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Cultural factors influencing Japanese nurses' assertive communication: Part 1. Collectivism

Abstract

Culture influences the way healthcare professionals communicate with each other and their ability to relate to colleagues in an assertive manner. Cultural barriers can also make it difficult for nurses to speak up even when they have concerns about patient safety. An understanding of the potential impact of cultural factors is therefore needed when developing assertiveness communication training programs.

This paper presents the findings from a study that explored Japanese nurses' perceptions of how culture and values impact assertive communication in healthcare. Semi-structured interviews with 23 registered nurses were undertaken, and data were analyzed using directed content analysis.

Two major themes were identified: collectivism and hierarchy/power. This paper discusses the cultural values related to collectivism that included four categories of 'wa' (harmony), 'uchi to soto' (inside and outside), implicit communication/ambiguity, and 'nemawashi' (groundwork).

The findings highlight the impact of culture on nurses' assertive communication behaviors and can be used to inform the design of culturally-appropriate assertiveness communication training programs for Japanese nurses working both within their own country or internationally.

Keywords: assertive communication, collectivism, culture, Japan, nurse, speaking up

INTRODUCTION

Culture plays a significant role in the daily interactions of healthcare professionals, influencing the way they communicate with each other and with patients (Kreuter & McClure, 2004). Cultural barriers in countries such as Japan where people may refrain from openly challenging others, can make it difficult for nurses to speak up assertively, even when they have concerns about patient safety. However, evidence about the impact of cultural values on healthcare professionals' communication competence is lacking. Cultural barriers to assertive communication must be understood in order to develop appropriate training programs (Mochimatsu & Sakanaka, 2004).

For the purpose of this study "assertive communication" refers to nurses being able to respectfully express their opinions and concerns regarding patient care to other healthcare professionals including those in authority (McVanel, & Morris, 2010; Omura, Maguire, Levett-Jones, & Stone, 2017). This is the first of two papers that present the findings from a study that explored Japanese nurses' perceptions of how cultural values impact assertive communication in healthcare. The focus of this paper is the influence of cultural values related to collectivism on nurses' assertive communication; the second paper explores the cultural values of hierarchy and power.

BACKGROUND

Largely, as a consequence of being closed to outside influences until the 1850s, Japan has unique cultural values that can be hard for people from other countries to understand (De Mente, 2004). Whilst some argue that Japan is becoming an increasingly multicultural society (Tsujimura et al., 2016), other commentators claim that Japan remains a homogenous society with "one nation, one civilization, one language, one culture and one race" (Burgess, 2010, p.13). Although migration to Japan has increased, mostly from Asian countries such as China, South Korea and Philippines, foreign residents still comprise less than 2% of population (Japan Ministry of Justice, 2017).

Japan, like many Asian countries, is a collectivistic society (Cheng, Cheung, Chio, & Chan, 2013). Such societies expect people to identify with and conform to group norms

(Abe & Henly, 2010). Although younger generations are gradually becoming more individualistic, collectivism and group loyalty remain strong in Japan (Rutledge, 2011).

The cultural and social norms associated with collectivism affect assertive communication as Japanese people tend to be group oriented with group harmony and conflict avoidance customary (De Mente, 2004; Harumi, 2011). This means that a higher value is placed on the group than the individual, self-identity is conceived in terms of group membership, and there is a strong belief in group decision-making (Bond & Smith, 1996, p.114). Despite Western educational influences, cultural homogeneity also influences Japanese nursing programs and practice (Turale, Ito, & Nakao, 2008) and can present a barrier for nurses to speak up against other healthcare professionals, especially those in positions of authority. These cultural norms need to be considered when designing assertiveness communication training programs for healthcare professionals.

Associated with the uniformity and conformity that define collectivism are strongly held cultural values such as 'wa' (harmony), 'uchi to soto' (inside and outside), implicit communication and laying groundwork (Burgess, 2010). Japanese people learn the value of silence in groups well before entering workforce so as to protect themselves and maintain group harmony. This group consciousness, or 'wa' can result in a determination to abide by the rules and fear of speaking up and disrupting group harmony (Konishi, Yahiro, Ono, & Nakajima, 2007). 'Wa' is encapsulated by the proverb, "entering the village, obey the village." Another proverb states that a bird that keeps its mouth shut is not likely to get shot (Davies & Ikeno, 2002), reinforcing that people should not speak up.

