



ORIGINAL ARTICLE

Japanese neonatal nursing with a historic perspective

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Abstract Neonatal Nurses' scope of practice and scope of knowledge varies widely across the globe. The development of professional roles is unique to specific regions and is often driven by a number of factors, including local culture and health priorities. Japanese neonatal nurses have traditionally practiced with limited scope compared to the other parts of the world. However, the present climate in Japan presents an opportunity for the innovative developments. An exploration into advancing the role of neonatal nurses revealed complexities that impacted on current Japanese nursing practice. This article will discuss the legal and historic influences that have shaped current neonatal nursing practice, the training, educational opportunities for nurses pursuing neonatal nursing, and the challenges for those who wish to practice beyond the scope of traditional practice in Japan today.

This report regarding the legal and historic influences on Neonatal Nursing in Japan aims to provide a backdrop to future reports from Japan. It is hoped that this knowledge will add clarity to future discussions on issues surrounding Neonatal Nursing globally.

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Introduction

Globally, nurses are performing various invasive procedures on infants in the neonatal intensive

care units (NICUs). Many procedures are an essential part of neonatal care. These invasive procedures include establishing peripheral intravenous (PIV) lines, giving intravenous, intramuscular, or subcutaneous injections, or obtaining blood samples by heel sticks, venous punctures, or in many cases, arterial punctures. Although, there is significant global variations in which procedures

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are performed by nurses, or which skills are outside the scope of nursing practice in different countries, many of these invasive procedures are generally viewed as fundamental nursing skills in NICUs worldwide (Eklund, 2010; Eklund and Kenner, 2015). Some core neonatal nursing procedures in the western world (for staff nurses), however, are often outside the scope of neonatal nursing in other countries, including Japan.

The changing scope of practice worldwide

During the last several decades, technological and scientific advancements, parallel to increasing complex care required by babies in NICUs, has led to an expansion of the clinician's knowledge and competencies (Honeyfield, 2009; Johnson, 2002). The distinct divide between the role of the physician and neonatal nurse began to blur in the early 1970's, as a collaborative approach to neonatal care became accepted, initially in the United States, and the United Kingdom before spreading to other parts of the world (Aubrey and Yoxall, 2001; Hallowell and Medoff-Cooper, 2015; Honeyfield, 2009; Johnson, 2002; Robson et al., 2002; Smith and Hall, 2003). This changing role was often accompanied by the establishment of new educational programs or amendments to the existing law or policies that govern the scope of nursing practice (Aubrey and Yoxall, 2001; Redshaw and Harvey, 2001; Robson et al., 2002; Trossman, 2009). This phenomenon continues throughout the world today in the light of ongoing shortages of the neonatal workforce that is threatening neonatal care and improved outcomes (Eklund, 2014). Although, the role of neonatal nurses has evolved tremendously worldwide, and many significant advances have occurred in Japanese neonatal care, the scope of neonatal nursing practice has not seen any substantial change during the last several decades.

Unique legal and policy background in Japan

Japanese nurses routinely perform only a limited number of invasive procedures. Invasive procedures to babies, although relatively minor, are by definition regarded as medical procedures. The types of procedures performed by nurses in Japan vary from one hospital system to another according to institutional policies. However, it is also highly

influenced by the current legal system governing the scope of nursing practice in Japan. According to "The Act on Public Health Nurses, Midwives, and Nurses in Japan", the term "Nurse" is defined as the following: a person who is licensed by the *Minister of Health, Labour and Welfare* to provide medically necessary treatment or to assist in medical care for those who are injured or ill, as well as women who have obstetrical or gynecologic needs (Japan Ministry of Justice, 2012).

This Act further states that, "Unless the attending physician or dental practitioner have instructed him/her to do so, a Public Health Nurse, Midwife, Nurse, or Assistant Nurse may not use medical equipment, give a person medicine or provide instructions about medicine, or take any other actions that carry the risk of harming a person's health unless it is done by a physician or dental practitioner". The Act does make an exception by stating that, "This does not apply when a Public Health Nurse, Midwife, Nurse, or Assistant Nurse (similar to Licensed Practical Nurse) provides emergency first-aid treatment, nor when a Midwife cuts an umbilical cord, administers an enema, or takes any other action concomitant with practice as a Midwife." On the other hand, The "Medical Practitioners' Act" states, "No person except a medical practitioner shall engage in medical practice" (Japan Ministry of Justice, 2012). This legal framework has prohibited nurses from traditionally performing minor procedures such as starting a PIV, performing heel stick, or administering intravenously (IVP) medications for infants in the NICU environment. The nurse's role has been interpreted as that of an "assistive to medically necessary treatment" performed by physicians or to "assist in medical care". Japanese nurses are trained to deliver a more social and supportive role, such as consider providing support with hospitality, whilst medical treatment is strictly the physicians' domain. Given this cultural background, Japanese nurses spend more time undertaking what may be considered non-professional tasks, in comparison to their global counterparts (Kudo et al., 2012).

Intravenous push as a new nursing intervention

In 2002, the Ministry of Health, Labour and Welfare of Japan amended the law governing the scope of nursing practice to include the "intravenous push injections (IVP)" as part of the scope of nursing practice. In response to this amendment, the Japanese Nursing Association (JNA) developed a set of standards to govern nurses performing this

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