大手前大学 国際看護研究所 研究集録　第 8 号（2024）pp. 18－31

〈Review〉

The Current Status and Issues of Cultural Competence among Japanese Clinical Nurses Compared with the Situation in the U.S.: A Narrative Literature Review

Marina Takekawa[1)], **Takuji Tomimatsu**[2)]

1）Toyokawa city hospital,　2）Otemae university

Abstract

The number of foreign residents in Japan has been steadily increasing in the last three decades. Consequently, the demands for healthcare will increase, making cultural competence (CC) essential for healthcare providers. This study aims to reveal the current status and issues of CC among Japanese nurses compared to situations in the U.S. This narrative literature review drew on electronic databases of PubMed, CINAHL, Ichushi-Web, CiNii, J-Stage in Japanese and English published primarily from 2000 to 2023. In Japan, both nurses and healthcare facilities have recognized the difficulties with CC since the 2000s. For this reason, educational strategies and guidelines have been developed since the 2010s, resulting in an improvement in CC. In the U.S., CC-models and standards were developed following Leininger's theory in 1950, and strategies for CC in healthcare have begun to evolve since the 2000s. U.S. nurses have enhanced CC through educational toolkits and various continuous training programs as part of their lifelong learning. For this reason, Japan still lags behind the U.S. owing to unstandardized curricula and insufficient training opportunities in the workplace. Consequently, Japanese clinical nurses require continuous education and training, similar to the on-the-job training programs in the U.S. that incorporate organizational approaches. Nurses in Japan are close to patients in healthcare settings thus, enhancing their CC enables them to provide culturally optimal care for diverse patients in this rapidly globalizing healthcare setting.

Keywords: cultural competence, clinical nurses, foreign patients, training in nursing, education in nursing

Ⅰ. Introduction

The proportion of foreign residents in Japan is approximately 2.59% as of June 2023 (Immigration Services Agency [ISA], 2023a; SBJ, 2024), a significant increase from 0.9% in 1990 (United Nations Department of Economic and Social Affairs [UNDESA], 2020). The population stands at about 3.22 million (ISA, 2023a), and this number has tripled over the last thirty years (UNDESA, 2020). Moreover, in 2019, the Japanese government expanded its acceptance of skilled foreign workers to address serious labor shortages (ISA, 2023b). The proportion of foreign residents in Japan will reach approximately 10% of the total population in 30 years (Rangu, 2024). Consequently, it will be even more necessary to educate nursing students as the initial step to deal with the globalizing situation in nursing, and to reinforce approaches aimed at accommodating the diversity in healthcare settings, thereby fostering more suitable circumstances for the individuals with varied backgrounds. To this end, our first step is to get a big picture of the current situation, focusing on

"Cultural Competence" (CC). Although the definitions of CC in healthcare are varied, it is basically a process of learning culturally congruent care with knowledge, awareness, attitudes, skills, and systems, tailored to the diverse needs of individuals based on their cultural beliefs and lifeways (Burchum, 2002; Gilbert, 2003; Shen, 2015). Given that nurses often have the closest interaction with patients, this competence is indispensable for them, specifically for the following three reasons.

First, cultural differences and a sense of values other than language influence patients' expectations and satisfaction with the healthcare they receive in Japan (Watanabe & Lorraine, 2017). Since the 2000s, many nurses have encountered difficulties in providing healthcare services, including serving food and medical care, prompting a recognition of the necessity for education on cultural aspects besides language proficiency (Makimoto et al., 2005). This led to the idea that clarifying the situation of nurses' and their current strategies for taking care of these patients could be the first step toward enhancing CC.

Second, while the demand for healthcare has increased in a more globalized society, nursing schools in Japan have just begun to conduct curricula on cross-cultural education for practical application in global nursing (Kumatani et al., 2022). Therefore, the education nurses previously received in nursing schools was not sufficient to offer adequate care for the diverse demands of nursing. Additionally, Japanese society has intensified its efforts to train medical interpreters, conduct medical English examinations, and expand projects for foreign people, including the Japan Medical Service Accreditation for International Patients (JMIP) and visas for medical stays (Ohashi & Iwasawa, 2018). However, many nurses do not receive sufficient education on transcultural practices, resulting in difficulties caring for diverse patients. This highlights the need for additional supports to acquire CC to ensure higher-quality nursing care for patients.

Lastly, in the U.S., Leininger developed a theory called the "Culture Care Theory" in 1950 (Leininger, 1995). It emphasizes that holistic care will not be provided without the cultural aspects of nursing; therefore, it is important to understand transcultural factors and ensure effective care and patients' benefits and satisfaction with their healthcare experiences (Leininger, 1995). Based on these theories, the American Nurses Association (ANA) in 1973 developed a standard for effective transcultural nursing practices that serves as a norm for practices, responsibilities, and learning tools (Leuning et al., 2002). Over time, various CC models, curricula, and training programs have been developed to provide high-quality care in culturally appropriate ways (McGregor et al., 2019; Taylor-Ritzler et al., 2008). The aspects of multiculturality and diversity in nursing were brought up for implementation in practice with globalization in the U.S., a multiethnic nation.

Therefore, this study aims to elucidate the current status and issues of CC among Japanese nurses. This provides an understanding of the situation and suggests potential remedies by comparing it with the situation in the U.S. through a narrative literature review.

Ⅱ. Methods

This review was conducted using the PubMed, CINAHL, Ichushi-Web, CiNii, and J-Stage electronic databases. We selected the literature using the following search terms: "cultural competence," "culture," "transculture," "healthcare," "nursing," "Japan," "America," "foreign patients," "education," "training" in both Japanese and English published primarily from 2000 to 2023.

Ⅲ. Results

After reviewing the titles, approximately 300 articles were included in this study. After reading the abstracts, 70 articles were included and finally after reading the full texts, 51 articles were included in the study.

Ⅲ．1．History of CC in Nursing

The beginning of CC in nursing can be traced back to Leininger's "Cultural Care Theory" in 1950 (Leininger, 1995; Leuning et al., 2002; Ono & Yamamoto, 2011; Tomota & Nakashima, 2018; Young & Guo, 2020). This theory highlights the importance of diversity in healthcare, enabling nurses to understand the various cultural values and lifestyles that influence individuals' needs and ways of life to provide daily services (Leininger, 1995). Leininger also coined the term, 'Cultural Competence' in nursing during the 1960s (Leininger, 1999). The objectives of this approach are for nurses to provide patient–centered care to enhance patient satisfaction, improve outcomes, and educate individuals to make safe decisions regarding their healthcare (Darnell & Hickson, 2015). It aims to be respectful and responsive to individual preferences, needs, and values, and require a compromise between nurses and patients regarding healthcare and experiences (Darnell & Hickson, 2015). The focus is not on altering nurses and their beliefs; rather, they are encouraged to accept all viewpoints and to be considerate in finding ways to adapt to differences (Darnell & Hickson, 2015). Subsequently, theories and frameworks have been introduced to develop supportive plans for people from diverse backgrounds in healthcare settings (Sugiura, 2003). Therefore, the concept of CC in nursing has evolved and has been implemented in practice since 1950.

