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How to (Re)Define Nurses' Professionalism: An Ethnographic Study of Outpatient Nurses in a Small Clinic in Japan

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ABSTRACT

The purpose of this paper is to identify the distinctive functions that outpatient nurses in Japanese clinics perform outside of direct patient care and its values. It will also describe how outpatient nurses in Japanese clinics perceive the value of their work and how their experiences and education influence their understanding. The study was conducted at an I-Clinic in Fukuoka, Japan; 25 Participant observations and interviews with four outpatient nurses at the I-Clinic were conducted between September 2021 and January 2023. The results of the study revealed the characteristics of outpatient nurses' work in small Japanese clinics. The functions of outpatient nurses in Japanese clinics were (1) to coordinate the elements involved in the day-to-day care, (2) to harmonize relationships among staff throughout the organization, and (3) to harmonize relationships with medical personnel outside the organization. Through these functions, nurses were shown to contribute to quality health care services to the community. However, I-Clinic nurses did not fully understand the value of these functions. The value of nurses' contribution to the organization is currently rarely explained in basic nursing education and in the education of new nurses after graduation, suggesting the need to (re)define professionalism, including the work nurses do for the organization and its value, and to apply it in nursing education.

Keywords: Nurses' organizing work, Nursing education, Care trajectory management framework, Ethnography

INTRODUCTION

In recent years, the Japanese nursing community has made a strong statement that nursing expertise is needed more than ever in the context of Japan's aging society and changes in common disease rankings (Japanese Nursing Association, 2015). According to the Japanese Nursing Association guidelines (JNA, 2007), nursing expertise lies in the practice of patient-centered nursing and direct patient involvement (JNA, 2021: 37). However, in actual nursing practice, nurses spend only about 30% of their work time engaging with patients (e.g., Westbrook et al. 2011, Jinks et al. 2000), and nurses spend much of their time on tasks other than patient care. Prior nursing research has suggested that these tasks be mechanized or delegated to non-professionals because

they interfere with nurses' primary duties of direct patient care (e.g., Grealish et al. 2022).

British sociologist and nursing scholar Davina Allen states that in today's constantly complex and changing health care system, it is clearly not sufficient to speak of nurses' work only in terms of patient care, and it is important to redefine nurses' work to include their contribution to the entire organization (Allen, 2015: 142). Allen's years of ethnographic research in a tertiary hospital in Wales revealed the nurses' work in an organization as 'organising work' (Allen, 2015: 3), which she theorized as "Translational mobilisation theory" (Allen, 2018, Allen and May, 2017). Translational mobilisation theory posits nurses to play a role in managing the trajectory of care within a healthcare organization and develops this function as "care trajectory management framework" (Allen, 2019). A care trajectory refers to the evolution of a patient's medical and social care needs, the overall structure of the work done in the process, and the impact on the people and organizations involved in that work (Allen, 2015: 19). According to Allen (2019), care trajectory management framework includes three elements: the trajectory awareness, which is the practice of continued awareness of the trajectory of care; trajectory working knowledge, which is the practice of supporting with the provision of information to advance care; and trajectory articulation, which is the practice of placing the necessary elements (expertise, materials, and information) in the right place and at the right time to meet patient needs.

In our previous study, we presented the following tasks that outpatient nurses in Japanese clinics perform besides patient care: (1) pre- and post-assisting with medical treatment: preparation and management, (2) tasks at the boundary between nurses and doctors: medical decision making, and (3) tasks at the boundary between nurses and medical administration: clerical work. These tasks were noted to contribute to the organization (Kawaguchi and Ito, 2022). In this study, we will continue to identify the distinctive functions and values of outpatient nurses in Japanese clinics. We use Allen et al.'s (2019) care trajectory management framework as an aid in this process. Next, we describe how ambulatory nurses in Japanese clinics understand the value of their work and how their experiences and education influence this understanding. Through these studies, we attempt to clarify the value of nurses' work outside of direct patient care and to (re)define the professionalism of nurses. We will also examine whether the findings can be applied to basic nursing education.

In Japan, approximately 170,000 nurses work in clinics (Ministry of Health, Labour and Welfare, 2023). This study identifies the distinctive functions and values of outpatient nurses in Japanese clinics and shows their potential application to basic nursing education in Japan. Thereby it contributes to the development of the next generation of nurses working in Japanese clinics in the future. It will also help reduce the number of Japanese nurses (Fukuda, 2011) who feel dilemma and helplessness due to their many duties outside of patient care.

