

Survey on Support for Foreign Patients at a University Hospital

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ABSTRACT

Aims: This study aimed to clarify the support systems and nursing care for foreign patients at a university hospital by examining the content and quality of these services to promote culturally competent healthcare.

Design: A qualitative descriptive study design was employed.

Methods: Semi-structured interviews were conducted with one administrative staff member and three experienced nurses supporting foreign patients. Participants were recruited through snowball sampling. Data were analyzed using qualitative descriptive methods, referencing the Consolidated Criteria for Reporting Qualitative Research (COREQ) to enhance credibility and validity.

Results: Analysis yielded four categories: 1) active efforts to respect patients' will and preserve their dignity; 2) providing healthcare and adjusting the living environment in consideration of patients' beliefs; 3) communicative strategies to overcome language barriers and enhance understanding; and 4) collaboration and coordination with various individuals surrounding the patient, including family. The findings highlighted the complexity of balancing cultural sensitivity with healthcare safety requirements.

Conclusion: Healthcare providers demonstrated proactive efforts to accommodate cultural diversity; however, systemic and structural challenges persist. Strengthening institutional support frameworks and fostering cross-cultural competencies among healthcare professionals are essential to improving the quality of care for foreign patients and advancing toward a more inclusive healthcare system.

INTRODUCTION

The number of foreign residents in Japan at the end of Fiscal Year 2023 was reported to be 3,410,992, representing an increase of 335,779 (10.9 %) from the end of the previous year (3,075,213) [1]. The number of foreign visitors to Japan decreased from 2020 to 2021 due to the impact of the COVID-19 pandemic, but it has shown an increasing trend

again since Fiscal Year 2022, reaching a record high [2]. A nationwide survey conducted in 2023 reported that approximately half of the 5,184 medical institutions in Japan had accepted foreign patients. The acceptance rate was notably higher among core medical institutions, which local governments designate to care for foreign patients [3]. The survey also recorded 120,340 outpatient visits and 5,264 inpatient admissions involving foreign patients [3]. These findings

underscore the increasing need to enhance culturally and linguistically appropriate healthcare services and strengthen institutional support systems for providing such care.

Goal 3 of the Sustainable Development Goals (SDGs) proposed by the United Nations calls for “Ensuring healthy lives and promoting well-being for all at all ages” [4]. To achieve this goal, it is necessary to create an environment in which all people, regardless of race or nationality, have equal access to quality healthcare.

The Faculty of Nursing at the authors’ university has the following as its diploma policy: “We can protect the dignity of life, respect human rights, and take actions that respect the way of life and values of people with diverse cultures.” This is in addition to “Be able to explore nursing issues from a global perspective and work to create new knowledge and skills.” Based on this philosophy, the university carries out student-led international exchange activities rooted in the SDGs. The name of the organization is NEXUS, which is derived from a combination of “N” for Nursing, “E” for Education, the symbol “X” representing “crossing over,” “U” for Universal, and “S” for Sustainable cities and communities.

As a NEXUS activity in 2023, interviews were conducted with foreign residents in City A regarding their healthcare-related problems and needs. Analysis of the narrative data revealed that foreign residents had difficulties in using Japanese medical services due to “Language barriers,” “Difficulty in receiving information,” “Gap between Japan and their own country,” and “lack of safe communities.” A previous study reported that foreign residents in Japan face language barriers and obstacles in the medical consultation system during their medical visits and hospital stays, realizing that their cultural background is not given much attention [5]. Another study also reported that when language barriers arise and good communication is impossible in medical institutions, patients are disadvantaged in various ways [6]. As culture brings people joy in life and enriches their lives [7], neglecting it may deprive people of essential elements for human dignity. Given these facts, it is urgent to understand the status of support systems for foreign patients in Japanese medical institutions. It is also important to promote the development of a medical system that ensures both peace of mind and quality care for foreign patients. Therefore, this study aimed to clarify the support systems and nursing care for foreign patients at a university hospital by examining the content and quality of these services to promote culturally competent healthcare. Specifically, the study was conducted based on the support systems and nursing care practices at B University Hospital in City A, where interviews with foreign residents were conducted last year.