Ⅲ．2．CC–Models and Standards in Nursing

More than a dozen CC models have been developed in the U.S. (Shen, 2015; Taylor–Ritzler et al., 2008). These models include knowledge and aspects of religion, ethnicity, awareness, sensitivity, value orientations, healing beliefs, and practices for culturally practical care (Healthcare Resources and Services Administration, 2001; Shen, 2015). This indicates that nurses, through acquiring cultural assessment skills and critical thinking, gain the necessary knowledge to provide meaningful and culturally congruent care to diverse patients with various backgrounds by learning these models (Shen, 2015).

The CC standard is a tool for teaching, learning, practice, research, and evaluation of nursing CC, initially established by the ANA in 1973 (Leuning et al., 2002). The tool is based on Leininger's theory and a CC model to assist nurses in providing culturally appropriate care with confidence in their professions, reflect values and priorities in practice, and provide clear practical directions and frameworks for evaluating nursing approaches (Leuning et al., 2002).

Ⅲ．3．Effects and Impacts of CC in Nursing

Nurses with CC can strengthen the patient–nurse relationship, minimize misunderstandings (Aponte, 2012), reduce healthcare disparities, and eliminate barriers to recovery (Darnell & Hickson, 2015). A lack of consideration of CC might result in inaccurate nursing diagnoses, inappropriate care plans, and ineffective nursing interventions and treatments (Aponte, 2012). Studies have shown that providers' behaviors, biases, and attitudes lead to healthcare disparities, patient dissatisfaction, and poor patient outcomes (Darnell & Hickson, 2015; McGregor et al., 2019). Appropriate care is a direct outcome for nurses who continuously acquire CC; hence, culturally diverse experiences and continuous education are essential (Young & Guo, 2020). It is vital for nurses to understand these effects and impacts on patients when providing care.

Ⅲ．4．Situation in Japan

Ⅲ．4．1）Development and background of CC in Japan

Japan began focusing on CC in healthcare in the early 2000s. Over 95% of certain hospitals had experience with foreign patients (Makimoto et al., 2005), and 90% of nurses encounter challenges in medical treatment and dietary considerations for these patients (Makimoto et al., 2005). In the 2010s,

80 to 90% of hospitals accepted such patients and experienced difficulties (Japan Hospital Association: International Medical Promotion Committee [JHA: IMPC], 2015; Kubo et al., 2014), and approximately 75% of the patients were foreign residents in Japan (JHA: IMPC, 2015). In addition, despite recognizing the differences in lifestyles and religious values, nurses could not evaluate the care as suitable for them (Tanimoto et al., 2020) and sometimes hesitated to provide care due to a lack of detailed knowledge and understanding of cultural matters (Kambayashi et al., 2020; Nonaka & Higuchi, 2010). Further, religious matters are considered the most troublesome in transcultural healthcare (Toyooka, 2015), and few relevant resources are available for hospital nurses (Noji, 2022). Consequently, around 60% of nurses still experience stress and discomfort when caring for foreign patients (Kambayashi et al., 2020). Additionally, basic nursing skills are influenced by customs, subjective factors, values, and other factors such as differences in medical culture (Toyooka, 2015). However, Japanese nurses tend to unintentionally prioritize their own culture and lack confidence in engaging with patients, resulting in hesitation and strained relationships (Nonaka & Higuchi, 2010). Consequently, they resort to trial and error in a haphazard manner because they have no clue about how to relate to these patients (Toyooka, 2015).

For these situations, an organization has initiated a project for accommodate foreigners in healthcare facilities since 2012, as a part of the government support project (Japan Medical Education Foundation [JMEF], n.d.a; The Ministry of Health, Labour and Welfare: Health Policy Bureau, 2011). Sixty eight hospitals are certified under the JMIP nationwide as of May 2024 (JMEF, n.d.b) to offer safe and high-quality healthcare and equal nursing services by elevating care standards to an international level (Mita, 2023).

However, several issues have been reported by foreign patients in Japanese healthcare, including confusion about tacit understanding, experiences of staff's discriminatory behaviors resulting in disappointment and mismatches in their expectations (Watanabe & Lorraine, 2017), and a lack of understanding of their culture perceived as disrespectful manners (Tanimoto et al., 2020; Teraoka & Muranaka, 2017). Despite a decrease in the percentage of nurses struggling, over half of them still face difficulties in providing care because cultural matters are a significant challenge.

There are 11 types of valid instruments globally for measuring CC and evaluating the effectiveness and necessity of CC training (Loftin et al., 2013; Taylor–Ritzler et al., 2008). This section introduces two measurement tools developed by Japanese researchers.

First, "Caffrey Cultural Competence Health Scale" (CCCHS) is a self-assessment test, originally designed for nursing students to measure CC knowledge, self-awareness, and comfort with CC skills (Caffrey et al., 2005). The J-CCCHS was established (Figure 1; Noji, 2017) for comparison on a global scale (Mizobe et al., 2021). The mean score was 1.85 among Japanese nurses in 2015 (Noji et al., 2017) and increased to 2.88 in 2020 (Noji, 2022). In comparison, U.S. nursing students scored 3.34 in 2013 (Ah & Cassara, 2013), indicating that the CC level among Japanese nurses is relatively low.

The other instrument used is the "Cultural Competence in Nursing Scale," developed in Japan in 2000 (Sugiura, 2003). The subscale means ranged from 1.65 to 2.98 out of 4 in the same year (Sugiura, 2003). In this study, all subscales for nurses with overseas experience were significantly higher than those for regular nurses, with a particularly large difference in specific cultural knowledge (Sugiura, 2003). This was attributed to the fact that Japanese nurses have rarely received education in transcultural nursing in schools and workplaces and lack substantial experience with patients from different backgrounds (Sugiura, 2003). In 2017, the total mean score was 99.3 out of 184 (Toda & Maru, 2018), and in 2018, it was 90.82, with the subscale at 2.16 (Saigusa & Igawa, 2022). This series of results from

2000 onwards shows no significant improvement among Japanese nurses.

