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Original Article

Clarification of the organizational-routine learning process: comparison of novice and experienced nurses newly assigned to a ward

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Key words

nurse, career development, organizational-routine, learning processes, grounded theory approach

Abstract

Organizational routines transmit the knowledge and skills that the organization has accumulated. The aim of this study is to clarify the process through which a nurse newly assigned to a ward learns the organizational routine. The study was based on the Grounded Theory Approach. We interviewed and observed 44 nurses from three hospitals from 1999 to 2005. The analysis clarified the process of《learning the lived organizational rules》. Novice nurses are placed in a chaotic situation in which they are surrounded by numerous, contradictory fragments of organizational rules. Although experienced nurses were able to capitalize on previously acquired rules, they tended to have questions and experienced conflict over the new organizational rules. Through《learning the lived organizational rules》, the nurses escaped highly stressful situations, became competent in the ward, and shifted from an organizational-routine learner to an organizational-routine transmitter for the next generation. Factors that promoted this learning were 'wanting to join the team as a competent member' and 'dealing with questions and conflict over the organizational routine.' Changes in the sense of achievement associated with progress in learning were also found. While it is necessary to avoid excessive adaptation, learning the organizational routine can be an effective adaptive process shortly after a nurse is assigned to a new ward.

Introduction

According to data from the Japanese Nursing Association, approximately 757,000 nurses were working in hospitals in Japan in 2012[1]. The full-time hospital nurse turnover rate during that same year was 10.9%[2], indicating that approximately 82,000 nurses left their employment during the year. Approximately 45,000–53,000 people pass the national nursing examination every year[3], and the number of nurses who work in hospitals increases by 20,000–30,000 every year[1]. Together, these data indicate that approximately 50,000 experienced nurses also start work at another hospital. Thus, how to support newly assigned nurses (i.e., both new graduates and experienced nurses) as they adapt to their jobs has become an important issue.

Itomine reviewed 20 years of literature on the

"reality shock" that new-graduate nurses experience. Half of the studies reviewed investigated reality shock, provided information on the timing and causes of reality shock, and similarly categorized the relevant factors[4]. Only a few studies, however, have focused on nurses' socialization process. Katsuhara et al. attempted a typology on the versions of reality shock and indicated that new nurses would benefit from simultaneous socialization into the organization and profession[5]. Moreover, the extant literature has illustrated that experienced nurses entering a new work environment also encounter the reality of the situation and has recognized "the gaps between expectations and realities"; this situation is analogous to the reality shock experienced by graduate nurses[6]. Although the socialization process has not been sufficiently clarified, the literature does indicate that both novice and experienced nurses newly assigned to a ward feel difficulty, and the most effective methods for supporting them is unknown.

Lave and Wenger have described the situated-learning process as "legitimate peripheral participation" to draw attention to "the point that learners who inevitably participate in communities of practitioners and that the mastery of knowledge and skill requires newcomers to move toward full participation in the sociocultural practices of a community"[7]. According to this view, the novice acquires behavior that is repeated daily in the organization (i.e., the organizational routine, as well as certain normative values that underpin the routine), and it is from this perspective that we should consider nurses' professional development. However, because research has focused on cases in which novices develop expertise within an organization, it is not clear whether this theory can be applied to situations in which nurses have previously acquired rules and values through education and other work experience.

The term "routine" can have negative implications, such as "commonplace," "relatively easy work,"[8] and "standardized nursing intervention that is unresponsive to patient needs"[9]. However, in the fields of management studies and organizational psychology, it has a wider and more dynamic meaning. In the latter fields, routine refers to "established patterns of organizational behavior" and is different from "standardized operational procedures"[10]. Nelson and Winter have defined routine as "all regular and predictable behavior patterns of people working together" and suggested that routines can be found in technical procedures and a variety of other areas; thus, routines underlie the organization's functioning[11]. For example, Fukushima conducted fieldwork at the nurses' station of a psychiatric hospital and suggested that the behavioral series of a nurse checking medication, taking records, making occasional inquiries to the doctor, and responding to patients who come to the station with complaints is an everyday routine, not an emergency[12].

