose nonverbal expressions and movements may differ widely from those of Japanese. Let us look at the forms Capper has outlined and apply them to the nursing curriculum:

1) Gestures: Surely nurses who must ask patients to get up and go down the hall for a test or a bath need to be taught the difference in gestures in Japanese and Eng-

lish. For instance, the hand movement that indicates beckoning in Japanese is in English a farewell wave.

2) Head movements: Japanese nodding in conversation may indicate evidence of listening but for an English speaker it may indicate agreement. An uninformed nurse might "agree" when she or he intends only to listen.

3) Facial expressions: The Japanese virtue of restraining emotions often is read by other cultures as emotional coldness. A smile from a Japanese nurse may mask anger, embarrassment, confusion, reserve, regret and apology, but a patient from an English-speaking country may interpret that smile as amusement at his/her expense. In many cultures, differences also exist in consciously used facial "gestures" to show emotions such as frustration, anger, or confusion.

4) Eye contact and gaze: An English-speaking patient may interpret a Japanese nurse's lack of eye contact as boredom, disrespect, or unfriendliness, while the Japanese nurse may intend only deference.

5) The subject of kinesics opens up a world of important considerations, including posture, proxemics, the study of physical distances between people, and haptics or uses of touch. Japanese fully realize the British and American propensity for hand-shaking, though students would benefit from learning nuances of meaning in the firm touch or limp touch or knuckle-breaking grip. But few people realize that relative to the whole world, Japanese, North American and British cultures are usually considered "non-contact" cultures in which interactants rarely touch. Nursing students in particular need to be alert to the fact that people from contact cultures such as North Africa use touch to express reassurance or empathy, to direct or hold attention, to guide, and to encourage.

Watson writes that "To communicate effectively in a relationship, the nurse must recognize and value the fact that nonverbal communication is a much more reliable expression of true feelings than is verbal communication" (1985, p.35). Japanese students in a language class are often inclined to focus on what they do not know. They feel overwhelmed by the sheer number of grammar rules or the sheer size of an English dictionary and worry that they will never formulate a correct sentence. Watson's theory stresses the importance of the nurse using every skill she or he has, and the implication of Watson's theory is that the nurse should focus on what she

or he does know. Japanese do know about the art of non-verbal communication; foreigners consider them masters at it. But Japanese students need to learn that their own particular nonverbal devices may not convey the meaning they intend. English language class can teach them the effect their own devices may have and make students feel they are capable of communicating with foreigners. It follows, then, that the English curriculum in a nursing college based on the human caring theory of nursing must include nonverbal communication as well as the more traditional language learning.

HUMAN CARING THEORY AND VERBAL COMMUNICATION

However, Watson's theory applies to teaching verbal techniques as well as concepts of the nonverbal. Watson emphasizes that listening is as important as speaking. She recommends that nurses use nonverbal "tilts of the head, shifts of the body, and gestures" (Watson, 1985, p.39) to signal that they are listening carefully. However, Japanese taught to minimize their body language may find that particular verbal strategies (similar to *ai-zuchi* in Japanese) may be easier to learn and use than to alter their habitual body language. Like nonverbal communication, these strategies are not normally covered in most textbooks. But students who learn to use specific conversation strategies find they can communicate even with limited vocabulary and knowledge of grammar. Consider, for instance, the use a beginning speaker can make of the following informal conversation strategies to show the listener is indeed listening and responding appropriately to the speaker (Kenny, 2000).

- Really?
- I wish I were you.
- You're kidding.
- That's great!
- Never mind.
- What does that mean?
- Uh-huh. Um hmm.
- Sounds nice (great, boring, etc.)
- Nice talking to you.
- You too.

Teaching such strategies not only gives students a specific and clear goal; it gives them a sense of control over their conversation. They gain a lot of linguistic mileage, in other words, from very few phrases. Watson urges

nurses to use facial expressions to indicate they are listening. "Showing that one is listening and wants to hear more of what the speaker is saying is a high compliment and a foundation for trust" (1985, p.39). But Japanese speakers reluctant to use facial expressions can use these conversational strategies to signify that they are listening and can thereby achieve Watson's goal of effective therapeutic interaction with patients.

While no curriculum is going to make fluent speakers of first or second-year nursing students, teaching nonverbal communication and short verbal conversation strategies in the curriculum can bring us closer to the goal of making students effective communicators with English speakers.

NURSING ENGLISH

In addition, we must also consider how English courses for nursing students can best teach nursing English. Medical English as it is taught in many countries falls under the realm of ESP, or English for Specific Purposes. ME (Medical English) learners in other countries are International Medical Graduates, or IMGs, that is, doctors and nurses trained in medicine in their own country who move, as adults, to England, the United States, or Australia and wish to continue their practice. Others are fourth-year medical students or graduates of medical universities in Europe who must pass a test of Medical English to prepare them for residency and ultimately medical practice in an English-speaking country. The usual ESP curriculum has consisted of long lists of vocabulary of body parts and names of diseases interspersed with dialogue between patient and doctor. Recently, the human caring theory of medicine has introduced the medical interview. The medical interview is now used as a teaching technique not only in medical schools but in continuing education programs for medical doctors and in ME and other training programs for IMGs. According to one recent study of this pedagogical technique, the medical interview.

determines the quality and quantity of data the health care professional has to work with in identifying and solving the patient's problem. It determines the quality of the relationship between practitioner...and patient, a relationship that is key to patient cooperation and satisfaction and to helping the patient grow and develop. It deter-

mines as well the patient's understanding of what is going on and being done, his or her willingness to take the risk of a true partnership with the practitioner and the likelihood that the patient will participate effectively in such matters as going for tests, taking medicines, and changing lifestyle (Coulehan and Block as cited in Eggly, 1998).

Joseph Dias has adapted this technique to the English for Special Purposes (ESP) classroom by means of using video (2001). An expensive alternative, employed by the Standardized Patient program at the University of Washington and other affiliated American universities, is the use of actual actors and actresses to confront the student with as realistic a situation as possible (Standardized Patient Program, 2000). The price of such realism remains beyond that of most language classrooms, however. Although videos have recently fallen out of favor with publishers, as too expensive, they would seem to be the most obvious means of combining teaching verbal and nonverbal communication. Until such videos become available, roleplay might be an effective, if time consuming, substitute.

Much remains to be done. Nursing English is new to the field of ESP. Teachers of nursing English in Japan should continue to work together as we have begun to do with the online "Nursing English" list. Most importantly, we should keep our minds open to the possibilities offered by nursing theory as well as language theory.

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【原 著】

ヒューマン・ケアリング理論と英語教育課程

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【要 旨】

日本の大学で看護系の学部・学科の数が増加しているが、これは看護婦（士）教育の質の向上が痛感されていることのあらわれである。この看護教育課程の中に英語が取り入れられていることはよりよい言語教育の必要性が痛感されていることを反映している。日本赤十字広島看護大学で、ジーン・ワトソン博士の提起したヒューマン・ケアリング理論から、我々はこの英語教育に対していくつかの示唆を得ることができる。異文化コミュニケーションの一つの形式として非言語コミュニケーション（nonverbal communication）を教え、さらに、簡潔な会話の方法を教えることは、看護学生が他の文化圏のことばを話す人々に対してより感受性が増し、鋭敏になるのに役立つ。また患者と面談をする際の手法（the medical interview technique）はワトソンの理論と矛盾することはなく、ビデオの使用による言語コミュニケーション（verbal communication）の教授法もこれによって可能となる。

【キーワード】 英語教育課程, ヒューマン・ケアリング理論, コミュニケーション

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