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RESEARCH ARTICLE

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Experiences of nurses working in nurse-led clinics in Traditional Chinese Medicine hospitals: A focused ethnographic study

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Abstract

Background: Traditional Chinese Medicine (TCM) nurse-led clinics (NLC) is an innovative working model in China, representing the specialization and extension of nurses' role. However, as a pioneer in TCM nursing, this new model of working is facing both opportunities and challenges because it is known little about the operational status of NLCs.

Aims: To explore the experiences of nurses who work in NLC in TCM hospitals.

Materials & Methods: A focused ethnographic study was conducted in three TCM hospitals affiliated with Guangzhou University of Chinese Medicine. We interviewed eleven nurses in those hospitals and observed seven of them working with patients. We used snowball sampling for data collection including interview, non-participant observation and documents from medical records. All the data were processed as following steps: (a) coding for descriptive labels; (b) sorting for patterns; (c) identifying outliers or negative cases; (d) generalizing with construction and theories and (e) noting reflective remarks.

Results: Nurse-led clinics help nurses develop their skills and knowledge that are highly recognized by public since they meet the growing needs of patients and also relieve the workload of physicians in the hospitals. However, lack of specialization is still a major challenge in NLCs due to insufficiency of full-time staff with specialized education, nurse-led practice without standardized guidelines, restrictions on prescription right of nurses, and also inadequate support from hospitals.

Discussions: As a revolutionary innovation of working model for nurses in TCM hospitals, NLCs could improve quality of care and lead to a comprehensive promotion of nursing career. However, there are several challenges on providing high quality care for patients whilst improving educational development of nurses. This study suggests that nurses, hospital administration and the government should cooperate with each other to develop standard nursing programs for NLCs.

Conclusions: It is imperative to identify nursing roles, collect available resources, and develop supportive policies and training programs to enhance the quality of NLCs.

Zhaoyang Dong and Lin Wei are co-first authors.

KEYWORDS
focused ethnography, Nurse-led clinic, Traditional Chinese Medicine, working experience

1 | INTRODUCTION

The scope of nursing practice has evolved in response to the dynamic needs of individuals, communities and healthcare services. In 2010, the Prime Minister's Independent Commission on Nursing and Midwifery highlighted the role of nurses as "clinicians, managers, leaders, teachers, researchers, scholars and policy-makers," and also stated: "More direct access to nurse-led services would improve cost effectiveness and health outcomes and remove system blockages that delay appropriate care"(Commission on the Future of Nursing and Midwifery in England, 2010). Nurse-led clinics (NLCs), defined as clinical practice facilities where nurses have their own formalized and structured standard to address healthcare needs of patients and their families (Hatchett, 2003; Wong & Chung, 2006), are ideal workplaces to achieve this goal. Based on review of research, NLCs could improve patient recovery, reduce waiting time, increase consulting time and enhance satisfaction (Al-Mallah et al., 2016; Kilpatrick et al., 2014; Randall et al., 2017).

Instead of duplicating the traditional model, NLCs provide patients holistic care and social support (Lennan et al., 2012). Specialist nurses (SNs) are nurses who gain their expertise during clinical work and develop competencies and skills in a specific area of health care through pre-registration programmes, or during general or posteducation (Dury et al., 2014). Advanced practice nurses (APNs) include clinical nurse specialists (CNSs) or advanced nurse practitioners (ANPs). A CNS is a specialist who possesses expanded knowledge in a specific clinical area, whereas an ANP is a clinician with extensive medical knowledge and uses that knowledge to assess and treat patients. Master's-level preparation for both of the roles is commonly accepted (Begley et al., 2014). In general, CNSs and APNs are able to manage NLCs with statistically significant autonomy. They have the capacity to provide patients higher quality of care by saving cost, reducing waiting time, and accepting referrals from doctors. (Begley et al., 2013; Cooper et al., 2019).