METHODS

Research design

This study employs a qualitative descriptive research design using semi-structured interviews. Throughout the entire study, including its design, implementation, and reporting, the research was conducted under the basic principles of qualitative descriptive research. The research followed the principles of qualitative descriptive design throughout its planning, implementation, and reporting. Although it did not fully comply with a specific guideline, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was referred to as a means of enhancing the study’s credibility and validity.

Study participants

Participants were administrative staff familiar with the support system for foreign patients and nurses with experience in providing such care at B University Hospital. Snowball sampling was used for recruitment. This approach was employed because the study was conducted as part of NEXUS, a student-led international exchange activity grounded in the SDGs. As the authors did not have direct access to hospital staff, participant recruitment was facilitated through hospital management personnel who introduced individuals with relevant experience in supporting foreign patients. After explaining the research to the hospital director and the head of the nursing department at B University Hospital, we obtained their consent to cooperate. We then asked them to introduce participant candidates who met the inclusion and exclusion criteria. Researchers then explained the study to the referred participant candidates orally and in writing and obtained their voluntary consent. Finally, four participants—one administrative staff member and three nurses—were selected for the study.

Survey content

The survey on the attributes of the participants was conducted using a fact sheet. It collected information on gender, age, years of service at the university hospital, affiliation/position, years of experience as a nurse, years of experience in providing support to foreign patients, and whether or not they had qualifications in international medicine and nursing. The content of the survey on support systems and nursing care for foreign patients was developed based on previous literature and interviews conducted the previous year with foreign residents who had received medical care in City A. These interviews revealed specific healthcare-related challenges and needs, including difficulties in communication, a lack of cultural understanding, and limited access to appropriate support systems. For the administrative staff, the system and support for receiving foreign patients at B University Hospital were examined, while for the nurses, the nursing care and the nursing care system for

foreign patients were investigated.

Data collection method

Two researchers conducted interviews under the supervision of a third researcher experienced in qualitative research, using an interview guide. Each interview lasted approximately one hour and was conducted once with each participant. The question order was adjusted during each interview to maintain the natural flow of the participant's conversation.

Depending on the participant's preference and privacy considerations, interviews were conducted in a private room either at B University Hospital or in the university's Faculty of Nursing building. A quiet environment suitable for voice recording was also selected. With the participant's consent, interviews were audio-recorded using an IC recorder. Non-verbal cues such as facial expressions and tone of voice were noted separately.

Analysis method

A qualitative descriptive analysis was conducted, and verbatim transcripts of the recordings were created for each participant. After reviewing the transcribed data, we extracted passages related to the support systems and nursing care for foreign patients, keeping in mind the purpose of this study. We then coded the passages, considering the context and ensuring accurate interpretation. Subsequently, the data were aggregated into systematic groups based on the similarity of the semantic content, and subcategories were created. Categories were generated from the subcategories by increasing the level of abstraction. The analysis was conducted collaboratively by several researchers under the guidance of experts in qualitative research and continued until the results could be objectively explained and agreed upon by all analysts.

Ethical considerations

Oral and written explanations were provided to the research participants regarding the purpose and significance of the study, methods, voluntary participation in the study, freedom to withdraw consent, protection of personal information, and presentations at academic conferences. After these explanations, consent was obtained in writing.

This study was conducted with the approval of the Osaka Medical and Pharmaceutical University Research Ethics Review Committee and the participants' affiliated institution (Study No. 2024-017-1).

RESULTS

Characteristics of the research participants

The administrative staff member was male, and all the nurses were female. The administrative staff member was in his 30s, while two nurses were in their 20s and one was

in her 30s. The nurses had 3, 6, and 15 years of experience assisting foreign patients. None of the participants were certified in international medicine or nursing. The average duration of the interviews with the participants was 52 minutes.

Consultation status of foreign patients at a university hospital

In 2023, there were approximately 250 outpatient visits (approximately 80 initial visits and 160 return visits) and about 60 inpatient admissions. These patients visited a wide variety of departments, including ophthalmology, obstetrics, gastroenterology, radiology, and gynecology. The basic flow of patients visiting the university hospital mainly entails referrals from local family doctors. At the referral stage, it was confirmed whether the foreign patient could speak Japanese or needed to be accompanied by an interpreter. In most cases, foreign residents in Japan can communicate in Japanese. However, for those who cannot, such as foreign tourists, the multilingual interpretation equipment installed in the Patient Service Section can be used. This equipment is available in 19 languages, and 2 terminals are provided and lent out as needed.

