Clinical Judgment and Decision Making Process of Japanese Nurse Practitioners

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Background
◆ Japan is one of the leading nations of population aging, in which nearly 28% of citizens are aged 65 or over in 2017.
◆ The situation of population aging in rural and remote areas in Japan is worse than that in urban areas in Japan, especially in the remote islands.
◆ In order to meet growing demands of various health care needs, a first graduate program for nurse practitioner was established in 2008 in Japan.
◆ Japanese nurse practitioners are expected to contribute to providing comprehensive and quality nursing care to the elders. Nevertheless, the policy regarding Japanese nurse practitioners are rather ambiguous.
◆ The nature and characteristics of work activities of Japanese nurse practitioners remains unclear.
◆ There are a few research studies investigating activities of nurse practitioners in home health care services or comparing assessment skills between nurses and nurse practitioners in Japan; however, no study focuses on their clinical thinking process.
◆ In order to build a solid theoretical base for nurse practitioner education, it would be necessary to clarify the nature and characteristics of work activities as well as to delineate a thinking process of clinical judgment and decision making of Japanese nurse practitioners.

Purpose
◆ This study attempts to illustrate a conceptual model of the thinking process when Japanese nurse practitioners uses on a day to day clinical practice.

Methods
◆ Design: A qualitative descriptive study design.
◆ Subject: 5 NPs (3 women and 2 men) working on a remote island.
  ◆ The subjects have worked as NPs for an average of 4.2 years, and their average experience of working in remote islands was 2.2 years.
  ◆ Among participating NPs, three belong to medical departments, one to a nursing department of hospitals, and another one NP belong to a clinic in remote islands.
◆ Data Collection Method: Participants’ observation and Interviews
  ◆ Data were collected from March to September 2018. Totally it took 32 hours for observation and 5 hours and 9 minutes for interviews.

(Method cont.)
◆ Analyzes
  ◆ In the observations and interviews, we focused on subjects’ experiences and scenes of providing nursing care. In addition, rationales and thoughts behind their decision making of care provided were also explored.
  ◆ The data was first coded. When there were similar contents, they were put together into one code. Then, subcategories and categories were extracted.
◆ Procedure
  ◆ The necessary IRB approval from the researchers’ affiliated university was obtained prior to conducting this study.

Results
◆ As a result of data analysis, 64 subcategories were generated, and they were classified into 16 categories (Figure 1).
  ◆ NPs actively listened to patients and their family members in order to find out signs and symptoms, diagnosed a physical problem, and considered necessary examination and treatment based on the assessment. In the entire process from assessment to diagnosis, it was found that important factors in NPs’ decision making were patients’ and/or their family members’ preferences and their living conditions.
  ◆ Since there were no other facilities supporting patients and family members after their discharge, NPs’ main focus in treatment and care was on their achievement of selfcare. Also, patients’ living environments were taken into deep consideration due to limited resources on remote islands.
  ◆ The extent of procedures nurse practitioners could perform were determined solely at the discretion of the policy of each facility or each supervised doctor. Therefore, NP understood its role and limitations, (goals, plans) and considered how much they are allowed to make own judgments in treating a patient.

Conclusion
◆ The role of Japanese NPs as well as the extent of NPs’ practice are different depending on a policy in each medical organization.
  ◆ Not only patients but also family members preferences affected Japanese NPs’ decision making process, and promoting self-care was the NPs’ primary focus in patients’ care.
  ◆ The results of this study will serve as a basis for improving quality of nurse practitioner education in Japan. It is expected to be an effective guideline to help graduate nurse practitioner students to assess, judge, make a decision, and provide sound nursing care for patients.
  ◆ This study will help facilitate development of solid and sound foundations for academic program of nurse practitioners in Japan.
Flow of thought

Influencing factors

【Understanding of the level of physical and mental condition of the patient】
【Interview, physical examination, while defining a point depending on the situation】
【Understanding about the living conditions and relationships of the patient and family】

【Differential diagnosis】
【Exclusion diagnosis】

【Problem judgment】

【Consultation for other occupations】
【Consultation to doctor】
【Discuss treatment (goals, plans) and treatment of patients with doctors】

【Determine the focus of the inspection order】
【Enforcement of the simple and easy testing possible by oneself】

【Order inspection based on experience and guidelines】

【Understand the role of NP, its limitations and needs】

【Thinking about intervention with a view to discharge from hospitalization】
【Understand the progress and treatment policy】
【Considering that there is no facility after discharge】
【Judgment of consultation and transportation based on access situation】
【Consider patient / family preferences and living conditions and environment in treatment plan】
【Confirmation of the patient’s and family intention, respect】