There are no unified criteria for training programme of APNs in China. The training programme is mainly established by departments of provincial health administration and the nursing association. The programmes such as courses, examinations and clinical skill assessment are conducted in the certified teaching hospitals in minimal 3 months. Certification will be issued after completion of the programme (Cui et al., 2019; Fu et al., 2018). Nurses with bachelor's degree, at least 8 years of general clinical experience and 2 years of specialized nursing experience are eligible to participate in the programme (Zhang et al., 2020).

Traditional Chinese Medicine (TCM) nursing is a rapidly developing branch of nursing discipline in China, which plays an important role in primary and geriatric care. Incorporating modern nursing science, the TCM nursing has unique advantages on chronic disease management, prevention and rehabilitation. The blueprint for nursing development in China (year 2016–2020) pointed out that it is necessary to innovate working model, strengthen application of TCM nursing in clinical practice and train more TCM nurse specialists (NHC of PRC, 2016). Therefore, the NLCs in TCM hospitals are optimal workplaces for expanding TCM nursing and improving public health.

The NLCs in TCM hospitals in China consist of two types: TCM therapy clinics, where nurses conduct TCM therapies such as cupping, moxibustion and scraping; nursing specialist clinics, where specialist nurses provide specific care including wound and ostomy care, and PICC management. Both of them are still in the initial stage of development with a lot of limitations such as weak autonomy, inadequate specialization and blurry scope of nursing practice (Farrell et al., 2011, 2017). Lack of qualified nurses is the major problem of those clinics. In a survey performed in 46 hospitals located in 11 provinces in China, there were only 186 nurses in all NLCs in TCM hospitals where 47% nurses worked independently (Wei et al., 2020).

There are no related researches that discussed nurses' experiences or problems in clinical practice. It is necessary to investigate real work experiences of nurses for the development of NLCs in TCM hospitals. Therefore, this study was proposed to explore nursing roles in NLCs in TCM hospitals and also factors related to their roles, scope of practice and area of specialization.

2 | MATERIALS AND METHODS

2.1 | Design

Focused ethnography is an applied and pragmatic form of ethnography which is often used to explore a specific problem with subcultures among a small group of people (Rashid et al., 2019; Roper & Shapira, 2000a). There is consensus among researchers that focused ethnography is a well-suited methodology to evaluate sub-cultures in complex background, such as nursing roles in a psychiatric intensive care unit, nurse–patient relationships in public home care (Salzmann-Erikson, 2018; Strandås et al., 2019). In this way, nursing researchers are able to approach to those environments that people interact with and also provide participants opportunities of sharing their perspectives on social events and issues (Cruz & Higginbottom, 2013). In this study, we applied focused ethnography on a specific group of nurses working in NLCs which is a specific department of TCM hospitals.

2.2 | Sample and settings

We selected three top TCM hospitals with NLCs in GD Province and snowball sampling was used to identify and enrol participants who provided TCM care and routine nursing care in NLCs. Since NLCs are in the initial phase in China, especially in TCM hospitals, participants were asked whether they knew any nurses they could recommend for this study. These nurses are well-known specialists in their field, and also know who can be appropriate candidates for this study (Patton, 2010).

Eleven participants were interviewed before achieving data saturation, referring to the point in data collection when no additional issues are identified (Kerr et al., 2010). Each nurse worked in their NLCs for one session per week; therefore, observations were conducted in several clinics for one session (either morning or afternoon) on different days. During the study, one nurse had no patient visit on the day we observed and one nurse refused to be observed. Two nurses were also not able to be observed because of patients' refusal. Eventually, there were only seven nurses who were observed with 25 nurse–patient consultations in those three NLCs. Written informed consent was obtained from all nurse participants before the study with a full disclosure of observing their clinics for one session and interviewing them by researchers. Verbal consent were also obtained from patients if they agreed to be observed by researchers before consultation.