Support for foreign patients at a university hospital

The analysis revealed that organizational support systems and nursing care are closely connected. Nursing care not only functions within these systems but is also practiced by actively drawing on their support. Therefore, we summarized the results under a comprehensive framework of "support" for foreign patients in a university hospital to present an overall picture of this support.

As shown in **Table 1**, the following 4 categories, 13 subcategories, and 39 codes were extracted as support for foreign patients.

Active efforts to respect patients' will and preserve their dignity

They created an environment that made it easy for patients to express their own will. As part of this effort, they were conscious of how to interact with patients in a way that encouraged the expression of their thoughts while understanding their cultural backgrounds and values. Moreover, they emphasized protecting the dignity of patients as individuals and ensured fair and equal treatment without discriminating against Japanese patients.

"I've started to feel that I want to engage with patients in a way that helps them express their thoughts and connect with others." (ID; B)

"Basically, I try to treat them the same as any other Japanese patient, without discrimination or anything." (ID; A)

"I think it's important to talk to everyone, but that's the thing. I think it's better than not saying anything at

Table 1 Support for foreign patients

Categories	Subcategories	Code (Participant ID)
Active Efforts to Respect Patients' Will and Preserve Their Dignity	Encouraging Expression of Thoughts and Feelings	Making efforts to facilitate the easy expression of intentions (B)
		Being aware to help patients express their thoughts and connect with others (B)
		Treating foreign patients equally, just as with Japanese patients (A)
	Preserving Human Dignity	Making sure to greet everyone, even in Japanese, as communication is important (A) Believing that everything starts with a greeting, it is essential to research greetings in the patient's native language for better communication (A)
Providing Healthcare and Adjusting the Living Environment in Consideration of Patients' Beliefs	Providing Healthcare that Respects Religious Belief	Providing special considerations for patients who do not want to be seen naked due to religious beliefs to ensure their privacy during showering and body cleansing (A, B, C)
		Consider the gender of the doctor in charge for religious reasons. If that is difficult, obtain consent (C)
	Adjusting the Living Environment in Consideration of Religious Beliefs	Adjusting care to align with each individual's religious and cultural background (A)
		The nutrition department collects information about dietary preferences upon hospitalization (D)
	Respect for Personal Beliefs	Ensuring that patients can eat familiar meals whenever possible (A, B) Respecting cultural values that are important to the patient's family (B)
Communicative Strategies to Overcome Language Barriers and Enhance Understanding	Using Easy-to-Understand Expressions and Persistent Communication	Even with language barriers, using simple words and expressions to communicate (A, B, C)
		Using gestures (e.g., hand signs for blood draws and IV replacements) to communicate with patients with language barriers (A, C)
		Explaining medical treatments using simple Japanese as much as possible (A, B, C, D)
		Patiently explaining important hospital rules and regulations, including the reasons behind them (A)
	Assessing Patients' Japanese Language Proficiency and Sharing Information among Staff	Checking how well foreign patients can speak Japanese (e.g., some words, none at all) upon admission (A, C, D)
		Sharing information about the patient's Japanese proficiency among all staff (A, B)
		Collaborating as a team to share information, not just relying on the assigned nurse (A, B)
	Utilizing Visual Aids such as Illustrations	Using illustrated pamphlets for patients on mechanical ventilators (B)
		Since there is no standardized multilingual pamphlet in the hospital, materials published by external institutions or those created by staff in each ward are being used (C)
	Communication Using Translation Apps	Using easily understandable materials, such as illustrations of stomach pain, to help patients understand (B)
		Communicating with foreign patients in the emergency department using the medical interpretation equipment (D)
		Using smartphone translation apps for communication (A, B, C)
	Establishing Language Support Systems within the Organization	Using translation apps to communicate despite language barriers (A, C)
		Lending the medical interpretation equipment to foreign patients who do not speak Japanese and do not have an interpreter (D)
		There are two medical interpretation equipment available in the hospital (D) A list of staff members who can speak English, Korean, or Chinese is available (B)