As a generalization Japanese people feel at ease with people in their own group and are wary of outsiders - the 'inside' (uchi) and 'outside' (soto), or 'us' and 'them' binary (Burgess, 2010; Grimm, 2014). There is also a tendency toward group cohesiveness, a strong sense of group identity and differentiation of themselves from other groups (Grimm, 2014). Discipline groups within healthcare also focus on themselves as separate and distinct, and as a consequence, implementation of interprofessional education has been problematic (Ogawa, Takahashi, & Miyazaki, 2015).

In common with other Asian languages, Japanese tends to be more ambiguous, and less direct than Western counties. It has been said that the Japanese language is so imprecise that even the Japanese themselves have problems understanding what is said without filling in the meaning from their own store of cultural knowledge (De Mente, 2004). This extends to the avoidance of personal pronouns.

In Japan, non-verbal cues are more important than verbal communication. This ambiguity is not accidental and politeness is described in terms of one's ability to be indirect in speech and action in order to comply with Japan's group social model (Goekler, 2010). Therefore, Japanese people are often expected to intuit what the other person's needs are (Tsujimura et al., 2016). Implicit communication or unspoken understanding are unique characteristics and may be hard for Western people, who tend to be direct, especially in professional contexts, to understand. In Japan, '*aun no kokyu'* refers to the so-called Japanese sixth sense of being able to attune to others' minds (De Mente, 2004). For example, novice craftsmen are urged to copy senior's skills by watching silently, and verbal instruction is minimal. This unspoken rule is still manifest in the way that nursing skills are taught (Yamada, 2009). In addition, laying the groundwork to lower communication hurdles, another Japanese cultural norm, refers to "testing the waters", "getting everyone on the same page", "behind the scenes persuasion", and "lobbying" (Kopp, 2012). Nemawashi is key to organizational relationships in Japan and refers to laying a groundwork of consensus building in preparation for speaking prior to meetings (Kopp, 2012). To prevent any situation that might hurt the other person or damage the general atmosphere when expressed, Japanese people endeavour to take this step in advance (Davies & Ikeno, 2002).

Assertiveness training in Japan
Assertiveness is a concept from Western individualist societies (Singhal & Nagano, 1993), and there is no corresponding word in Japan. However, there has been some assertiveness training conducted in Japanese healthcare settings using modified versions of Western programs (Suzuki, Azuma, Maruyama, Saito, & Takayama, 2014). However, it is not always effective to bring a training method from different culture without considering potential conflicts between traditional and imported values (Davis, 1999; Hisama, 2001). Therefore, the cultural values and characteristics of Japanese

healthcare professionals must be considered when developing effective assertiveness communication training programs.

STUDY AIM

The aim of this paper was to present the findings from a study that explored Japanese nurses' perceptions of how culture and values impact assertive communication in healthcare.

METHODS

Design

This study used face-to-face, semi-structured individual interviews with an interview schedule that included open ended questions such as "what aspects of Japanese culture or values would make it difficult for you to speak up assertively when you have concerns about patients?"

Ethical considerations

Ethical approval for this study was given by the University of Newcastle, Australia (H-2016-0092) and Yamaguchi University, Japan (368-1). Confidentiality was assured by the use of pseudonyms and participation was voluntary.

Data collection

Japanese registered nurses were recruited by snowball sampling in hospitals, communities and educational institutions. Following an explanation of the study and provision of a signed consent form, recorded interviews were conducted at a venue of the participant's choosing, generally at their workplaces or university.

Data analysis

Recorded interviews were transcribed, translated and analyzed by a native Japanese speaker, who also had sociolinguistic and strategic competence in English (Squires, 2008). Translation was confirmed by another bilingual language expert who is sociolinguistically and strategically competent in both languages. Two researchers (MO, TES) independently conducted a directed content analysis (Hsieh & Shannon, 2005). Using deductive category application, data was coded with recognized Japanese cultural values described by De Mente (2004), Davies and Ikeno (2002).

Descriptive evidence about each cultural code and its impact on assertive communication was reported. A reflective journal was maintained to provide an audit trail.

RESULTS

Demographics

Participants included 23 registered nurses, aged between 21 to 60 years, from two Japanese cities. Nine were male and 14 were female, and they had between 1-21 years of nursing experience. Five of the participants held management positions, and a variety of clinical specialities were represented including emergency, intensive care, general, mental health, and public health nurses.