METHOD

The study was conducted at I-Clinic in Fukuoka, Japan. This clinic has been providing primary care in this area for over 60 years. It provides outpatient and home-visit medical care and has a 10-bed inpatient facility. The clinic sees 40 to 60 outpatients a day, many of whom are elderly. The clinic treats acute symptoms such as fever and pain; chronic diseases such as chronic renal failure, hypertension, and diabetes; vaccinations against various infectious diseases; health check-ups; upper gastrointestinal endoscopy, and ultrasound examinations. The clinic's daily outpatient and home-visit medical care services are provided by two physicians, four to five outpatient nurses, and three to four medical office staff.

The research subjects of this paper are four outpatient nurses at I-Clinic (see Table 1). All are generalist nurses. The study period was from September 2021 to January 2023, during which one of the authors, who is also a nurse, visited I-Clinic 25 times at irregular intervals to make participant observations of the outpatient nurses' work and to interview the nurses.

Table 1. Attributes of outpatient nurses.

Outpatient nurse	Age Gender	Nursing History	I-Clinic Work History	Previous Work Experience
A	50s Female	20 years	7 years	Clinics and hospital dialysis units
B	50s Female	36 years	2 years	Hospital wards, clinics, home-visit medical care
C	40s Female	18 years	6 years	Hospital wards, city health centers, health checkups
D	40s Female	17 years	5 years	Hospital wards and clinics

RESULTS AND DISCUSSION

Characteristics of the Function of Outpatient Nurses at I-Clinic

The outpatient nurses at the I-Clinic called patients into the inspection room before the doctor's visit to perform the tests ordered by the doctor. The main tests that the nurses performed included blood tests, urine tests, height and weight measurements, electrocardiograms, X-rays, vision tests, and cognitive function tests. They also assisted doctors with medical examinations and tests if requested by the doctors. This work by nurses is defined by Japanese law as "assisting in medical treatment."

Other characteristics of the functions of outpatient nurses in Japanese clinics are explained below.

Ability to Coordinate Elements of Daily Practice

The expansion of COVID-19, which has continued from 2019, had forced medical practices to make a major shift from their previous methods of practice. Healthcare workers are required to take a variety of unprecedented actions, such as wearing strict protective clothing to avoid human contact

and starting online medical services, which has increased the workload for healthcare providers. (2021 edition of the White Paper on Health, Labour and Welfare).

Under such circumstances, I-Clinic was also extremely busy with COVID-19 patients. Even before the clinic's opening hour at 8:30 a.m., the phones rang one after another with patients complaining of fever symptoms. On peak days, the number of patients calling in ranged from eight to thirteen. At I-Clinic, general outpatient services were almost always by appointment only, with two to three patients assigned every 15 minutes, so the work flow was largely predictable. On the other hand, the fever outpatient service, did not know how many patients with fever symptoms would arrive on that day. In addition, to prevent infection, patients must be examined separately from general outpatients, and at the I-Clinic, the examination rooms for fever patients are located in a separate building. Therefore, doctors and nurses must move from the general outpatient clinic to the fever outpatient clinic in order to examine fever patients. The first work of the outpatient nurses in the morning was to determine the number of fever patients they could see during the gap time in the general outpatient clinic. This decision was based on the number of patients scheduled for the day's general outpatient appointments, the time required for scheduled tests and procedures, the number of doctors, nurses, and clerical staff on duty, and the abilities and personalities of these staff members.

> Coordination is very difficult. For example, even if the doctors and nurses decide to accept five fever patients today, the clerical staff involved in accounting may not have enough manpower. This is a problem when the sufficient number of doctors, nurses, and clerical staff is not available. If this cannot be secured, the hospital may refuse to accept fever patients. Every morning, before we receive a call from a fever patient, we check the situation for the day and discuss, "Today, we will be able to receive X number of patients at X time," or "Let's stop at X number of patients because we don't have enough doctors." It depends on the number of general outpatients with appointments that day, whether difficult procedures are being performed, and so on. In the end, we have to look at the average of each department to see how many fever patients we can accept. It's not just a nurse's job. (From interview with Nurse A, 2022.11.12).

When a patient with a fever came in for examination during the general consultation, the nurse notified the physician that a patient with a fever had arrived in a timely manner so as not to interrupt the consultation. Then, they prepared and gave the protective clothing and the items and equipment necessary for the PCR test to the doctor who was heading to another building where the fever outpatient clinic was located for the examination. On the other hand, the outpatient nurses explained to the fever patients in advance where and how to wait for the doctor to arrive so that the doctor could complete the fever outpatient examination and return to the general outpatient examination in a short period of time.