Figure 1.
Description of content of items of J-CCCHS (Noji, 2017)

q1	Comfortable socially
q2	Knowledgeable health care (HC) belief
q3	Knowledgeable HC practice
q4	Knowledgeable risk factors
q5	Knowledge of comprehensive components
q6	Comfortable comprehensive assessment
q7	Knowledgeable traditional foods
q8	Comfortable if client has folk healer
q9	Comfortable working with folk healer
q10	Comfortable working with translator
q11	Awareness family decision making
q12	Awareness my gender in providing care
q13	Comfortable culturally prescribed treatment
q14	Comfortable culturally prescribed problematic treatment
q15	Knowledgeable death and dying
q16	Knowledgeable organ donation
q17	Knowledgeable pregnancy and childbirth
q18	Awareness my stereotypes in providing care
q19	Awareness my limitations in providing care
q20	Comfortable advocating different cultures
q21	Comfortable caring diverse backgrounds
q22	Abilities caring diverse backgrounds
q23	Comfortable as team member with HC providers from diverse backgrounds
q24	Comfortable as supervisor of HC providers from diverse backgrounds
q25	Interest in working with staff from diverse backgrounds
q26	Awareness of impact of National Policy
q27	Concerned for impact of National Policy
q28	My influence on National Policies that impact care

Ⅲ. 4. 2) CC Education and Training in Japan

Previous research indicates that the majority of literature on transcultural nursing and CC focuses on issues, challenges, and analyses of concepts, with limited content available on practical educational methods to improve CC (Tomota & Nakashima, 2018). Therefore, this section introduces the educational programs and training initiatives implemented in Japan.

Ⅲ. 4. 2) (1) Education in Nursing Schools in Japan

Initial developments in Japan began in 1999 with the publication of a book introducing a global nursing course (Toyooka, 2015). The spread of globalization promoted the need to pay attention to individual foreigners living in Japan (Toyooka, 2015). Consequently, content about these patients was incorporated from 2009 onward (Toyooka, 2015). Subsequently, in 2017, a core curriculum for basic education in global nursing was established, focusing on cultural nursing (Kumatani et al., 2022). Within this curriculum, 90% of the content is about the concepts and objectives of global nursing (Kumatani et al., 2022), and yet, there is no official curriculum on transcultural nursing (Tomota & Nakashima, 2018). In 2018, the Global Nursing Project was initiated by the Faculty of Healthcare at Tokyo Healthcare University to determine the current situation and strategies (Tanimoto et al., 2020). Likewise, the Faculty of Global Nursing at Otemae University was founded in 2019 to develop global nurses prepared to take action and provide equal and decent healthcare for culturally diverse people (Otemae University: Institute of Global Nursing, n.d.). However, because of the broad range of content that global nursing courses should cover, many problems have arisen in establishing the education system (Kumatani et al., 2022), and most of the content is based on teachers' experiences, resulting in varying lecture contents (Kumatani et al., 2022; Tomota & Nakashima, 2018). Furthermore, owing to a lack of educational sessions and low awareness of the importance of globalization in Japan (Miyamoto, 2017), challenges in CC education in nursing remain significant (Kumatani et al., 2022).

Ⅲ. 4. 2) (2) Training and Approaches at Facilities in Japan

In 2000, there was limited transcultural nursing education in the workplace (Ono & Yamamoto, 2011; Sugiura, 2003), leading to a deficiency in nurses' experiences with patients from different backgrounds (Sugiura, 2003). A survey revealed that fewer than 20% of healthcare providers had opportunities to learn about caring for such patients, and only 5% received transcultural nursing education during their schooling (Makimoto et al., 2005). By the 2010s, only

3% of facilities had implemented training systems for nurses in this area (Kubo et al., 2014), and around 60% of nurses had no opportunity to learn about caring for non-Japanese patients during their hospital nursing training as part of continuous education (Kuwano et al., 2016). In the late of 2010s, nurses who received such training were only 3.9%, demonstrating a persistent lack of transcultural experience leading to insufficient understanding of patients' backgrounds (Saigusa & Igawa, 2022). The underlying reasons for this include unstandardized education, non-validated education programs (Mizobe et al., 2021), and insufficient education systems to prepare nurses for these challenges (Saigusa & Igawa, 2022). This indicates that CC training in Japanese healthcare facilities is still relatively uncommon and has a long way to go to catch up with healthcare globalization. In addition, the clinical ladder for nurses, originally developed in the U.S. about fifty years ago (Slagle & Wakim, 2023), is being developed in Japan by the Japanese Nursing Association since 2016 as an index of the nursing profession to acquire and improve practical nursing skills at each stage (Japanese Nursing Association [JNA], 2023). This shows that the clinical ladder in Japan has just been introduced at facilities and can be used for CC training in Japan as well.

Continuous education for nurses includes health care services, cultural diversity, and various lifestyles, which are covered through workshops and seminars (Makimoto et al., 2005). The Tokyo Government Bureau provides support, training, and guidelines on ways to take care of patients, attention to cultural differences, and various approaches and techniques (Bureau of Social Welfare and Public Health, 2018). Additionally, Noji et al. have launched projects since 2017, involving the development of CC training and global symposiums for healthcare facilities and nurses with "Internationalization of Nursing Guidelines" (Noji, 2020) as clinical practice guidelines (Mizobe et al., 2021; Noji et al., 2018). The objectives of these initiatives are to address the concerns of both nurses and patients and to enhance medical safety, quality, and CC in multicultural settings (Noji, 2022). The guidelines consist of 12 items, such as the potential for individual consideration of religion, with illustrations to facilitate discussion (Noji, 2022). The results showed an improvement in the CCCHS score, although it remained lower than that observed in the U.S. (Ah & Cassara, 2013; Noji, 2022) as mentioned earlier. Another project in 2020 involves CC training that include discussions over a map, called "Encounters with Different Cultures 42" for clinical nurses (Mizobe et al., 2021). This tool provides visualized situations in which nurses have been struggling to care for foreign patients, promotes awareness of these challenges (Noji, 2020) and provides insights into effective care approaches to understand case studies (Mizobe et al., 2021). Additionally, a "Nursing English Notebook" was developed as supplementary learning material, which includes information on differences in nonverbal communication and expressions of pain and fever (Mizobe et al., 2021). Both these materials aim to help nurses acquire and improve their ability to handle these situations by understanding patients' words and actions that stem from cultural differences (Mizobe et al., 2021).

There are several challenges in implementing CC training in healthcare settings (Noji, 2022). However, developing Clinical Practice Guidelines as practical foundations and premises is essential to foster cooperation among healthcare providers, patients, and society and to help build trustworthy relationships, in rapidly globalizing healthcare settings (Noji et al., 2018).

Ⅲ. 5. Situation in the U.S.

Ⅲ. 5. 1) Development and background of CC in the U.S.

Minorities and immigrants often have unique illnesses, as well as distinct thoughts and beliefs about health and illness (Strunk et al., 2013). For example, certain traditional healing practices can be harmful to contemporary Western treatments (Young & Guo, 2020). In such cases, if nurses lack adequate

knowledge about cultural and ethnic matters and neglect these aspects, it can result in disrespectful attitudes and potentially deter patients from seeking treatment, leading to delayed medical interventions (Strunk et al., 2013). Furthermore, even within a single ethnic group and within the same family, multigenerational variations may exist (Young & Guo, 2020). This implies that social groups may be structured diversely by gender, age, religion, and other factors, posing challenges for healthcare providers who require skills and appropriate communication in a culturally sensitive manner (Young & Guo, 2020). There is scarce universal solution to these challenges, and the necessity for CC and CC training thus become apparent (Young & Guo, 2020).