Collaboration and Coordination with Various Individuals Surrounding the Patient, including Family	Patient Care as a Team	Assigning staff without distinguishing between Japanese and foreign patients (A, B, C)
		Collaborating as a team by pooling English knowledge and sharing effective strategies (A)
		Seeking help from head nurses, doctors, or team leaders when in trouble (A, B)
		The nutrition department gathers dietary information upon admission (D)
		Referring patients with inquiries about medical expenses to the hospital's administrative office (A)
	Interprofessional and Inter-departmental Collaboration and Coordination	Consulting doctors when unsure about medical treatment policies (A)
		Coordinating with nutritionists to provide appropriate meals for patients with religious dietary restrictions (A, B, C)
		Gathering and sharing information from the community through outpatient staff and public health nurses (C)
		The hospital coordination office informs social workers and other professionals about patients facing language or financial difficulties so that they can provide support (C)
		Using professional interpreters when needed (C)
Collaboration with Families		Encouraging families to bring meals for patients (A, B)
		Asking family members to interpret when explaining medical treatments (A, B, C)

all, so I've opened myself up to speaking to people in Japanese." (ID; A)

"I don't remember what language we used, but I looked up hello during lunch break, which I had never heard of, and practiced it desperately with my seniors and others. I think everything starts with greetings." (ID; A)

Providing healthcare and adjusting the living environment in consideration of patients' beliefs

They provided appropriate medical treatment and care by not only understanding and respecting their patients' cultural and religious backgrounds and values but also responding to their individual needs. They emphasized reflecting patients' beliefs as much as possible in their treatment and care settings. They also adjusted the living environment so that patients could continue to live according to their own beliefs during their hospital stay.

"Recently, there were patients who, for religious reasons, didn't want other people to see them naked. When they're in the shower, they can't lock the door for safety reasons, but we do lock it for them if we get their permission. We try to respond to each person's individual religious beliefs." (ID; A)

"Obstetric examinations inherently involve a high level of privacy (so for religious reasons). There are cases where patients request a female doctor as a basic requirement or prohibit male doctors if they are scheduled for a cesarean section. However, in emergencies, male doctors may be involved, and we perform cesarean sections only after obtaining the patient's consent regarding this."

(ID; C)

"When I clean a patient's body, I do it in the room with the curtains closed tightly to protect their privacy." (ID; A)

Communicative strategies to overcome language barriers and enhance understanding

Patient's comprehension of Japanese was checked, and information was shared among the staff of the university hospital. In addition, communication with patients was facilitated through easy-to-understand expressions, sustained involvement, use of translation applications, and visual aids such as illustrations and pamphlets. Furthermore, a support system was in place throughout the organization, including the lending of multilingual interpretation equipment for medical use and collaboration with staff who spoke other languages.

"We respond by communicating with simple words and gestures." (ID; A)

"Even if there is a language barrier, I rely on translation apps on the phone." (ID; A)

"I used illustrations that anyone could see for those who have symptoms or who can't speak because of their use of a respirator." (ID; B)

"For patients who do not have an interpreter and cannot speak Japanese, we lend them the medical interpretation equipment when they visit the hospital." (ID; D)

"We have a list of staff in the hospital who speak other languages, and we work together." (ID; B)

Collaboration and coordination with various individuals surrounding the patient, including family

In the wards, staff assigned responsibilities without bias, and the entire nursing team made efforts to care for foreign patients by responding to them using the English expressions they knew. When an interpreter was needed, a family member or someone capable of interpreting was sometimes asked to come and explain the treatment. Regarding treatment policies, medical costs, and dietary details, multidisciplinary and multidepartmental staff cooperated and collaborated, and information was collected and shared with the entire team prior to admission. When necessary, they sometimes liaised with the community, including outpatient staff and public health nurses. In difficult situations, they relied on the head nurses or division leaders to support them in taking appropriate action.

