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Workplace assimilation and professional jurisdiction: How nurses learn to blur the nursing-medical boundary

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ABSTRACT

In theorising ‘the system of professions’, Andrew Abbott emphasised how jurisdictional boundaries in the workplace are far fuzzier than those specified in law. A key reason for this fuzziness is the process he characterised as ‘workplace assimilation’, involving on the job learning of a craft version of another profession's knowledge system. However, despite its centrality, workplace assimilation remains poorly elaborated in the scholarly literature. To address this shortcoming, this study explores the workplace assimilation of nurses in a Norwegian emergency primary care clinic. Using an ethnographic approach, the study shows how nurses learned to blur the nursing-medical boundary by (1) doing physician-like work; (2) interacting with their colleagues; (3) comparing their own clinical assessments to those of physicians (as codified in the patient record) and (4) using medical reference works to guide their clinical decision making. In detailing these aspects of workplace assimilation, the study illuminates how and why workers come to blur jurisdictional boundaries in the workplace.

1. Introduction

In his seminal work *The System of Professions*, Andrew Abbott (1988) theorised how professions compete for *jurisdiction*—that is, for control over particular tasks. This form of competition occurs mainly in the judicial system, the public sphere and the workplace; however, as Abbott noted, “There is a profound contradiction between the two somewhat formal arenas of jurisdictional claims, legal and public, and the informal arena, the workplace” (Abbott, 1988, p. 66). While the formal arenas specify clear jurisdictional boundaries between professionals, the workplace is a site where “formal lines of demarcation frequently break down” (Allen, 2001, p. 79).

A key reason for this breakdown is the process that Abbott characterised as *workplace assimilation*, defined as a “form of knowledge transfer” in which “[s]ubordinate professionals, nonprofessionals, and members of related, equal professions learn on the job a craft version of given professions’ knowledge systems” (Abbott, 1988, p. 65). Although not comparable to the training required for full membership in a profession, workplace assimilation nevertheless enables members of one profession to carry out at least some of the tasks of another (Abbott, 1988, pp. 65–6).

The latter point has been richly described in studies of professionals' ‘boundary-blurring work’ (Allen, 1997), i.e. work that obscures formal jurisdictional boundaries. Most such studies have centred on healthcare organisations, with particular emphasis on ‘the nursing-medical boundary’ (Allen, 1997; Annandale et al., 1999; Apesoa-Varano, 2013; Butler et al., 2009; Carmel, 2006a; Hughes, 1988; Liberati, 2017; Porter, 1991; Prowse and Allen, 2002; Salhani and Coulter, 2009; Snelgrove and Hughes, 2000; Stein, 1967; Stein et al., 1990; Svensson, 1996; Tjora, 2000; Walby and Greenwell, 1994). For instance, Hughes (1988) did participant observation in a casualty clinic and discovered that nurses frequently found themselves “moving close to areas of judgment for which the doctor takes legal responsibility” (Hughes, 1988, p. 5). Similarly, in a hospital ethnography, Allen (1997) found that ward-based nurses often had difficulty in reaching physicians working across wards, leading them to violate organisational policy to address pressing medical concerns when physicians were unavailable.

There is also evidence that nurses become more likely to blur boundaries as they gain work experience (cf. Allen, 1997; Hughes, 1988; O'Cathain et al., 2004; Xyrichis et al., 2017); consistent with the predictions of workplace assimilation, this suggests that nurses somehow learn to blur boundaries in the workplace. However, nurses' workplace learning has not been granted particular analytical interest; existing studies have largely been confined to the content and rationale of nurses' boundary-blurring work, with little attention to how nurses learn to blur the nursing-medical boundary in the first place. Tjora’s (2000) study of emergency medical communication centres is a partial exception, as he mentions “how new knowledge is socially developed” through nurses' “discussion and evaluation of [their] own and others' practice” (Tjora, 2000, p. 734). Beyond this, however, little has been written about how workplace assimilation enables nurses to blur professional boundaries.

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This deficit reflects a more general neglect of workplace assimilation in the scholarly literature. Abbott himself provided only a brief theoretical description of the concept (spread across 1988, pp. 64–8), and subsequent studies have noted only that workplace assimilation occurs in their given field, without exploring the actual learning mechanisms involved (cf. Evans and Honold, 2007; Kirkpatrick, 1999; O'Connor, 2009). This is unfortunate; in treating it as a unified whole, we risk overlooking salient variations in how, why and to what extent workplace assimilation occurs. These are questions of great significance in judging the soundness of boundary-blurring work, and in understanding the 'fuzziness' of workplace jurisdiction more generally. A fuller understanding of professional boundaries in the workplace therefore demands further investigation of the processes of workplace assimilation.

To that end, this ethnographic study explores workplace assimilation among nurses and physicians at a Norwegian emergency primary care clinic (EPCC; '*legevakt*' in Norwegian). As frontline institutions dealing with high volumes of undifferentiated patients, some of whom may be critically ill, large-scale EPCCs like the one under study resemble emergency departments in other countries (Vassy, 2014). Although clearly not representative of all healthcare organisations, the inter-professional composition of the EPCC workforce and the significant overlap in work tasks makes this an ideal setting for exploring workplace assimilation.

