PATIENTS' SUBJECTIVE EXPERIENCE OF NURSE-LED CLINICS: A QUALITATIVE SYSTEMATIC REVIEW

by

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Statement of Authorship

Declaration of originality

"This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution, except by way of background information and duly acknowledged in the thesis, and to the best of my knowledge and belief no material previously published or written by another person except where due acknowledgement is made in the text of the thesis, nor does the thesis contain any material that infringes copyright."

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Abstract

Aim

To determine factors that impact the subjective experience of patients attending nurse-led clinics.

Background

As the number of nurse-led clinics increases in response to health system needs, evaluation has focused on clinical outcomes and cost. The experience of the patient has been less researched despite person-centred care being central to the health care political agenda for many years. Assessing patient experiences provides information of factors that impact the health care encounter that can inform policy and practice development.

Design

A systematic review of primary, qualitative literature was conducted using the methodology of meta-aggregation proposed by The Joanna Briggs Institute (JBI).

Data Sources

Published work from 1990 to the present date in English was located using databases CINAHL, PubMed, Medline and PsycINFO. Reference lists of all significant papers were searched and analysed.

Review Methods

Two reviewers assessed the retrieved papers for methodological quality using the System for the Unified Management, Assessment and Review of Information (JBI-SUMARI) software package. Results were synthesised using the meta-aggregation method. The Qualitative Assessment Review Instrument (JBI-QARI) was utilized to critically appraise, extract data and aggregate findings in a rigorous and unbiased method.

Results

Eleven retrieved studies met all inclusion criteria and were incorporated in the review process. The papers described varied qualitative approaches: phenomenological-hermeneutic (6), exploratory or descriptive (3), and grounded theory (2). Nine categories were drawn from 46 key findings. Further analysis produced three synthesis statements titled: (i) establishment of a therapeutic relationship, (ii) effective communication, and (iii) clinical skills and collaboration.

Conclusion

Factors that influence patient experiences of nurse-led clinics should be addressed if such clinics are to continue to play a major role in the health care system. In order to improve patient experience of nurse-led clinics, nurses need to ‘go back to basics’ with regard to holistic nursing care. The concepts of the person-centred care model are key factors impacting patients’ subjective experience of nurse-led health care. Further qualitative research is required to evaluate the person-centred care model in relation to clinical outcomes, clinical

practice and educational programs for nursing students, novice and advanced practice nurses.

Keywords

Patient experience, nurse-led clinics, nurse-managed, qualitative research, systematic review, nurse practitioner, person-centred, patient-centred

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Summary of Thesis

This thesis explores the subjective experience of patients attending nurse-led clinics. Initially, the phenomenological aspects of this project appealed to me. Previous to becoming a nursing professional, I was a qualified psychotherapist with experiential, narrative and the humanist Rogerian approaches underpinning my practice. Investigating the lived experience of patients of nurse-led clinics and discovering ways to improve their encounter with the health care system has, therefore, been a rewarding task.

As a nursing student and more recently a newly graduated Registered Nurse, I have been exposed to the nurse-led environment and witnessed how patients are treated and their many reactions. Some patients have numerous encounters with the health care system, others very few. The patients appeared to experience feelings of anxiety, and sometimes fear, as they put their health care into the hands of another person. The nurses' approaches seemed to affect the patients in varying ways and I became curious as to how I could improve patients' experiences of nurse-led care.

This thesis is made up of three chapters. The first chapter reviews current literature regarding patient experiences of nurse-led clinics. Deconstruction of this research exposes three major themes regarding patient experience: nursing interventions, patient preconceptions, and patient feelings. This literature review, determined the clinical research question: What factors impact patients' subjective experience of nurse-led clinics? The need for a systematic review into

patient experiences of nurse-led clinics was, therefore, established from the results of the literature review.

Chapter two comprises a systematic review structured as a paper for publication suitable for submission to the Journal of Advanced Nursing (JAN). The 'guidelines for authors' for this journal are included as an appendix to the paper. Deviations to these guidelines include an expanded word count, use of the UTAS Harvard referencing system, additional tables (to enhance thesis transparency) and the inclusion of tables at the end of the paper. The abstract for the paper appears, in the required JAN format, at the beginning of the thesis, rather than at the beginning of the paper as required by the journal guidelines. These deviations are in line with the university's thesis guidelines.

The systematic review process was completed using The Joanna Briggs Institute (JBI) philosophy of meta-aggregation. I was able to access JBI and make use of their software tools. The interpretative underpinnings of the meta-aggregative process provided a transparent and dependable foundation that facilitated a rigorous research process. Identification of significant themes within the retrieved studies allowed the aggregation of authors' findings. In order to avoid bias and any question of inaccurate interpretation, I worked with my supervisor, as the second reviewer, and established guidelines for the process of assigning findings to categories and then aggregating categories to synthesised findings.

The aim of this approach was to produce a set of statements representing the aggregation by assembling and categorizing the findings on the basis of similarity in meaning. The categories were then subjected to a meta-synthesis,

which generated a set of comprehensive synthesised statements. These statements can then be used as a basis for evidence-based practice.

Chapter three concludes the thesis and discusses the implications of the review findings and recommendations for future clinical practice, nursing education, policy and further research.

Chapter 1

Literature Review

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Literature Review

The World Health Organisation (WHO) has identified ‘people’s needs and expectations’ of health services as a key element to achieving the goal of ‘better health for all’ internationally (WHO 2012). This chapter reviews literature on the topic of patients’ experiences of nurse-led clinics. Central to patient experiences, the concept of person-centred care is introduced, followed by a discussion of the development of nursing as a profession. A review of the history, scope and interventions of nurse-led clinics is followed by the experience of the patient and the importance of their expectations of health care. Research concerning the cost effectiveness, health outcomes and patient satisfaction of nurse-led clinics is also examined. A gap in the literature emerges revealing the research question: What factors impact patients’ subjective experience of nurse-led clinics? The review concludes with a justification for a systematic review.

The search strategy located published work from 1995 to the present date in English. A search of relevant databases, the Cochrane Library and the Joanna Briggs Institute revealed that no systematic review specifically regarding patient experiences of nurse-led clinics has been undertaken in the last 15 years. Electronic databases, journal article reference lists and websites were searched (see Table 1). All search terms and combinations are described in Table 2 and were used with the Boolean combinations ‘AND’ and ‘OR’ to reveal the highest number of results.

Table 1 Sources of Information

Electronic Databases	
CINAHL	PubMed
Medline	Scopus
PsycINFO	Wiley Online Library
Cochrane Library	Joanna Briggs Institute
Grey Literature	
World Health Organisation	Nurse-led Clinic.com Website
Australian Institute of Health and Welfare	Australian Government Websites

Table 2 Keywords

Keywords	
Patient experience	Nurse-led
Clinics	Nurse-patient
Primary health	Patient satisfaction
Anxiety	Communication
Nurse	Nurse-doctor
Patient-centred	Support
Person-centred	Assessment
Pre-assessment	Feelings
Support	Accessibility
Continuity of care	Diagnosis
Multidisciplinary	Team
Nurse practitioner	Community
Factors	Cost effectiveness
Chronic illness	Chronic disease
Patient-centred	World health
Doctor/nurse substitution	Nursing profession
Qualitative	Phenomenological
Subjective experience	Narrative
Impact	Perception
Nursing interventions	Self-care

Person-Centred Model of Care

The person-centred model of care has become a leading principle in international health policy with a growing body of related research. The pursuit of health care improvement has brought about a paradigmatic shift from a standard 'one-size-fits-all' philosophy to a more personalised holistic method (Poochikian-Sarkissian et al. 2010, p. 14). Person-centredness was a term first coined by the founder of humanistic or phenomenological psychology, Carl Rogers (1902-1987), an American psychologist in the 1950's. His pioneering research has been carried across various domains including education and health (Rogers 1988). Based on the seminal work of Kitwood (1997), person-centred care was initially embraced by the United Kingdom (UK) National Health Service (NHS) and then became a worldwide movement where health care needs were focused on the individual requirements of the patient (Kitson et al. 2012; McCormack et al. 2010; McCormack & McCance 2006).

Key components of the person-centred care model include recognising patients' individuality encompassing values, beliefs and culture, together with respect, trust, autonomy, empowerment and responding to their choices and needs (Bernsten 2006; McCance, Slater & McCormack 2009; McCormack 2003; Poochikian-Sarkissian et al. 2010). This approach differs from the biomedical model, where the illness is seen as part of a disease process, to one where the person is viewed holistically with physical, social and psychological needs (Pelzang 2010). Rather than being swept along in the medical discourse as a 'passive recipient' of medical treatment, person-centred care aims to empower the patient to share in decision-making (Kvåle & Bondevik 2008, p. 582). A study of 20 participants using a phenomenological approach found that patients

appreciated a partnership in their health care and as a result felt more valued with increased self-worth (Kvåle & Bondevik 2008). Other research suggests that the individuality of person-centred care coupled with encouragement to participate in self-care and self-management, results in improved outcomes (Poochikian-Sarkissian et al. 2010). Person-centred care focuses on taking the patients' perception as a starting point, representing a humanistic and bio-psychosocial health care perspective (Rademakers et al. 2012).

Health outcomes are measured in research by cost, health behaviour and levels of patient satisfaction. The person-centred model of care is frequently used in the appraisal of satisfaction (Davis, Byers & Walsh 2008). 'The Person-Centred Nursing Framework' articulated by McCormack and McCance (2006) highlights satisfaction and involvement in care, as well as the creation of a therapeutic environment and relationship, as effective person-centred nursing care (McCormack et al. 2010). Despite this, the 'relationship-centred care' philosophy, shaped by Nolan et al. (2006) argued that the original intent of person-centred care had been lost and the importance of the therapeutic relationship forgotten. Their theory posits that patients are more engaged in initiatives to improve their own health situation, when a positive therapeutic relationship has developed, resulting in a better overall health outcome (Nolan et al. 2006; Poochikian-Sarkissian et al. 2010).

An important requirement of person-centred care is the efficient implementation and co-ordination of health care across the multidisciplinary arena of health (Pelzang 2010). Although the fundamentals of the person-centred care model are consistent with the nursing ethos, it is not always supported at the organisational

or government level. Redman (2004) suggests that the use of care pathways, which have been instituted by health departments to save costs, moves health care away from the individualised model and does not support the person-centred approach. Similarly, a narrative review and synthesis of literature across the health policy, medicine and nursing arenas concluded that the diffuse focus of professional groups may affect the successful implementation of person-centred care across the health care system (Kitson et al. 2012). The large amount of research available on person-centred nursing care focuses on specific specialties in a 'siloed' effect. A qualitative meta-synthesis of four studies found person-centred care was yet to be fully utilised across the diverse range of nursing settings (McCormack et al. 2010).

The Role of Nurses

The increased number of advanced practice roles is a reflection of health care, specialisation and workforce shortages. Clinical nurse specialist, clinical nurse consultant and nurse practitioner are a few of the more recent positions that have been developed in Australia. Advanced practice nursing roles were originally developed in the United States (US) in the late 1960's and early 1970's in response to doctor shortages (Bonsall & Cheater 2008).

The emerging advanced nurses' role has challenged the traditional culture of medicine (Desborough 2012). A paradigmatic shift has occurred in the discourse of medical dominance to the point where nursing leaders have encouraged those in the profession to seize control over their practice and define the dimensions of the role of nursing (Cooper 2001). In a study comparing the identity of nursing in Australia to the United Kingdom (UK), nurses were acknowledged as integral to

patient care management and were seen as ‘physician’s complement’ rather than ‘doctor’s handmaiden’ (Degeling et al. 2000, p. 125). The current regulatory and education model globally and in Australia aims to ensure accountability interwoven with authority and autonomy, to support professionalism for the contemporary nurse.

The role of the nurse practitioner is well established in the US (Horrocks, Anderson & Salisbury 2002). The first Australian nurse practitioners began practising in 2000. In 2010, there were 393 nurse practitioners registered in Australia (Desborough 2012). Nurse practitioners transition from registered nurse via further study and mentorship. It is expected that they are able to think critically, integrating medical knowledge with advanced clinical skills whilst continuing to maintain a nursing focus (Hill & Sawatzky 2011). The nurse practitioner aims to provide a complete ‘episode of care’ whilst working autonomously within collaborative relationships (Desborough 2012, p. 23). Nurse practitioners in Australia are able to initiate referrals to other practitioners, order and interpret results of diagnostic tests as well as prescribe medications and therapies (ACNP 2012). Nurse practitioners and nurses in advanced practice roles provide first contact care in hospitals and the community. High-level evidence in the form of a systematic review identified that nurse practitioners can provide the same level of care as a general practitioner, in certain areas, and patients receive high quality health care and generally have a high level of satisfaction in nurse-led clinics in the community (Horrocks, Anderson & Salisbury 2002).

Nurse-led Clinics

Nurse-led clinics have emerged in hospitals and the community, creating an extensive and professional nursing practice area within the health care system. Nurse-led clinics were originally discussed in research in the 1980's and developed in distinct areas over the next ten years. The heterogeneity of nurse-led clinics calls for a diverse skill mix, often requiring advanced practice nurses in defined fields, or nurse practitioners, to meet the requirements of each individual clinic (Hatchett 2003; Horrocks, Anderson & Salisbury 2002). An exploratory study, which used interviews and questionnaires to define nurse-led clinics, concluded that they provide an effective alternative in delivering holistic health care (Wong & Chung 2006, p. 358). In this way, nurses are often the first line of contact in both primary and secondary health care (Hatchett 2005; Horrocks, Anderson & Salisbury 2002).