The organizational routine is maintained even if the organization's members are replaced[13-14]. In other words, the routine transmits the knowledge and skills that the organization has accumulated and, therefore, provides the benefit of significantly reducing the cost and time required in a search for alternative choices[15]. It also has the function of controlling the organization's members and facilitating smooth running of the organization by avoiding internal conflict[16].

The restrictions imposed by the routine prevent the organization from examining different possibilities and finding optimal solutions[10)15)]. However, learning the organizational routine, which is the manifestation of the ward's values and accumulated body of knowledge, during the initial phase of the novice's learning, appears to be effective. Thus, it follows that new, useful suggestions regarding ways to support nurses' initial learning can be obtained by investigating the ways in which nurses learn the workplace organizational routine and attempt to accommodate previously acquired values, knowledge, and skills.

Aim

In this study, routine is defined as "predictable behavior patterns within a certain scope that the majority of the ward nurses follow." The

study investigated the processes through which a nurse newly assigned to the ward learns the organizational routine and the factors that influence those processes.

Methods

This study was based on the grounded theory approach, as advocated by Strauss and Corbin[17]. This is an approach for developing a theory that is "discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon"[17]. The theoretical basis for grounded theory is derived from the social-psychological theory of symbolic interactionism. This study aims to clarify nurses' subjective experiences in the clinical context and to develop a theory grounded on data. Additionally, the basic premises of this study are in agreement with the three basic premises of symbolic interactionism: "humans act toward things on the basis of the meanings they ascribe to those things," "the meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society," and "these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he/she encounters"[18]. Thus, the grounded theory approach was used for this study.

1. Definitions

Rule: a concrete and practical behavioral program that can be ultimately expressed as "when X happens, do this (or do not do this)." By defining "when X happens" in more detail, the program can respond to a complex situation.

Organizational rule: the set of rules shared by the organization's members that is experienced as the organizational routine.

2. The subjects and data collection

Data were collected through interviews and observations from 1999 to 2005, and the data were concurrently analyzed. The subjects were 44 nurses working at three hospitals in Tokyo and Kanagawa prefectures who consented to take part. As shown in Table 1, all the subjects were female, their average age at the beginning of participation was 29.7 years, and the average length of experience as a nurse was 8.4 years. All the subjects were interviewed at least once, six were interviewed twice with an interval of 1.5 years, and four were interviewed twice with an interval of 5–6 years. Workplace observation was completed for 27 subjects.

Interviews were recorded with the interviewee's consent, and the recordings were transcribed. Nurses were observed at the scene of nursing with the patient's consent, and notes

Table 1 : Major attributes of the subjects

N = 44

Age		Average: 29.7 years old (Range: 22–47, SD 6.9)
Years of experience		Average 8.4 years (Range: 1 –26, SD 6.7)
Sex		
	Female	44 (100%)
Position		
	Supervisor	5 (11.4%)
	Staff member	39 (88.6%)
The highest educational level		
	Vocational training school	29 (65.9%)
	Junior college	5 (11.4%)
	University (including transfer)	10 (22.7%)
Facility		
	Hospital A	26 (59.1%)
	Hospital B	11 (25.0%)
	Hospital C	7 (15.9%)

※For the subjects from whom data were collected more than twice, the age and experience reported at the first contact.

were taken during the observation and subsequently written as field notes on that day. The study's data consisted of the interview transcripts and field notes.

3. Analysis

The open-coding data (the first phase of analysis) were collected from Hospital A (Federation of National Public Service Personnel Mutual Aid Associations' Hospital in Kanagawa prefecture, with 300 beds in six wards) during a study on "good nursing processes" in 1999 [19]. For the latter, the subjects gave consent for their data to be used for the current analysis. The interview data from 17 nurses (average duration 50.6 (SD 19.1) minutes) and the observation data from nine nurses (total 125 hours over 15 days) were used for this analysis. Instances in which the nurses made a behavioral choice were systematically extracted, and categories were generated by comparing novices, nurses who had changed workplaces, nurses who were assigned to a different ward, and nurses with several years of experience in the ward.