Themes

Two overarching themes emerged from the categories relating to cultural values that impacted on assertive communication: collectivism and hierarchy. This paper discusses the four categories under the theme of collectivism: the cultural values of: 'wa' (harmony), 'uchi to soto' (inside and outside), implicit communication/ambiguity, and 'nemawashi' (groundwork).

1. Wa (Harmony)

'Wa' or maintaining harmony was mentioned by a number of participants as a difficult cultural value to ignore. Participants perceived that 'wa' works against assertive communication because to offer a contrary opinion may disturb the harmony of the team. They added that to maintain 'wa' it is important to avoid causing needless offence as much as possible:

> *In terms of respecting 'wa'… there are many situations in which it is quite hard to assertively speak up with different opinions when the team's policy is inclined in one direction by a majority of opinions. [Participant 20]*
>
> *Perhaps I might not have spoken up to a person whom I did not feel that [he/she would agree with me] or whom I did not think that he/she might think the same way as me … so I should work so as not offend their feelings too much. Japanese culture, from how I perceive it, values a sense of cooperation… I do not feel like breaking in while people are talking a lot, and it's hard to open my mouth at the right moment. [Participant 15]*

It is something like 'wa' (harmony) or cooperativeness … I think that there are many people who do not assert when I look around. I have never seen a foreigner, so I do not really know, but perhaps I assume that making an assertion is to share more opinions. Well, if so, I think that people, including me, do not express their opinion at the time, and it often ends without speaking up. It is a Japanese style that we nod anyway, and that's it. [Participant 23]

2. Uchi to Soto (Inside and Outside)

Collectivism refers to group identification, and there are two related terms: 'Uchi' refers to inside or in-group and 'soto' means outside or out-group. Participants tended to see themselves in terms of particular groups and believed that the concept of 'uchi to soto' influenced their ability to be assertive. For example, one of the team leaders reported that his staff say, "We are Mr. Sato's faction," which implies that they are in the same team. It is easy to talk with someone with whom they often communicate, or whose face is familiar because they are 'uchi' or inside. Other participants mentioned differences as 'inside' or 'outside' of the group in terms of age, gender, position, and whether people had worked outside healthcare before commencing nursing. They also saw those outside of nursing, for example doctors, as an out-group and explained that this made it difficult to talk to them:

They (peers) were easy to talk to … because if I shared this issue with my manager and it was circulated to team members from him/her, then they would have to heed his/her advice even though they are not coerced. After all, I felt that I can unify my team if I shared it with my family, I mean peers [first] and then others. … I don't know if this is trustworthy, but they say "We are the Sato-san's faction" and I am often told, "We think so" after I have spoken up [Participant 2]

I think that it is easy to talk with someone with whom we usually communicate, or whose face is familiar. In contrast, it is honestly somewhat difficult to speak to a doctor who is new, a doctor who I don't know, or a doctor in a section that we do not often relate to, or a doctor who is in much higher position. I suppose it is important to have a face-to-face relationship [Participant 18]

It will be hard to speak up in a situation where you cannot understand the other person very well, or the person is someone who does not usually team up with me, or who I have met for the first time. [Participant 19]

I cannot speak assertively if I do not know the other person, so I guess it [assertive communication] will not be effective if I do not know [the person to whom I speak] … It is the person's background. It is a little bit easier for me to talk if I know their background, personality and preferences. [Participant 10]

3. Implicit communication / ambiguity

Implicit communication was perceived as a barrier for assertive communication by many of the participants, and they referred to "reading people's mind" as an example of how people are expected to understand the others' feelings and thoughts without them being expressed in a conventional way. Participants described this unspoken agreement among Japanese people with the frequently used words, "you understand what I am saying, don't you?", and they tended to initiate conversations depending on other's facial expressions:

> *I wonder if there are such things as "you understand it without me saying, don't you?" … I guess it will have both [good and bad] effects, though. … it would be better to communicate clearly with the other party, because there are things that cannot be conveyed without words. [Participant 16]*

> *It seems like - "I told you this much, so you should get it!" It may be only my department, but I think there is a culture of "read my thoughts". I think accidents occur frequently due to communication errors with such thinking as "I thought you understood because I said it many times". [Participant 17]*

4. Nemawashi (Groundwork)

Nemawashi, or laying the groundwork as a way of avoiding confrontation, was mentioned by several participants as a way to negotiate prior to the actual time of decision-making. For example, when there was something they wanted to talk about in a meeting, they made an effort to ask each person's opinion beforehand. The nurses did not feel ready to speak up without laying this groundwork.

