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The Invisible Work and its Value of Outpatient Nurses: A Case Study of an Internal Medicine Clinic in Fukuoka, Japan

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ABSTRACT

In recent years, the environment surrounding medical care in Japan has been changing drastically with the development and sophistication of medical care and the declining birthrate and aging of the population. In response to the changes in medical care, nurses are now required to provide high quality direct care to patients with various diseases and living environments. For this reason, work that does not involve patients, such as clerical work, has been regarded as less valuable as a nurse's job. However, in practice, many of the nurses' jobs do not involve patients. These jobs are not valued by society and the nursing community, making them "invisible". In order to visualize the nurses' work based on facts, it is necessary to clarify the invisible work of nurses and its value. Until now, there have been a few ethnographic studies that have attempted to reveal the invisible work of Japanese nurses. The purpose of this paper is to clarify the invisible work of outpatient nurses and what their value is through a case study of an internal medicine clinic in Japan. As a result of the study, it was found that outpatient nurses not only assist with medical treatment, which is defined by law as nurses' work, but they play an important role in the functioning of outpatient clinics by performing other duties. This is where the value of the invisible work performed by outpatient nurses is thought to exist.

Keywords: Outpatient nurses, Invisible work, Ethnography

INTRODUCTION

The purpose of this presentation is to clarify the invisible work of outpatient nurses in Japan based on an ethnographic study in an internal medicine clinic.

In recent years, the environment surrounding medical care in Japan has been changing drastically with the development and sophistication of medical care and the declining birthrate and aging population. As a measure to curb the increase in medical costs, the development of a system where patients can receive treatment while living at home or in the community is being rapidly promoted. This has made it possible to treat patients with advanced treatments (e.g., anti-cancer drug therapy for cancer) and

chronic diseases that require long treatment periods without having to be hospitalized.

In response to these social and medical changes, the Japanese nursing community (mainly the Japanese Nursing Association (JNA)) has strongly stated that now is the call for nursing expertise (Japanese Nurse Association, 2021b). JNA is the largest nursing professional organization in Japan, established for public health nurses, midwives, and nurses, with 760,000 members as of 2021. The JNA launched the Certified Nurse Specialist certification system in 1994 to promote the use of specialist nurses who have a high level of expertise in meeting the diverse needs of patients (Japanese Nurse Association, 2016).

The expertise of the nurse is explained mainly through their interactions with patients. It is stated that the practice required of nurses is to support patients physically, mentally, socially, and spiritually, and to help them achieve their full potential (Japanese Nurse Association, 2021a). In the basic nursing education program for nurse training in Japan, nursing students will be in charge of one inpatient per course of clinical practice at a hospital and learn about individualized care to meet the needs of that patient. They are taught that providing nursing care that deeply involves the patient is the important role of a nurse. Similarly, there are many previous studies in Japanese nursing that argue the need to provide quality care to patients with various diseases and living environments. Several of these studies point out that there are too many tasks in nurses' work that do not involve patients (e.g., Nagai, 2008. Tsunoda, 2007). Tasks that do not involve patients include preparation and cleanup for consultations and treatments, clerical work such as entering vouchers and electronic medical records, answering the phone for inquiries from outside, and managing medicines, supplies and equipment. These tasks are described as "indirect tasks" or "peripheral nursing" which can be performed by less specialized non-nurses. It is argued that in order to enhance patient care, non-patient related tasks should be reduced and delegated to non-professionals.

Allen (2015) points out the ideal nurse job, to be engaging with patients, is overstated and the work done by nurses is not properly evaluated. When engaging with patients is the only evaluating factor, Allen discusses how hospital nurses struggle with the gap between their non-patient work and ideal nursing work. In an interview study of generalist nurses working in psychiatric outpatient clinics in Japan, it reported that they felt that outpatient work was not nursing and that they were not good enough nurses (Fukuda, 2011). Allen (2015) argues that it is important to make the "invisible work" of nurses visible. In other words, she says that it is important to discuss not the ideal of what nurses should be doing, but focus on what nurses actually do and how their roles are shaped by the situations in which they work. Other studies have shown that the core of nurses' work is a medical intermediary (Allen, 2004); the boundaries of nurses' professional jurisdiction is much more ambiguous than those set by law (Abbott, 1988) and the work of nurses is similar to that of a physician (Hughes, 1988). What these studies reveal is that the work of nurses cannot be described solely in terms of direct patient care.