"If someone speaks English, we try to communicate with them in English." (ID; C)

"We receive information from the medical cooperation department in advance that a foreign patient who cannot speak Japanese and is in financial difficulty is coming to give birth, and while we are talking with the patient, the social workers and staff at the hospital also intervene, so it feels like we are looking after the patient in collaboration with various professions." (ID; C)

"In terms of consideration, meals are a big thing; for example, if the patient can't eat meat, we can work with a nutritionist to make sure that the patient is registered as completely allergic to it and that it doesn't appear on his or her meals." (ID; B)

"outpatient staff listen to the patients' problems, and the public health nurses also intervene, so we share information with other supporters." (ID; C)

"In some cases, the person may only speak a few words of Japanese, but their family may speak Japanese perfectly, so in that case, we try to communicate with them when their family comes to visit, and we ask them to teach us." (ID; A)

"Family member translates for us, so that's the most helpful thing." (ID; A)

DISCUSSION

As a result of interviews conducted to clarify the support system and nursing care for foreign patients visiting a Japanese university hospital, the four categories were extracted. The findings indicate that the importance of healthcare services, particularly language support and cultural sensitivity, is growing to meet the diverse needs of foreign patients. However, challenges remain, particularly in facilities with limited resources, in maintaining a balance between providing safe medical care and meeting the diverse needs of foreign patients. Based on the results, we consider the importance and difficulties of cross-cultural

understanding, as well as the measures currently being implemented and the challenges that persist.

The importance and difficulty of cross-cultural understanding

This study reveals that in the medical field, patients' wishes are respected, and active efforts are made to preserve their dignity and provide healthcare and treatment. Specific support includes fair treatment and adjustments to the living environment in consideration of each person's religious beliefs. These practices are linked to the protection of patients' dignity. Previous studies have stated that by "understanding the cultural diversity of foreign patients" and respecting their customs as much as possible [8], efforts to preserve the dignity of foreign patients will contribute to the realization of a "no one will be left behind" scenario based on the principles of the SDGs. This is a key aspect of cultural consideration in healthcare.

In the interview, the nurses were conscious of "helping foreign patients express their thoughts and feelings and connecting with others," and they also spoke to them even in Japanese on a daily basis. These efforts suggest that the nurses respect foreign patients as individuals and provide nursing care that meets their needs, while overcoming language barriers.

In our previous interview regarding the healthcare-related problems and needs of foreign residents in Japan, some respondents indicated difficulties owing to differences in religious values and a desire for medical personnel to take more time listening to them. These comments suggest a gap between the support provided by medical personnel and the actual needs of patients. This gap may occur because, although respecting patient values is ideal, providers must often balance this with healthcare safety and effectiveness. For example, accommodating patients who refuse blood transfusions for religious reasons or cultural considerations regarding using shower room keys are actions that respect the patient's will. However, respecting the will of patients can sometimes conflict with ensuring healthcare safety, making it challenging to strike a balance between cross-cultural understanding and providing safe healthcare.

Current measures and challenges

In university hospitals across Europe and the United States, the acceptance of international patients has been expanding, bringing benefits such as improvements in the quality of care and enhanced international reputation. At the same time, numerous challenges persist, including language and cultural differences, institutional constraints, and uncertainty regarding payment. In the United States, university hospitals face barriers such as cultural differences and limited access to medical records [9]. Nevertheless, addressing these challenges has enhanced skills and cultural competence among healthcare providers, contributing to

institutional development and transformation [9]. Thus, support for international patients in university hospitals is not merely about accommodating diversity—it also promotes the structural and cultural maturity of healthcare institutions. In Europe, there is a growing demand for systems that ensure accessibility, acceptability, quality, and trust [10]. University hospitals are expected to play a central role in realizing these values. Similarly, in Japan, university hospitals have been making ongoing efforts to support international patients, particularly through promoting collaboration with various people. Visual materials such as pamphlets, illustrations, and translation applications have been used as specific examples of communication. Previous research has emphasized the need for manuals, pamphlets, and translated versions of essential medical conversations in multiple languages [11], highlighting the importance of expanding current efforts.

In addition to devising ways to communicate, healthcare professionals must cooperate and collaborate with those surrounding the patient, including family members. For example, when providing healthcare to foreign patients, explanations are provided through interpreters, and collaboration with nutritionists is conducted to reflect religious values in meals. If meals cannot accommodate a patient's preferences, families may be asked to bring food and help explain the doctor's instructions. The family plays a significant role in supporting foreign patients. However, conveying accurate medical information can be difficult, even for family members or interpreters. For this reason, it is important to work together with foreign patients to assess their level of understanding when explaining illnesses and treatments. In addition, preparing multilingual pamphlets in advance and other measures to promote understanding may also be effective. In 2019, the Ministry of Health, Labor and Welfare created the "Manual for Medical Institutions on Accepting Foreign Patients (4.0 Edition)" (Gaikokujin Kanja no Ukeire no Tame no Iryō Kikan Muke Manyuaru, 4.0 Edition) [12]. This manual introduces videos and leaflets with phrases that are useful in medical settings, as well as multilingual materials related to medical interviews and examinations, and it can be used to facilitate communication with foreign patients.