Next, axial coding was conducted by intentionally collecting data that showed the characteristics of each category and data that showed the relationships among different categories. In order to enrich the categories and better understand the relationships among the categories, additional data were collected at Hospital A in December 2000. The researcher interviewed first-year nurses and those who had recently been assigned to the ward from elsewhere. Nine nurses who were newly contacted were interviewed (average duration 20.7 (SD 8.1) minutes) and observed (total 2 hours over 5 days). In addition, in order to follow up on changes occurring as a result of the passage of time, the researcher interviewed six nurses who had participated in 1999 (average interview duration 16.1 (SD 14.7) minutes). The researcher examined the instances in which they experienced conflict when making behavioral choices by asking, "How does this choice differ across nurses?"

When a provisional theory was constructed, additional data were collected from Hospital B (Japan Labour Health and Welfare Organization's Hospital in Tokyo, with 400 beds in eight wards) in August and September 2002 in order to test it. In order to ensure the diversity of the data, the researcher recruited a range of nurses. Interviews were conducted with 11 nurses who consented to participate in the study (average interview duration 48.2 (SD 10.1) minutes), and nine were observed (total 35 hours over nine days). Because the new data contained phenomena that could not be explained by the provisional theory, the theory was revised. In order to conduct the final verification, the final data collection occurred at Hospitals A and Hospital C (Federation of National Public Service Personnel Mutual Aid Associations' Hospital in Tokyo, with 909 beds in 25 wards) from December 2004 to November 2005. The researcher interviewed four nurses from Hospital A who took part in the 1999 study (average interview duration 29.6 (SD 4.6) minutes) and seven nurses from Hospital C (average interview duration 30.9 (SD 7.9) minutes). We ensured that no new categories were needed with this dataset and concluded that the study had reached theoretical saturation.

4. Ethical considerations

The 37 subjects who participated in this study since 2000 were told the study's aim, method, and data management and publication plans in writing, and it was made clear that participation was entirely voluntary, there would be no disadvantage in refusing to participate, and they could refuse or leave the study at any point. Of the nurses who only participated in 1999, the researcher was able obtain consent from seven to use their data for this analysis.

When the researcher entered the ward to observe the nurses, the aim of the study was verbally explained to the patients, and ethical issues were discussed (including that there was no disadvantage in refusing to take part). The patient's consent for the researcher to be present and take notes was obtained. All data were anonymized, and when certain data were discussed as a case, information that could lead to the identification of the nurse or the patient was carefully removed. The study was approved by the Ethics Committee of the Graduate School of

Medicine and Faculty of Medicine, The University of Tokyo.

Results

In the following description, the theme (core category) is shown with《 》, and single quotation marks are used for categories. Example quotes are written in double quotation marks, but in the case of long sentences, italics are used instead of double quotation marks. The analysis clarified the process of《learning the lived organizational rules》. Through《learning the lived organizational rules》, the nurses escaped highly stressful situations, became competent in the ward, and shifted from an organizational-routine learner to an organizational-routine transmitter for the next generation. Factors that promote the learning and changes in sense of achievement with learning progress were also found.

1. The organizational-routine-learning process

Nurses newly recruited to the ward, nurses assigned to the ward from elsewhere, and nurses recruited from different hospitals all learned the lived organizational rules that were presented as the organizational routine and made efforts to approximate their practice based on that routine. Four phases were found in the process of《learning the lived organizational rules》. In the initial phase of the learning process, the difference was found between novice and experienced nurses. The novices were 'surrounded by numerous contradictory organizational rule fragments,' and made every effort 'to learn the wide-ranging and complex conditions of each rule.' In contrast, experienced nurses continued 'learning new conditions by using previously acquired rules' while 'withholding questions about differences in routines.' In the following phases, the common learning processes were 'becoming a constituent member of the organizational routine,' 'transmitting the organizational routine with some margin,' and 'conflict resolution and practice-style stabilization.'

1) The initial phase of the novices' learning process

(1) Being surrounded by numerous contradictory organizational-rule fragments

Immediately after being assigned to the ward, the novices were 'surrounded by numerous contradictory organizational-rule fragments.' The novices learned numerous organizational rules, such as "connect the intravenous drip at 10 o'clock," "if the off-the-bed sensor beeps, run there immediately," and "on the day when Doctor X goes to work at a clinic, instructions should be confirmed in the morning." Novices who wanted to quickly become competent members made efforts to learn and adhere to as many organizational rules as possible. However, frequently adhering to one rule resulted in contravening another. Novices were therefore placed in a situation that included numerous contradictory organizational-rule fragments.