In Japan, nurses in outpatient and small clinics are predicted to do more non-patient work than nurses in wards and large hospitals respectively. According to 2021 statistics, more than half of all medical facilities in Japan are clinics, where about 150,000 nurses work. Clinics provide primary care to the local population. Japan has a universal health insurance system, which means that anyone can visit an outpatient clinic if they pay a certain fee. Every day, many patients visit the outpatient clinics, which are the most familiar medical institutions to local residents. As a result, the nurses in charge of outpatient care are very busy. Nurses not only engage with patients in taking blood samples and conducting tests, but they also do a lot of non-patient work in a limited amount of time.

Until now, there are only a few ethnographic study conducted on the perspective of "what is the value of the invisible work of Japanese nurses." This paper can contribute to correcting the society's perception of outpatient nurses.

METHOD

The study was conducted at the I-Clinic in Kurume City, Fukuoka Prefecture, Japan. Kurume City is a rural city with a population of about 300,000 located in the southern part of Fukuoka Prefecture. This clinic has been providing community medical care for over 60 years. It offers outpatient services such as general internal medicine and hemodialysis, as well as an inpatient facility with about 10 beds. In recent years, physicians and nurses have also been visiting the homes of patients who are unable to visit the outpatient clinic due to deteriorating health. Patients who visit this clinic include those with acute symptoms such as fever and pain, those who are undergoing ongoing treatment for chronic diseases such as chronic renal failure, hypertension, and diabetes, as well as those who receive vaccinations for various infectious diseases, health checkups, and upper gastrointestinal endoscopy. The number of outpatients per day ranges from 40 to 60, most of whom are elderly. The staff working at the clinic includes 3 physicians, 2 residents, 16-17 ward nurses, 5 outpatient nurses, 5 medical office staff, 1 medical social worker, 1 nutritionist, 2 occupational therapists, and 4 clinical engineers. Daily outpatient care is provided by two physicians, three to four outpatient nurses, and three to four medical clerks.

The research subjects of this study are the four outpatient nurses of I-Clinic. All of them are generalist nurses. An ethnographic survey was used to reveal the "invisible work" of nurses. The study period was from September 2021 to January 2022. One of the authors, who is also a nurse, conducted participant observations once a week. The author went to the clinic in the morning before the consultation started, changed into a white coat, and cleaned the consultation room with the outpatient nurse. During the clinic hours, the author observed the workspace where the outpatient nurses worked and from the patient waiting room. Participant observation was conducted about 15 times, and interviews were conducted with four outpatient nurses (see Table 1).

Table 1. Attributes of outpatient nurses.

	Age/ Gender	Nursing career	Worked at the I-Clinic	Previous work experience
A	50s/female	20 years	6 years	Clinics and Dialysis rooms in hospitals
B	50s/female	36 years	2 years	Hospital wards, clinics, and home visits
C	40s/female	18 years	5 years	Hospital wards, city health centers, health checkups
D	40s/female	17 years	4 years	Hospital wards and clinics

RESULTS AND DISCUSSION

From the author's fieldnotes, a timetable of a day of an outpatient nurse at the I-Clinic is shown below. In the table, the direct patient care tasks performed by the nurses are underlined. As this table shows, much of the work done by outpatient nurses does not involve direct patient involvement.

The following are characteristic findings of the work of the outpatient nurses at the I-Clinic through participant observation.

Work Before and After Medical Treatment Assistance: Preparation and Management

The outpatient nurse at the I-Clinic would call the patient into the inspection room before the physician's check-up. They would then perform the tests ordered by the physician. The main tests included blood tests, urine tests, height and weight measurements, electrocardiograms, x-rays, audiovisual tests, cognitive function tests, and others. Tests that are usually done by laboratory technicians in larger hospitals were also done by nurses in this clinic. This nurse work is defined in the scope as "assisting in medical treatment".