Nurse-led clinics have developed as nursing skills have advanced, access to doctors has become more difficult, and the hospital system has become overloaded. The changing demographic of the world's population has seen communities facing the challenge of increased numbers of older people and an increase in chronic illness/disease. The number of Australians over the age of 85 is projected to be 5.1% of the total population in 2050, or an increase from 0.4 million currently to 1.8 million (Productivity Commission 2011). The projected figures suggest that 3.5 million people in Australia will require health services delivered in the community. Similarly, in other western countries such as the United States, 88% of people over the age of 65 years have one or more chronic illnesses. Currently patients with diabetes, hypertension, congestive heart failure, asthma, hyperlipideamia, renal failure and others are treated in the community

(Bodenheimer, Wagner & Grumbach 2002). This is aligned with the situation in Europe; where up to 75% of deaths are caused by chronic disease. Hospital systems are struggling with population ageing and the changing health care workforce demographic (Forbes & While 2009). The situation called for health reform and nursing was well positioned to respond with the provision of clinics across a diverse range of specialties.

Nurse-led clinics operate within a specified scope of practice dependent upon the specialty and the jurisdiction of the government or country in which they exist. Clinics work within a structured framework to enable a streamlined treatment process to meet the needs of the community (Hutchison et al. 2011). The clinics are often connected to, or under the umbrella of, a secondary health care facility. General practice nurses work collaboratively with general practitioners whilst clinics attached to community services may work in partnership via a referral system with a number of doctors or specialists working in hospital settings. Both Flynn (2005) and McCaughan et al. (2008) agree that although nurse-led clinics have been in communities for a long period, research on effectiveness and patient satisfaction has been meager and has focused predominantly on comparing doctor-nurse clinics. This review of current literature has found this remains the case.

Controversy has followed the rollout of primary health care programs where doctors hand over responsibilities for care to nurses because many doctors are unaccustomed to the increasing autonomy of nurse practitioners (Wise 2001). A meta-analysis was conducted into the substitution of doctors with nurses around American and Canadian research in 1995. The research included 38 studies with

observational and quasi-experimental designs. The results suggested that although health outcomes were comparable, patient satisfaction and compliance were at higher levels for nurse-led clinics than for doctor-led clinics (Brown & Grimes 1995). These findings are supported by a systematic review conducted seven years later by Horrocks et al. (2002) that included 11 randomised controlled trials and 23 observational studies. This systematic review also supports the fact that nurse practitioners are able to provide high quality health care to the community.

Although some authors discuss concerns regarding quality of care, other aspects such as cost effectiveness and satisfaction appear more prominent (Flynn 2005). A Cochrane Systematic Review comparing doctors to nurses in primary health care, focused on health outcomes, use of resources, processes of care, patient compliance and satisfaction. The findings suggested nurses provide quality health care at the same level as general practitioners (Laurant et al. 2004). A weakness of this review, as pointed out by Rashid (2010), was that the nurses studied had differing scopes of practice. In order to provide high quality health care, the skills, abilities and advanced role of the nurses within the clinic must meet the scope of the health specialty of the clinic in which they are working.

A number of systematic reviews analyse and evaluate the effectiveness of nurse-led clinics by focusing on studies from an eclectic group of health specialties and concentrating on identifying different outcome indicators (Horrocks, Anderson & Salisbury 2002; Laurant et al. 2004; Page, Lockwood & Conroy-Hiller 2005; Schadewaldt & Schultz 2010). The effectiveness of nurse-led clinics has been measured using indicators such as: compliance with health education; symptom

control; patient satisfaction and cost effectiveness (Bonsall & Cheater 2008; Horrocks, Anderson & Salisbury 2002; Wong & Chung 2006). The clinical outcome is a difficult aspect to measure across such a heterogenic group of health care services. Clinical outcome is defined as a change in the status of a patient's health over a defined period of time (Hill 1999). When identifying suitable outcomes for measurement it is advantageous to understand the patients' trajectory and what interventions occur during their course of treatment. Rashid (2010) deduced that, as these were either not available or different for each study, a weakness in the results of these studies was revealed.

While quantitative research using randomised controlled trials and cross-sectional analyses are often used to measure the cost effectiveness of nurse-led clinics, a mixed methods approach is frequently used to ascertain patient satisfaction. For example, McCaughan et al. (2008) adopted a mixed method of data collection using semi-structured interviews and a questionnaire with a Likert Scale for analysis. Their findings revealed a positive patient satisfaction response to a benign prostatic hyperplasia assessment nurse-led clinic. Another study that aimed to determine if there was a link between patient satisfaction and clinical outcome, used a Likert Scale questionnaire and concluded that processes that increase patient satisfaction may contribute to improved clinical outcomes (Alazri & Neal 2003). An evaluation of patient satisfaction with a nurse-led orthopaedic clinic also used mixed methods including 'an established patient satisfaction tool, The Leads Satisfaction Questionnaire' and semi-structured interviews (Flynn 2005, p. 158). The findings for the questionnaire were encouraging, but the interviews revealed the importance of recognising the subjective nature of patient satisfaction as the narratives provided a more

complete understanding of their experience rather than being limited to a generalised score (Lees 2011).

The majority of qualitative literature reviewed regarding nurse-led clinics described nursing interventions that were offered in treating patients. These included clinical treatment, assessment and diagnosis, patient education, communication and therapeutic relationship development as well as approachability and accessibility for the community. The themes in each study represent interventions that were important to the patient and how the nurse-led clinic has impacted their experience. Forbes and While (2009) divide the impact of nurse-led clinics into three areas: structure, process and outcome. The structure of a nurse-led clinic comprises professionalism and development of a care system. The process includes the nursing interventions such as nursing care, patient education, support and clinical intervention. Outcome covers patient behaviour, quality of life and psychosocial aspects (Forbes & While 2009). Forbes and While (2009) recommended further research be undertaken into the impact of nursing interventions on clinical outcome and the focus of nurse-led clinics be placed on the individual patient.

Most of the research reviewed on patient satisfaction and experiences of nurse-led clinics categorised their findings into themes. In a study of patients' perceptions of a nurse-led preadmission clinic, Gilmartin (2004) divided the findings into four themes, which included efficiency, assessment, information transfer and problems with cancellation. Similarly, a review of a dermatology nurse-led clinic organised its findings into categories of nurse interventions such as patient education, and the clinical context, as well as patient evaluation of

accessibility and development of a therapeutic relationship (Courtenay & Carey 2006). A number of other studies and reviews concur with this thematic approach and have divided their findings into categories reflecting nursing interventions as important factors impacting patients.

Patient Experience

Person-centred care has been high on the 'political agenda' in the UK and other countries for a number of years (Edwards, Staniszewska & Crichton 2004). Health is of great value to communities in Australia and worldwide, and individuals' expectations of the health systems are inevitably high (AIHW 2010; WHO 2012). Some members of the community, especially those suffering chronic disease, have regular contact with the health system, whilst others have irregular or one-off, brief encounters. Feelings of anxiety, vulnerability and fear often appear for a young child, young adult or older person when they are placing their health care into the hands of another person (Gilmartin & Wright 2008; Stein-Parbury 2009). Although clinical effectiveness and the safety of patients are very important, so is the patients' experience of nurse-led clinics. The experience of their encounter with the health system can affect their decision to seek care in the future, follow-up care and ultimately their health (Stein-Parbury 2009; Wilcock et al. 2003).

The literature revealed a number of themes regarding patients' experiences with nurse-led clinics including nursing interventions, patient preconceptions and patient emotional state. Patients, as defined by the research, are those attending the nurse-led clinic for clinical treatment, health assessment, or monitoring of a chronic illness from various undifferentiated health care problems. Cornwell et

al. (2010, p. 7) state in a report written in conjunction with the National Health Service in the UK, that the patient's experience is feedback on 'what actually happened' whilst attending a health care facility, or nurse-led clinic, and how they felt about the their treatment.

Although the nurse plays a large role in shaping the patients' experience, other themes that impact their experience emerged from the literature such as: pre-conceptions and perception of nurse-led clinics, the biomedical discourse and the patients' emotional state. Patients entering nurse-led health care services either had their own previous experience or heard stories from friends, family and the media. A qualitative study by Wilson et al. (2012, p. 2) supports this line of thought concluding that patients' perceptions are usually 'shaped by what was previously familiar' to them. The patients' pre-conceptions and perceptions of a nurse-led clinic are affected by the health literacy level of the general population and add to their subjective experience. In support of this theory, a weak, but consistent association has been discovered between patient dissatisfaction and lower health literacy levels in health care (Shea et al. 2007). Lowered health literacy has been linked with poor management of chronic illness and has been found to be a 'social determinant of health outcomes' (Edwards et al. 2012, p. 1). AIHW (2010) reported that only 41% of Australians between the ages of 15 and 74 years had an adequate level of health literacy.

Patient autonomy and empowerment are important concepts to address when considering the preconceptions of patients. The nurse, by virtue of position, has legitimate authority in the health care setting (Stein-Parbury 2009). This power differential between the nurse and patient may influence the experience of the

patient. Patients may attend the clinic with a pre-conceived idea that they are losing the ability to make their own decision about their health care or the way in which they are living. Moser, Houtepen and Widdershoven's (2007) review on patient autonomy in nurse-led shared care discusses the theory of negative and positive freedom. Negative freedom is the freedom from interference from outsiders and positive freedom is where people direct their own health care and self-care. The review conducted by Moser, Houtepen and Widdershoven (2007), discovered that patients preferred an approach with a mix of negative and positive freedom to achieve autonomy and a better experience of health care. The clinical skills and medical knowledge of the nurse is an important factor in providing information and psychological support to patients, which empowers them in the autonomy of their health care (Gilmartin 2004). Each patient requires individual interventions to ensure their autonomy is maintained (Gilmartin & Wright 2008; Moser, Houtepen & Widdershoven 2007).

Providing empowerment and ensuring autonomy can provide some comfort to those patients whose emotional state is unsettled (Lloyd-Williams et al. 2005). Patients may initially visit the clinic with apprehension, anxiety and fear. In pre-admission clinics the patients often have had a build up of anxiety whilst waiting for their procedure and may deal with this anxiety with feelings of anger and sometimes tears (Gilmartin & Wright 2008), while in chronic illness management clinics, the patients could be newly diagnosed and have feelings of grief, loss and despair as their whole future has changed (Bodenheimer, Wagner & Grumbach 2002). Patients' feelings are an important aspect to consider in nurse-led clinics and warrant person-centred, individualised care and emotional support from the nurses (Gilmartin & Wright 2008).

The way in which the nurse reacts or responds to the patients' emotional state can affect the patients' experience of the health service. Patients' experience can be improved with the nurse providing reassurance and developing a trusting relationship (Anden, Andersson & Rudrbeck 2005; Flynn 2005). Patients value a therapeutic relationship and the approachability of the nurse at various times throughout their engagement with the clinic, often at initial diagnosis and when they feel most vulnerable (Wilson et al. 2012). A number of research articles and studies illustrated patients' need to have a comprehensive understanding of their illness as well as open communication with the nurse. This combination provided them with reassurance and lessened any anxiety they were feeling (Anden, Andersson & Rudrbeck 2005; Bonsall & Cheater 2008; Desborough, Forrest & Parker 2012; Flynn 2005; Gilmartin 2004; Lloyd-Williams et al. 2005; Mahomed, St John & Patterson [article in press]; McCaughan et al. 2008; Moser, Houtepen & Widdershoven 2007; Shaw, Williams & Assassa 2000). Other studies also discussed the fact that patients felt less anxious communicating with nurses rather than trying to interpret the jargon that is often used by doctors (Wiles et al. 2003).

According to Wilson et al. (2012), the biomedical discourse greatly influences patients' perceptions and preferences of health care and management of health issues in nurse-led clinics. A qualitative study, that used in-depth interviews, discovered that some patients perceived that they had been 'dumped' by the medical profession into a nurse-led unit (Wiles et al. 2003, p. 66). Others spoke of the feeling of insecurity because nurses rather than doctors were caring for them. Additional research supports the biomedical discourse as being a preconception of patients that affects their experience of nurse-led clinics. Some

patients realise that they have been ‘conditioned’ into thinking they ‘should’ see a doctor rather than a nurse, but once they have visited the nurse-led clinic they feel more comfortable with the experience (Bonsall & Cheater 2008; Flynn 2005; Wilson et al. 2012). Nurse-led clinics have been operating for longer in the UK and US than Australia. The biomedical discourse has weakened in the UK and US, but Australian citizens need more time to grasp the idea. Wilson et al. (2012) suggests that autonomous nursing practice in the community requires additional support and promotion to the ‘wider society’ to successfully initiate a paradigmatic shift that could result in a more positive experience for patients.

Person-centred care, tailored to individual needs can have an influence on patients’ experience and on health outcomes such as ‘health behaviour, treatment adherence and self-care’ according to a recent study by Rademakers et al. (2012, p. 2). A recent review explored person-centred concepts such as communication, support for self-management and shared decision-making and discovered person-centred care correlated with adherence and led to improved health outcomes (Robinson et al. 2008). Increasing patients’ satisfaction by improving their experience of health care is associated with improved clinical outcomes (Alazri & Neal 2003).