At the beginning, I was at my capacity and close to tears because when I had to connect intravenous drips at 10 o'clock, the visitors asked questions, and the restless patient started to get up saying he was going home (N1, in the fourth year of nursing).

(2) Learning wide-ranging and complex conditions of each rule

With time, the novices gradually 'learned the wide-ranging and complex conditions of each rule.' Novices learned detailed organizational rules about what to prioritize under certain conditions and when to delegate tasks to others based on experienced nurses' advice and behavior. While the organizational rules might have been contradictory, when conditions were clarified, which rules to apply in a specific situation became clearer. Thus, the level of conflict over behavioral choice was reduced.

What is specified by the specific timing has to be carried out properly at the specified time, but it became clear to me there were many items specified by specific timings that could be done at a slightly different time (N1).

The number of patients in the novices' care and the severity of their conditions were controlled carefully such that many tasks were conducted by experienced nurses. As the novices learned the organizational routine, they were assigned more tasks and learned a wider range of organizational rules, such as supporting other

nurses and completing tasks that had been conducted by experienced nurses.

2) The experienced nurses' initial-learning phase

(1) Learning new conditions by using previously acquired rules

Nurses who had moved from other hospitals or wards 'learned the new workplace's organizational rules and conditions by using previously acquired rules.' However, it took time for them learn the new organizational rules and the conditions in which those rules applied in order to choose a behavior and make judgments.

At the beginning, I was useless because everything took ages. Although I had a feeling as to what to prioritize, my attention was not focused because I was distracted by many things. After three and a half months or half a year, I got to grips with the general flow of work and specific points about this ward, and I was more efficient and working more smoothly (N2; in the tenth year of nursing; second year in the ward).

(2) Continuing to learn while withholding questions about differences in routines

The experienced nurses were particularly aware of the difference in organizational routines between their previous and new workplaces. They frequently had questions about the new workplace's organizational rules, but because they aimed to become a competent member of the new workplace, they 'continued learning the organizational routine while withholding their questions.' However, in contrast to the novices who could accept the organizational rule as being valid relatively easily, the experienced nurses frequently had questions and experienced conflict.

I thought what was important was to get used to the ward, and I wanted to do the same as everyone else. But I always had conflict in myself. What was true nursing for me, what did I need to do? (N3: in the seventh year of nursing; 4 years in a different hospital's ward).

3) Becoming a constituent member of the organizational routine

Once they grasped the wide ranging and complex conditions of the organizational rule, both the novice and experienced nurses were able to manage a variety of situations that occurred in the ward. The organizational rule that had once appeared to be contradictory had become a body of harmonious rules. In addition, because learning the organizational routine meant acquiring predecessors' behavior patterns that were devised to reduce the time required for work, moving from one place to another, and waiting, they now had more time. The nurses who mastered problem solving and task pursuit ceased to be novices, and their behavior was the organizational routine itself. They 'became a constituent member of the organizational routine.'

4) Transmitting the organizational routine with some margin

While mastering the organizational routines, neither the novices nor experienced nurses had completely forgotten the rules they had learned in school and from their experiences. Their rules, such as "always with a smile," that did not cost time and did not conflict with task performance were practiced, and the nurses tried do what they deemed important when they had time. The rules that were prioritized differed across nurses. For example, some nurses spent more time listening to patients, whereas others focused on observing patients' self-care behavior or taking the patients for walks in a wheelchair. They 'transmitted the organizational routine with some margin.' However, the organizational routine often dictated that when there was time, nurses were expected to help colleagues so that everyone could finish work early. Nurses' individual practice was pursued within the scope of this routine.

5) Conflict resolution and practice-style stabilization

Once the nurses had learned the organizational routine, the amount of conflict experienced as a result of contradictory rules related to behavioral decisions was reduced, and the nurses were able to implement their individual rules within the time they had at work. Because they were adept at handling the usual occurrences in the ward, many nurses felt no need to acquire new knowledge and skills. Because there was

less conflict and fewer learning opportunities, some nurses felt that their way of nursing and their attitudes toward nursing had "not really changed" for several years. Toward the end of the organizational-routine-learning process, 'conflict resolution and practice-style stabilization' were utilized.