2.3 | Data collection

In focused ethnography, it is important to use multiple data collection method to exclude outliners and gather in-depth data related to this study, including interviews, observations, field notes and document reviews, short field visit, audiovisual recordings and archival research (Rashid et al., 2019; Roper & Shapira, 2000b). This study adopted methods including interviews, non-participant observation and examination of relevant documents, which was conducted between April 8th 2018 and October 18th.

During the period of non-participant observation, we recorded how nurses worked with patients in consultations on a self-discovered observation record sheet and also collected filed notes as reference. By observing nurses working in their clinics, researchers will better understand nursing roles, interactions among nurses, patients and other colleagues and the whole environment in NLCs (Farrell et al., 2017). Semi-structured interviews were conducted in nurses' offices for 45 to 60 min after observation. All the interviews were audio recorded and transcribed verbatim. Interview questions consist of nurses' current status in their NLCs, operation and maintenance, qualification training, potential problems and influencing factors. Documents including nursing records and procedures provided additional information about operation of clinics, which helped verify data from observation and interviews (Roper & Shapira, 2000a).

2.4 | Ethical approval

Research Ethics Committee approval was granted by Guangdong Province Hospital of Traditional Chinese Medicine (ZM 2018-149). In additon, the study was approved by the nursing school of Guangzhou University of Chinese Medicine.Participation was voluntary. Participants anonymously answered the questions and agreed to the publication of results, which were included in their consent form. All information about patients was confidential. When the interview was finished, records of patient–nurse consultation were accessed after their approval.

2.5 | Data analysis

Analysis was performed simultaneously with data collection, requiring the researcher to engage in an iterative, cyclic and self-reflective process (Higginbottom et al., 2013). All audio data were transcribed before the analysis. Interviews and observational data were first analysed separately, then jointly to be identified similarities and/or differences in perspectives. All collected data (transcripts and field notes from interviews, record tables and field notes from observation and documents) were systematically analysed through a five-step process: (a) coding for descriptive labels; (b) sorting for patterns; (c) identification of outliers or negative cases; (d) generalizing with constructs and theories; and (e) noting reflective remarks (Higginbottom et al., 2013). All the data will be integrated in the result and discussion section.

2.6 | Translation and transcription

Audio files of the interviews were transcribed verbatim (in Chinese) by researching assistants. The authors listened to the recordings and checked all transcripts repeatedly for accuracy. Selected texts were independently translated into English by two of the authors. The final version of the selected text was approved at regular meetings.

3 | RESULTS

Demographic data of all participants are presented in Table 1. There are four APNs and seven CNSs in the 11 participants who are all female with TCM educational background. All participants worked part-time in their clinics and also spent the rest of their time in other inpatient departments.

3.1 | High motivation for NLCs in TCM hospitals

The main reasons of establishing NLCs in TCM hospitals are increasing clinical demands for NLCs and career developing needs of

TABLE 1 Demographic data of participants.

No	Age	Years of nursing experience	Years of experience providing nurse-led care	Level of education	Area of specialization
1	54	31	12	Bachelor	TCM nursing
2	37	15	9	Bachelor	Nephrology/dialysis
3	33	9	1	Master	Geriatrics
4	36	13	2	Bachelor	Urology
5	47	27	7	Bachelor	Wound
6	47	25	5	Bachelor	Enterostomal therapist
7	39	14	2	Master	Geriatrics
8	37	15	3	Bachelor	General surgery
9	41	14	5	Bachelor	Oncology
10	43	23	2	Bachelor	TCM nursing
11	39	13	1	Bachelor	TCM nursing

nurses. In addition to patients, doctors and hospitals also require more NLCs. NLCs are helpful in nurses' career development, and all participants had a strong sense of recognition and passion for NLCs.

3.1.1 | Increasing clinical demands for NLCs

There are increasing needs from patients who require ambulatory care that can be provided by nurses. There are hundreds of patients in some NLCs in TCM hospitals per year. We found that a lot of nurses have intensive schedules during observation.