It is also important to evaluate whether the current measures are fully meeting patient needs. Such evaluation may lead to improvements in care and staff motivation. In other countries, efforts to quantify satisfaction among foreign patients have been ongoing since the 1990s [13]. Japan is also expected to actively evaluate support systems for foreign patients.

While previous research has explored both the perspectives of foreign patients and the experiences of healthcare providers, this study uniquely builds upon prior investigations of foreign patients' healthcare needs and examines the actual support practices and nursing care provided at a

Japanese university hospital. By connecting these identified needs of foreign patients to the realities of clinical practice, this study offers fresh insights into the evolving landscape of cross-cultural medical care in Japan.

If medical professionals can direct their attention toward foreign patients and respond to them confidently, this will be an important step toward realizing a multicultural society. In aiming for a society where no one will be left behind, based on the ideals of the SDGs, ensuring support for foreign patients has a significance that transcends the scope of medicine.

If each healthcare provider learns how to respond realistically and has the courage to approach patients, they can build trust and provide care that meets patient needs. To achieve this, education on support for foreigners and cross-cultural understanding is essential. Basic nursing curricula have been introduced to raise awareness among future medical professionals, but these efforts are sometimes difficult to apply in clinical practice. Therefore, it is necessary to increase opportunities for training and cultural exchange, and to build long-term educational systems that foster an inclusive culture. These efforts may promote greater mutual understanding, especially if hospitals communicate their support initiatives clearly and align them with patient needs.

The prior literature suggests that it is important to recognize the existence of cultural "differences" between healthcare providers and patients as well as the process of reaching out to patients to accept these "differences" [14]. Based on this, it is important for healthcare providers to be willing, first and foremost, to approach foreign patients to help them feel safe when receiving medical treatment and care.

Finally, to enhance support for foreign patients, it is essential to establish not only support systems at the institutional level but also across the community. As medical institutions serve different roles, university hospitals and local facilities must collaborate to provide appropriate care. Each institution should promote internationalization and work with the local community to strengthen information sharing and coordination. These efforts are expected to create an environment where foreign patients can access care with peace of mind.

Limitations of the study

This study was conducted at a single university hospital with a very small number of participants. Therefore, the results may reflect the perspectives of individuals with extensive experience in supporting foreign patients or those who are accustomed to doing so. This limits the generalizability of the findings. Additionally, the snowball sampling method used to recruit participants through institutional referrals may have introduced selection bias.

CONCLUSION

As a result of interviews conducted to clarify the support system and nursing care for foreign patients visiting Japanese medical institutions, the following four categories were extracted:

- 1) Active Efforts to Respect Patients' Will and Preserve Their Dignity,
- 2) Providing Healthcare and Adjusting the Living Environment in Consideration of Patients' Beliefs
- 3) Communicative Strategies to Overcome Language Barriers and Enhance Understanding
- 4) Collaboration and Coordination with Various Individuals Surrounding the Patient, including Family

Although linguistic and cultural differences present challenges in cross-cultural understanding in healthcare, active efforts are being made to overcome these barriers and to collaborate with various people, including patients' families, in clinical settings. However, a gap still seemingly exists between the support that foreign patients seek and what is actually being provided. Therefore, it is important for medical staff to adopt an open attitude toward approaching foreign patients and understanding their concerns and needs. Furthermore, it is necessary to strengthen cooperation and collaboration among supporters and enhance organizational support systems so that every medical professional can support foreign patients with confidence. The originality of this study lies in its focus on the perspective of Japanese healthcare providers and its implementation as part of a student-led initiative grounded in the SDGs. This unique context offers insights into cross-cultural care practices and highlights the role of nursing staff in responding to the needs of foreign patients.

