

ORIGINAL RESEARCH

Exploring nursing education support in a resource-limited setting: Insights from a Japan international cooperation agency–university volunteer program

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ABSTRACT

Objective: This report aims to explore nursing education support activities conducted in a resource-limited setting under the framework of a partnership program between the Japan International Cooperation Agency (JICA) and universities for short-term volunteers, and to examine educational insights and implementation-related challenges.

Methods: Nursing education support activities were conducted in Country A. The activities included the design and implementation of a gerontological nursing mini-course, assistance in skills laboratory teaching, and supervision of clinical practicums in hospital settings. Field observations, activity records, educational materials, and reflective documentation were used as sources and were examined using a descriptive practice-based approach.

Results: The gerontological nursing mini-course incorporated experiential and interactive learning methods. Students demonstrated active engagement in discussions and rubric-based assignments. Local instructors indicated interest in the continuation of the course. However, limitations were noted related to the short-term nature of the assignment, a gap between the need for sustained teaching support and available personnel.

Conclusions: The findings suggest that, with adequate preparation and collaboration with local counterparts, short-term volunteers may contribute to nursing education support in resource-limited settings. At the same time, issues related to the duration of assignment within the program and role allocation remain important considerations for future program implementation.

Key Words: Experiential learning, Gerontological nursing, International support for nursing education, JICA–university partnership, Short-term volunteers

1. INTRODUCTION

Substantial regional disparities in the nursing workforce persist globally, and shortages of healthcare workers are particularly pronounced in low- and middle-income countries (LMICs).^[1,2] Nurses, among all health professionals, are

often the most accessible to local communities, and their education and professional development are critical for ensuring health equity and sustainable healthcare delivery systems.^[2] Enhancing nursing education quality directly strengthens health systems and contributes to achieving the United Na-

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tions' Sustainable Development Goal 3 Good Health and Well-being as well as universal health coverage (UHC).^[3]

In Country A, a lower-middle-income country in the Pacific region, the burden of non-communicable diseases (NCDs) such as diabetes and hypertension has increased alongside changes in lifestyle and dietary patterns, placing growing demands on the healthcare system.^[4] Although population aging is not yet a major demographic trend, life expectancy is gradually increasing, suggesting that the health and care needs of older adults are likely to become more significant in the near future.^[5] Despite this emerging need, gerontological nursing education has not been systematically implemented, and care for older adults continues to depend heavily on family members. Therefore, developing nursing competencies focused on understanding and appropriately caring for older adults is crucial, even before aging becomes a predominant demographic concern. In this context, international nursing education support should extend beyond the transfer of knowledge and technical skills with emphasis placed on sustainable human resource development that takes into account local social and cultural contexts and available educational resources.^[2,6]

Japan International Cooperation Agency (JICA) implements a range of international cooperation programs as part of Official Development Assistance (ODA). One such program, the Japan Overseas Cooperation Volunteers (JOCV), includes a partnership program with universities, which leverages university expertise and human resources. Under this framework, universities and JICA sign a memorandum of understanding and jointly engage over multiple years in addressing challenges in LMICs. Volunteers may be long-term (two years) or short-term (less than one year); short-term volunteers typically take on the role of supporting long-term volunteers in specific activities.^[7] This partnership program between JICA and Kagawa University, although short-term, is distinctive in having an independent purpose. A volunteer was selected through a recommendation from Kagawa University and a screening process conducted by JICA. Prior to the program, the volunteer engaged in discussions with local instructors and conducted preliminary site visits to gain a deeper understanding of the host country's educational environment. This enabled the volunteer to design and implement an introductory gerontological nursing course, which was primarily aimed at introducing aspects of Japan's nursing education system and promoting understanding of older adults.

This paper aims to explore educational insights and implementation-related challenges arising from nursing edu-

cation support activities conducted by a short-term volunteer under the framework of a JICA–university partnership program in a resource-limited setting.

2. METHODS AND CONTEXT

2.1 Methodology

This paper employed a descriptive practice-based design using field observations, activity records, educational materials, and reflective documentation collected during the assignment period. The data were analyzed to explore educational insights and implementation-related challenges arising from the activities. It was not intended as an evaluation of teaching or learning outcomes, but rather to provide a descriptive account of educational practice and derive insights from implementation in a resource-limited setting.

2.2 Setting and context

2.2.1 Program overview

The partnership program between Kagawa University and JICA has been ongoing since November 2024 and is scheduled to continue until March 2027, targeting the health and medical sector in Country A, a lower-middle-income country in the Pacific region. Short-term volunteers are typically dispatched annually for approximately one month around February over the three-year program; however, the first dispatch was extended to two months, from February 4 to April 4, 2025. The host country is Country A, and the receiving institution is the nursing program of College B. The number of volunteers is one to two per dispatch.