Not only that, but in addition, the outpatient nurses had thoroughly prepared beforehand to perform this task. After the outpatient clinic was over, the nurses picked up who and what tests were to be performed from the electronic medical records of the patients scheduled on the next day and took notes. For each patient, they also checked to make sure that there were no omissions or duplications in the physician's orders, and that the intervals between previous similar tests were appropriate. If they had any doubts at all, they would check with the physician. The outpatient nurses then prepared and inspected the supplies and equipment needed for the tests. In preparation for a blood test, for example, the nurse would choose from several blood test slips and from a large number of blood tubes, the one that matched the physician's order, write down the patient's name on the attached sticker, and affix it to the tube. These were placed on a tray, one for each patient. The shelves in the examination room are always neatly lined with blood tubes and needles. The nurses replenish the shelves with new ones when the stock is low.

The management of vaccines for infectious diseases was one of the most important tasks of the nurses. Vaccines were stored in a special refrigerator. The temperature was checked once a day to make sure it was maintained at 5 degrees Celsius, and those who checked wrote their names down on a sheet posted on the front of the refrigerator. The nurses always paid attention

Table 2. Timetable of a day (3 outpatient nurses work schedule).

AM	Services Associated With Appointment Patients	Other Miscellaneous Work
8:30~ Start Work	- Cleaning examination rooms and laboratories; changing sheets. - Review today's patients with appointments and their scheduled tests in the electronic medical record or notes.	- Answering patient calls(Notification of sudden changes in medical conditions, changes in appointments, etc.)
9:00~ Commence medical treatment	- Prepare test slips, syringes, and blood tubes. - Call the patient into the examination room. Perform drawing blood, urinalysis, EKG, X-rays, take height and weight measurements.	- Respond to inquiries from external parties such as home-nursing stations and pharmacies.
Two patients are booked every 15 minutes.	- Check the type and severity of the patient's symptoms, food intake or time of intake, and oral medications. - The test results are entered on a chart and carried to the doctor's room. - Guide elderly patients from the waiting room to the examination room, assist in changing their clothes, etc. - Preparation, assistance, and cleanup of advanced tests performed by physicians, such as endoscopy and ultrasound. - After the consultation, the physician gives special instructions regarding tests and prescription drugs, if any. - Check the electronic medical records for the next visit date, tests, and prescription medications. - See the patient in the waiting room, confirm the schedule of the next visit, and explain the upcoming scheduled tests and medications prescribed today. - Consult with clerical staff if there are any problems with payment.	- Handover from ward nurses. - Answer questions from physicians and administrative staff. - Information exchanges among outpatient nurses and with physicians. - Call or fax a report to a public agency about a person with an infectious disease that must be reported. - Prepare intravenous drugs and other items to be given to the home-nursing station. - Coordinate consultation times for patients without appointments. - Check itinerary routes for home-visit medical care, prepare supplies to bring. - Organize and replenish supplies and equipment. - Order items that are out of stock. - Inspect equipment. - Control of vaccines (Check the number of booked patients match with the number of remaining vaccines, check the temperature of the refrigerator)

Table 2. Continued.

PM	Nurse A	Nurse B	Nurse C	
12:30~13:30	Perform the same work as in the morning.		lunch break	Primarily, Nurse A performs the same duties as in the morning.
13:30~14:30	lunch break		Prepare to go out for home-visit	
14:30~17:30	Perform the same work as in the morning.	Outpatient for fever (Covid-19 compatible).	Accompany a physician on a home-visit medical care.	
17:30~18:00 the end of work	- Tidy up and do simple cleaning. - Check tomorrow's patients with appointments and their exam schedules. - Prepare items and equipment for inspection. - Handover of medical conditions of patients who received home-visit medical care today.			

to make sure that the number of patients requesting vaccines matched the number of vaccines in stock.

We determine the number of vaccines to be delivered based on our projections of how many patients will receive the vaccine. If we misjudge this, the vaccines will be discarded, resulting in financial loss for the clinic. We have to consider such things. (Interview with Nurse C, January 8, 2022).

Behind the scenes of assisting with medical treatment, such as drawing blood and conducting tests, which are defined as the duties of nurses, the work of nurses consisted of preparing in advance for these procedures and managing supplies and medications. For nurses, this may be usual work. However, this work is considered to have significant value as nurses' job. In other words, adequate preparation and confirmation in advance contributed to ensure smooth service operation of outpatient clinics and functioned to ensure that tests were performed on patients without error. Furthermore, the management of medicine contributes to the financial profit and loss of the clinic.

Nurse's Borderline Work with the Physicians: Medical Judgment.