> *It is difficult to speak up among many people in staff meetings. When there was something I wanted to talk about, I made an effort to ask each person's opinion alone beforehand. When I talked to them in person-to-person, well, first I posed the question, "what do you think?" and listened… I listen to the other's opinion of what they think of my thoughts beforehand. …Though not always, it produced a good result. [Participant 4]*

> *The community nurse and I went to see the doctor and took time to explain again before the second meeting. … I consulted my colleagues and seniors as to how to communicate [with the doctor] to improve things, and I had a preparatory meeting with the community nurse who accompanied me before attending the second meeting. [Participant 1]*

DISCUSSION

The cultural influences on assertive communication were presented by nurses in this study as a major consideration in healthcare relationships. Four categories of cultural values related to collectivism were identified. Most participants were aware that the way that a collectivist culture impacted on their assertive communication was perhaps unique to Japan, for example, the emphasis on group conscience and harmony that limits the ability to use assertive communication in the workplace.

Wa (Harmony)

The majority of participants were aware of the importance of assertive communication; however, one of the common reasons nurses gave for not speaking up was their belief that assertive communication behaviors disrupt harmonious relationships within the team. The study participants identified as being members of certain groups – for example, ward groups, part of a nursing group within a healthcare team, or as part of a cohort of beginning nurses and not just as individuals. Maintaining the harmony within groups is the bedrock of a collectivist culture. In Japan, there is an expectation that everyone within the team will act like everyone else (Japan External Trade Organization, 1999; Rutledge, 2011), and those who insist on acting differently are seen as selfish and must face the consequences (Bramble, 2008; Naotuska, 1996). Otherwise, pressure is exerted by senior members of the team who are determined to maintain harmony (Smith, Inoue, Ushikubo, & Amano, 2001).

Central to the idea of speaking up and assertive communication is the view that each person has a right to express their opinion. This thinking is antithetical to Japan's collectivist thinking where the needs of the group are seen as more important than those of the individual (Goekler, 2010). The use of language also reflects this; English requires an overt subject, but in the Japanese language, the subject of a sentence is usually taken as being obvious.

Uchi to Soto (Inside and Outside)

A number of participants mentioned that it is hard to speak to healthcare professionals whose face is unfamiliar, indicating that person is from outside of their circle. They also expressed different attitudes about being assertive toward people within and

outside their groups (Singhal & Nagao, 1993). Introductions to people outside their own group often include a reference to their own group identity (Grimm, 2014). Insiders can be members of peer groups or nursing teams within a ward, for example, "we are Mr. Sato's faction." An outsider might be a new staff member or staff they do not usually see. Japanese nurses might be able to speak freely with "insiders", however, a number of participants described how difficult it was to speak to staff from "soto" with whom they had no established relationship. Many felt that a trusting relationship was a prerequisite for effective communication.

Implicit communication / ambiguity

The participants frequently referred to the importance of anticipating what people will say or think, a practice they described as being uniquely Japanese. This is a manifestation of '*aun no kokyu*' or non-verbal attunement, where Japanese people are expected to intuit what the other person's needs are (De Mente, 2004). Close knit collectivist societies are characterized by a high degree of implicit communication.

In this study, participants were conscious of how this cultural value impacted workplace communication. They claimed that the expectation of 'anmoku no ryoukai' (implicit agreement) can lessen the motivation to clarify the situation and may even lead to communication errors. The cultural norm of tacit understanding or "reading people's mind" referred to by participating nurses may be helpful when they want to empathize with patients' needs and feelings (Davis, 1999; Tsujimura et al., 2016), however, it can jeopardize patient safety. When Japanese nurses have worked together for an extended period of time, they often assume that they have a mutual understanding, and consequently, they often hesitate to clarify uncertainties (Kazaoka, Ohtsuka, Ueno, & Mori, 2007).

Nemawashi (Groundwork)

Many of the participants perceived that it is difficult to speak up without laying some groundwork and preparing a script of what they want to say beforehand, so as to be confident in speaking up (Kopp, 2012). However, this process can be problematic in urgent situations where patient safety is concerned.

Implications for research and practice

Many of the participants in this study recognized the need for nurses to be more assertive. However, the cultural norms in Japanese healthcare environments mean that nurses typically prefer to avoid conflict, and because of this, are hesitant to speak up. In assertive communication, emphasis is placed on clear, concise, and unambiguous communication, and the clear use of "I statements" is common. However, this is antithetical to how Japanese people are taught to communicate. The use or adaption of Western assertiveness training programs is therefore likely to be problematic in Japanese contexts. Future studies should use the findings from this study to develop culturally-appropriate assertiveness communication training programs that do not contradict strongly imbedded cultural norms. These findings might also be relevant to the development of training programs in countries with similar cultural values and countries who employ Japanese nurses.