Many low- and middle-income countries in the Pacific region, including Country A, face serious health challenges, such as the increasing burden of lifestyle-related diseases, a rise in age-related conditions and care needs associated with population aging, and shortages of healthcare professionals, highlighting the need to strengthen nursing education.^[4–6,8] In this context, the program aims to support the development of nursing professionals who can contribute to addressing urgent health issues in Country A, particularly lifestyle-related diseases, as well as the care and prevention of health problems (e.g., dementia) among the growing elderly population.

Researchers, doctoral students, or faculty members from the School of Nursing at Kagawa University are dispatched under this program. They hold a nursing license, have clinical nursing experience, and possess a master's degree or higher, as well as experience in nursing education. The dispatched volunteers provide educational support at College B, including proposals for the introduction of gerontological nursing and the development of teaching materials, which are consistent with recommendations from previous studies emphasizing the importance of strengthening nursing edu-

cation to improve student competencies and quality of care for older adults.^[8,9] Students' learning outcomes at College B are evaluated through class participation, clinical performance, and rubric-based assessments. The program also aims to cultivate an international perspective and a spirit of cooperation, which are considered essential competencies in global health nursing.^[10] Through these efforts, the initiative is expected to contribute to the development of nursing professionals capable of working effectively in the nursing field at both Kagawa University and College B.

2.2.2 Healthcare in Country A

Country A, the target country of this program, is classified as an LMIC in the Pacific region. As in many other LMICs in the Pacific region, lifestyle-related NCDs, including obesity, diabetes, and hypertension, are major public health concerns in Country A.^[4] In addition, residents face constraints in accessing healthcare due to geographical and economic factors.^[1] In Country A, there are no dementia diagnostic systems or well-established eldercare facilities, and caregiving largely depends on family members. Although each state has public and private hospitals as well as Community Health Centers, medical equipment and healthcare personnel are insufficient. As in other LMICs, Country A also relies on foreign healthcare workers, highlighting the crucial need for domestic healthcare workforce development.^[2,6]

2.2.3 Nursing education in Country A

The nursing education program in Country A has multiple entry and exit options, established to address the shortage of healthcare professionals, allowing for the acquisition of qualifications such as Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), and Associate Degree in Nursing (ADN). While CNA courses are offered in almost all states, LPN and ADN courses are only available in one school located in the state capital, with a class size of 20 students for each course. Upon completion of the courses, each qualification is awarded. By completing the entire program, students can obtain both an associate degree and nursing certification in as little as three years. The curriculum is based on the U.S. model, where old age is integrated into adult nursing as part of the lifespan rather than being taught as a separate course. Although the syllabus includes content on gerontological nursing, it is not actually taught. Currently, only two nursing faculty members are responsible for up to 60 students across three courses. Given that insufficient faculty numbers and high student–faculty ratios have been reported to limit the provision of education, including gerontological nursing,^[2] this program is expected to pursue initiatives aimed at achieving high-quality learning outcomes even within limited educational resources.

The nursing program consists of classroom lectures and skills laboratory sessions in the first half of each semester, followed by clinical practicum in the second half. In the classroom, electronic learning materials and student presentations are used. Nursing skills, including injection administration, are taught in the skills laboratory. During the practicum, students rotate through various hospital wards. CNA course students provide bedside care, while LPN and ADN course students practice nursing support, including medication administration. At the end of each department rotation, students submit a case study for their assigned patients, one case study for LPN students and two for ADN students. The evaluation is based on a rubric, and all components such as attendance, the final exam, and reports are subject to assessment. The graduation exam in the final year of the ADN course is based on NCLEX-RN (National Council Licensure Examination for Registered Nurses)-style questions. Upon passing, students receive an associate degree and become registered nurses.

The educational environment in Country A is influenced by economic and geographic factors, and the use of English as the medium of instruction may pose barriers to access for some students. Such constraints related to educational resources and language have also been identified as global challenges in nursing education.^[2] College B has thus far benefited from human and material support from numerous foreign organizations, and its educational resources are fairly well established. However, educational support for gerontological nursing was previously provided but has not been sustained.

3. IMPLEMENTATION AND FINDINGS

The nursing education support activities were designed and implemented by a doctoral student participating in the program as a short-term volunteer. Approximately one month prior to the assignment, the volunteer received a proposal to extend the assignment period. This extension was requested by JICA in response to local requests, and the volunteer accepted it, extending the originally agreed-upon one-month assignment to two months. This flexibility is one of the characteristics of student volunteers. In addition, although the university's support was aimed at proposing the introduction of gerontological nursing, there was a gap between this objective and local demands, which included a need for more immediate practical personnel support as well as long-term educational assistance.