Considerations

Gathering information on the level and perceptions of person-centred care is crucial in monitoring the success or failure of the services being provided. Tools developed in the UK using the ‘questionnaire approach’, have provided mostly positive reactions. Edwards, Staniszewska and Crichton (2004, p. 160) argue that qualitative methods in research detect a more accurate, though ‘wide-ranging

opinion' from patients experiencing the health care service. Phenomenological research is essential in order to appreciate the context of the patients' experiences and to hear the stories of the their accounts with nurse-led clinics (Gullick & Shimadry 2008). Whilst numerous questionnaires have been developed to measure patient satisfaction related to attitudes to health care or aspects of the care, they are limited in assessing patients' subjective experience. Jenkinson et al. (2002) suggest that the questionnaires should be designed to measure patient experiences of care and their relationship to the satisfaction level. Their study concluded that determining experiences of health care provides a more accurate measure of quality of care and that measuring patient satisfaction provides an 'overoptimistic evaluation of patient experiences' (Jenkinson et al. 2002, p. 339). Qualitative research is valuable in revealing the lived experience and therefore provides a more complete understanding.

Conclusion

The literature gathered for this review has revealed that there is a large body of research into nurse-led clinics and person-centred care. A considerable amount of research compared nurse-led to doctor-led clinics, as well as effectiveness, cost and patient safety. A smaller body of research explored a range of clinics serving patients with undifferentiated health issues and measured patient expectations and satisfaction. When this research was deconstructed, three major patient experience themes were discovered: nursing interventions, patient preconceptions, and patient feelings. Monitoring patient experiences is a powerful way to develop care by providing governments and agencies with comprehensive information to shape policy and practice in an effort to improve health care services to the public, with the goal of improved health outcome. A

small number of systematic reviews have been completed since 1995, covering different aspects of nurse-led clinics. However, no systematic review exists investigating the research question: What factors impact patients' subjective experiences of nurse-led clinics? A systematic review is warranted which will thoroughly evaluate and review research on this subject.

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Chapter 2

Paper for Publication

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Patients' subjective experience of nurse-led clinics: a qualitative systematic review

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Summary Statement

Why is this research or review needed?

- An identified key element to achieving better health internationally is to meet ‘people’s needs and expectations’.
- A large body of research exists regarding nurse-led clinics. Research in this area has tended to focus on health outcome, cost and patient safety. Patient experience, however, has been less scrutinised.
- No systematic review exists investigating the research question: What factors impact patients’ subjective experiences of nurse-led clinics?

What are the three key findings?

- Establishment of a therapeutic relationship and effective communication using language and methods that meet individual needs and levels of health literacy positively impacts patients’ experience. Additionally, successful information transfer can lead to independent decision-making and alleviate patient fear and anxiety.
- Patients respect the ability of specialist nurses and expect them to have high-level clinical and medical knowledge. Collaboration and partnership allows independence and autonomy, empowering patients in their self-care and management of the illness.
- Concepts of the person-centred care framework including individuality, encompassing culture, beliefs and values, as well as respect, trust, informed choices, autonomy and empowerment are key factors impacting patients’ subjective experience of nurse-led health care.

How should the findings be used to influence policy/practice/ research/education?

- Person-centred care concepts should be incorporated into clinical practice to ensure positive experience for patients and improved health outcomes. Patients' subjective experiences provide a unique perspective into the factors that are important and contribute to a more positive health care encounter and to disregard this phenomenon potentially creates an ineffective health care service resulting in poor health outcomes.

- Support from government agencies and regulatory bodies is required to ensure successful management of the provision of person-centred health care in nurse-led clinics. Information from this review needs to be translated into an educational structure to implement clinical guidelines. Reaffirming the foundation of person-centred care via continued professional development would be beneficial in ensuring patient expectations and needs are met.

- Current research into patient experiences of nurse-led clinics has yet to explore the phenomenon across the spectrum of services that currently exist. In order to provide an accurate representation of patient experiences of nurse-led health care, further research is warranted into the impact of nursing interventions and the focus of nurse-led clinics being placed on the individual patient.

Introduction

An identified key element to achieving better health internationally is to meet 'people's needs and expectations' (WHO 2012). While clinical effectiveness and the safety of patients is very important, so too is the patients' experience. Individuals frequently suffer feelings of vulnerability, anxiety and fear as their health care is placed in the hands of another person (Gilmartin & Wright 2008; Stein-Parbury 2009). Whether or not people have regular contact or irregular encounters with the health system, their experiences will influence their follow-up behaviour, ultimately affecting the overall health outcome (Stein-Parbury 2009; Wilcock et al. 2003). For these reasons person-centred care has been high on the heath care 'political agenda' internationally for a number of years and there is a need to better understand patient experiences (Edwards, Staniszewska & Crichton 2004).

New models of health care are evolving in an effort to improve access and service to members of the community. Advanced roles in nursing form many of these new models of care (Desborough, Forrest & Parker 2012). Ageing is a worldwide health care challenge driving the need for change. The projected figures suggest that by 2050, 3.5 million people in Australia alone will require health services delivered in both hospital outpatient clinics and the community (Productivity Commission 2011). Chronic illness is also on the increase and the shortage of health care professionals around the globe is well documented. Patients' expectations and numbers are growing, yet understaffing issues internationally are continuing.

As nurse-led clinics have emerged in hospitals and the community, so too has the number and scope of advanced nursing practice roles. Research around nurse-led clinics began in the 1980s at the time that this model of care emerged as a distinct entity. Due to the heterogenic nature of the model, a diverse skill mix is required with nurse practitioners or advanced practice nurses working in defined fields to meet the requirements of the individual clinics (Hatchett 2003; Horrocks, Anderson & Salisbury 2002). As such, nurses have become the first line of contact in many primary and secondary health care settings (Hatchett 2005; Horrocks, Anderson & Salisbury 2002). Advanced practice nursing roles were originally developed in the United States (US), in response to doctor shortages (Bonsall & Cheater 2008). Clinical nurse specialist, clinical nurse consultant and nurse practitioner are position titles that have recently become popular in Australia. Nurse-led clinics have increased in response to health system needs and provide an effective and holistic alternative to health care delivery (Wong & Chung 2006).

Research in this area has tended to focus on health outcome, cost and patient safety. Patient experience, however, has been less scrutinised. Comparisons between doctor and nurse-led care have dominated the research together with explorations of the person-centred care model. Patient expectation and satisfaction have also been measured across a wide range of specialty heath clinics. This is significant because patient experiences have become a powerful tool in the shaping of health care policy by governments and agencies. Three major themes emerged from the literature regarding factors affecting patient experience of nurse-led clinics: nursing interventions, patient preconceptions and

patient feelings. While, a small number of systematic reviews covering different aspects of nurse-led clinics have been completed since 1995, no systematic review specifically investigated the research question: What factors impact patients' subjective experiences of nurse-led clinics? This systematic review will, therefore, thoroughly evaluate and review research on this subject.

The Review

Aim

To determine factors that impact the subjective experience of patients attending nurse-led clinics.

Design

A systematic review of primary, qualitative literature was conducted using the methodology of meta-aggregation proposed by The Joanna Briggs Institute (JBI 2011). Qualitative studies that evaluated experiences of patients attending any nurse-led clinic or unit that used methods such as, but not limited to, phenomenological–hermeneutic, grounded theory, narrative and focus groups were considered.

Search methods

Published studies from 1990 to the present date in English were located using databases: CINAHL, PubMed, Medline and PsycINFO. Reference lists of all significant papers were searched and analysed. A search of The Cochrane Library, Centre for Reviews and Dissemination as well as JBI revealed no systematic review regarding patient experiences of nurse-led clinics had been undertaken previously. Initially, a limited search of the chosen databases was

undertaken to identify optimal keywords as well as search and index terms with syntax variations required for each individual database. The following search terms were agreed in conjunction with an expert in the field: ‘patient’, ‘experience’, ‘nurse-led’. These terms were then modified using truncations and Boolean Operators to create a set of optimal search terms. An extensive search was then conducted on 2nd July 2012 of the databases using the optimal search terms and syntax variations required of each individual database (see Appendix 1).

The inclusion criteria were formulated according to the PICO (Participant, Intervention, Context, Outcome) format. ‘Participant’ is defined as any patient (not carer or family member) admitted to or attending a nurse-led setting. ‘Intervention’ is defined as any nurse-led care that is delivered in a clinic, centre, outpatient clinic, unit or practice that may or may not be under the umbrella of a medical officer or medical institution. ‘Context’ includes nurse-led clinics or those treating chronic illness, pre-admission clinics and other ambulatory units led by nursing staff, for example post-operative. This includes, but is not limited to, chronic illness clinics such as intermediate care, memory clinics, cardiac, renal, diabetic, dermatological; as well as in-hospital clinics such as pre-admission, day stay wards, post-operative and outpatient clinics. ‘Outcome’ is defined as the experience of the patients during their contact with the nurse-led setting. Only qualitative methodology ‘study’ types were considered.

A meta-aggregative methodology, as proposed by JBI has been used in this review. Evolving from the works of Estabrooks, Field and Morse (1994) and Sandalowski, Docherty and Emden (1997), meta-aggregation appraises

qualitative research in terms of continuing transferability, credibility and dependability. Iterative in nature, the process is a rigorous method of systematically extracting and synthesising findings, whilst maintaining the context of the primary qualitative research. This method was chosen, as reviews completed using this process are logical, rigorous, transparent and clearly documented. The JBI System for the Unified Management, Assessment and Review of Information software program (JBI-SUMARI) (JBI 2012) has been used to support this method. Findings with illustrations were entered into the program and categorised prior to synthesis statements being produced to inform evidence-based practice. JBI-SUMARI provided a platform for the three-phase process of extraction, categorisation and synthesis of the data.

Search outcome

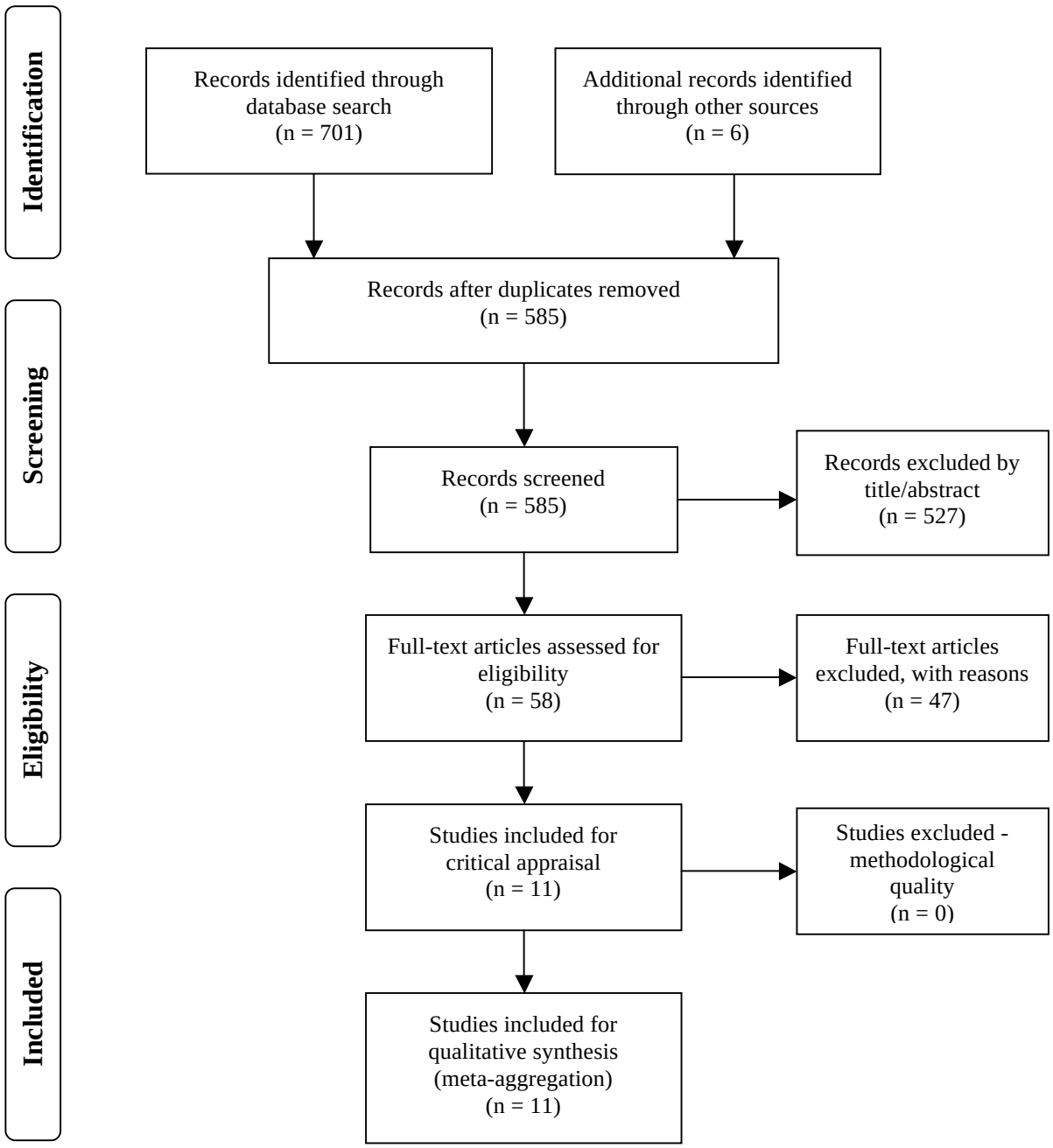
The search method identified 701 potentially relevant papers from the combined databases. CINAHL yielded 293 records; PubMed yielded 303; Medline yielded 62 and PyscINFO yielded 43 papers. One article from the author's personal collection and five records from reference lists also were located. After removal of duplicates, 585 articles were screened on the basis of title and abstract to determine if they met the inclusion criteria. Two reviewers conducted screening with 527 papers excluded at this point. The full text of the remaining 58 studies was then retrieved and assessed for eligibility. Authors were contacted directly for any articles where full text was not freely available. Of these, two articles were unable to be located through any means. Forty-seven articles were excluded for reasons outlined in Table 2. The synopsis of all excluded studies is provided in Table 5. Eleven papers meeting the inclusion criteria proceeded to critical

appraisal. All of these studies were included in this review. A summary of the eleven records is available in Table 1. A flow diagram detailing the search process is provided in Figure 1.