> There is a great need for rehabilitation and prevention of stroke among patients after discharge from hospital which is the main reason of establishing nurse clinics.
>
> (N3)

> I don't have to advertise for my clinic. I had more than one hundred patients this year. They came to me because of their needs.
>
> (N8)

Nurse-led clinics are needed because they accelerate recovery process of patients and relieve the burden for patient and doctors.

> I think my orthopedics clinic is very useful. We can save patients' expenses and accelerate patient rotation. We ease the burden for both patients and doctors.
>
> (N6)

> Doctors prefer to referring patients to me to treat some chronic wounds because I save plenty of time for them.
>
> (N1)

The other participants also indicated that nurses could identify and solve problems that doctors missed. Thus, patients are willing to visit their clinics for help.

> For patients who have undergone a mastectomy, surgeons rarely pay much attention to problems such as arm edema and reduced motor function; however, nurse specialists can address them efficiently in their own way.
>
> (N4)

> Patients sometimes come to our hospital to ask for a specific nurse to do their catheter treatment because of the excellent skills and services provided in my clinic.
>
> (N7)

In addition, NLCs are also needed by inpatient departments when there are shortage of beds for patients.

> When we don't have enough beds in the inpatient department, our chief manager would refer patients with a bedsore to my clinic.
>
> (N1)

3.1.2 | Career development needs of nurses

Nurses working in NLCs in TCM hospitals indicated that this new work model was a good opportunity of learning, which could help them to expand their knowledge and improve working ability.

> A small wound with constant clear exudate turned out to be an allergic reaction after several consultations. I learned about this from one of my patients last year.
>
> (N6)

> I could constantly update my expertise here. The clinic actually strengthened my belief in nursing by broadening my horizon and enhance my capability.
>
> (N9)

Nurses working in NLCs focus more on a specialty which provides them direction of research and opportunities of development.

> I finally found my specialty here in the clinic. TCM treatment is where I am heading to. I am satisfied and will focus on this.
>
> (N10)

> We are thinking about establishing a researching center for chronic kidney disease (CKD) patients. After several years of practice, I have already had some ideas and have collected plenty of data.
>
> (N2)

Because of the greater autonomy granted to nurses in NLCs, the clinic value and the social status of nurses have been recognized and improved. Nurses feel a sense of accomplishment and higher self-recognition at work. During our observations, we noticed that patients had strong faith in nurses. NLCs effectively established the positive relationship among nurses, doctors and patients.

> I have strong autonomy in my clinic. With my expertise I can treat wounds in a more effective way.
>
> (N5)

> Some of the patients who came to my clinic had severe wounds. There was a gentleman who could barely walk with a wound on his ankle when he just came here. And after three months of treatment, he told me that he was able to travel with his families and didn't need to come back to the clinic (laughs). This is an achievement and success as a nurse in that special moment.
>
> (N1)

> When they had patients with complex chronic wounds, doctors tended to ask me for a joint consultation. In such situations, I took over the case and followed up with wounds. Some of patients specifically required me— "only nurse N6"—to check their wounds.
>
> (N6)

In addition to benefits brought to their own career development, nurses working in NLCs also serve as great role models for new nurses and nursing students, presenting them with good career development prospects.

> My clinic sets a very good example for other junior nurses and nursing students. They have realized that there are different work models for nurses in NLCs.
>
> (N7)

> This clinic is a very good teaching place for nursing students, and presents them with good prospects for their careers.
>
> (N5)

3.2 | Factors affecting specialization of NLCs in TCM hospitals

Nurse-led clinics encounter statistically significant operational challenges due to lack of specialization, which limits the scope of nursing practice, thus hinders their development. Multiple factors were found that influence specialization such as the part-time nature of staff, lack of standardized guidelines for nurse-led practice, restrictions on nurses' prescription rights, insufficient specialized education and inadequate support from hospitals.