3.1 Gerontological nursing mini-course implementation

Based on the limited integration of gerontological nursing within nursing education in Country A, and following pre-dispatch field visits and repeated consultations with local fac-

ulty members, a short-term intensive mini-course in gerontological nursing was planned. The mini-course was designed as an introductory program aimed at promoting understanding of older adults. The aging simulation equipment used for elderly simulation experience was donated by the Department of Gerontological Nursing at Kagawa University. The equipment was bulky and heavy, making it difficult to transport as part of personal luggage. In addition, transportation costs were not covered by the activity expenses provided by JICA for short-term dispatch volunteer, the volunteer therefore arranged transportation independently. Furthermore, since fine motor activities included in the existing simulation were originally designed for learners in Japan, modifications

and adjustments were required to ensure that the content and materials were appropriate and feasible for students in Country A.

3.1.1 Course content

Table 1 shows the content of the gerontological nursing mini-course. Since College B does not offer a standalone course in gerontological nursing, the mini-course was incorporated into the existing CNA, LPN, and ADN courses, using the same content across all programs. A rubric was developed, and the scores were converted into the grading system used by the on-site instructors, making it a part of the overall course evaluation.

Table 1. Content of the gerontological nursing mini-course

Session	Content	Method	Hours
1	• Mini-lecture on gerontological nursing (including an explanation of the life history interview)	Lecture	1 hr
2	• Assignment: Conducting a life history interview with an older adult	Individual work	1 hr
3	• Mini-lecture on gerontological nursing • Elderly simulation/care experience • Reflection and sharing following the simulation	Lecture Simulation Discussion	2.5 hrs
4	• Presentation on life history interviews with older adults	Presentation	1 hr

3.1.2 Educational validity

Prior to implementation, content validity was reviewed by faculty members of the Department of Gerontological Nursing at Kagawa University. In addition, this course was conducted collaboratively with the on-site instructors from each course and a volunteer instructor, who was dispatched from Kagawa University in the same way as the instructor who led the course. Positioned as an introduction to gerontological nursing, the mini-course focused on “understanding older adults.” In consultation with on-site instructors, it was decided that the course would be open to all students enrolled in the nursing program. To accommodate differences in learning levels, concise and simple language was used, along with prompts and supplementary explanations to facilitate understanding.

3.1.3 Course outcomes

As a result of the course, students actively participated in class discussions and were highly engaged in the exercises, demonstrating interest in gerontological nursing. As part of the mini-course, students were assessed through rubric-based assignments, presentations, attitudes, and class participation, and these components were incorporated into the overall course evaluation. In addition, local faculty members expressed their intention to continue offering this course in the future.

3.2 Educational support in skills laboratory and clinical practicum

3.2.1 Skills laboratory teaching assistance

At College B, skills laboratory sessions emphasizing hands-on practice are incorporated into the curriculum. In particular, during procedures such as intradermal injections performed by students on one another, constant supervision is required to ensure safety. However, it was burdensome for a single instructor to monitor up to 20 students simultaneously and assess their techniques. In addition, although the steps of procedures were explained in advance, students showed variation in their levels of understanding. Therefore, “understanding before performing” was positioned as a guiding principle of educational support. Before students began each procedure, questions were posed to encourage them to think for themselves as they worked, and the volunteer also began by assessing each student’s level of understanding in order to provide appropriate support.

Local instructors have developed and refined their educational methods over more than a decade. Respecting these methods, as well as establishing a trusting relationship with local instructors, was considered essential in order to propose and introduce practices from a foreign nursing education system and new instructional approaches. Therefore, active communication and repeated discussions were also integral

to the educational support process.

3.2.2 *Clinical practicum supervision*

In the LPN course, the spring semester begins with a clinical practicum at a public health center. Students rotate daily through various departments, including the immunization unit and the tuberculosis control unit, observing and assisting with public health center operations. In addition, students are provided opportunities to practice intramuscular influenza vaccinations on one another, allowing them to develop their nursing skills. During the hospital practicum, students engage in nursing activities, including medication administration, under the supervision and collaboration of nurses, with the goal of acquiring clinical skills. However, in practice, instructions for tasks such as medication administration and infant bathing were primarily provided by the instructors. At the same time, it is difficult for a single instructor to continuously supervise all students across the wards. Therefore, building a trusting relationship between instructors and nurses is essential, and a cooperative system required to ensure safe and effective student supervision.