I-Clinic outpatient nurses may make the same kind of assessments that physicians make in their medical decisions. They triage the urgency and severity of a patient's symptoms to determine whether or not they should be consulted.

Patients may have mild symptoms such as a headache or sleeplessness, but not severe enough to go to the hospital, so they may want a nurse to hear them out for a while. However, these mild symptoms may be the early signs of a serious illness. The nurse decides whether to recommend that the patient see a physician or just listen to what the patient has to say. The nurse also considers whether it would be better to ask the physician for a decision. It takes a lot of knowledge for a nurse to make a medical decision. (Interview with nurse B, January 8, 2022).

Sometimes I find myself wondering if it is okay for me to say so much to patients as a nurse. In that case, I try to answer after checking with the physician. (Interview with C nurse, January 8, 2022).

All of the outpatient nurses at the I-Clinic had nearly 20 years of nursing experience. Therefore, the outpatient nurses, like the physicians, had extensive knowledge of general internal medicine and all other diseases, from prevention to treatment, without being limited by age or gender. Utilizing their knowledge, if the patient's complaint was not an initial complaint and the symptoms did not request urgent care, the nurses made the medical decision without asking for physician's opinion. On the other hand, nurses consulted with a physician when there is a conflict about crossing the boundary of the nurse's jurisdiction, whether it is appropriate to make a decision in their capacity as a nurse, rather than the nurses' lack of knowledge.

Nurses' Borderline Work with Medical Office: Clerical Work

The work of the outpatient nurses at the I-Clinic included tasks that blurred boundaries with the medical office staff. Making an appointment for a patient's next visit or changing the date of the visit used to be the job of the medical clerks; but since the number of medical clerks decreased, and they were short-staffed, the outpatient nurses were now in charge. The nurses not only made appointments for the next visit, but also asked and confirmed the amount of medication left at home for the patient and explained the medication prescribed on that day. At the same time, if there were any medications left at home, they would confirm the reason with the patient, and instruct the patient to make sure that the medications would be properly taken until the next visit.

Large hospitals have a strong organizational system with a large number of staff, so the boundary between the work of medical clerks and nurses may be clear. However, in small clinics, due to shortage of staff, the two job roles are not clear-cut. When the medical clerks are busy with their work, the nurses may assist them in their work. I believe that clerical work is not the job of nurses, but we support to make sure that outpatient care service runs smoothly. (Interview with nurse A, Nov. 27, 2021)

The nurses paid attention to the time flow of the entire outpatient clinic and took on administrative tasks themselves. Although they were aware that such work was not under the jurisdiction of nurses, they understood that it was urgent for the seamless progression of outpatient clinic services and nurses took it upon themselves as the task they should do. It was inferred that the scope of nurses' work varied depending on the size of the hospital organization. In the case of small clinics, the boundaries of work were even more ambiguous than in large hospitals. Here, the invisible work of nurses was to supplement the work of the boundary area between professions flexibly, according to the demands of the situation and enable organization to function smoothly.

CONCLUDING REMARKS

Naturally, the main task of the outpatient nurses at the I-Clinic was to assist in medical treatment, as defined by the law. But that was not all. Before

and after this task was performed, there was careful preparation, cleanup, and management of supplies, equipment, and medicine. Outpatient nurses also crossed the boundaries between professions and took up some tasks in the realm of physicians and medical office workers. This kind of work by outpatient nurses was important for the smooth progress of outpatient care services. Their work also served as a check function to ensure that physicians did not miss orders or make mistakes. Moreover, it was a job that contributed to the clinic's revenue. On the other hand, the interview data also showed the conflicts of nurses who believe that the boundaries of jurisdiction between professions should not be crossed. Outpatient care nurses did not overstep the boundaries of their work with other professions, but neither did they clearly draw the boundary. They successfully moved back and forth between the boundaries of the professions. This paper demonstrated that the smooth provision of services in the I-Clinic was due to the work of these outpatient nurses.

These results indicate that the invisible work of nurses was an intermediary between professions, a glue-like role, as described earlier by Allen (2015; 2004). Also, as Abbott (1988) and Hughes (1988) have shown, the boundaries of the professional jurisdiction of physicians and nurses were found to be flexible. The invisible work performed by outpatient nurses was invaluable to the organization because of their initiative to take on many roles within the clinic. We would like to further examine the value of the invisible work of nurses, taking into account the size and culture of medical institutions.

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