Quality appraisal

The full text of the eleven included studies was retrieved and relevant information transferred to JBI-SUMARI (JBI 2012). Two reviewers independently read and assessed all retrieved studies for methodological validity using The JBI Qualitative Assessment and Review Instrument (JBI-QARI), a module of JBI-SUMARI. Questions from this tool appear in Appendix 2. At least seven of ten questions were required to be answered ‘yes’ by both reviewers to be included. All papers were included in the review at this point due to full agreement on inclusion criteria and quality of studies.

Figure 1 Flow Diagram



Adapted from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Data extraction

Harden et al. (2004) argue that the potential for bias can be reduced by the use of a standardised and systematic approach at all stages of the systematic review process. The JBI-QARI extraction tool drew findings from each study in a standardised and systematic method. The information extracted included the methodology or the theoretical underpinning of the study; the method of data collection; the phenomena of interest; the setting; the geographical and cultural context, as well as a description of the participants and the techniques of data analysis. An example of the extraction tool is provided in Appendix 3. Extracted findings together with 'illustrations', which form the first of the three-phased meta-aggregation process, are provided in Table 3. Methodologically flawed studies can impact the findings of the synthesis and increase the risk of bias (Hannes & Lockwood 2011). Based on the JBI recommendations, levels of credibility were also recorded for each study.

Synthesis

Ryan-Nicolls and Will (2009) argue that the interpretative underpinnings of the meta-aggregative process provides a transparent and dependable foundation which leads to more rigorous research. The iterative analysis traits of the JBI-QARI software program used in this review contributed to the identification of significant themes within the retrieved studies and allowed the aggregation of authors' findings relating to the phenomenon of the subjective experience of patients. The degree of influence and focus on the recipients of health care also was confirmed through the use of this software. In order to avoid bias and any

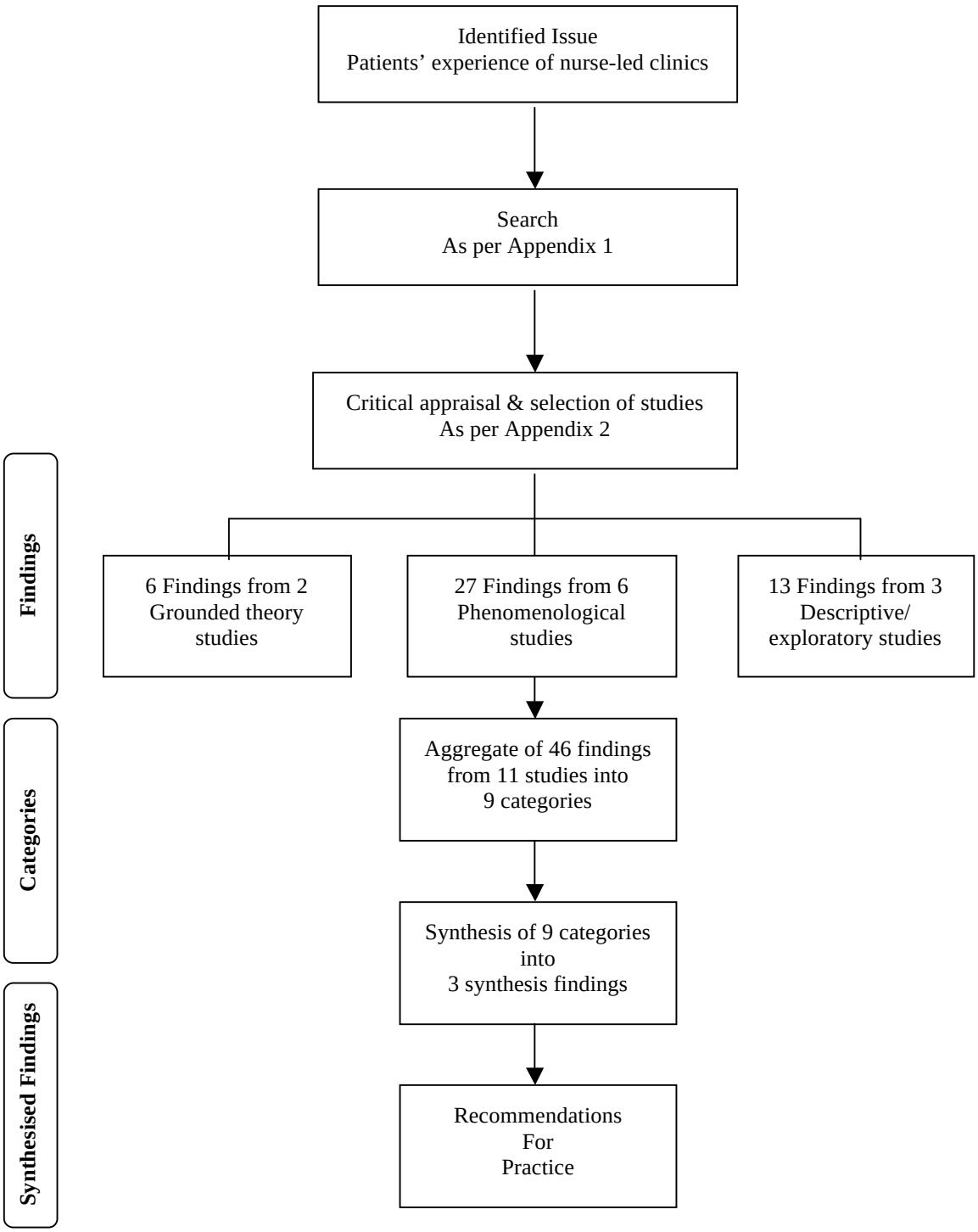
question of inaccurate interpretation, the reviewer, in conjunction with an expert in the field, established guidelines for the process of assigning findings to categories and then aggregating categories to synthesised findings. The aim of this approach was to produce a set of statements representing the aggregation by assembling and categorising the findings on the basis of similarity in meaning. The categories were then subjected to a meta-synthesis, which generated a set of comprehensive synthesised statements. These statements can be used as a basis for evidence-based practice and are presented in Table 4. Figure 2 illustrates the meta-aggregation flow through the systematic review.

Results

Description of Studies

The search outcome revealed 585 studies. Due to incongruence with the inclusion criteria and availability, 574 papers were excluded. For a more extensive view, these results are further confirmed in Table 2 and Table 5. Eleven studies met all the inclusion criteria and were included for analysis in the review process. Figure 1 illustrates the search outcome.

Figure 2 Meta Aggregation



Level of Credibility

Studies that met a high level of evidence were given priority in this review. The eleven included studies were assigned a 'credible' level of evidence as per JBI criteria. This criterion is based on the congruence of the study, the supporting data and the researchers' findings. Three levels of JBI credibility include:

> 'Unequivocal - relating to evidence beyond reasonable doubt;
> Credible – relating to findings that are albeit interpretations, plausible in light of the data and theoretical framework; and
> Unsupported – relating to findings that are not supported by the data' (JBI 2011, p. 40).

The level of credibility assigned in this review is appropriate according to methodology and forms of analysis used in each study.

Characteristics of Included Studies

Each study examined patient experiences of nurse-led care from a heterogenic group of settings. The settings included nurse-led pre-admission clinics of large general and teaching hospitals (2); nurse-led outpatient clinics covering health specialties of surgical, oncology and chronic illness (3); community nurse-led clinics specialising in continence and diabetes (2); and nurse-led clinics attached to general/medical practices (4). The studies were drawn from United Kingdom (5), Malta (1), Sweden (2) and the United States of America (3). Participants of the research are the patients of the nurse-led clinics. The number of participants ranged from 30 to 10. The culture surrounding participants was diverse due to the international mix of the studies and varied socio-economic backgrounds of both the participants and clinic locations.

The phenomenon of interest in this review is the subjective experience of the participants. Some papers described this as 'the lived experience' whilst others 'a description of satisfaction' or 'patient views of…'. All studies used interviews for data collection. Two research groups used semi-structured interviews with open-ended questions and five used in-depth interviews. The remaining used face-to-face or narrative interviews. Various analytical methods were used: thematic analysis (6); interpretative method (1); iterative process (1); manual categorising with a number of reviewers (3). The analysis came from the transcript of interviews that were either audio or visually recorded and transcribed. All researchers delivered the findings as themes or categories.

The methodologies of the studies in this review included the phenomenological-hermeneutic approach (6), the exploratory or descriptive method (3); and grounded theory (2). Different methods of research can be synthesised via meta-aggregation as the synthesis is of findings rather than data, in line with the JBI framework (JBI 2011). The JBI-QARI tool was used to produce a comprehensive set of synthesised findings from the differing methodologies of the research engaging the process of meta-aggregation.

A total of 46 key findings were extracted from the included papers of the review. These findings, with corresponding illustrations from each study, are presented in Table 3. A step in the meta-aggregation process is the identification and analysis of common themes drawn from the findings of the qualitative evidence. Nine categories were derived from the 46 key findings, also presented in Table 3. Further analysis of the categories produced three synthesis statements. The final synthesised statements are presented below with a description of the supporting

categories. The categories and synthesis statements with supporting comments are presented in Table 6. The summary of synthesis is presented in Table 4.

Synthesis Statement 1 – Establishing a Therapeutic Relationship

Five of the nine categories had a common theme. Data analysis revealed nurses' interpersonal skills in company with a holistic approach should be used to develop patient trust. This allows time for patients to feel respected and treated as unique individuals. Similarly, the process of being available and approachable contributes to the establishment of a therapeutic relationship, which positively impacts the experience for patients in a nurse-led environment (Synthesis Statement 1- Table 4).

Category 1 *- Treating patients with respect and as unique individuals contributes to a positive experience.*

Over one quarter of the included studies are represented in this category. All of these studies made reference to the importance of being treated with respect and as unique individuals as contributing to establishment of a therapeutic relationship (Aquilina & Baldacchino 2007; Beaver et al. 2010; Shigaki et al. 2010; Wehbe-Alamah et al. 2011). A number of researchers found that individualised attention during the consultation was a factor in the patients' feelings of being treated as an individual and being respected (Aquilina & Baldacchino 2007; Beaver et al. 2010; Shigaki et al. 2010). The patients' perception of the nurses' caring nature and responsiveness was also illuminated in these studies. An in-depth understanding of cultural beliefs and ways of living was also found to be important to the African American women participating in a

phenomenological study set in an urban nurse-managed clinic (Wehbe-Alamah et al. 2011). A non-judgmental attitude from the nurses was found to be important in clinics situated in urban and mid-western regions of the US, Malta and the UK (Aquilina & Baldacchino 2007; Beaver et al. 2010; Shigaki et al. 2010). It was important for patients to feel respected and treated as unique individuals, which contributed to the development of a therapeutic relationship.

Category 2 *- The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.*

Interpersonal skills of the nurse are illuminated as a factor contributing to the establishment of a therapeutic relationship with seven of the 46 findings and over half of the studies confirming this aspect (Aquilina & Baldacchino 2007; Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Shaw, Williams & Assassa 2000). Compassion, empathy and understanding were characteristics of nurses that contributed to patients' feelings of reassurance and support according to two studies, one conducted in a pre-admission clinic and the other in a breast cancer clinic (Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002). Importance was also placed on nurse specialists providing professional and compassionate support in addition to that sought from patients' relatives and friends (Koinberg, Holmberg & Fridlund 2002). The nurses' skill in building a friendly and open relationship was confirmed by patients of an outpatient nurse-led clinic in Cleveland US where it was acknowledged that a vital feature of their treatment was the 'interpersonal relationship with the nurse practitioner' Planavsky et al. (2001, p. 431).

Category 3 *- Patients expressed trust for the nurse due to the nurses' openness and abilities and this contributed to patients engaging in treatment and care choices.*

Patients were more engaged in treatment and care choices when the openness and abilities of nurses built up a level of trust according to two authors and two of the 46 findings (Edwall et al. 2008; Koinberg, Holmberg & Fridlund 2002). Although less represented within the results, two studies highlighted the centrality of trust. Edwall et al. (2008, p. 776) stated that having a continued nurse-patient relationship ensures openness, development of a supportive rapport and 'a specific professional relationship of trust and respect'. Trust, coupled with the specialist nurses' ability, technical knowledge and continued relationship play a role in engagement in treatment and care, according to participants interviewed in an oncology nurse-led clinic (Koinberg, Holmberg & Fridlund 2002). The authors concur that trust plays an important part in the nurse-patient relationship, impacting patients' experience. This is confirmed by a statement by Koinberg, Holmberg and Fridlund (2002, p. 213) 'Trustful relationships are an important factor for sense of control in women with breast cancer'.