Prior to the start of the practicum, the volunteer conducted roll call and health checks, facilitating communication with students and assessment of individual needs. During the practicum, the volunteer encountered situations requiring flexible responses. For example, according to regulations, students were required to wear white uniforms and white shoes, but some had difficulty obtaining them due to financial reasons. There were also various circumstances that prevented some students from having breakfast, so eating during the practicum was tacitly permitted. In response to these circumstances, the volunteer adapted flexibly, taking local conditions into account. In terms of nursing skills, in addition to guidance on basic skills such as medication administration and vital sign measurement, instructions were provided on methods for collecting data required for case studies, while respecting the teaching approaches used by local instructors. Furthermore, guidance was provided that encouraged students to think independently and deepen their understanding by asking questions before performing care, taking into account differences in their knowledge, skills, and personalities.

4. DISCUSSION

The support activities, including the gerontological nursing mini-course, are discussed within the framework of a JICA–university partnership short-term volunteer program.

4.1 Insights from the gerontological nursing mini-course: the potential of specialist educational support through the dispatch of short-term volunteers

The gerontological nursing mini-course was designed and implemented to provide fundamental knowledge of gerontological nursing and promote an understanding of older adults, while ensuring feasibility within the constraints of short-term dispatch. This focus is aligned with global priorities emphasizing the strengthening of nursing education systems and gerontological competencies in response to population ageing and workforce imbalances worldwide.^[2,5,6] Although the mini-course offered by the short-term volunteer was limited to providing a systematic understanding, achieving long-term learning objectives, and ensuring continuous follow-up were beyond the immediate scope, it served as an “entry point” to introduce gerontological nursing—an area that has been insufficiently addressed in local education—to local educators and students.

In addition to lectures, experiential and interactive learning was introduced, enabling students to understand the current state of older adults in their own country and to articulate and share their insights. This approach is consistent with international literature on nursing education reform, which emphasizes that experiential and context-based learning may enhance learner engagement and clinical reasoning.^[8,11] This type of learning experience is considered to allow students to go beyond simply acquiring knowledge, encouraging them to reflect on local culture and nursing practices while deepening their personal understanding.

Preliminary site visits and repeated meetings with local educators were essential elements that contributed to the implementation of support, both by adapting the educational content to local needs and enabling immediate commencement of activities after deployment. This reflects global health education frameworks that emphasize the importance of structured partnerships and contextual adaptation in short-term educational interventions.^[10,12] From this perspective, the mini-course demonstrates that even short-term educational support can contribute to capacity development when embedded within collaborative and context-sensitive implementation processes.

Overall, careful preparation was necessary. Through the implementation of this mini-course, opportunities were provided for students to develop a fundamental understanding of gerontological nursing and provide learning aligned with local culture and educational needs, even within the constraints of short-term volunteers. This culturally responsive approach is consistent with Leininger’s theory of Transcultural Nursing, which emphasizes the importance of delivering care and

education that are congruent with the cultural values, beliefs, and practices of the target population.^[13] From this perspective, adapting gerontological nursing education to the local context may be understood as an application of culturally congruent care in educational practice, supporting meaningful learning while respecting local cultural and educational contexts.

4.2 Insights from support via a JICA–university partnership program: the potential of collaborative nursing education support

This paper summarizes nursing education support activities in Country A, carried out by a doctoral student utilizing their expertise within the framework of a JICA–university partnership program. In planning and implementing the gerontological nursing mini-course, it was essential that consultations with local educators, pre-departure training provided by JICA, travel and in-country support systems, and the cooperation of university faculty functioned synergistically. Such multi-layered collaboration reflects prior literature indicating that effective global health and nursing education initiatives require structured partnerships between sending institutions and host stakeholders to ensure contextual relevance and ethical engagement.^[10, 12, 14]

Furthermore, devising educational content and teaching methods, and establishing trust with local educators, likely contributed to establishing a practical foundation that can be utilized in future deployments and ongoing collaborations. This is consistent with evidence suggesting that sustainable international nursing education partnerships rely on relationship-building, mutual trust, and iterative co-development of educational activities rather than one-directional knowledge transfer.^[6, 10] This aspect represents a distinctive strength of cooperative dispatches, demonstrating that even short-term dispatches can help accumulate and transmit practical experiences. Previous studies on short-term global health experiences also emphasize that, when embedded within structured partnerships, such programs can contribute to capacity strengthening in host institutions while providing experiential learning for trainees.^[12, 14]

In addition, student volunteers can gain experience in international support activities without taking a leave of absence, which is also significant from the perspective of fostering future international cooperation personnel through university partnerships. This aligns with global health education frameworks that highlight the role of experiential learning in developing global competencies, including communication, collaboration, and cultural understanding among health professionals.^[8, 10]