Limitations

Because the first researcher (MO) has a deep understanding of the culture of Japanese healthcare settings, the potential for subjectivity must be acknowledged. To address this concern, data analysis and interpretation was undertaken independently by the second searcher (TES) who does not share the same level of cultural knowledge. Additionally, it is also possible that the Japanese culture of 'reading minds' might have played out in the interviews with participants perhaps expecting that a Japanese nurse researcher would understand without them having to always spell out their views in great detail. Thus, being an 'insider' can have both positive and negative implications.

CONCLUSION

A number of complex cultural values related to collectivism impact nurses' speaking up behaviors including 'wa' (harmony), 'uchi to soto' (inside and outside), implicit communication/ambiguity, and 'nemawashi' (groundwork). Because of these deep-rooted cultural values, nurses working in countries such as Japan can face challenges when wanting to speak up assertively to those in positions of authority. The findings from this study can be used to develop culturally-appropriate and context specific assertiveness communication training programs for Japanese nurses working within

their own countries or internationally, that in turn may have a positive effect on healthcare professionals' speaking up behaviors and ultimately on patient safety.

AUTHOR CONTRIBUTIONS

Study design: M.O., T.E.S., and T.L-J.

Data collection: M.O. and T.E.S.

Data analysis: M.O. and T.E.S.

Manuscript writing and revisions for important intellectual content: M.O., T.E.S., and T.L-J.

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REFERENCES

Abe, K., & Henly, S. J. (2010). Bullying (Ijime) among Japanese hospital nurses. *Nursing Research, 59*(2), 110-118. doi:10.1097/NNR.0b013e3181d1a709

Bond, R., & Smith, P. B. (1996). Culture and conformity: A meta-analysis of studies using Asch's (1952b, 1956) line judgment task. *Psychological Bulletin, 119*(1), 111-137. Retrieved from https://pdfs.semanticscholar.org/ffac/a6b5174f02c6d43ab0df2991c2a62281b271.pdf

Bramble, P.S. (2008). *Culture Shock! A survival guide to customs and etiquette: Japan.* (3rd ed.). Tarrytown, NY: Marshall Cavendish Corporation.

Burgess, C. (2010). The 'illusion' of homogeneous Japan and national character: Discourse as a tool to transcend the 'myth' vs. 'reality' binary. *The Asia Pacific Journal: Japan Focus, 8*(9), 1-15. Retrieved from http://apjjf.org/-Chris-Burgess/3310/article.html

Cheng, C., Cheung, S. F., Chio, J. H., & Chan, M. P. (2013). Cultural meaning of perceived control: A meta-analysis of locus of control and psychological symptoms across 18 cultural regions. *Psychological Bulletin, 139*(1), 152-188. doi:10.1037/a0028596

Davies, R. J., & Ikeno, O. (2002). *The Japanese Mind: Understanding Contemporary Japanese Culture*. North Clarendon, VT: Tuttle Publishing.

Davis, A. J. (1999). Global influence of American nursing: some ethical issues. *Nursing ethics, 6*(2), 118-125. doi:10.1177/096973309900600204.

De Mente, B. L. (2004). *Japan's cultural code words: 233 Key terms that explain the attitudes and behavior of the Japanese*. North Clarendon, VT: Tuttle Publishing.

Goekler, J. L. (2010). *Uchi-soto (inside-outside): language and culture in context for the Japanese as a foreign language (JFL) learner.* (Master of Arts), California State University, Chico. Retrieved from http://csuchico-dspace.calstate.edu/bitstream/handle/10211.4/267/11%252028%25202010%2520Jaime%2520Louise%2520Goekler.pdf?sequence=1

Grimm, W. (2014, November 7). *Japan's 'inside-outside' culture guarantees a bleak future*. Retrieved from http://www.ucanews.com/category/author/fr-william-grimm

Harumi, S. (2011). Classroom silence: Voices from Japanese EFL learners. *ELT Jouranl, 65*(3), 260-269. https://doi.org/10.1093/elt/ccq046

Hisama, K. K. (2001). Patterns of Japanese clinical nursing: A historical analysis. *Journal of Clinical Nursing, 10*(4), 451-454. doi:10.1046/j.1365-2702.2001.00505.x

Hsieh, H-F. & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277- 1288. doi:10.1177/1049732305276687

Japan External Trade Organization, International Communication Department. (1999). *Communicating with Japanese in business.* Retrieved from https://www.jetro.go.jp/costarica/mercadeo/communicationwith.pdf.