6) The relationship between rules and nurses

Figure 1 shows the relationship between both novice and experienced nurses and both nurses' individual and the organizational rules. Compared with novices, experienced nurses hold many individual rules based on past experience. Both types of nurses strived to learn the organizational rules of their newly assigned wards, and the rules that could be followed (i.e., both the organizational rules that have been acknowledged and learned and the nurses' individual rules that have not yet been invalidated; see the shaded area of Figure 1) increased gradually. Although both the organizational rules and the nurses' individual rules gradually change, the figure does not depict that change in order to simplify the pictorial representation.

2. Promoting factors for organizational-routine learning

Nurses who were engaged with learning the lived organizational rules were motivated by 'wanting to join the team as a competent member,' and 'dealt with questions and conflict over the organizational routine.' These two factors promoted organizational-routine learning.

1) Wanting to join the team as a competent member

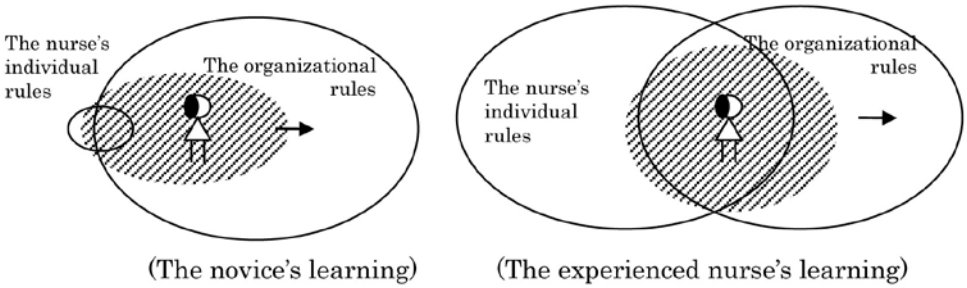
Nurses newly assigned to the ward invariably said, "I want to be able to do my job properly as soon as possible," "I want to stop being a burden," and "I want to be seen as somehow useful." Their desire to be a member of the team and be acknowledged as competent was a strong motivational factor in learning the organizational routine. In contrast, when nurses did not find becoming a full member of the team attractive, learning the organizational routine was slow, and some nurses resigned from their posts.

2) Dealing with questions and conflict over the organizational routine

The novices tended to accept the organizational rules as "valid rules" of the workplace even when they differed from the rules learned in school.

When I was studying nursing, a lot of emphasis was placed on sympathetically listening to the patient, but because what is most important when a human being lives is his/her life, what I prioritize now is intravenous drips, tests, and rehabilitation. (N4; in the second year of nursing).

This does not represent an abandonment of the rules learned during basic education; rather, it represents a situation in which the nurse is concentrating on new values and behavioral norms, and, as a result, the influence of the previously learned rules becomes significantly weakened. In particular, the questions about



The shaded area represents the rules the nurses could follow (i.e., both the organizational rules that have been acknowledged and learned and the nurses' individual rules that are not yet invalidated). The figure is facing the direction of its orientation, and the arrow represents the direction of expansion. Although both the organizational rules and the nurses' individual rules gradually change, the figure does not represent that change in order to simplify the pictorial representation.

Figure 1. Organizational-routine learning

organizational rules were resolved by experiencing situations in which adherence to the organizational rule led to success and in which lack of adherence led to failure.

Experienced nurses tended to experience questions and uncertainty about the organizational routine more keenly than did novices due to differences from the routine of their previous workplace. As seen in statements such as, "they say, 'when in Rome, do as Romans do,'" and "I cannot fully function here yet, so I just concentrate on learning without questioning," the nurses temporarily suspended their questions and made efforts to learn the new organizational routine. They also tried to resolve conflicts arising from adhering to rules they questioned by justifying them to themselves. However, many were unable to resolve these questions and had to continue coping with them.

3. Changes in the sense of achievement with the learning progress

As learning the organizational routine progressed, there were changes in the occasions from which the nurses felt a sense of achievement at work, including 'from becoming a more competent member,' 'from occasionally applying one's individual rules,' and 'becoming attenuated by routinization.'