Category 4 *- The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.*

The nurse builds a positive rapport through a holistic approach and the time they give to the patients as stated by five researchers and confirmed in six findings (Beaver et al. 2010; Gilmartin 2004; Shigaki et al. 2010; Wehbe-Alamah et al. 2011; Williams & Jones 2006). Two papers portrayed the holistic nature of the

nurses' treatment of patients as important to the participants' experience (Wehbe-Alamah et al. 2011; Williams & Jones 2006). The time that nurses spent treating patients in a holistic manner was viewed as an important contributing factor to a positive experience. Two researchers verified that patients described a negative experience when they were rushed through the consultation or felt the nurses did not have time for them. Both Beaver et al. (2010) and Gilmartin (2004) state that when patients perceived nurses as being too busy, they were unable to express any concerns openly or alleviate their anxiety or fear, thus confirming the impact this had on their experience of the nurse-led clinic. Three authors established that patients' appreciated and valued the time given to them by the nurse specialist or nurse practitioner (Shigaki et al. 2010; Wehbe-Alamah et al. 2011; Williams & Jones 2006).

Category 5 *- The informal environment and availability of the nurse contributed to the patients' openness and feeling of security and support.*

The availability of the nurse and the informal environment of nurse-led health care allowed the patients' to be more open and experience feelings of security and support according to results of over half the included studies and six of the findings of this review (Edwall et al. 2008; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Wiles 1997; Williams & Jones 2006). In-depth interviews conducted by two researchers illustrated how patients valued the approachability and the informal environment of the nurse specialist or practitioner consultation (Wiles 1997; Williams & Jones 2006). The comparison made by the patients between doctor and nurse consultations was revealed through the interviews. Wiles (1997, p. 732) indicated that patients thought the

nurse was more approachable and accessible due to having more time, whereas the doctor was perceived to be more 'businesslike' and 'hurried'. Interviews conducted by Williams and Jones (2006) revealed patients felt more at ease with a nurse when compared to a doctor, while other researchers' findings concentrated on how patients valued the availability and accessibility of the nurse specialist or practitioner (Edwall et al. 2008; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001). The continued availability relieved anxiety and provided support and reassurance. Planavsky et al. (2001) and Koinberg, Holmberg and Fridlund (2002) found that easy accessibility and continuity of nursing care contributed to forming a therapeutic relationship.

All five categories within this synthesis statement contribute to the establishment of a therapeutic relationship. All of the included studies are represented in Synthesis Statement 1. In each case, the authors concluded that a factor contributing to patients' subjective experience of nurse-led clinics is the establishment of a therapeutic relationship (Aquilina & Baldacchino 2007; Beaver et al. 2010; Edwall et al. 2008; Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Shaw, Williams & Assassa 2000; Shigaki et al. 2010; Wehbe-Alamah et al. 2011; Wiles 1997; Williams & Jones 2006).

Synthesis Statement 2 – Thoughtful and Effective Communication

Successful information transfer can lead to independent decision-making and alleviate fear and anxiety. Synthesis of categories also revealed that the accurate transfer of information to the patient regarding their health entails effective communication using language and methods that meet individual needs and levels of health literacy (Synthesis Statement 2 – Table 4).

Category 1 *- Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.*

In a majority of the included studies participants felt that providing information to patients about the process of health in the context of their disease/illness was an important aspect of health care. This is also confirmed in seven findings of this review (Aquilina & Baldacchino 2007; Beaver et al. 2010; Edwall et al. 2008; Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Shaw, Williams & Assassa 2000). Patients reported that the provision of information and guidance in the disease process assisted them to feel more in control and reduced any fear and anxiety. A study conducted in a pre-admission clinic found that informed decision-making empowered patients in their ability to self-manage their own health care (Gilmartin 2004). Within the same study, eight participants reported dissatisfaction when they perceived they received a limited amount of poor quality information (Gilmartin 2004). This was confirmed by Koinberg, Holmberg and Fridlund (2002) who similarly reported deficiencies in the overall standard of education and information provided to patients. The level of information provided to patients is, therefore, an important factor that impacts patients' experience of nurse-led clinics.

Category 2 *- Communication between the nurse and patient needs to reflect the level of the patients' understanding.*

As confirmed by four authors of the included studies and reflected in four of 46 findings, effective communication between nurse and patient has to reflect the level of patient understanding (Aquilina & Baldacchino 2007; Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002; Shaw, Williams & Assassa 2000). Communication with patients regarding their health care instills confidence and encourages self-management. This is confirmed in Shaw et al's (2000) study where patients were found to be motivated to engage in self-care after having a better understanding of their health care need. The level of the patients' understanding and the importance of the nurse discerning how to communicate health information in a manner that is understood were found to be relevant in three other studies (Aquilina & Baldacchino 2007; Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002). The transcripts of patient interviews within these studies, graphically illustrated the varying levels of presentation required by individual patients. A number of researchers acknowledged the importance of pitching communication at the right level for individual patients (Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002). The use of drawing, illustrations and other techniques tailored to different levels of understanding were recognised as an effective means of communication (Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002).

The two categories within Synthesis Statement 2 are closely linked and illustrate the importance of communicating with patients, giving them the appropriate amount of information and ascertaining their level of health literacy and

understanding. Seven of the eleven included papers are represented in this grouping and demonstrate the importance of this factor on patients' experience of nurse-led clinics (Aquilina & Baldacchino 2007; Beaver et al. 2010; Edwall et al. 2008; Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Shaw, Williams & Assassa 2000).

Synthesis Statement 3 – Clinical Skills and Collaboration

Analysis of the categories revealed that patients respect the ability of specialist nurses but expect them to have high-level clinical and medical knowledge. Collaboration and partnership in the patients' care allowed independence and autonomy, empowering patients in self-care and management of their illness. This contributes to a better and healthier lifestyle and a more positive experience of the nurse-led clinic (Synthesis Statement 3- Table 4).

Category 1 *- Patients appreciated collaborating with the nurses in managing their health care issue.*

Patients appreciated a partnership or collaboration with the nurses in the management of their health care according to results of two studies and confirmed in two findings of this review (Shigaki et al. 2010; Williams & Jones 2006). Rather than an authoritarian relationship, patients preferred a mutual or collaborative relationship (Shigaki et al. 2010). As reflected in interviews conducted by Shigaki et al. (2010), involvement in decision-making affects patient behaviour and leads to engagement in self-care and management. Patients interviewed by Williams and Jones (2006) also indicated a desire to be involved in their health care management and decisions. A patient reported being able to

speak more freely with the nurse, rather than feeling unable to contribute to her health care with a doctor. Participating in one's own health care is, therefore, an important factor impacting patients' experience of nurse-led clinics.

Category 2 *- The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.*

As maintained by five authors of the included studies and reflected in six of the findings of this review, patients' confidence and treatment engagement is dependent upon the level of clinical skills and medical knowledge of the specialist nurse (Edwall et al. 2008; Planavsky et al. 2001; Shigaki et al. 2010; Wiles 1997; Williams & Jones 2006). Patients' expectation, appreciation and respect for the nurse specialist and practitioners' clinic skills and medical knowledge was illustrated in three of the studies (Edwall et al. 2008; Planavsky et al. 2001; Shigaki et al. 2010). Wiles' (1997) study, involving patients with heart disease, highlighted the fact that the patients' perception of the nurses' abilities and medical knowledge impacted their confidence. Additionally, the prescribing ability of the nurse practitioner was important to patients (Williams & Jones 2006). Patients also spoke of their feelings of reassurance knowing the nurse practitioner had specialist knowledge, and that the general practitioner was available if necessary.

Synthesis Statement 3 confirms the importance that patients place on the clinical and medical knowledge of the nurse specialist or practitioners. Patients also believe their behaviour regarding their own health care management is affected by the level of nurse-patient collaboration. Five of the eleven included studies

make reference to this group of findings (Edwall et al. 2008; Planavsky et al. 2001; Shigaki et al. 2010; Wiles 1997; Williams & Jones 2006). Although this is the smallest proportion of findings, it has been shown to be an important contribution to factors that impact patients' experience of nurse-led clinics.

The results of this review highlight three consistent themes that impact patients' subjective experience of nurse-led clinics. The three themes are i) establishment of a therapeutic relationship, (ii) effective communication and (iii) clinical skills and collaboration.

Discussion

The results of this systematic review link patients' subjective experience of nurse-led clinics to the person-centred care model. 'Person-centredness' is a term first coined by Carl Rogers (1902-1987), a renowned American psychologist who founded the humanistic phenomenological approach to psychology in the 1960's (Rogers 1988). His pioneering research has been developed and carried across various domains including education and health. The concept of person-centredness has become embedded in international policy and health care planning as well as in the nursing framework. Seminal studies by Kitwood (1997) as well as more recent research by McCormack and McCance (2006) and others, contributed to the development of key concepts of the model. These concepts consider patients' individuality encompassing beliefs, culture and values, as well as psychosocial aspects, development of mutual trust and respect, choices and preferences whilst providing autonomy, empowerment and holistic health care in a guided, supportive and accessible manner (Bernsten 2006; IAPO

2009; Kitwood 1997; McCance, Slater & McCormack 2009; McCormack 2003; McCormack & McCance 2006; Rademakers et al. 2012). A diagram illustrating the strong links between the synthesis of this systematic review and the person-centred framework can be viewed in Figure 3.

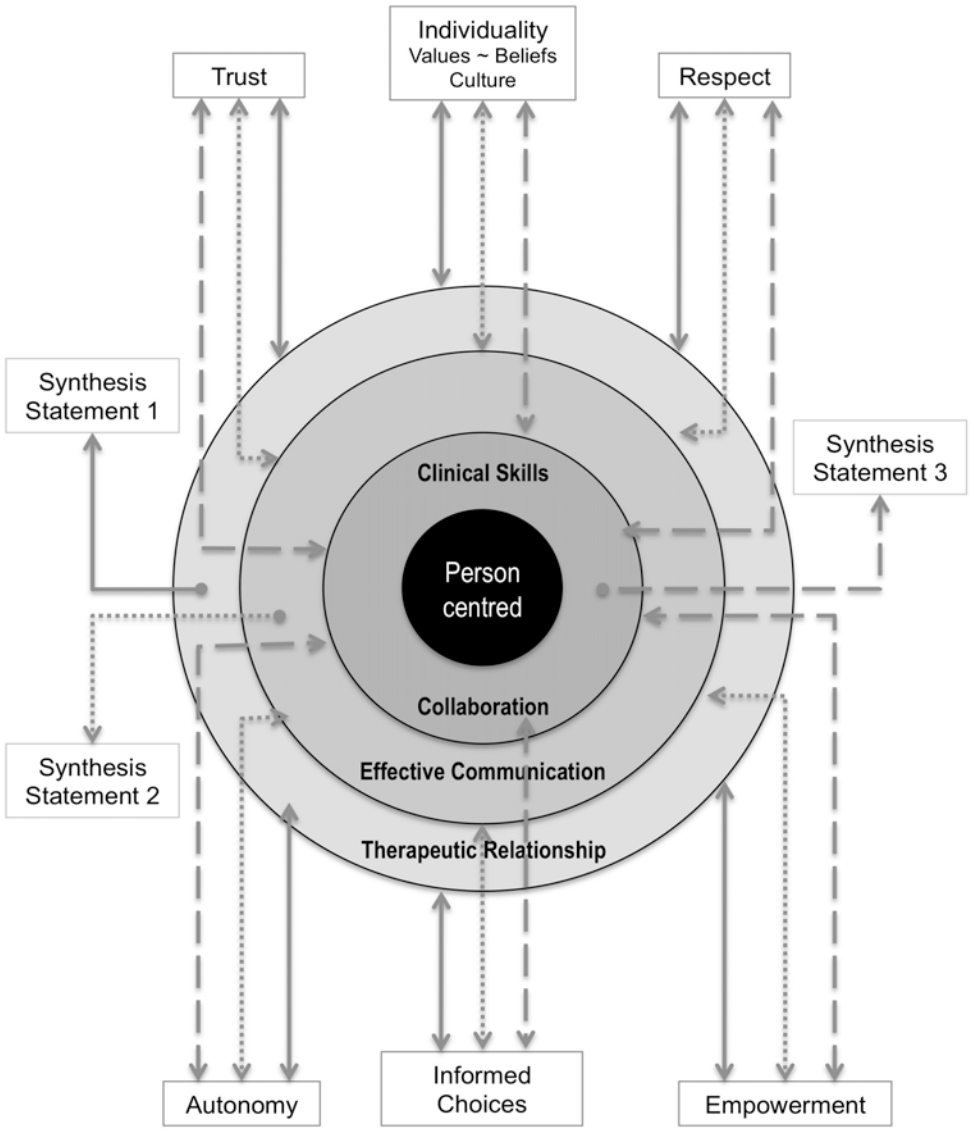


Figure 3 Links between Synthesis and Person-Centred Care Framework

The findings of this review also confirm that the establishment of a therapeutic relationship has a positive impact on patient experience of health care in nurse-led clinic. The results revealed that concepts that contribute to the development of a therapeutic relationship include respect, individualisation, interpersonal skills, trust, openness, availability and holistic health care. Each of these concepts link to those of the person-centred care model. For patients a good relationship is based on rapport, with nurses creating a connection with the patient and developing trust. Stein-Parbury (2009) confirms that an important factor in establishing a therapeutic relationship is treating patients as individuals and with respect. This forms the basis from which a patient builds trust in the specialist nurse or practitioner. Traditionally, the nurses' role is one that is held in high esteem by health care recipients. The attitude and way in which the nurse approaches the consultation with the patient builds on this perception (Anden, Andersson & Rudrbeck 2005). Participants in every identified study voiced their need to be treated with respect and as unique individuals by the nurse specialist or practitioner.