3.2.1 | The part-time nature of nurses' work in NLCs

All participants in this study worked part-time in NLCs. They had an intensive working schedule who were responsible for ward work and management of NLCs. The part-time nature of their jobs in NLCs might lead to loss of patients, limited opportunities on self-development and also impairment on their professionalism.

> It is far from integral nursing to work only once a week. However, it is a compromised option to manage too much work. I went out of town for two weeks last month because of an academic program and some of my patients had to return to their doctors' clinic to do treatment due to insufficient staff.
>
> (N1)

> Sometimes I ask my patients to come to my ward for consultation to maintain work continuity.
>
> (N6)

> I cannot manage to attend any classes due to an intensive work schedule in my department.
>
> (N8)

One participant indicated that nurses have to work full time to manage clinic with regularity.

> It should be a full-time job to manage a nurse clinic.
>
> (N5)

3.2.2 | Lack of standardized guidelines for nurse-led practice

Our observation shows that there are no admission criteria of patients for NLCs in TCM hospitals. In the nursing records, we found that the majority of patients were discharged from inpatient departments in the hospitals and followed up their nurses to the nursing clinics. Nurses sometimes cannot treat patients directly because there are no standardized guidelines for nurse-led practice. They have to refer patients to doctors for safety reason, which is a possible reason that restricts several suitable patients from approaching the NLCs.

> The clinic is limited by our scope of practice because there are lots of potential risks I am concerned. They might be misdiagnosed since there are no doctors in the clinic.
>
> (N3)

> It is necessary to refer a patient to doctors before he is diagnosed correctly.
>
> (N5)

> We actually refer all the patients to doctors before they come to our clinic due to safety concern.
>
> (N9)

3.2.3 | Restriction on nurses' prescription rights

Management on prescription right in China is very strict. Nurses are only allowed to prescribe some dressings and external medications without permission of oral or injected medications which might undermine the autonomy of nurses.

> Unlike UK or some other countries, we don't have the right to prescribe medicine; this is one of the main reasons patients tend to see doctors despite a long waiting time and short consultation time.
>
> (N4)

> I seldom accepted patients who came to the clinic at the first time because we cannot prescribe any tests.
>
> (N11)

Furthermore, some participants were aware that restrictions on nurses' prescription rights actually protect the nurses, and existing prescription right is enough for their scope of practice in the NLCs.

> Oral medicine is beyond my authority. It is definitely a limitation but it also protects me.
>
> (N6)

> I have the right to prescribe dressings and several drugs for external use. That's enough for me in my clinics.
>
> (N5)

3.2.4 | Insufficient specialized education

Nurse participants in this study showed concern about professionalism in NLCs, mainly because of their insufficient specialized educational background.

> I need to improve my TCM theory and skills to treat my patients more effectively.
>
> (N11)

> It is not enough to have a fistula nurse certification in a surgical wound clinic. A colostomy nurse training program is definitely needed.
>
> (N8)

Some of the nurses indicated that although they acquired a certain specialty certification, they are not fully qualified in clinics.

> Actually, I am a geriatric specialized nurse. I am looking forward to an opportunity to be trained as a urological nurse because that will make me more competent with working in this catheter clinic.
>
> (N7)

Some of them had a certificate of specialization, which is different from their field of specialization because there is no standard certification in that professional field.

> There is no authorized breast nurse certification in China right now; I am an oncology nurse.
>
> (N9)

3.2.5 | Inadequate support from hospitals

The NLCs still face difficulties and challenges about management due to inadequate support from TCM hospitals. In this study, although NLCs demonstrated a high degree of autonomy and independence, several participants still expressed their desire for support from hospitals.

> It is better if a doctor is present when we deal with a complicated catheter.
>
> (N7)

> Without specialist doctors in burns and plastic surgery, we are unable to handle more complicated

> wounds because we don't have those departments in TCM hospitals.
>
> (N5)

In addition to the need for doctors, lack of necessary resources and infrastructure is another reason that hinders management of NLCs.