Japan Ministry of Justice. (2017, March 17). About the number of foreign nationals residing as of the end of 2016. Retrieved from http://www.moj.go.jp/nyuukokukanri/kouhou/nyuukokukanri04_00065.html (Japanese)

Kazaoka, T., Ohtsuka, K., Ueno, K., & Mori, M. (2007). Why nurses make medication errors: A simulation study. *Nurse Education Today, 27*, 312-317. doi:10.1016/j.nedt.2006.05.011

Konishi, E., Yahiro, M., Ono, M., & Nakajima, N. (2007). 'Wa' to nihon no kango rinri [Harmony (Wa): The Japanese traditional value and its implications for nursing ethics in Japan]. *Seimei Rinri, 17*(1), 74-81 (Japanese with English abstract).

Kopp, R. (2012, December 20). Defining nemawashi. Japan Intercultural Consulting. [Cited June 14]. Retrieved from http://www.japanintercultural.com/en/news/default.aspx?newsID=234.

Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annual Review of Public Health, 25*, 439-455. doi:10.1146/annurev.publhealth.25.101802.123000

McVanel S, & Morris B. (2010). Staff's perceptions of voluntary assertiveness skills training. *Journal for Nurses in Staff Development, 26*(6), 256–259. doi:10.1097/NND.0b013e31819b5c72

Mochimatsu, T., & Sakanaka, M. (2004). A review of assertion research in Japan. *Fukuoka Education University Bulletin, 4*(53), 219-226. (Japanese)

Naotsuka, R. (1996). *Ohbeijin ga chinmoku suru toki* [When westerners are silent]. Tokyo, Japan: Taishukan (Japanese).

Ogawa, S., Takahashi, Y., & Miyazaki, M. (2015). The current status and problems with the implementation of interprofessional education in Japan: An exploratory study. *Journal of Research in Interprofessional Practice and Education, 5*(1), 1-15. doi:10.22230/jripe.2015v5n1a181

Omura, M., Maguire, J., Levett-Jones, T., & Stone, T. E. (2017). The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review. *International Journal of Nursing Studies*. *76C*, 120-128. doi:10.1016/j.ijnurstu.2017.09.001

Rutledge, B. (2011, April 9). Cultural differences: Individualism versus collectivism. *The Articulate CEO*. Retrieved from http://thearticulateceo.typepad.com/my-blog/culture/page/3/

Singhal, A. & Nagao, M. (1993). Assertiveness as communication competence: A comparison of the communication styles of American and Japanese students.

Asian Journal of Communication, 3(1), 1-18.
doi:10.1080/01292989309359570

Smith, D. R., Inoue, T., Ushikubo, M., & Amano, S. (2001). Nursing in Japan.
Australian Nursing Journal, 9(1). 39-40.

Squires, A. (2008). Language barriers and qualitative nursing research:
methodological considerations. *International Nursing Review, 55*(3), 265-273.
doi.10.1111/j.1466-7657.2008.00652.x

Suzuki, E., Azuma, T., Maruyama, A., Saito, M., Takayama, Y. (2014). Situation and
reasons novice nurses cannot be assertive toward their senior nurses. *The
Journal of the Japan Academy of Nursing Administration and policies, 18*(1).
36-46.

Tsujimura, M., Ishigaki, K., Yamamoto-Mitani, N., Fujita, J., Katakura, N., Ogata,
Y., . . . Shinohara, Y. (2016). Cultural characteristics of nursing practice in
Japan. *International Journal of Nursing Practice, 22(Suppl. 1)*, 56-64.
doi:10.1111/ijn.12440

Turale, S., Ito, M., & Nakao, T. (2008). Issues and challenges in nursing and nursing
education in Japan, *Nurse Education in Practice, 8*(1), 1-4.
doi:10.1016/j.nepr.2007.07.002

Yamada, T. (2009). The Japanese craftsman spirit. *Mejiro University Humanities
Research, 5*, 27-39. Retrieved from
http://ci.nii.ac.jp/els/contentscinii_20171114193742.pdf?id=ART0009215521
(Japanese).