One key component in CC care is the cultural encounter (Darnell & Hickson, 2015), which helps prevent generalization and stereotyping (Aponte, 2012; Young & Guo, 2020). Since providers may not be able to acquire the necessary respect and acceptance immediately, they need to follow a gradual process of becoming culturally aware (Young & Guo, 2020), carefully considering the impact of their issues and bias on interventions (Jongen et al., 2018).

CC is a global challenge (Loftin et al., 2013). Therefore, it must be addressed collaboratively on a global scale. For instance, the Japanese government has taken steps to globalize healthcare settings by accepting visitors for medical purposes and creating common guidelines to be followed across facilities (Medical Excellence Japan, n.d.). Additionally, tools to measure CC have been translated into languages other than English, including Japanese (Loftin et al., 2013). This indicates that the challenges have been taken seriously in an attempt to improve the situation worldwide.

Ⅲ．5．2）CC Education and Training in the U.S.

Ⅲ．5．2）(1) Education in Nursing Schools in the U.S.

Since 2004, the U.S. government (Furman & Dent, 2004), American Academy, and American Association of College of Nursing (AACN) (Giger et al., 2007) have contributed to the development of CC curricula for nursing schools. Based on this initiative, researchers have created a blueprint for CC in the curriculum for each school year, incorporating case studies, discussions, and role-playing in the senior year (Cuellar et al., 2008; Young & Guo, 2020). The most effective way to provide culturally optimal care and achieve positive outcomes is to equip healthcare providers with comprehensive guidelines (Young & Guo, 2020). Consequently, AACN and the National League for Nursing (Darnell & Hickson, 2015) developed a "toolkit" of resources for CC education, which includes information on CC models and teaching strategies (Aponte, 2012; Darnell & Hickson, 2015). Numerous researchers have been involved in CC development to enhance the quality of nursing education.

Ⅲ．5．2）(2) Training and Approaches at Facilities in the U.S.

The U.S. government's Office of Minority Health contributed to the development of the National Standard on Culturally and Linguistically Appropriate Services in 1998, which includes 15 action steps for healthcare providers and organizations (Office of Ministry: U.S. department of Health and Human Services, n.d.; Young & Guo, 2020). Regarding on-the-job programs (Taylor-Ritzler et al., 2008), the content focuses on acquiring knowledge, understanding, skills, attitudes, and transcultural communication (McGregor et al., 2019; Renzaho et al., 2013) to ensure patient safety (Mizobe et al., 2021). Various training methods are employed, including clinical cases with teamwork, apps, e-learning, face-to-face workshops, internet-based courses, assessment of individual self-awareness, monitoring and assessing knowledge, skills, and efficacy with feedback to improve attitudes (Jongen et al., 2018; McGregor et al., 2019). For instance, an institute released the "Future of Nursing" report in 2010, which emphasizes guaranteeing post-graduation training as part of

lifelong learning, and more (Noji et al., 2017). Based on this, since 2017, a nursing education lab has served as a facility for education, training, research, and simulation center, and offers patient actors for practicing nursing skills to meet U.S. needs (Noji et al., 2017). Although there is a standard for CC training, on-the-job training appears to be developing in individual facilities.

Ⅲ. 6. Positive and Negative Aspects of CC training

The positive aspects of CC training include boosting patient engagement, enhancing treatment adherence, diminishing racial and ethnic health disparities, and fostering better, more respectful relationships (McGregor et al., 2019; Taylor-Ritzler et al., 2008). Additionally, it contributes to improvements in awareness and practice, increases patient satisfaction and nurses' confidence (Coleman et al., 2016; Govere, L. & Govere, E, M., 2016; Jongen et al., 2018; Renzaho et al., 2013; Sugiura, 2010; Voss-DeMeester et al., 2014), promotes active pursuit of progress, a physical environment in which patients feel welcomed, and facilities that provide suitable resources and materials (Taylor-Ritzler et al., 2008).

However, this approach has certain drawbacks. These include limited evidence of patient outcomes (Colemen et al., 2016; Jongen et al., 2018; McGregor et al., 2019; Renzaho et al., 2013; Voss-DeMeester et al., 2014; Young & Guo, 2020), low feasibility of training, poor buy-in from healthcare providers (Jongen et al., 2018; McGregor et al., 2019; Renzaho et al., 2013; Voss-DeMeester et al., 2014), and insufficiency in reducing healthcare disparities (Shen, 2015). CC training can create stereotyping and over-generalization, inadvertently foster misunderstandings (Jongen et al., 2018) and unintentionally emphasize racism and power imbalances (Shepherd, 2019). In addition, healthcare providers are often too busy to effectively absorb learning for implementation in practice (Coleman et al., 2016; Shepherd, 2019). This indicates that there are some challenges in CC training, and it is still evolving to improve, requiring more tangible behaviors (Jongen et al., 2018).

Ⅳ. Discussion

Ⅳ. 1. Characteristics of Japanese Nurses and the Necessity of CC for Them

Japanese nurses are typically closer to patients than their counterparts in other countries. The roles of Japanese nurses are assisting with examinations and treatments and helping patients with activities of daily living (ADL) in medical settings (e-Gov law and ordinant search, 2022). They take care of patients in their daily lives in hospitals, and, in contrast to practices in the Philippines, family members in Japan do not usually participate in patients' ADLs. In the Philippines, families take care of patients' personal care in hospitals daily, while Filipino nurses play a role in overseeing and providing directions (Toyooka, 2015). Therefore, it is feasible for Japanese nurses to enhance their CC to provide appropriate, safe, and secure interventions for diverse patients. This improvement in CC can help prevent illness and/or worsening the conditions and improve the quality of life (QOL). As the saying goes, "knowledge is power but without action is useless," it is insufficient to merely acquiring knowledge. It is indispensable to consider how to implement and take action while taking cultural aspects into account.

It is thus more practical to cultivate CC rather than language skills. Most nurses have some opportunities to learn English in compulsory education, and although 60% of nurses at some hospitals used English, they were dissatisfied with the English education provided in colleges (Willey et al., 2016). In reality, most immigrant patients are not English speakers (Kuwano et al., 2016). Approximately 23% of foreign residents in Japan are Chinese, followed by Vietnamese and Koreans (ISA, 2023a). Research has also revealed that foreign patients in

Japanese hospitals are primarily Brazilian, followed by Filipino and Peruvian (Sugiura, 2003). Additionally, nurses need to understand how culture shapes health management and influences individuals' definitions, perspectives, and decision–making regarding health, illness, and health practices by cultivating their own cultural sensitivities (Aponte, 2012). Moreover, the ability to speak other languages is not directly correlated with the provision of high–quality care (Sobel & Metzler Sawin, 2016). Acquiring languages demands considerable time and effort, whereas acquiring CC has guidelines and training methods that can be applied directly in practice. Therefore, focusing on CC for nurses would be more efficient in providing optimal care.