In addition, outpatient nurses at I-Clinic prepared COVID-19 vaccine in syringes in advance. This is a common task for nurses, but in fact it is difficult to predict how many vials of COVID-19 vaccine to open; one vial of COVID-19 vaccine is for six patients. It is easy to predict when a patient has an appointment in advance, but difficult when a patient does not show up for an appointment or shows up unexpectedly without an appointment. If this prediction is off, vaccines are discarded, which can lead to cost losses for the hospital. The nurses determined how many of all patients visiting I-Clinic had already received the vaccine and based on the remaining hours of operation that day, could predict how many more patients would be seen for vaccination in the future.

Allen (Allen, 2019, Allen et al. 2019) notes that articulation in trajectory management of care refers to the process of coordinating the actions, knowledge, and resources necessary to mobilize a collective action project; the practice of organizing the elements of a trajectory (people, expertise, materials, technology, processes, etc.) to enable action and decision making. The clinic's outpatient nurses were found to have the ability to make comprehensive decisions and coordinate people, materials, time, and place from the many elements involved in a day's check-up. These functions were related to the smooth provision of medical care and the organizational costs of the clinic.

Ability to Harmonize Relationships Among Staff Throughout the Organization

The nurses at I-Clinic were keenly aware of the harmony of relationships among staff throughout the organization.

> In a large hospital, there would be a proper division of roles, but the clinic's outpatient clinic is small in size and has a small staff, so there are many tasks that are not part of our duties as nurses. There is quite a lot of work that we (nurses) don't have to do. However, due to staffing issues, if we only do the work of nurses, the clinic as a whole will not be able to function. I think that the only way to make it work is for those who can do it to complement each other, even if they don't think it is their own work. The busier we get, the more we need to help each other. I think the atmosphere in the workplace is very good right now. Nursing is a profession that requires cooperation, so the nurses are working hard to improve teamwork in the clinic as a whole. We want to make it easier for them to work. For example, if a new staff gets onboard, but if someone disturbs the teamwork, this atmosphere may change. (From interview with Nurse C, 2022.11.12).

The nurses at I-Clinic said that even for clerical work, which they believe is not originally the job of nurses, it is essential that those who can do it should do it and help each other so that everyone can work comfortably. Unlike large hospitals, clinics have smaller staffs, and there are no departmental transfers, so the same members must always work together. In a clinic, small conflicts in human relations can significantly reduce the efficiency of work.

The difficulty of working causes a shortage of manpower when a nurse quits, and the workload immediately becomes hectic. This directly affects patient service. The clinic's outpatient nurses had the function of maintaining the harmony of relationships throughout the organization so that the quality of health care services would not be compromised.

Ability to Harmonize Relationships With Healthcare Providers Outside the Organization

> The clinic's outpatient nurses worked in harmony not only within the organization, but also with medical personnel outside the organization. Since many patients come to the outpatient clinic, it is difficult for the nurses to see each patient individually. Even so, there are areas where I notice that patients who come to the outpatient clinic are gradually getting their clothes soiled or their speech is becoming less coherent. In such cases, I keep in close contact with care managers, visiting nurses, and other medical personnel outside the clinic, and ask them for advice if I notice anything unusual. We tell them how our patients are doing when they come to our outpatient clinic and ask them about their living conditions at home, because many of the patients at I-Clinic are elderly people who live alone, and we don't know their living conditions at home. We cannot spend so much time on one patient's care, so we need to have good relationships with various outside health care professionals to get information. (From interview with Nurse A, 2022.11.12).

Because many patients visit the outpatient clinic each day, it is not possible to spend much time on the care of a single patient. Outpatient nurses said that by maintaining good relationships with care managers, municipal officials, visiting nurses, and others involved with the patient, they can obtain more reliable information about the patient. The ability to harmonize relationships with health care providers outside the organization allows them to take advantage of the wealth of information obtained from outside sources and apply it to the effective interactions during the short outpatient visits, even if they have less time for actual patient care.

A Study of the (Re)definition of Nursing Expertise

These results reveal the expertise of outpatient nurses in small Japanese clinics which includes three functions that has not been described much in the past: (1) to coordinate the elements of the day's care, (2) to harmonize relationships among staff members throughout the organization, and (3) to harmonize relationships with medical personnel outside the organization. The function of (1) was consistent with Allen's description of trajectory articulation in the care trajectory management framework. (Allen, 2019, Allen et al. 2019). In the flow of the trajectory of care in outpatient care, nurses were coordinating everything from people, materials, information, place, and time.