1) Sense of achievement from becoming a more competent member

When newly assigned to the ward, the nurses felt a sense of achievement from carrying out assigned tasks without difficulties, thereby enjoying a feeling of 'becoming a more competent member.'

First thing in the morning, I roughly plan the day according to the day's schedule, and if I manage to follow my plan smoothly and without any problems, I feel "Well done. I did well today" (N5; in the first year of nursing).

2) Sense of achievement from occasionally applying one's individual rules

When one's learning of the organizational routine progressed, the nurses enjoyed a sense of achievement when they managed to 'apply their individual rules' they deemed important, in addition to smoothly completing tasks.

When I managed to provide care as planned, and when I managed to listen to the patient sitting at the bedside in between treatments and when I finished all tasks by the end of my shift. That kind of day is the day when things went well (N6; in the fourth year of nursing).

3) Sense of achievement becoming attenuated by routinization

Nurses who had nearly completed learning the organizational routine no longer experienced joy when they performed their tasks as planned or when they were able to apply rules they deemed important. As shown in the following quote, they were not irritated or troubled by conflict, but they did not have a sense of achievement or fulfillment.

I do not particularly feel job satisfaction or a sense of achievement. I do not feel I did not complete my task but I just feel "the job is finished." (N7; in the seventh year of nursing).

At the final stage of organizational-routine learning, there were fewer learning opportunities, and while the nurses could express their individuality in choosing what to do with their time, their nursing practice was more or less fixed. Organizational-routine learning does not bring new nursing practices to the ward, and it appears that nurses' 'sense of achievement becomes attenuated by routinization.'

Discussion

1. Organizational-routine learning as an adaptive process

This study has revealed the process of organizational-routine learning among nurses. Nurses who had previously acquired rules through education or a previous workplace learned the new organizational routine by temporarily suspending their own rules and dealing with questions related to the new routine.

Because interruption and cognitive shift occur frequently in nursing [20-21], nurses are faced with the need to quickly decide what to do. Completing assigned tasks in the specified time period is an important challenge for nurses, and they need to develop the ability to prioritize while considering the significance, urgency, and need for

each task to be completed[22]. This study shows that novices experience a chaotic situation in which numerous contradictory rule fragments regarding expected behavior surround them. They focused on completing the assigned tasks as planned and experienced a sense of achievement when that was accomplished. Gerrish has also reported a similar finding: novices make great efforts to complete assigned tasks within the given time period while engaging in "competition with time," and they evaluate their work according to whether they can complete the organizational routine within the set time[23-24]. This study found that while experienced nurses could use previously learned organizational rules (i.e., from previous workplaces), they could not smoothly transition their behavior because they did not know the conditions attached to each rule in the new workplace. Thus, even the experienced nurses' first aim was to complete the tasks assigned to them as a competent member of the ward according to the rules.

Bowers et al. have reported that nurses working at long-term care facilities develop strategies to minimize the time required to complete tasks, to create extra time, and to redefine the job in order to complete the tasks within a limited amount of time; however, they also reported that because tasks that need to be completed are prioritized, tasks that should be done (e.g., provision of high-quality care) are not accomplished[21]. This study found that nurses learn how to prioritize according to the situation and how to use time effectively by organizational-routine learning; when they become able to create a few moments of spare time, they manage to apply what they deem important. In addition, the organizational rules that appeared to be highly contradictory became more integrated and harmonious once they learned the complex and wide-ranging conditions in which they are to be applied. Once organizational-routine learning has occurred, the number of rules that dictate which action is appropriate and conflict over behavioral choice are reduced. Organizational-routine learning is, therefore, an adaptive process that enables nurses to escape highly stressful situations and appropriately manage the complex problems that occur on a daily basis.

This study found that "wanting to join the team as a competent member" and "dealing with questions and conflict over the organizational routine" are factors that promote organizational-routine learning. "Wanting to join the team as a competent member" was also identified by Lave and Wenger in their theory of legitimate peripheral participation. "Dealing with questions and conflict over the organizational routine" appears to be a characteristic feature when nurses enter a ward with previously acquired rules via education or experience at another workplace. This study found that while novices tended to accept the organizational routine as valid, experienced nurses were troubled by questions and conflict (although they suspended these questions).