The U.S. is a salad bowl of races with a multiethnic culture. Many nurses in the U.S. have experience in caring for diverse patients and have enhanced their CC; numerous experts and researchers have studied CC for an extended period, resulting in the highest number of studies on transcultural nursing and CC worldwide (Tomota & Nakashima, 2018). By contrast, studies on CC in Japan are still developing, with a limited number of theories, teaching methods, experts, and educational human resources (Tomota & Nakashima, 2018).

As outlined in the Noji et al.'s guideline project, nurses should use the CC guideline as a common tool. Clinical Practice Guidelines can enhance healthcare quality and form the basis for nursing practice and education as well (Noji et al., 2018). Some facilities in Japan have adopted different approaches to address clinical globalization; however, it is difficult for individual hospitals to offer CC programs (Mizobe et al., 2021). This indicates a limitation in working on the globalized context independently. Therefore, it would be efficient to take advantage of these sophisticated guidelines.

Ⅳ. 2. Remedies

Ⅳ. 2. 1) Necessity of Consideration for Every Personal Aspect

Concepts, customs, manners, and other cultural aspects are not universally applicable to every individual within the same culture, and can lead to stereotyping. Thus, nurses should consider every personal aspect as far as possible. For instance, many assume that Japan is predominantly a Buddhist country, and the religious affiliations in Japan actually consist of 47.0% Shinto followers and 42.8% Buddhists (Agency of Cultural Affairs, Government of Japan, 2022). However, in reality, many Japanese people do not consider themselves religious. This indicates that Buddhist principles are not applicable to all Japanese individuals. Consequently, recognizing individual differences is essential for providing the most appropriate care, regardless of the patient's cultural background (Kuwano et al., 2016). Therefore, nurses should examine their own bias by acquiring knowledge and seeking feedback (Taylor–Ritzler et al., 2008) and consider what is truly important for patients.

Ⅳ. 2. 2) Tools and Methods for Training

Training tools should be carefully considered because nurses are often very busy and facilities frequently face shortages. Therefore, these tools should be memorable, easily accessible, and quickly recalled to enable nurses to integrate cultural nuances into their care plans (Darnell & Hickson, 2015). For instance, access to PC software (Kambayashi et al., 2020), apps, and e–learning systems (Jongen et al., 2018; McGregor et al., 2019) in facilities may be beneficial for self–study. Additionally, it is important to facilitate discussions to identify new and different aspects as they learn (Shaw & Armin, 2011). Therefore, utilizing clinical case studies with discussions, role–playing (Kuwano et al., 2016), or simulations to apply the learned concepts will be helpful. The U.S. has various assessment tools to gather information from patients

with diverse backgrounds (Sugiura, 2003); the availability of similar tools in Japanese facilities will enable better nursing assessments. Providing opportunities for CC training involves allocating time for nurses to participate in the training during their shifts. Additionally, a practical approach is to offer CC training at different levels, ranging from basic knowledge to more abstract ideas, such as beliefs about life and death (Makimoto et al., 2005). Therefore, incorporating CC training into "clinical ladders" as part of continuous education could be an effective strategy for efficient training.

Moreover, as indicated by the results, education in nursing schools is not sufficient to meet diverse nursing needs, and the education system should be taken more seriously. Education is the first step in acquiring the competence to offer optimal care for diverse patients. As education and practicums about global nursing at Otemae University were implemented in 2019 as the very first faculty of global nursing in Japan, the education system for global nursing has just been introduced for nursing students and this approach should become widespread for future nurses in Japan as well.

Ⅳ. 2. 3) Need for Organizational Approaches

Individual success critically depends on organizational support, and both parties must demonstrate their willingness and commitment to change (Taylor–Ritzler et al., 2008). It is essential to provide educational materials, training opportunities, and modules for culturally integrated care (McGregor et al., 2019). For example, since 2001, the Mayo Clinic in the U.S. has been actively developing educational curricula and practices, learning tools, transcultural simulations, and online guidelines for assessing various cultures and countries, incorporating a step–by–step process (Sugiura, 2010). This implies that some hospitals provide dedicated support to nurses, akin to the support that nurses offer to patients. Additionally, short–term training abroad could be a valuable opportunity to observe Japan and nursing from an international perspective (Noji et al., 2017). Therefore, it would be practical for facilities to offer overseas experience and training to nurses or even hire foreign nurses to observe CC in Japan and provide feedback as mentors (Noji et al., 2017; Toda & Maru, 2018; Young & Guo, 2020).

There is a demand for the accumulating knowledge and findings by sharing experiences and case studies with other facilities, which will improve the environment, create warm–ups for transcultural nursing, and enhance CC (Saigusa & Igawa, 2022). Even within a facility, in–hospital manuals and standards have been developed to prevent inconsistent correspondence among providers and facilitate interprofessional collaboration, such as connecting with registered dietitians to address culturally considered foods such as Halal (Mita, 2023). There are no perfect solutions for accommodating all religions and customs; therefore, a system to gather patients' desires and communicate what hospitals can or cannot provide is necessary (Mita, 2023). Consequently, establishing organizational approaches is crucial for both nurses and patients.

This study is a narrative literature review, and might be biased in our choice of available literature.

Ⅴ. Conclusion

This review indicates that Japanese clinical nurses still have relatively low CC compared with those in the U.S. Consideration and awareness of diverse patients is important for this globalizing situation in nursing. Implementing CC training in every hospital could make a significant difference in nursing for these multicultural patients by ensuring optimal and high–quality care as their responsibilities, which can also narrow the gap between domestic and foreign patients and meet their needs as effectively as in the U.S. Furthermore, nursing care enhanced with CC can improve patient satisfaction and QOL. Simultaneously, nurses can foster their confidence and job satisfaction and will be ready for globalization in Japanese healthcare settings.