Based on the above, as an initiative in line with JICA’s vision: “JICA, with its partners, will take the lead in forging bonds of trust across the world, aspiring for a free, peaceful and prosperous world where people can hope for a better future and explore their diverse potentials,”^[15] this support program has the potential to promote continuous development of collaborative educational practices in nursing education support in Country A. This is further supported by literature on global nursing education partnerships, which emphasizes that sustained institutional collaboration is key to building long-term capacity and advancing equitable health education systems.^[6, 10]

4.3 Limitations and challenges: toward sustainable nursing education support

This section summarizes the limitations and remaining challenges. First, due to the short duration, it was difficult to provide sufficient feedback to each student participating in the gerontological nursing mini-course, or to establish a trusting relationship prior to skills laboratory sessions and the clinical practicum. This limitation is consistent with prior literature indicating that short-term educational engagements often constrain continuity of feedback and relationship-building, which are key components of effective competency development in nursing education.^[16]

In addition, since the volunteer had no practical nursing experience in the local context, providing immediate teaching tailored to the local healthcare environment and system was difficult. This highlights the importance of contextual adaptation in global health education, as effective practice requires competencies such as cultural understanding and responsiveness to local health systems.^[8] Furthermore, while local faculty members expressed a positive attitude toward continuation of the gerontological nursing mini-course, the fact that different volunteers are selected each year may pose a challenge for providing sustained, individual-based support. Such discontinuity is a known challenge in short-term global health and educational interventions, where volunteer turnover can hinder continuity of pedagogical approaches and relationship-based learning.^[12] Another important limitation is a discrepancy between the need of local faculty members for long-term volunteers as immediate assets and the framework provided by the university for short-term volunteers, which may make it difficult to meet both parties’ expectations simultaneously. This misalignment reflects a structural tension frequently reported in partnership-based global health programs, where host-site demands for continuity may conflict with sending institutions’ educational and temporal constraints.^[6]

Given these limitations, it will be important to balance the expectations and objectives of the local faculty, the university, the volunteers, and JICA, all within the constraints of a short deployment period. Effective coordination among stakeholders has been identified as a key factor in optimizing outcomes in short-term global health engagement programs.^[12] When short-term volunteers are used to fill long-term human resource shortages, the originally intended educational objectives may not be fully achieved. Moreover, even if the dispatch continues over multiple years, volunteers may have limited continuity at the local site due to the volunteer rotation. While international support requires flexibility, it is considered essential to clearly distinguish between capacity-building roles and service-delivery expectations in short-term educational deployments, and to define and agree upon volunteers' roles in each project in advance, as recommended by ethical frameworks for short-term global health experiences.^[14]

Even short-term dispatch can facilitate provision of proactively planned educational support within the framework of a JICA–university cooperation, although meticulous preparation by volunteers is essential. Furthermore, volunteer dispatch through university cooperation provides an opportunity for sustainable educational support that benefits both providers and recipients, contributing not only to the improvement of local education but also to the development of human resources with a global perspective on the part of the university. This dual benefit aligns with global health education literature highlighting reciprocal capacity development as a core outcome of structured international academic partnerships.^[6, 10, 11]

5. CONCLUSION

This paper examined nursing education support activities implemented under the framework of a JICA–university partnership short-term volunteer program in a resource-limited setting, which were designed and delivered by a short-term volunteer, and explored the challenges encountered. A key feature of this support initiative is that, despite being part of the short-term volunteer program, it was implemented with independently defined objectives. Although preparation and prior coordination by the volunteer at a personal level were necessary, it was suggested that even short-term volunteers could provide introductory learning opportunities in gerontological nursing in a manner suited to the local educational context. On the other hand, due to the short-term nature of volunteer dispatch, there were limitations in assessing its educational impact over the long term. Moreover, even with pre-discussion and prior agreement, discrepancies could arise between the support provided by the university and the

actual support needed by local instructors.

Amid a decline in the number of applications to JOCV, the importance of accumulating experiences such as those documented in this paper is increasing, as they serve as a reference for exploring diverse forms of volunteer dispatch and for identifying ways to stimulate interest in international cooperation.

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AUTHORS CONTRIBUTIONS

Miho Yoshioka was responsible for conceptualization, drafting the original manuscript, and manuscript revision. Miwa Yamamoto provided supervision and was involved in reviewing and editing the manuscript. Both authors approved the final manuscript.

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The authors declare that there is no conflict of interest.

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DATA SHARING STATEMENT

No additional data are available.

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