



## Aim

[Background] To correspond to increasing the international patients in Japan, it is necessary to cultivate the cultural competence among not only nursing students but also nurses. We already developed the educational smartphone (iOS and Android) applications of the cultural competence for nursing in Japan (©ANET). And then, we added the contents of this application according as our previous outcomes of hospital nursing research. This research included open-end question asking difficulties for delivering nursing care to international patients as free description.  
 [Aim] To confirm appropriateness these negative cases for our application and to fix correspondences to these from educational viewpoint.

## Module

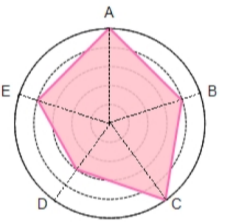
- Negative case: 74 negative cases
- Tag: (1)Major tag of 4 items (table 1)  
 (2)Middle tag of 27 items (e.g. request or reject of care, rule, manner, ritual, not-punctual etc.)  
 (3)Assessment keywords of 20 items (e.g. birth place, ethnic, religion, economic, insurance, gender, etc.)  
 (4)Tag concepts of 93 items (e.g. low pain threshold and wishing special treatment, disobedience to hospital rule,
- Point: 159 explanations for negative cases in terms of clinical and cultural point
- Correspondence: 159 practical correspondence for negative cases (table 2)

## Method

Focus group discussion was held twice. First was on 13<sup>th</sup> September 2016 and second was 21<sup>st</sup> January 2017. Participants were 9 experts of nursing of education and practice, ethics, and information design. Negative cases from free description of previous research were material.

## Assessment

- Self-assessment tool
- 28 questions of CCCHS<sup>(2)</sup>
  - 5 point Likert scale
  - 5 field radar chart (general education experience, cognitive awareness, research issue, behaviors/comfort with interaction, patient care/clinical issues)



<http://ancc.link/app/>

## Result

Part of these cases included specific ethnical problem, so we modified these description to neutral. 159 correspondences were presented for 74 negative cases in 2 levels of tag groups. Another 2 types of tags were made for 72 cases. These tags help to refer each negative case. And we describe the point of those correspondences in clinical and cultural viewpoint. For instance, the correspondences for the problem that some international patients did not keep visiting hour was to check the minimum schedule of him/her and the necessity of keeping time each other. We discussed the appropriateness of these correspondences and fix them.

Table 1: Major Item

Content	Case number
Basic nursing about daily life by cultural factors	45
Clinical nursing for treatment and test	12
Nursing for birth and death	3
Management of wards and departments and nursing management of the entire hospital organization	14

## Conclusion

Josepha Campinha-Bacote<sup>(1)</sup> pointed that it is necessary to become culturally competent in nursing that they have to encounter different culture. Our educational application includes not only cultural practical cases but also correspondence way in nursing. And it is also a significant procedure to examine the appropriateness of these contents by experts. This application will encourage culturally appropriate care.

Table 2: Correspondence

Negative case	Correspondence
Reject of touching	-Compromising the right to faith and belief and the obligation to secure patient safety. -Arranging an interpreter
Low pain threshold and wishing special treatment	-Consider a method to raise the threshold of pain. (1) physical factors, (2) psychological factors
Visitor's disobedience to hospital rule	Preparation of language / culture friendly question paper, documents

(1) Campinha-Bacote, J., Transcultural, F. & Associates, C.A.R.E., 2002. The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. JOURNAL OF TRANSCULTURAL NURSING, 13(3), pp.181-184.

(2) Caffrey, R. A., PhD., Neander, W., M.N., Markle, D., M.S., & Stewart, B., PhD. (2005). Improving the cultural competence of nursing students: Results of integrating cultural content in the curriculum and an international immersion experience. Journal of Nursing Education, 44(5), 234-40.