Ⅵ. References

Agency of Cultural Affairs, Government of Japan. (2022). *Syuukyou-nenkan reiwa 4-nenban* [Religious Almanac]. Ministry of Education, Culture, Sports, Science and Technology. Retrieved May 4, 2024, from https://www.bunka.go.jp/tokei_hakusho_shuppan/hakusho_nenjihokokusho/shukyo_nenkan/pdf/r04nenkan.pdf

Ah, D. V., & Cassara, N. (2013). Perception of cultural competency of undergraduate nursing students. *Open Journal of Nursing, 3*(2), 182-185. 10.4236/ojn.2013.32024

Aponte, J. (2012). Cultural competency in baccalaureate US nursing education: hybrid course. *Holistic nursing practice, 26*(5), 243-258. https://doi.org/10.1097/HNP.0b013e318263f2c9

Burchum, J. L. (2002). Cultural competence: an evolutionary perspective. *Nursing forum, 37*(4), 5-15. https://doi.org/10.1111/j.1744-6198.2002.tb01287.x

Bureau of Social Welfare and Public Health. (2018). *Heisei 20-nendo iryoukikan niokeru gaikokuzin-kanzya-taiou-shien-kensyuu zissen-hen (madoguti-hen)* [2018 Support training for taking care of foreign patients at medical institutions Practical guide (case at reception)]. Tokyo Metropolitan Government. Retrieved May 4, 2024, from https://www.hokeniryo.metro.tokyo.lg.jp/iryo/iryo_hoken/gaikokujin/gaikokujintaiou/shienkensyu/30gaikokujinkensyu2.files/kouen1.pdf

Caffrey, R. A., Neander, W., Markle, D., & Stewart, B. (2005). Improving the cultural competence of nursing students: results of integrating cultural content in the curriculum and an international immersion experience. *The Journal of nursing education, 44*(5), 234-240. https://doi.org/10.3928/01484834-20050501-06

Coleman, S. K., Garretson, B. C., Wehbe-Alamah, H. McFarland, M., & Wood, M. (2016). RESPECT: Reducing 30-day Emergency Department Visits and Readmissions of Bariatric Surgical Patients Effectively Through Cultural Competency Training of Nurses. *Online Journal of Cultural Competence in Nursing and Healthcare, 6*(1), 31-51. doi: 10.9730/ojccnh.org/v6n1a3

Cuellar, N. G., Brennan, A. M., Vito, K., & de Leon Siantz, M. L. (2008). Cultural competence in the undergraduate nursing curriculum. *Journal of professional nursing: official journal of the American Association of Colleges of Nursing, 24*(3), 143-149. https://doi.org/10.1016/j.profnurs.2008.01.004

Darnell, L. K., & Hickson, S. V. (2015). Cultural competent patient-centered nursing care. *The Nursing clinics of North America, 50*(1), 99-108. https://doi.org/10.1016/j.cnur.2014.10.008

e-Gov law and ordinant search. (2022, September 17). *Act on Public Health Nurses, Midwives and Nurses*. Cabinet Office. Retrieved May 4, 2024, from https://elaws.e-gov.go.jp/document?lawid=323AC0000000203_20220617_504AC0000000068

Furman, G, & Dent, M. M. (2004). *Cultural Competency in Medical Education: A Guidebook for Schools*. Seamless learning: incorporating cultural competency into the curriculum. U.S. department of Health and Human Services Administration.

Giger, J., Davidhizar, R. E., Purnell, L., Harden, J. T., Phillips, J., Strickland, O., & American Academy of Nursing (2007). American Academy of Nursing Expert Panel report: developing cultural competence to eliminate health disparities in ethnic minorities and other vulnerable populations. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 18*(2), 95-102. https://doi.org/10.1177/1043659606298618

Gilbert, M. J. (2003). *Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals*. California Endowment. https://www.migrationpolicy.org/sites/default/files/language_portal/principles_standards_cultural_competence_0.pdf

Govere, L., & Govere, E. M. (2016). How Effective is Cultural Competence Training of Healthcare Providers on Improving Patient Satisfaction of Minority Groups? A Systematic Review of Literature. *Worldviews on evidence-based nursing, 13*(6), 402-410. https://doi.org/10.1111/wvn.12176

Health Resources and Services Administration. (2001). *Study on measuring cultural competence in health care delivery settings*. U.S. Department of Health and Human Services. Rockville, MD: Author.

Immigration Services Agency. (2023a, October 13). *Kokuseki tiiki-betsu zairyu-gaikokuzin no suii* [Statistic Data of foreign residents at the end of June in 2022]. Ministry of Justice. Retrieved May 4, 2024, from https://www.moj.go.jp/isa/content/001403955.pdf

Immigration Services Agency. (2023b, October). *Initiatives to Accept Foreign Nationals and for the Realization of Society of Harmonious Coexistence*. Ministry of Justice. Retrieved May 4, 2024, from https://www.moj.go.jp/isa/content/930004452.pdf

Japan Hospital Association: International Medical Promotion Committee. (2015). *Heisei 27-nendo "iryou no Kokusai-tenkai ni kansuru genzyou-tyousa" kekka-houkokusyo (bassui)* [2015 Present Survey on

Medical Globalization: Result Report (abridgment)]. Retrieved May 4, 2024, from https://www.hospital.or.jp/pdf/06_20151028_01.pdf

Japan Medical Education Foundation. (n.d.a). *The accreditation system for medical institutions accepting international patients (Japan Medical Service Accreditation for International Patients (JMIP))*. Retrieved May 4, 2024, from https://jmip.jme.or.jp/navi1.php

Japan Medical Education Foundation. (n.d.b). *Accredited medical institution search list*. Retrieved May 4, 2024, from https://jmip.jme.or.jp/search.php?mode=search

Japanese Nursing Association. (2023). *Nursing in Japan 2023*. Retrieved May 4, 2024, from https://www.nurse.or.jp/english/assets/nursing/nursing-in-japan-en.pdf

Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. *BMC health services research, 18*(1), 232. https://doi.org/10.1186/s12913-018-3001-5

Kambayashi, C., Kondo, A., Koizumi, M., & Futami, A. (2020). Daigakubyouin to sougoubyouin ni okeru gaikokuzin-kanzya-taiou-kensyuu ni kansuru kangoshi no ni-zu oyobi sanka-iyoku [Needs and motivation of hospital nurses regarding training on how to care for foreign patients in Japan]. *Journal of International Health, 35*(1), 27-38.

Kubo, Y., Takaki, S., Nomoto, Y., Maeno, Y., & Kawaguchi, Y. (2014). Nihon no byouin ni okeru kyuukyuu-gairai deno gaikokuzin-kanzya-eno kango no genzyou ni kansuru tyousa [Survey for the Current Situation of Nursing for Foreign patients at Emergency Departments in Japanese hospitals]. *Journal of Health and Welfare statistics, 61*(1), 17-25.