Skills of the specialist nurse or nurse practitioner that improve the patient experience include empathy, compassion, understanding and openness and contribute to the development of a therapeutic relationship (Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002). These skills align with the Rogerian person-centred concepts of 'empathy, congruence and unconditional positive regard' (Rogers 1988, p. 47). Patients' feelings are an important consideration in nurse-led clinics and warrant person-centred, individualised care and emotional support from the nurses (Gilmartin & Wright 2008). Patients also require

individualised interventions to ensure their autonomy is maintained (Gilmartin & Wright 2008; Moser, Houtepen & Widdershoven 2007).

The attitude and interpersonal skills of the nurses are important factors in developing relationships that allow patients to feel confident and able to contribute to their own health care. The development of a therapeutic relationship is, therefore, often seen as a clinical skill in its own right (Stein-Parbury 2008). The nature of nurse-led clinics allows patients to consult with the same nurse over prolonged periods, which offers and builds a therapeutic relationship (Hatchett 2005). The formation of interpersonal and therapeutic relationships based on empathy, compassion, openness and respect link directly to person-centred care and contributes to patient confidence encouraging participation in self-management, which leads to improved health outcomes.

Clear effective communication and provision of timely information contributes to the formation of a good nurse–patient relationship and gives patient's confidence in the health care they are receiving (Ward et al. 2007). Open communication with the nurse specialist is essential if patients are to develop a comprehensive understanding of their illness and/or treatment pathway, which also aligns with the person-centred care concepts. Discerning the needs of individual patients is a skill that nurses need to nurture and develop in order to meet the expectations of those in their care. Whilst some patients prefer full disclosure and detailed explanations, others desire minimal information (Koinberg, Holmberg & Fridlund 2002). The level of health literacy or education inequalities also influences expectations of health care recipients (Rademakers et al. 2012; Swenson et al. 2004). Lowered health literacy has been linked with

poor management of chronic illness and has been found to be a 'social determinant of health outcomes' (Edwards et al. 2012, p. 2). To encourage self-care and ensure patient autonomy and empowerment, it is necessary to use communication tools tailored to the individual level of understanding (Aquilina & Baldacchino 2007; Beaver et al. 2010). This review found that provision of information and communication are key factors impacting patients' experience of nurse-led clinics. Other research (Anden, Andersson & Rudrbeck 2005; Bonsall & Cheater 2008; Desborough, Forrest & Parker 2012; Flynn 2005; Gilmartin 2004; Lloyd-Williams et al. 2005; Mahomed, St John & Patterson [article in press]; McCaughan et al. 2008; Moser, Houtepen & Widdershoven 2007; Shaw, Williams & Assassa 2000) has reached similar conclusions.

Patients expect nurses to have highly developed clinical skills and extensive medical knowledge. Provision of professional and capable nursing staff to provide holistic health care is a concept of the person-centred model of care. This has been shown to affect patient confidence during treatment episodes (Planavsky et al. 2001; Shigaki et al. 2010; Wiles 1997). Confidence creates reassurance, which in turn alleviates feelings of anxiety, vulnerability and fear felt by patients as they put their health care into the hands of another person (Gilmartin & Wright 2008; Stein-Parbury 2009). Patients develop trust in the nurse specialist or practitioner and this leads to a collaborative relationship with the shared goal of a positive health outcome (Wehbe-Alamah et al. 2011; Williams & Jones 2006). The underpinnings of a nurse-led clinic include professionalism, clinical skills and medical knowledge in company with a

recognised system of care. This process includes clinical treatment by well-trained nursing specialists or practitioners (Forbes & While 2009).

Collaboration or a partnership in health care allows patients to become autonomous and empowers them to manage their own illness. The clinical skills and medical knowledge of the nurse are important factors in the provision of information and psychological support to patients (Gilmartin 2004). In line with the person-centred model of care, patients believe that a partnership where they direct their own health care and share in decision-making, results in positive health behaviour yielding a better experience of the nurse-led clinic (Moser, Houtepen & Widdershoven 2007; Wehbe-Alamah et al. 2011).

Person-centred care, tailored to individual needs impacts the patients' experience of health care, specifically nurse-led clinics. The main objectives of this model agree with the key findings of this systematic review. The concepts of a therapeutic relationship such as respect, empathy, compassion and interpersonal skills; as well as effective communication blend to form the basis of person-centred care (Bernsten 2006; McCance, Slater & McCormack 2009; McCormack 2003; Rademakers et al. 2012). Meeting expectations by providing highly skilled nurse specialist or practitioners and ensuring autonomy and empowerment through a partnership or collaborative relationship similarly aligns with person-centred theory.

Limitations

This systematic review is unique in exploring qualitative literature regarding the specific factors that impact patients' subjective experience of nurse-led clinics. In all cases, interviews were used to gather data in the eleven included studies. It is important to note, therefore, that the findings of these studies may have been misinterpreted. While steps were put into place to minimise this effect, it may still have biased the results of this review. A similar bias may have occurred during the selection of the included studies themselves. Likewise, each of the included studies contained a relatively small sample size, which may have affected their results. The heterogeneity of cultures and diversity of health specialties may have also affected the findings of this study. For example, some studies were located in large teaching hospitals in Europe and the US, while other studies were conducted in clinics from low-income areas of less affluent countries. Notwithstanding these limitations, the themes identified in this study have significant implications for nursing practice.

Strengths

The studies included in the systematic review covered an eclectic group of health specialties ranging from acute to primary health nurse-led clinics. The diverse settings across a spectrum of countries, cultures and socioeconomic conditions allowed for generalisation relevant to context.

The methods used for this review ensured the process was systematic and transparent. The process of meta-aggregation was employed in an effort to counter longstanding perceptions of a failure to demonstrate methodological

rigour in qualitative research. This synthesis tool affords results that are transferable and reproducible, therefore limiting bias and subjectivity. The search strategy was inclusive and the majority of relevant papers were located, however it is impossible to claim that all studies in this field were identified due to the dynamic nature of research in this area.

Conclusions

In order to generate knowledge of the experience of those using nurse-led clinics, it is imperative to listen to the patients and transfer such information into a form that can be used to improve services. Patients' subjective lived experiences provide a unique perspective into the factors that are important and contribute to a more positive health care encounter. Disregarding this phenomenon can potentially create an ineffective health care service resulting in poor health outcomes. The message that has emerged from this systematic review is that the concepts of the person-centred care model are key factors impacting patients' subjective experience of nurse-led health care. So as to shape implications for clinical practice, the information from this review needs to be translated into an educational structure.

The findings of this review are an indication of best practice and provide a point of reference for future education programs and research. Development of clinical guidelines regarding the use of a person-centred model of nursing care can be implemented through continued professional development for specialist nurses and nurse practitioners. The current university curricula is based on ethical and professional standards underwritten by professional bodies in Australia and

internationally (ANMC 2012). The philosophy of person-centred nursing underpins these standards and provides a basis for nursing students, neophyte registered nurses and advanced practice nurses when approaching clinical practice. In addition to training in advanced clinical and medical knowledge, it is also essential that longstanding nursing professionals revisit the nursing competencies and professional standards and undergo refresher training in effective communication and interpersonal skills.

Feedback from patient experiences has become a powerful tool in the shaping of health care policy by governments and agencies internationally. Current research into patient experiences of nurse-led clinics has yet to explore the phenomenon across the spectrum of services that currently exist. In order to provide an accurate representation of patient experiences of nurse-led health care, further research is warranted across the range of health specialties.

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Table 1 Included Studies

Author	Methodology	Participants	Phenomena	Setting	Method	Data Analysis	Finding
Aquilina and Baldacchino (2007)	Phenomenological	30 patients, 17 female, 13 male 58-85 years, attending pre-admission clinic	Perception and experience of clinic	Total Joint Replacement pre-admission clinic, general hospital *Qualifications* General nurses – assessment training (Malta)	Semi-structured interviews With open-ended questions	Thematic Analysis	Two themes emerged *Managing a Complex Situation* Patients felt their fear and anxiety was alleviated when pre-operative perceptions and practical needs were addressed through information giving and skills of the nurses. *Experience the Clinic* Patients indicated that interaction and attitude of the nurses and other health care professionals impacted their experience of the clinic.
Beaver et al. (2010)	Exploratory qualitative study	27 patients post-colorectal surgery receiving follow-up care	Perception of experience of nurse specialist follow-up care	Surgical outpatient clinic in large general hospital *Qualifications* Nurse specialists (England)	In-depth interviews. Open ended questions in line with aim	Thematic Analysis – verbatim & coding/cross-coding	Two themes emerged *Knowing what to expect* Expectations and knowledge were important factors adding to patient experiences. *Information and support* Nurse-led clinics' role of providing information and continuity of care is vital to patients' positive experience.

Author	Methodology	Participants	Phenomena	Setting	Method	Data Analysis	Finding
Edwall et al. (2008)	Phenomenological-hermeneutic	20 patients (10 males/10 females) with type 2 diabetes	Lived experience of regular follow-up check ups with diabetes nurse specialist at nurse-led clinic	Two diabetes nurse-led clinics *Qualifications* Nurse specialists (Sweden)	Narrative interviews	Three stage interpretative method 1. naive reading 2. structural analysis 3. interpretation as whole text	Four Themes *Being confirmed* – important to be seen as an individual. *Being guided in disease process* – important to be provided with accurate & relevant information/knowledge. *Becoming confident and independent* – important to learn self-care and empowerment. *Being relieved* – reassurance, support, alleviating anxiety.
Gilmartin (2004)	Phenomenological-hermeneutic	30 participants (17 females/13 males) 19-85 years of age	Perception and experience of patients attending pre-admission clinic	Nurse-led pre-admission clinic in large teaching hospital *Qualifications* General nurses – assessment training (England)	Face to face interviews	Thematic analysis categorised via transcript and coding	Four Themes emerged to be important to patients *Efficient functioning* – caring and efficient environment *Assessment of patient suitability* – clinical assessment *Experience of information giving* – involving knowledge/communication/education *Problem of cancellation* – anxiety at not knowing and inconvenience
Koinberg, Holmberg and Fridlund (2002)	Qualitative Descriptive Design	19 females attending specialist nurse spontaneously post breast cancer surgery	Experience of check with oncology nurse specialist	Oncology outpatient nurse-led clinic of university hospital *Qualifications* Nurse specialists (Sweden)	Face to face interviews	A methodological categorisation – 6 step method of decontextualising	Five categories regarding needs for: *Accessibility; information; trust; confirmation and self caring*. Confirmation and trust are important for patients' feelings of security and a need for information and self care education was evident.

Author	Methodology	Participants	Phenomena	Setting	Method	Data Analysis	Finding
Planavsky et al. (2001)	Phenomenological	22 patients with diabetes or hypertension (22 female & 12 of which were African American)	Perceptions, experience and feelings of patients attending nurse-led clinic and ending the relationship with nurse practitioner	Outpatient clinic of major teaching hospital *Qualifications* Nurse Practitioner (Cleveland, USA)	Unstructured interviews	Categorised by two reviewers into themes using coding and typology (Ware & Davies)	Five common themes emerged regarding importance that patients placed on *interpersonal relationship, continuity of care, self-management, accessibility and clinical treatment.*
Shaw et al. (2000)	Grounded Theory	23 patients (16 females/7 males) 43-86 years of age	Patient views of nurse-led continence clinic	Nurse-led continence service *Qualifications* Nurse Practitioner (Leicestershire UK)	In-depth interviews	Thematic analysis using Qualitative Solutions & Research (QSR) and NUD*ST 4 software tool	Two themes emerged: *interpersonal and clinical skills of the nurse practitioner*.
Shigaki et al. (2010)	Exploratory and descriptive qualitative study	13 patients with diabetes and at least one co-morbidity 56-88 years of age	Patients perception of role of nurses in primary health care settings	University based family medical outpatient practice *Qualifications* Nurse specialists (Midwestern USA)	Semi-structured interviews	Iterative process – thematic analysis	Three themes emerged: *positive regard for the nurse practitioner, availability and a perceived partnership*.
Wehbe-Alamah et al. (2011)	Phenomenological	11 patients (African American females) 18 – 64 years of age	The lived experience of African American women receiving care from nurse-managed clinic in urban setting	Nurse-managed health care clinic in urban setting *Qualifications* General practice nurses (USA – limited income area)	Open-ended interview questions	Colaizzi's seven steps of analysis, NVivo software tool. Thematic	Findings were divided into categories/themes that included the *regard for the nurse practitioner and the developing relationship* as well as the *holistic care* received that takes into account beliefs and culture.