With regard to novices' tendency to adjust to the workplace, Yamamoto reported that nurses with fewer than three years of experience more readily accepted physically restraining elderly patients for the benefit of treatment and safety than did more experienced nurses[25]. Hatano and Miyake argued that the tendency for an individual to accept a group's judgment and authority can be superficially seen as the manifestation of the individual's weakness against the conforming pressure of the group. However, this can also be interpreted as a manifestation of the cognitive mechanism through which an individual efficiently acquires the group's knowledge and skills[26].

The organizational routine is not necessarily the best choice in a particular situation[10], but it enables the transmission of knowledge and skills that have been accumulated by the organization[15]. Because effective routines have survived under a variety of influences[27], they represent excellent practical knowledge. It is important to acknowledge that, at least in the period immediately after being assigned to an organization, dealing with questions regarding the organizational routine is the nurses' adaptive response and a pragmatic and effective means of improving their practical skills.

Because humans tend to look for information that is consistent with their beliefs, the hypoth-

esis that "the group is right" is reinforced by its members, which makes it difficult to question its practices[26]. With organizational-routine learning, changes to the routine are limited, and it becomes more difficult for nurses to have a sense of achievement in their work. This study has shown that organizational-routine learning facilitates transformation of the novice into a "routine expert" capable of quickly and accurately executing their skills[28], but that it does not necessarily facilitate transformation to an "adaptive expert" who can flexibly find solutions that are appropriate to changing situations[28]. This suggests that it is necessary to provide programs that give nurses the opportunity for new learning so as to avoid excessive adaptation.

2. Study limitations and future challenges

As this study aimed to achieve an overall picture of the organizational-routine-learning process, it dealt with a wide range of issues. As a result, it could not provide sufficient insight into how task content or characteristics influence the learning process or the organizational routine (organizational culture). Furthermore, although the sampling method was theoretically sound, the sample was limited to 44 female nurses from three hospitals in Tokyo and Kanagawa prefectures, which does not allow for generalization. Since male nurses were not included, whether these results are also relevant for male nurses needs to be verified. With 10 research subjects, the researcher conducted two interviews separated by 1.5 or 5–6 years, and the researcher observed 27 subjects. However, changes in practice style are long-term phenomena, and the subjects' reported changes were based on recall. Recall is a reconstruction of real experience, and not the experience itself, so these results should be interpreted with caution. Since the data were collected from 1995 to 2005, whether the results of this study could be adapted for the current situation needs to be verified because there have been changes to both basic and continuing education. It seems clear that the nurses' initial experiences and conflicts associated with being assigned to a new ward do not change because each school/university and ward are different organizations, and nurses must cope with a new organizational culture. However, nurses who received practical exercises on dealing with multiple, complex issues, or who were assigned to wards where the educational system was ready to support them may be better able to manage conflict than is suggested by the results of this study. Despite the study's limitations, it suggests that nurses should be given learning support during the initial phase of integration into a new workplace by focusing on the relationship between the organizational routine and nursing practice.

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組織ルーティンの学習過程の明確化
― 新たに病棟に配属された新人看護師と経験者との比較 ―

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要　旨

組織ルーティンは組織に蓄積された知識や技術を伝承する。本研究は、新しく病棟に配属された看護師の組織ルーティン学習過程を明らかにすることを目的とした。グラウンデッド・セオリー・アプローチを用い、1999年から2005年にかけて３病院の看護師計44名に面接と観察を実施した。分析の結果、《生きた組織ルールの学習》過程が明らかになった。新人は最初、対立・矛盾する無数の断片的な組織ルールに取り囲まれた混乱状態に置かれ、経験者は習得済みのルールが手がかりとなるものの新しい組織ルールへの疑問や葛藤を強く感じる状態になった。しかし、《学習》により強いストレス状態から脱し、病棟で必要な力を身につけ、組織ルーティンの学習者から次世代への継承者へと変化していった。〈一人前としてチームに加わりたいと願うこと〉、〈組織ルーティンへの疑問と葛藤を処理すること〉が学習の促進要因となること、学習の進行に伴い達成感が変化することも明らかになった。過剰適応は回避する必要があるが、組織ルーティンの学習は配属早期の有効な適応過程だと考えられる。