Kumatani, K., Yamamoto, M., Yamamoto, J., Yokota, T., Imamura, K., & Kawakami, T. (2022). Kokusai kango-gaku gairon wo kyouzyushiteiru kyouin no zyugyou-naiyou to ibunka-kan kango nouryoku [Course Content and Cultural Competence in Nursing of Teachers Conducting Introduction to Global Courses]. *Journal of Otemae University Institute of Global Nursing, 3,* 11-19. http://id.nii.ac.jp/1160/00002085/

Kuwano, N., Fukuda, H., & Murashima, S. (2016). Factors Affecting Professional Autonomy of Japanese Nurses Caring for Culturally and Linguistically Diverse Patients in a Hospital Setting in Japan. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 27*(6), 567-573. https://doi.org/10.1177/1043659615587588

Leininger, M. M. (1999). What is transcultural nursing and culturally competent care?. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 10*(1), 9. https://doi.org/10.1177/104365969901000105

Leininger, M. M. (with Inaoka, F.). (1995). *Reininga-kango-ron bunka-kea no tayousei to huhensei* [Culture Care Diversity & Universality: A theory of Nursing]. Igakusyoin. (original work published 1991).

Leuning, C. J., Swiggum, P. D., Wiegert, H. M., & McCullough-Zander, K. (2002). Proposed standards for transcultural nursing. Transcultural Nursing Society. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 13*(1), 40-46. https://doi.org/10.1177/104365960201300107

Loftin, C., Hartin, V., Branson, M., & Reyes, H. (2013). Measures of cultural competence in nurses: an integrative review. *The Scientific World Journal,* 2013, 289101. https://doi.org/10.1155/2013/289101

Makimoto, K., Adachi, Y., Ogawa, M., Satake, N., Hizume, Y., Mikawa, M. (2005). Hospital preparedness for foreign patients: A postal survey of 97 public hospitals in Japan. *Nursing Journal of Osaka University, 11*(1), 24-29. https://doi.org/10.18910/56673

McGregor, B., Belton, A., Henry, T.L., Wrenn, G, & Holden, K.B. (2019). Improving Behavioral Health Equity through Cultural Competence Training of Health Care Providers. *Ethnicity & disease, 29* (Suppl 2), 359-364. https://doi.org/10.18865/ed.29.S2.359

Medical Excellence Japan. (n.d.). *Business Activities to Help Organizations to Globalize Their Medical Services*. Retrieved May 4, 2024, from https://medicalexcellencejapan.org/jp/entrustment/

Mita, N. (2023). Gaikokuzin-kanzya no ukeire-taisei no seibi -JMIP zyushin wo keikenshite- [Adjustment and arranging for accepting foreign patients ~with experience of undergoing the accreditation survey for JMIP]. *Power of Nursing, 28*(595), 20-28.

Miyamoto, K. (2017). Current Issues of "International Nursing" in the Basic Nursing Education in Japan. *Yamanashi nursing journal, 16*(1), 1-5. https://doi.org/10.34429/00003328

Mizobe, A., Noji, A., Kondo M., Kotera, S., Iijima, S., Poter M., Sumitani, D., Otomo, E., Kobayashi, K., & Hamazaki, Y. (2021). Kangosyoku no tabunka-taiou-nouryoku kensyuu-puroguramu ni motiiru kyouzai-kaihatsu [Development of Education materials for Nurses Cultural Competence]. *Journal of international society of clinical medicine, 4*(1), 43-49.

Noji, A. (2020). Kango-zissen niokeru CPG no itiduke-

kango-kokusaika gaidorain no kiseki to miraikei- [The position of Clinical Practice Guidelines in nursing practice ~Trajectory and future shape of internationalized nursing guidelines~]. *Precision Medicine, 3*(7), 645-648.

Noji, A. (2022). Sekai wo ri-dosuru inbaundo-iryoutenkai ni muketa kango-kokusaika gaidorain [Internationalization of Nursing Guidelines for the Development of World-Leading Inbound Healthcare Services]. 2. https://kaken.nii.ac.jp/en/file/KAKENHI-PROJECT-17H01607/17H01607seika.pdf

Noji, A., Hardin, S. B., Gonzales, L., & Curran, C. (2017). "Kango no mirai" ni muketa kokusai-kyoudou-kyouiku no zissenn: gakuzyutsu-kouryuukyoutei ni motoduku Chiba-daigaku to San Diego-daigaku no renkeikara [Planning for the future of nursing utilization on international collaborative approach ~Based on Memorandum of Understanding between Chiba University and University of San Diego~]. *Journal of Graduate School of Nursing, Chiba University,* (39), 51-57.

Noji, A., Mochizuki, Y., Nosaki, A., Glaser, D., Gonzales, L., Mizobe, A., & Kanda, K. (2017). Evaluating cultural competence among Japanese clinical nurses: Analyses of a translated scale. *International journal of nursing practice, 23*(Suppl 1), https://doi.org/10.1111/ijn.12551

Noji, A., Nosaki, A., Kondo, M., Iijima, S., Kotera, S., Mizobe, A., Kim, I., Nakayama, T., Miyasaka, K., Sugawara, H., & Yamaguchi, N. (2018). Kango-zissen niokeru CPG no kaihatsu to itiduke: 2017 kikkuohu kokusai-shinpoziumu "shinryou-gaidorain nokiseki to miraikei" [Development and value Judgement of Clinical Practice Guidelines in Nursing Practice: 2017 Kickoff International Symposium: "Trajectory and Future of CPG"]. *Journal of Graduate School of Nursing, Chiba University, 40,* 55-60. doi: 10.20776/S21859698-40-P55

Nonaka, C., & Higuchi, M. (2010). The process of building relationships between foreign patients and nurses in Japan. *Journal of International Health, 25*(1), 21-32. https://doi.org/10.11197/jaih.25.21

Office of Minority Health: U.S. department of Health and Human Services. (n.d.). *National CLAS Standards*. Retrieved May 4, 2024, from https://thinkculturalhealth.hhs.gov/clas

Ohashi, K, & Iwasawa, K. (2018). *Kokusaika to kango – nihon to Sekai de zissensuru gurobaruna kango wo mezashite* [Globalization in Nursing –Toward global nursing practice in Japan and the world]. Medica publisher.

Ono, S., & Yamamoto, Y. (2011). Kangosya no ibunka-kan nouryoku ni kansuru bunken-kentou [Literature review on Nurses' Cultural Competence]. *Kawasaki Journal of Medical Welfare, 20*(2), 507-512.

Otemae University: Institute of Global Nursing. (n.d.). *What is the Otemae University Institute of Global Nursing?*. Retrieved May 4, 2024, from https://www.otemae.ac.jp/special/nurse/globalnursing/

Renzaho, A. M., Romios, P., Crock, C., & Sønderlund, A. L. (2013). The effectiveness of cultural competence programs in ethnic minority patient-centered health care-a systematic review of the literature. *International journal for quality in health care: journal of the International Society for Quality in Health Care, 25*(3), 261-269. https://doi.org/10.1093/intqhc/mzt006

Saigusa, T., & Igawa, Y. (2022). Koudo-kyuuseiki-byouin niokeru kangoshi no ibunkakan-kango-nouryoku to gaikokuzin-kanzya no syuuzyutsuki niokeru konnankan [Cultural competence in nursing of nurses in a high-acute hospital and difficulties in perioperative care for foreign patients]. *Journal of Japan perioperative Nursing Academy, 18*(1), 168-176.