> There is no equipment for extract smoke, thus moxibustion couldn't be performed in my clinic.
>
> (N11)

> Management of medical consumables needs to improve—if we cannot get suitable catheters on time, treatment in the clinic will be delayed.
>
> (N7)

> The registration system should be able to guide patients to NLCs; however, many patients failed to notice our clinic from the website.
>
> (N6)

4 | DISCUSSION

Against the social background of an ageing population, an increasing demand for NLCs from different stakeholders including patients, doctors, hospitals and nurses has been discovered in this study. The NLCs in TCM hospitals are able to ease the burden for both patients and doctors, and solve the problem of bed shortages in inpatient departments. Based on investigation of a survey, 91.49% of experts recognize that it is necessary to set up medical outpatient consultation services provided by nurses in China (Zhong et al., 2013). To a certain extent, NLCs can substitute primary physicians who provide similar and even better services to patients (Kraus & DuBois, 2017; Laurant et al., 2018). From the interviews, we were impressed by great compassion of nurses on developing NLCs in TCM hospitals. Experience in NLCs is a motivation for nurses to expand expertise and scope of practice, broaden horizons and obtain teaching resources. It is easy to establish a better relationship with patients and colleagues for nurses who are recognized outstanding in their field. Previous researches have also indicated that nurses working in NLCs have higher levels of job satisfaction and professional identity related to practice independence and autonomy (Wei et al., 2020).

However, all nurse participants in this study worked part-time in NLCs. A survey for PICC catheterization nurses in 235 hospitals showed similar result that only 7.81% (108/1382) of the nurses worked full-time; while others had to undertake management work and providing clinical care to patients in the hospitals leading to conflict in their role as nurses (Song et al., 2017). The part-time nature of their jobs in NLCs is incompatible with increasing demands from patients and hospitals. Nurses are overwhelmed by multiple work tasks resulting in delay of the development of NLCs and loss of patients' benefits.

The development of NLCs is still at the initial stage in China. The absence of regulation on definition, role development and qualifications may jeopardize the operation of NLCs in TCM hospitals. First of all, the scope of nursing practice is limited by the lack of standardized guidelines for nurse-led practices. Nurses working in NLCs usually cannot determine whether a patient should be admitted or not. Most of their patients are referred by doctors, or have already been treated in inpatient departments. We found that there is no standard protocol for patients of new admission in NLCs; therefore, nurses have no references for decision-making other than their own experience. In addition, we discovered that some NLCs unintentionally duplicate a medical model of work. Nurses place extra emphasis on clinical/medical tasks while they rarely have time for a complete assessment, which is contradictory to the concept of holistic patient care and support on families and nursing careers embodied in NLCs (Lennan et al., 2012). Accordingly, it is imperative to use a nursing framework to clarify the boundaries of nursing roles and formulate standard work guidelines to enhance autonomy of nurses in NLCs in TCM hospitals.

Another factor affecting nursing specialization in NLCs is the restriction on prescription rights of nurses. With the endorsement of government and hospital management, nurses in China now have rights to prescribe medical consumables such as dressings, but they cannot prescribe oral or injected medications (Wei et al., 2020), which is quite different from the situation in other countries like the UK (Maier, 2019). Some nurses claimed that a lot of patients prefer one-stop services, which they are unable to provide without specific prescription rights. The NLCs might hardly be recognized by patients with weak nursing autonomy (Li & Ding, 2018). However, some nurse participants considered the restriction on their prescription rights as a form of protection. Due to historical and societal issues, the standard of academic and clinical training for nurses in China is lower than that for doctors, especially in the field of TCM. Restriction is a prevention of medical errors (Binkowska-Bury et al., 2016) and probably also a reason that NLCs are widely accepted by doctors in TCM hospitals. In our study, conflicts between NLCs and doctors were seldom mentioned which can be concluded that doctors do not feel threatened by NLCs (Farrell et al., 2017). We encourage safe improvement due to complexity of nursing roles in NLCs in TCM hospitals. However, release of prescription rights to nurses requires time and legislative recognition. A similar or equal training programme should be established before approval of prescription rights.