The functions of (2) and (3), harmonizing with people inside and outside the organization, were characteristic of the functions of outpatient nurses in Japanese clinics. This function of harmonizing relationships is close to the

Relational Competence (Allen et al. 2019), which is described as a competency for nurses, but it is not only a nursing competence; nurses contribute to the smooth and high- quality healthcare services through this function, as indicated.

When talking about nursing expertise, it is necessary to (re)define nursing expertise by assigning these functions, as the traditional aspects of patient care alone are insufficient.

Nurses' Own Understanding of the Value of Their Organizational Work and the Impact of the Experience and Education They Have Received

How do I-Clinic nurses understand the value of their work? How does their experience and education influence that understanding?

The I-Clinic nurses were aware of their function of coordinating all elements of health care and harmonizing relationships within and outside the organization, but they did not understand that this is what nursing should be about. The nurses had a passive view on their work because in their mindset such work was not proper nursing work but the work would not go smoothly unless someone else took responsibility for it and that they should be the one to see the patients, but was too busy and had to obtain information from other professionals. This idea is also expressed in Nurse C's next narrative.

> When I was a nursing student, during my practical training, I heard the patient in charge say that the nurses seemed busy, and in fact the nurses were running around the wards looking busy, and as a trainee it was very difficult to talk to them. So even as a student, I had a sense that nurses were busy. I probably would not have been able to adapt if I came to a place like this right after graduation. After all, the initial education is very important, and it is important for students to experience the nurse's true work, which is to be deeply involved with one patient at a time. (From interview with Nurse C, 2022.11.12).

When Nurse C was a nursing student, she went to a large hospital for on-site training and learned direct care that deeply involved one patient. In that experience, she sensed from the busy work of the nurses that their work was not limited to patient care. She recalled that she gradually learned how to do other work besides patient care through the new nurse education program and one-on-one on-the-job training by senior nurses after she started working there.

However, as was the case with one of the authors who is a nurse, what they learned in the new nurse education program and on-the-job training were only methods and rules, such as explaining to patients in this way using this pamphlet. The organizational value of what nurses do, such as explain to patients in advance, the benefits to patients and physicians, and the furthermore their contribution to the organization, is rarely taught in current basic nursing education programs, new nurse education programs, or on-the-job training. This may lead nurses, who have been taught that their expertise is in patient care, to feel the dilemma and helplessness or even to quit because they do not see the value of their work as nurses other than patient care.

Allen et al. (2019) addresses the need to incorporate the concept of care trajectory management into nursing education curricula and provides unique pedagogical strategies. She states that care trajectory management is a complex activity, as it relies on advanced clinical, organizational, and communication knowledge and skills. It needs to be built over time along a continuum, from novice to proficient through blended educational strategies as well as formative and summative assessments, she states. She also argues that because this is a new endeavour, it is necessary to develop programs for educators, such as nurse educators and clinical instructors.

In Japan, it is necessary to provide continuous education on the organizing work of nurses, starting from the basic nursing education course. If education using these findings is provided from basic nursing education, nurses will be able to understand the exact functions of nurses from early on in their careers. At the very least, the number of nurses who quit because they do not find value in work other than patient care will decrease.

CONCLUSION

In this study, we first organize the functions of outpatient nurses in small Japanese clinics with the aid of Allen's (2019) framework for managing trajectories of care. The functions of outpatient nurses in Japanese clinics were (1) to coordinate the elements of care for the day, (2) to harmonize relationships among staff throughout the organization, and (3) to harmonize relationships with healthcare professionals outside the organization. Through these functions, nurses were shown to contribute to quality health care services to the community.

Second, we identified the experiences and education that influence nurses' understanding of the value of this type of nursing work and their understanding of it. The nurses at I-Clinic did not fully understand the value of their own work. In Japan, the value of nurses' contributions to the organization was rarely explained in basic nursing education, education for new nurses after graduation, and on-the-job training, suggesting that nurses need to redefine their expertise to include their work for the organization and its value and apply it to nursing education.

The care trajectory management framework supported in this study is theorized from an ethnographic survey of ward nurses in a tertiary hospital in Wales (Allen, 2015, 2018, 2019, Allen and May, 2017, Allen et al. 2019) and differs in many ways from the subject of this paper, including national culture, healthcare system, hospital size, and wards versus outpatient clinics. This study describes the characteristics of outpatient generalist nurses in Japanese clinics. Further case studies will be conducted to clarify the value of nurses' work to the organization and to (re)define nursing expertise. We hope to apply our findings to nursing education.

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