Author	Methodology	Participants	Phenomena	Setting	Method	Data Analysis	Finding
Wiles (1997)	Grounded Theory	22 patients receiving integrated primary/secondary care	Views of patients of follow up care from practice nurses	General practice *Qualifications* General practice nurses (England)	In-depth interviews	Manual analysis identifying categories	Although some patients were concerned about the ability of the practice nurse to be able to meet the seriousness of their illness, they spoke mostly about the *level of knowledge of the practice nurse, the accessibility and approachability as well as the supportive nature*. Authors concluded that the perception of the patient was related to the status of practice nurses within the primary health care team.
Williams and Jones (2006)	Phenomenological – wider case study	10 patients of nurse practitioner	Patients views regarding consulting primary care nurse practitioner	Primary care clinic (general practice) *Qualifications* General practice nurses (Wales, UK)	In-depth interviews	Thematic analysis	*Time matters to patients*, including time to discuss problems as well as *time saved and having problems solved in one visit by resolving all issues*. Patients believed that time taken by the nurse practitioner ensured a deeper understanding of the patients' history and needs.

Table 2 Excluded Studies - with Reasons

Reference	Reason for exclusion
Arthur, V & Clifford, C 2004, 'Rheumatology: the expectations and preferences of patients for their follow-up monitoring care: a qualitative study to determine the dimensions of patient satisfaction', *Journal of Clinical Nursing*, vol. 13, no. 2, pp. 234-242.	Not outcome of interest
Barnes, H, Crumbie, A, Carlisle, C & Pilling, D 2004, 'Patients' perceptions of 'uncertainty' in nurse practitioner consultations', *British Journal of Nursing (BJN)*, vol. 13, no. 22, pp. 1350-1354.	Not outcome of interest
Benten, J 2006, 'Focus on research... Intermediate care: users' experiences of a nurse-led unit', *British Journal of Occupational Therapy*, vol. 69, no. 1, pp. 21-21.	Not setting of interest
Conner, A, Allport, S, Dixon, J & Somerville, A-M 2008, 'Patient perspective: what do palliative care patients think about their care?', *International Journal of Palliative Nursing*, vol. 14, no. 11, pp. 546-552.	Not setting of interest
Costa, MJ 2001 The Lived Perioperative Experience of Ambulatory Surgery Patients. *AORN*, vol 74, no. 6, 874-881.	Not setting of interest
Edwall, L, Danielson, E & Öhrn, I 2010, 'The meaning of a consultation with the diabetes nurse specialist', *Scandinavian Journal of Caring Sciences*, vol. 24, no. 2, pp. 341-348.	Not outcome of interest
Eldh, A, Ehnfors, M & Ekman, I 2006, 'The meaning of patient participation for patients and nurses at a nurse-led clinic for chronic heart failure', *Eur J Cardiovasc Nurs*, vol. 5, no. 1, pp. 45-53.	Not outcome of interest
England, R, Doughty, K, Genc, S & Putkeli, Z 2003, 'Working with refugees: health education and communication issues in a child health clinic', *Health Education Journal*, vol. 62, no. 4, pp. 359-368.	Not outcome of interest
Flanagan, J 2002, 'Nurse and patient perceptions of the pre-admission nursing practice model: linking theory to practice', Ph.D. thesis, Boston College, via c8h (EBSCOhost), <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2004110950&site=ehost-live>.	Not available
Flynn, S 2005, 'Nursing effectiveness: an evaluation of patient satisfaction with a nurse led orthopaedic joint replacement review clinic', *Journal of Orthopaedic Nursing*, vol. 9, no. 3, pp. 156-165..	Not method of interest
Freeman, E, Gibbins, A, Walker, M & Hapeshi, J 2007, "Look after your legs': patients' experience of an assessment clinic', *British Journal of Community Nursing*, vol. 12, no. 3, pp. S19-20, S22-15.	Not outcome of interest
Gilmartin, J & Wright, K 2008, 'Day surgery: patients' felt abandoned during the preoperative wait', *Journal of Clinical Nursing*, vol. 17, no. 18, pp. 2418-2425.	Not outcome of interest
Goodman, H, Davison, J, Preedy, M, Peters, E, Waters, P, Persaud-Rai, B, Shuldham, C, Pepper, J & Cowie, M 2009, 'Patient and staff perspective of a nurse-led support programme for patients waiting for cardiac surgery: participant perspective of a cardiac support programme', *European Journal of Cardiovascular Nursing*, vol. 8, no. 1, pp. 67-73.	Not participants of interest
Hill, J. (1997) Patient satisfaction in a nurse-led rheumatology clinic. *Journal of Advanced Nursing*, vol 25, 347-354.	Not participants of interest
Ingram, J & Salmon, D 2007, "No worries!' Young people's experiences of nurse-led drop-in sexual health services in South West England', *Journal of Research in Nursing*, vol. 12, no. 4, pp. 305-316.	Not method of interest
Jakobsson, L, Hallberg, I & Loven, L 1997, 'Met and unmet nursing care needs in men with prostate cancer. An explorative study. Part II', *European Journal of Cancer Care*, vol. 6, no. 2, pp. 117-123.	: Not setting of interest
Kristjanson, L & Chalmers, K 1990, 'Nurse-client interactions in community-based practice: creating common ground', *Public Health Nursing*, vol. 7, no. 4, pp. 215-223.	Not method of interest

Reference	Reason for exclusion
Krothe, J & Clendon, J 2006, 'Perceptions of effectiveness of nurse-managed clinics: A cross-cultural study', *Public Health Nurs*, vol. 23, no. 3, pp. 242-249.	Not outcome of interest
Lawton, J, Rankin, D, Peel, E & Douglas, M 2009, 'Patients' perceptions and experiences of transitions in diabetes care: a longitudinal qualitative study', *Health Expectations*, vol. 12, no. 2, pp. 138-148.	Not setting of interest
Lloyd-Williams, F, Beaton, S, Goldstein, P, Mair, F, May, C & Capewell, S 2005, 'Patients' and nurses' views of nurse-led heart failure clinics in general practice: A qualitative study', *Chronic Illness*, vol. 1, no. 1, pp. 39-47.	Not participants of interest
Lucas, B 1998, 'Orthopaedic patients' experiences and perceptions of pre-admission assessment clinics', *Journal of Orthopaedic Nursing*, vol. 2, no. 4, pp. 202-208.	Not outcome of interest
Lupari, M, Coates, V, Adamson, G & Crealey, G 2011, "We're just not getting it right'--how should we provide care to the older person with multi-morbid chronic conditions?', *Journal of Clinical Nursing*, vol. 20, no. 9-10, pp. 1225-1235.	Not method of interest
Malkin, K 2000, 'Patients' perceptions of a pre-admission clinic', *Journal of Nursing Management*, vol. 8, no. 2, pp. 107-113.	Not setting of interest
Manthorpe, J, Goodman, C, Drennan, V, Davies, S, Masey, H, Gage, H, Scott, C, Brearley, S & Iliffe, S 2012, 'Nurse-led case management in the National Health Service: Bridging clinical and social worlds', *Primary Health Care Research and Development*, vol. 13, no. 2, pp. 153-164.	Not setting of interest
McCabe, S, Macnee, C & Anderson, M 2001, 'Homeless patients' experience of satisfaction with care', *Arch Psychiatr Nurs*, vol. 15, no. 2, pp. 78-85.	Not setting of interest
McCaughan, E & McSorley, O 2007, 'Consumers' and professionals' perceptions of a breast cancer review clinic', *J Adv Nurs*, vol. 60, no. 4, pp. 419-426.	Not method of interest
McCaughan, E, Parahoo, K, Thompson, K & Reid, S 2008, 'Patients' satisfaction with a community-based, nurse-led benign prostatic hyperplasia assessment clinic', *International Journal of Urological Nursing*, vol. 2, no. 1, pp. 14-21.	Not method of interest
Moser, A, van der Bruggen, H, Widdershoven, G & Spreeuwenberg, C 2008, 'Self- management of type 2 diabetes mellitus: a qualitative investigation from the perspective of participants in a nurse-led, shared-care programme in the Netherlands', *BMC Public Health*, vol. 8, p. 91.	Not outcome of interest
Moser, A, Houtepen, R, van der Bruggen, H, Spreeuwenberg, C & Widdershoven, G 2009, 'Autonomous decision making and moral capacities', *Nursing Ethics*, vol. 16, no. 2, pp. 203-218.	Not outcome of interest
Moser, A, van der Bruggen, H & Widdershoven, G 2006 Competency in shaping one's life: Autonomy of people with type 2 diabetes mellitus in a nurse-led, shared-care setting; a qualitative study. *International Journal of Nursing Studies*, vol 43, no 4, 417-427.	Not outcome of interest
Nygardh, A, Malm, D, Wikby, K & Ahlstrom, G 2012, 'The experience of empowerment in the patient-staff encounter: the patient's perspective', *Journal of Clinical Nursing*, vol. 21, no. 5-6, pp. 897-904.	Not setting of interest
Page, D, Grant, G & Maybury, C 2008, 'Introducing nurse prescribing in a memory clinic: service user and family carer experiences', *Dementia (14713012)*, vol. 7, no. 1, pp. 139-160.	Not participants of interest
Paterson, B, Duffett-Leger, L & Cruttenden, K 2009, 'Contextual factors influencing the evolution of nurses' roles in a primary health care clinic', *Public Health Nursing*, vol. 26, no. 5, pp. 421-429.	Not participants of interest
Pattison, N, Dolan, S, Townsend, P & Townsend, R 2007, 'After critical care: a study to explore patients' experiences of a follow-up service', *Journal of Clinical Nursing*, vol. 16, no. 11, pp. 2122-2131.	Not method of interest

Reference	Reason for exclusion
Perry, C, Thurston, M, Killey, M & Miller, J 2005, 'Nurse-led care. The nurse practitioner in primary care: alleviating problems of access?', *British Journal of Nursing (BJN)*, vol. 14, no. 5, pp. 255-259.	Not participants of interest
Redsell, S, Jackson, C, Stokes, T, Hastings, A & Baker, R 2007, 'Patient expectations of 'first-contact care' consultations with nurse and general practitioners in primary care', *Quality in Primary Care*, vol. 15, no. 1, pp. 5-10.	Not outcome of interest
Richards, G, Morris, M, Booker, S & Johnson, A 2006, 'What do people with type 1 diabetes find helpful in health professionals? Results from a focus group study', *Practical Diabetes International*, vol. 23, no. 6, pp. 249-252.	Not setting of interest
Richards, S, Pound, P, Dickens, A, Greco, M & Campbell, JL 2007, 'Exploring users' experiences of accessing out-of-hours primary medical care services', *Quality & Safety in Health Care*, vol. 16, no. 6, pp. 469-477.	Not setting of interest
Sargent, P, Pickard, S, Sheaff, R & Boaden, R 2007, 'Patient and carer perceptions of case management for long-term conditions', *Health & Social Care in the Community*, vol. 15, no. 6, pp. 511-519.	Not participants of interest
Staniszewska, S & Henderson, L 2005 Patients' evaluations of the quality of care: influencing factors and the importance of engagement. *Journal of Advanced Nursing*, vol 49, no 5, 530-537.	Not setting of interest
Wakefield, B, Holman, J, Ray, A & Scherube, M 2011, 'Patient Perceptions of a Remote Monitoring Intervention for Chronic Disease Management', *Journal of Gerontological Nursing*, vol. 37, no. 4, pp. 16-20.	Not method of interest
Walsh, M & Howkins, D 2002, 'Lessons from a farmers' health service', *Nursing Standard*, vol. 16, no. 16, pp. 33-40.	Not outcome of interest
Ward, V, Hill, J, Hale, C, Bird, H, Quinn, H & Thorpe, R 2007, 'Patient priorities of care in rheumatology outpatient clinics: a qualitative study', *Musculoskeletal Care*, vol. 5, no. 4, pp. 216-228.	Not participants of interest
Wiles, R, Postle, K, Steiner, A & Walsh, B 2003, 'Nurse-led intermediate care: patients' perceptions', *International Journal of Nursing Studies*, vol. 40, no. 1, pp. 61-71..	Not setting of interest
Wilson, K, MacIntosh, J & Getty, G 2007, "'Tapping a tie': successful partnerships in managing addictions with methadone', *Issues in Mental Health Nursing*, vol. 28, no. 9, pp. 977-996.	Not outcome of interest
Wilson, P, Brooks, F, Procter, S & Kendall, S 2012, 'The nursing contribution to chronic disease management: A case of public expectation? Qualitative findings from a multiple case study design in England and Wales', *International Journal of Nursing Studies*, vol. 49, no. 1, pp. 2-14.	Not participants of interest
Zoucha, R 1997, 'The experience of Mexican-Americans receiving professional nursing care: an ethnonursing study', D.N.SC. thesis, RUSH UNIVERSITY, COLLEGE OF NURSING, via c8h (EBSCOhost), <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2000013741&site=ehost-live>.	Not available

Table 3 Summary of Data Extraction

Author	Finding	Illustration	Category
Aquilina and Baldacchino (2007)	When nurses gave patients individualised attention and encouraged them, they felt more positive and confident in their treatment.	'…. I was amazed that they could spend so much time with one person.' 'It was a big difference from the other operation! … The way that the team passed on information to me made me feel that I was respected as an intelligent person.' (p. 199)	**Treating patients with respect and as unique individuals contributes to a positive experience.**
	Patients felt their fear and anxiety was alleviated when the nurse communicated to them information about the process they were going to go through.	'The pre-admission clinic helped to reduce my uncertainties as otherwise I would have spent the weeks before the operation agonising over what would happen when I go to hospital.' (p. 197)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**
	The ability of the nurse to discern the level and way in which to communicate information to each individual patient is a learned skill.	'... perceptions of some patients reflected an internal struggle between the need to know and the apprehension of knowing too much.' (p. 197)	**Communication between the nurse and patient needs to reflect the level of the patients' understanding.**
	The nurses' attitude and the way they interacted with the patients impacted the patients' experience of the clinic.	'The important thing is that you encourage the person like you did with me. I came to the clinic very anxious, but what you told me and the words you used helped me to feel more confident and looking forward to do the operation'. (p. 199)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**
	Patients appreciate the relationship with the nurses and acknowledged the positive effect it has on their experience of the PAC clinic.	'They seem to appreciate the individual attention and caring attitude given to them, the time given to discuss personal issues .....' (p. 199)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**
	Being treated as a unique individual adds to the patients' experience in a positive way and makes them feel respected.	'It is not just the content of the information that is important for the patient but the way the information is given and whether the respondent is confirmed as a human being.' (p. 199)	**Treating patients with respect and as unique individuals contributes to a positive experience.**