Notably, certification and education are critical to nurses working in NLCs since extending their roles without specific educational background would result in lack of clarity and understanding about their roles and scope of practice (Farrell et al., 2011). In this study, all nurses who worked in NLCs met the standard of hospitals and received provincial level of certification. However, their certifications did not match required scope of practice of the clinics. For example, one interviewee who runs an enterostomy clinic possesses certification as a nursing specialist in general surgery. Although she has 10 years of experience

on enterostomy, "in house" training still lacks standardization and systematization. This case suggests that there remains a discrepancy between the educational background and certification of nurses working in NLCs and their scope of practice (Blackwell & Neff, 2015). In addition, lack of knowledge or skills required for working in NLCs makes it difficult for nurses to manage complex healthcare problems in a TCM setting and impair the autonomy of nurses working in NLCs. We suggest that the departments of public health should establish a quality evaluation system for NLCs who clearly describes qualification access and job responsibilities according to its development status combined with relevant research.

It is hard for resources and supporting policies to keep pace with the dramatic change and expansion of nursing roles and the scope of practice in NLCs in TCM hospitals, especially under the social background that medical care has higher status than nursing care. In this study, nurses working in NLCs believe that doctors are essential collaborators even though they pursue a high degree of autonomy. Previous studies indicated that nurse practitioners need to cooperate with physicians for patient safety, and prefer having a physician accessible as needed since this cooperative mode can improve patients' outcomes and promote doctor-nurse relationships (Ding et al., 2018; Kraus & DuBois, 2017). Except for staff support, the demand on basic configuration such as medical equipment and consumables should be matched to facilitate normal operation of nursing clinics. Furthermore, in our observation, we noticed that the number of visits varies greatly across NLCs. For example, there was no patient visiting in one of the NLCs at the day we observed. A survey showed that only 17.78% of the patients who visited TCM hospitals heard of nursing clinics (Wen, 2018). It is necessary to strengthen the awareness of NLCs, such as encouraging doctors to refer suitable patients, and using media and network for their publicity.

5 | LIMITATIONS

This study was limited to be conducted in the local NLCs in Guangzhou City even though the clinics are representative. However, nurses of NLCs come from different regions which will meet the diversity of samples, and the small sample size might limit the findings of the study. Furthermore, we explored nurse–patient consultation from the viewpoint of nurses only without feedback from patients which could provide a different perspective for NLCs.

6 | CONCLUSIONS

As a revolutionary innovation of working model for nurses in TCM hospitals, NLCs could meet growing demands from patients, doctors and hospitals. In the meantime, with extended autonomy and broader scope of practice, nurses working in NLCs could obtain a greater sense of accomplishment and self-recognition, leading to a comprehensive promotion of their career. However, there are several challenges on providing high-quality care for patients whilst improving educational development of nurses. For example, a holistic approach is required to address psychosocial issues to provide additional benefits for patients instead of duplicating a medical model. Except for taking a full and accurate medical history, it is nurses' responsibility to uncover what patients view as problems, how they are responding to these and what the implications are for their daily life and goals. Lack of standard guideline is another challenge for the development of APNs. National recognition of skills and competencies would enable nurses to use their skills into different organizations and facilities which helps save time and resources for training, and provide more benefits for patients and clinical services. We can appeal to the Ministry of Education to consider APN as a discipline of postgraduate of nursing to facilitate competent nurses for continued education. Social media such as brochure in communities, television propaganda, official website of hospitals and other online software is also an important access for the public to understand advantages of APNs.

Nurses in NLCs can make a positive difference on patients' quality of life by establishing supportive relationships with patients, taking their emotions and social networks into account in clinical practice and facilitating them a good life. Nurses can also encourage patients on shared decision-making and work with them together on healthcare management. This study suggests that nurses, hospital administration and the government should cooperate with each other for the development of clinical practice of nurses.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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