CONFLICT OF INTEREST

The authors declare no conflicts of interest related to this study.

AVAILABILITY OF EXTERNAL FUNDING

This study was not supported by any external funding.

DATA AVAILABILITY

This study's data can be made available upon reasonable request from other researchers or academic institutions. Access to the data will be based on the research institution's guidelines.

AUTHOR CONTRIBUTIONS

AT, KO, MK, MA, NI, KK, and NN contributed to the study design, collected data, analyzed data, and drafted the

manuscript. SY, AK and IT contributed to the study design, analyzed data, wrote the manuscript and supervised.

REFERENCES

1. Ministry of Justice. Number of Foreign Residents as of the end of 2023. 2024. https://www.moj.go.jp/isa/publications/press/13_00040.html. Accessed February 22, 2025. (in Japanese).
2. Ministry of Land, Infrastructure, Transport and Tourism. Number of foreign visitors to Japan and number of Japanese leaving Japan. 2024. https://www.mlit.go.jp/kankoch/tokei_hakusyo/shutsunuyokokushasu.html. Accessed February 22, 2025. (in Japanese)
3. Ministry of Health, Labour and Welfare. Report on the Actual Situation of Foreign Patient Acceptance in Medical Institutions. March 2024. https://www.mhlw.go.jp/stf/newpage_41976.html. Accessed May 14, 2025. (in Japanese).
4. United Nations. Transforming our world: The 2030 agenda for sustainable development United Nations General Assembly. 2015. <https://sustainabledevelopment.un.org/post2015/transformingourworld>. Accessed February 18, 2025.
5. Teraoka M, Muranaka Y. Aspects of Cross-cultural Experience Perceived by Foreigners Living in Japan When Using Its Healthcare Services. *Japan Journal of Nursing Science*. 2017;37:35–44. DOI: <https://doi.org/10.5630/jans.37.35>
6. Oshimi T. Overview of studies of Language Barriers in Health Care. *Journal of the Nihon University Medical Association*. 2010;69(5):282–286.
7. Agency for Cultural Affairs. Building a Society that Values Culture—Aiming for a Society in which Every Individual Can Live a Spiritually Enriching Life. https://www.bunka.go.jp/seisaku/bunkashingikai/sokai/sokai_2/shakaikochiku_toshin/. Accessed February 22, 2025. (in Japanese).
8. Murase Y, Iwawaki Y, Nishida N, Takishita1 K, Matsuoaka T, Kitajima K. Communication skills employed by Japanese nurses during the management of foreign patients. *International Journal of Japanese Nursing Care Practice and Study*. 2015;4(1):1–9.
9. Cawcutt KA, Wilson JW. Benefits and challenges of caring for international patients. *Cleveland Clinic Journal of Medicine*. 2016;83(11):794–799. DOI: <https://doi.org/10.3949/ccjm.83a.16035>
10. Savas ST, Knipper M, Duclos D, Sharma E, Ugarte-Gurrutxaga MI, Blanchet K. Migrant-sensitive healthcare in Europe: advancing health equity through accessibility, acceptability, quality, and trust. *The Lancet Regional Health—Europe*. 2024;41:100805. DOI: <https://doi.org/10.1016/j.lanepe.2023.100805>
11. Hasegawa, T, Takeda C, Tsukita K, Shirakawa K.

- A study of nursing care for foreigners in Japan. *Journal of Fukui Medical University*. 2002;3(1–2):49–55. (in Japanese).
12. Ministry of Health, Labor and Welfare. Manual for Medical Institutions on Accepting Foreign Patients (Gaikokujin Kanja no Ukeire no Tame no Iryō Kikan Muke Manyuaru) 4.0 Edition. 2019. <https://www.mhlw.go.jp/content/10800000/000795505.pdf>. Accessed February 18, 2025. (in Japanese).
 13. Carrasquillo O, Orav EJ, Brennan TA, et al. Impact of language barriers on patient satisfaction in an emergency department. *Journal of General Internal Medicine*. 1999;14(2):82–87.
 14. Nonaka C, Higuchi M. A study on relationship building process between foreign patients in Japan and nurses. *Journal of International Health*. 2010;25(1):21–32. (in Japanese). DOI: <https://doi.org/10.11197/jaih.25.21>

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