The present article focuses in particular on how nurses learn to blur boundaries in the frontline role of face-to-face triage, where they assess the urgency of patients' complaints. While triage was demarcated by guidelines that distinguished clearly between nurses' assessments and physicians' consultations, nurses were found to routinely blur this boundary by performing triage assessments in ways that approximated the discretionary diagnostic and prescriptive work of physicians. The central research question, then, is how nurses learned to blur boundaries in this way. By delving deeply into this case of triage nursing, the aim is to extend our understanding of workplace assimilation, thus improving our knowledge of how and why formal divisions of professional labour become blurred in the workplace.

I continue by describing the study's theoretical perspective and its data and methods. In the subsequent findings section, I briefly describe the jurisdictional boundary separating triage nurses from physicians, and how nurses blurred this boundary when assessing patients. This is followed by a detailed analysis of the learning mechanisms underpinning nurses' boundary-blurring work, before I discuss the broader implications of the study's findings.

1.1. Theoretical approach

Before exploring nurses' workplace assimilation, it is important to clarify some key concepts. As mentioned, Abbott (1988, p. 65) viewed workplace assimilation as a form of "knowledge transfer", enabling members of one profession or occupational group to perform certain tasks that belong formally to another. In this, Abbott seems to understand knowledge in pragmatic terms as involving "a form of mastery that is expressed in the capacity to carry out a social and material activity" (Nicolini, 2012, p. 5). For present purposes, the knowledge of interest is commonly referred to as *medical* or *clinical*, relating to the practical tasks of identifying and treating medical conditions. This includes both the *tacit* skills underpinning clinical interpretation and reasoning, and more abstract *explicit* knowledge of medical topics (Polanyi, 1967). The question addressed here is how nurses develop sufficient clinical knowledge to blur the nursing-medical boundary. As suggested above, the bulk of this 'blur-enabling' knowledge is likely to be developed in the workplace.

Following Tÿnjälä (2008, p. 140), we can distinguish three basic modes of workplace learning: (1) incidental and informal learning that occurs as a 'side effect' of work, (2) intentional, non-formal learning related to work, such as the intentional practising of certain skills or tools; and (3) formal, on- and off-the-job training. This study focuses predominantly on the first type—informal workplace learning—which is most relevant for understanding the largely informal process of workplace assimilation. Following Eraut (2004), the distinction between informal and formal learning can be seen as a continuum, in which the informal end is characterised by unstructured learning in the absence of an official teacher. Such learning "may occur without the awareness or intention to learn (implicit learning), or it may involve a more or less deliberate effort to learn" (Ellström, 2011, p. 106).

The present analysis places particular emphasis on the situated nature of nurses' workplace learning—in other words, on "the relationship between learning and the social situation in which it occurs" (Lave and Wenger, 1991, p. 14). As such, learning is approached as "an external interaction process between the learner and his or her social, cultural and material environment" (Illeris, 2011, p. 35). Accordingly, the object of analysis here is nurses' learning environment and their interactions within it. On this view, learning is intimately connected with practice (i.e. the performance of work activities), both because practice itself involves learning and because it raises practical problems that nurses must solve (Ellström, 2011, pp. 105–6). Finally, the study also analyses learning through an ethnographic lens, which will be described in the following section.

2. Data and methods

Ethnography—"the study of groups and people as they go about their everyday lives" (Emerson et al., 2011, p. 1, p. 1)—offers an appropriate means of analysing the situated and interactive aspects of nurses' workplace assimilation, as it allows the researcher to study learning *in situ*, including those practices that informants might not necessarily identify as involving learning (Eraut, 2004). The study setting was a publicly funded Norwegian EPCC; located in the city centre, it performed more than 50,000 consultations per year, employed more than 100 nurses and physicians and was open for 24 h on every day of the week. Like emergency departments in other countries (Vassy, 2014), it allowed patients to walk in at their own discretion. The clinic was intended to serve patients with medical rather than surgical complaints. Spatially, it was divided into a 'frontline' (comprising a reception area, waiting room and triage booths) and an 'inside' area (consisting of another waiting room, a work station shared by nurses and physicians and a series of examination rooms).

Between April and December 2015, 47 fieldwork sessions were conducted at this EPCC; the average duration of each session was approximately 6 h. As discussed in more detail below, nurses in the EPCC rotated between several stratified roles, developing knowledge in all of them. All of these roles were covered in the 35 sessions in which I shadowed nurses throughout (most of) their working day. On average, the participants had worked in the EPCC for approximately three years, and all had a bachelor's degree in nursing (as is required for the protected title of 'nurse' in Norway). Of the other twelve sessions, three were spent observing courses related to triage nursing and other topics, and nine were dedicated to shadowing physicians. I also conducted semi-structured interviews with seven nurses, two physicians and two managers, who were questioned, among other things, about roles and boundaries in the EPCC. Overall, studying both professional groups and stratifying my observations according to EPCC roles proved useful for exploring variations in workplace learning.

The interviews were transcribed verbatim. During fieldwork, I scribbled keywords and near-verbatim quotes on a notepad or laptop for later reference when writing more elaborate, low-inference field notes. Totalling approximately 1270 single-spaced pages, all notes were written in Norwegian; in translating the extracts included in this article, I have made minor grammatical and aesthetic adjustments.

The study was approved by the Norwegian Social Scientific Data Services. Pseudonyms are used to secure informants' internal and external confidentiality (Tolich, 2004), and no other identifying

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