Shaw, S. J., & Armin, J. (2011). The ethical self-fashioning of physicians and health care systems in culturally appropriate health care. *Culture, medicine and psychiatry, 35*(2), 236-261. https://doi.org/10.1007/s11013-011-9215-1

Shen, Z. (2015). Cultural competence models and cultural competence assessment instruments in nursing: a literature review. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 26*(3), 308-321. https://doi.org/10.1177/1043659614524790

Shepherd, S. M. (2019). Cultural awareness workshops: limitations and practical consequences. *BMC medical education, 19*(1), 14. https://doi.org/10.1186/s12909-018-1450-5

Slagle, A., & Wakim, N. (2023). A global examination of clinical ladder programs – A synthesis of commonalities and opportunities for standardization. *Worldviews on Evidence-Based Nursing, 20*(1), 56-63. https://doi.org/10.1111/wvn.12622

Sobel, L. L., & Metzler Sawin, E. (2016). Guiding the Process of Culturally Competent Care with Hispanic Patients: A Grounded Theory Study. *Journal of transcultural nursing: official journal of the Transcultural Nursing Society, 27*(3), 226-232. https://doi.org/10.1177/1043659614558452

Statistics Bureau of Japan. (2024, March 21). *Jinkou suikei -2024 nen 3 gatsu-hou-*[Estimated population 2024 March report]. Ministry of Internal Affairs and Communications. Retrieved May 4, 2024, from https://www.stat.go.jp/data/jinsui/pdf/202403.pdf

Strunk, J. A., Townsend–Rocchiccioli, J., & Sanford, J. T. (2013). The aging Hispanic in America: challenges for nurses in a stressed health care environment. *Medsurg nursing: official journal of the Academy of Medical–Surgical Nurses, 22*(1), 45–50.

Sugiura, K. (2003). Ibunka–kan kango–nouryoku no genzyou to kitei–youin–seinen–kaigai–kyouryokutai kangosyoku–kikoku–taiin to kouritsu–sougoubyouin kinmukangosyoku no hikakuyori– [Survey–Based Analysis of Cultural Competence in Nursing and its Predictors: Comparison between Nurses who were Japan Overseas Cooperation Volunteers and Nurses Working at Municipal Hospitals]. *Journal of Japan Academy of Nursing Science, 23*(3), 22–36.

Sugiura, K. (2010). Beikoku meiyo–kurinikku ni okeru kangosyokusya no karuchuraru–konpitensu–kouzyou no tameno torikumi [A curriculum for nurses working at Mayo Clinic in order to enhance their cultural competence]. *Mie Nursing Journal, 12,* 93–95. http://hdl.handle.net/10076/11368

Tanimoto, M., Yamazaki, C., Mototani, S., Takayama, Y., Nakayama J., Imaizumi, K., Iida Y., & Soma, Y. (2020). Nihonzin–kangoshi no gaikokuzin–kanzya–taiouryoku–kouzyou ni muketa zissenteki–kadai–kenkyu no torikumi [Exploring practical challenges to improve the abilities of Japanese nurses to effectively respond to foreign patients]. *Bulletin of Tokyo Healthcare University, 14*(1), 145–152.

Taylor–Ritzler, T., Balcazar, F., Dimpfl, S., Suarez–Balcazar, Y., Wills, C., & Schiff, R. (2008). Cultural competence training with organizations serving people with disabilities from diverse cultural backgrounds. *Journal of Vocational Rehabilitation, 29*(2), 77–91.

Teraoka, M., & Muranaka, Y. (2017). Zainiti–gaikokuzin ga zikkanshita nihon no iryou niokeru ibunka–taiken no yousou [Aspects of Cross–cultural Experience Perceived by Foreigners Living in Japan When Using Its Healthcare Services]. *Journal of Japan Academy of Nursing Science, 35,* 35–44. https://doi.org/10.5630/jans.37.35

The Ministry of Health, Labour and Welfare: Health Policy Bureau. (2011, February 28). Gaikokuzin–kanzya–ukeire–iryoukikan–ninsyouseido–seibi no tame no shien–zigyou zisshi–dantai–koubo–youkou *[Support project of establishing accreditation system for medical institutions accepting international patients Description for implementing non–government institutions].* Retrieved May 4, 2024, from https://www.mhlw.go.jp/topics/2011/02/dl/tp0228–1a.pdf

Toda, T., & Maru, M. (2018). Cultural Sensitivity of Japanese nurses: Exploring Clinical Application of the Intercultural Sensitivity Scale. *Open Journal of Nursing, 8,* 640–655. http://www.scirp.org/journal/ojn

Tomota, T., & Nakashima, M. (2018). Ibunka–kango ni kansuru kenkyu–doukou kara miru nihon no kango–kyouiku no kadai: nihon no kango no gurobaru–ka to daibashithi [The challenges of Japanese nursing education with the observing points from research trend about transcultural nursing ~Globalization and diversity in Japanese nursing~]. *Nursing, 70*(3), 94–97.

Toyooka, C. (2015). Nihon ni okeru gaikokuzin–iryou I –bunkakan–kango no genzyou to suishin ni mukete– [Medical Care for Foreign Patients in Japan I –Report on the Current Situation and Proposal for Transcultural Nursing–]. *The Bulletin of the Graduate School of Social and Cultural Studies Nihon University: Nihon University GSSC Journal,* (16), 135–144.

United Nations Department of Economic and Social Affairs, Population Division. (2020). *International Migrant Stock 2020: Destination.* Retrieved May 4, 2024, from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2020_ims_stock_by_sex_and_destination.xlsx

Voss–DeMeester, R. H., McCullough, K. W., Cook, S. C., & Chin, M. H. (2014). Responding to culture: Beyond cultural competence training. *Finding Answers: Disparities Research for Change.* https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411874

Watanabe, A., & Lorraine, S. (2017). Listening to Foreign Patient Voices: A Narrative Approach. *Journal of Fukui Medical University, 17,* 1–11. http://hdl.handle.net/10098/9997

Willey, I., McCrohan, G., Nishiya, K., & Tanimoto, K. (2016). The English needs of doctors and nurses at hospitals in rural Japan. *Journal of Medical English Educations, 15*(3), 99–104.

Young, S., & Guo, K. L. (2020). Cultural Diversity Training: The Necessity of Cultural Competence for Health Care Providers and in Nursing Practice. *The health care manager, 39*(2), 100–108. https://doi.org/10.1097/HCM.0000000000000294

Rangu, Y. (2024, March 17). Mietekita gaikokuzin–1wari–zidai imawa 320–mannin, 50–nendaini 3–baigoe [The age of 10% foreigners in Japan comes into view. The current their population is 3.2 million and will triple in 2050s]. *The Nikkei.*