Author	Finding	Illustration	Category
Beaver et al. (2010)	Patients appreciated the specialist nurse communicating with them honestly and in a way they could understand. They wanted to know about their body and particularly found written information beneficial.	'When I did come for my check up then (nurse practitioner) was lovely. She drew me diagrams and told me everything and there's so much I didn't know about and she was really good. She was really very good ... She showed me where the lymph nodes were like, she did little dots and everything and that they've taken park of my, part of my rectum away which I didn't realise he'd done that part ... I mean it's best to know isn't it?' (p. 3296)	**Communication between the nurse and patient needs to reflect the level of the patients' understanding.**
	Patients perceived the nurses were too busy and found that communication about access to specialist nurses was poor and felt they were intruding on their time.	'Alright, I had a number to ring the hospital up, but you feel as though you're .... They're always busy aren't they, the stoma nurses.' (p. 3296)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**
	Patients felt that the specialist nurses addressed patients' individual psycho-social needs. The specialist nurses' knowledge about their individual situation ensured their practical and emotional needs were met..	'nurse-led services were commented on favourably in terms of providing information that was tailored to individual needs as well as being responsive to urgent patient concerns ....' (p. 3298)	**Treating patients with respect and as unique individuals contributes to a positive experience.**
	Patients found the information from the specialist nurses helped them to know what to expect and what was normal in their individual cases.	'Those participants who experienced nurse-led follow-up commented favourably on their outpatient consultations in terms of information, support, knowing what to expect and what was 'normal' in their situation.' (p. 3296)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**

Author	Finding	Illustration	Category
Edwall et al. (2008)	Patients put importance on being listened to, believed and remembered. Patients then trusted in the nurse specialist so they could collaborate in their care.	'We chat generally, a nice conversation, without any lecturing .... I am very pleased with it. If I have any small questions or problems, I can take them up with the diabetes nurse specialist and we resolve them together. Every time I have been there and had this discussion, it gives me a little kick. It confirms that things are just as good as they are.' (p. 776)	**Patients expressed trust for the nurse due to the nurses' openness and abilities, and this contributed to patients engaging in treatment and care choices.**
	The patients respected the nurse specialists' clinical and medical knowledge. Medical information communicated well to the patients contributed to a better lifestyle as well as ensured patients' engagement with their treatment/care.	'If my conditions worsens, I feel guilty .... Why, can't I manage it appropriately? If my condition improves ... then I feel happy and positive, that my levels are fairly stable.' (p 776) 'If I have any problems with my blood-sugar equipment, she helps me .. at the same time, I feel a little pressure when I have been to the clinic ... I feel that .. it isn't good ... so I get another little push... I feel that I have to try to do a bit more.' (p. 776)	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**
	The information and support that the nurse practitioner gave to individual patients helped them to become independent when making decisions about and managing their disease.	'I started to think about how I felt when I had been working hard in the garden and realised ... again with the diabetic nurse specialist's help that my blood sugar was too low ... I needed something sweet.' (p. 776)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**
	Patients found the availability of the nurse specialist relieved anxiety and fear through reassurance and support.	'Knowing that the diabetes nurse specialist (DNS) is close by and can be contacted by telephone creates an enormous feeling of safety and in particular security ... in everything I do.' (p. 777).	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**

Author	Finding	Illustration	Category
	Continuity and easy access to the nurse specialist gave the patients a feeling of security and added to their experience being treated at the clinic.	'Continuity and access to the diabetes nurse specialist (DNS) in trust-filled conditions inspired self-care and increased autonomous disease self-management. It also gave the patients freedom and independence to master the disease with their own skills, which implied a feeling of normality despite the chronic illness and gave patients calmness in life as they could contact the DNS if necessary.' (p. 779)	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**
Gilmartin (2004)	Patients felt reassured and appreciated the helpful and caring manner in which nurses advised them about their health problems.	'Several participants commented on the personal attributes displayed by the nurses during the assessment process including empathy, compassion, understanding and flexibility'. (p. 247)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**
	When patients felt rushed through the pre-assessment process they felt unable to be expressive about their concerns.	'The pre-assessment interview was a bit difficult for me because it was rushed. I felt under pressure to be in and out quickly. The atmosphere was not conducive to enabling me to speak openly about personal issues. I was unable to express anxieties about the procedure or ask in-depth questions about the general anesthetic.' (p. 249)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**
	Patients felt that being given information was important and the adequacy of information given impacted on their satisfaction and anxiety.	'I found the pre-operative session to be extremely useful. I received very detailed verbal and written information about the procedure and the after care, which reduced anxiety. It is my body and I would prefer to know what is going to happen ... ' (p. 247)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**
	A caring attitude displayed by the nurses when communicating with the patient about the surgical process contributed to patients feeling more able to cope positively with the upcoming procedure.	'The staff nurse was extremely easy to talk to as we explored issues relating to my health including medications. I liked the way she kept stopping to check out my understanding of the procedure and she encouraged me to ask questions.' (p. 246).	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**

Author	Finding	Illustration	Category
Koinberg, Holmberg and Fridlund (2002)	Patients indicated the importance of them being able to have access the nurse specialist either regularly or on a flexible needs basis.	'I feel that it's been good that I could phone the same nurse and talk to her and if I was specially worried, like in the beginning, then she arrangement an appointment with the doctor so it went very smoothly, I think'. (p. 212)	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**
	Patients had different needs in the level of information they wanted from the knowledgeable, experienced nurse.	'It's hard to take in all the information you get. You listen, but putting all the information you get together and arriving at some conclusion that this is how it is, that's hard. You're so emotional. It's not easy to spread the information in appropriate doses according to each person's needs.' (p. 212)	**Communication between the nurse and patient needs to reflect the level of the patients' understanding.**
	Patients' need for trust in the specialist nurse included specialised medical-technical knowledge and ability, as well as judgment as to whether a doctor needed to be involved.	'I feel trust in the nurse as well as the doctor, my attitude is that you can just as well talk with the nurse and if she thinks that I should see the doctor, then she will arrange it.' (p. 212)	**Patients expressed trust for the nurse due to the nurses' openness and abilities, and this contributed to patients engaging in treatment and care choices.**
	Patients' felt they needed and received support from the specialist nurse as well as people around them. Being able to access the specialist nurse was important to the patient.	'Well, I suppose I've felt that I can phone the nurse and then she has arranged an appointment, there haven't been any problems. But, as I said, one wants to hear every day that one hasn't' got any cancer and that's not possible, but that's about how I feel.' (p. 212)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**
	Patients indicated that the amount of information received from the specialist nurse, as well as education regarding self-care was lacking.	'They could have shown us more and brought women in the same situation together and described in more detail that this is how things are and this is what we're going to do, this is how it's going to be. So a bit more detailed information would have been good, but I think that I've managed it myself, that I think.' (p. 212)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**

Author	Finding	Illustration	Category
Planavsky et al. (2001)	Patients unanimously commented positively about the relationship they had with the nurse practitioner. The relationship had a positive influence on health outcomes and disease management.	' Mr JJ 47 years old, commented that he 'did what I did in the program for you and because how you came across to me'. (p 430) 'The unanimous acknowledgement among respondents that the interpersonal relationship with their nurse practitioner was highly valued suggests a crucial aspect of the health care encounter with patients.' (p. 431)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**
	Patients expressed regret and anxiety at the thought of discontinuing care with the nurse practitioner. Continuing and maintaining a therapeutic relationship was an important factor to them.	'By changing health care providers, the individual faces uncertainty that a new clinician may modify a plan of care that has been effective previously or fail to recognise the importance of many of these non-medical issues.' (p. 431)	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**
	Patients appreciated and became hopeful from the health information and education they received from the nurse practitioner on learning how to self-manage their health issues.	' Comments such as 'You taught me a lot about how to take my medications' ..... 'The next time you see me, I'll be 50 pounds lighter. I want to save my kidneys and my eyes, so I don't end up like my brother on dialysis.' (p. 430)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**
	The patients appreciated the clinical and technical skills of the nurse practitioner.	'I feel I've had the best possible care this past year - better than with other practitioners in the past'. (p. 430)	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**
Shaw et al. (2000)	The good interpersonal skills of the nurse practitioner leads to improved communication that in turn leads to a more trusting relationship. It is believed that this relationship encouraged patients to be more engaged with their self-care.	'An informal, friendly approach by nurses with good communication skills relieved patients' embarrassment and anxiety, giving them confidence and trust in the nurses, thus facilitating information exchange and effectiveness of care'. (p. 574)	**The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.**

Author	Finding	Illustration	Category
	The clinical skills (technical skills and knowledge) and specialisation, displayed by the nurses and communication with the patients regarding medical treatment gave patients confidence in the nurse and resulted in a better understanding, therefore engagement in self-management and self-care.	'Understanding of the reasons for advice and treatment and some of the background physiology gave patients motivation to comply with treatment.' (p 577) 'Specialising in one subject, you know more about that subject, and therefore they can help you more than what an ordinary nurse can...' (p. 578)	**Communication between the nurse and patient needs to reflect the level of the patients' understanding.**
	Giving information required by patients - patients felt it was important to have all aspects of treatment and care, feedback on results of investigations, and understanding basic physiology.	'Well, when we got to the end of collecting all this urine, well not collecting it but, measuring it, and measuring the pads, and the rest of it, and I never did find out, what she thought about the pads or anything,...' (p. 579)	**Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.**
Shigaki et al. (2010)	Patients respected and trusted the specialist nurse due to her giving them time and the availability of the specialist nurse.	'She sits down and talks to you, 'Ok, what's going on?' Or, 'What new things have you done?' or 'What is it that you haven't been doing?' That's one of the things that helps ... So I think that's the biggest thing, is they just take the time to go over things. They explain things if you don't understand them.' (p. 134)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**
	Patient responses illustrated the important role the nurse specialist played in their lives. The patients held the specialist nurse in high regard and this impacted compliance with health management.	' ... she is a very fine professional ... the best (nurse) we have ever had.' (p 134) 'Actually, my health has gotten better since I've been with them .... they don't want calluses on my feet, so she'll chew me out those times I'm not taking care of my feet well enough. I pretty much do it automatically now.' (p. 134)	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**

Author	Finding	Illustration	Category
	A perceived partnership was valued by the patients and contributed to compliance and promoted self-care, autonomy and achieved positive outcomes.	'They're really working hard with me with that because they know how I feel about it ... but I know it's all up to me ... I'm the one that really has to do this, but they are telling me and letting me know, and they're in my corner .... it was explained to me that they can sit and talk all day long, but I got to be the one I got to go through the motions of eating right and taking the medicine on time and all that stuff ... That ain't up to them. But that keeps me going.' (p. 135)	**Patients appreciated collaborating with the nurses in managing their health care issue.**
	Patients appreciated being heard, respected and having the specialist nurses' attention. The developing relationship contributed to engagement with self-care.	'I don't know how she does it, but she does. She lets me know when I need to do something, when I need to change something without ticking me off. And I think it takes a respect on both parties to get to a point where you can do that.' (p 136) 'All I'm saying about (nurse) is that lady is the first person that's ever paid attention. I never had that kind of attention paid to me.' (p. 136)	**Treating patients with respect and as unique individuals contributes to a positive experience.**
Wehbe-Alamah et al. (2011)	Patients valued the time that the nurse practitioner spent with them. They felt like they were receiving personalised care and being treated as an individual.	'Nurse practitioners show more care than physicians. Nurse practitioners spend more time with patients and take more time to explain things better than physicians. 'When she explains stuff to me she is really down to earth. She doesn't talk over my head..... I feel like a person instead of a number.' (p. 22)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**

Author	Finding	Illustration	Category
	Patients respected the nurse practitioners openness and her non-judgmental attitude which promoted health and well-being.	'The doctor I went to before, he was not open to me. But here she (nurse practitioner) did not pass no judgment on me and she did not close her mind. That is what I respected the most. She still explored everything and didn't just blame my drugs. Sometimes my other doctor would make me feel so ashamed about my drug use that I just wouldn't go back when I needed to because it was a terrible experience for me mentally.' (p. 22)	**Treating patients with respect and as unique individuals contributes to a positive experience.**
	Patients felt the nurse practitioner care was holistic and that she did not only care about a specific health problem but approached them as a whole person. Many patients felt this improved their quality of life overall.	'These women appreciated the non-judgmental, trusting relationships they developed with nurse practitioners over time.' (p. 24)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**
	An in-depth understanding and respect of cultural aspects and beliefs of the patients is a major factor in the patient experience.	'.... a greater understanding of ..... cultural beliefs, expressions and practices and assists nurse practitioners in providing cultural competent, beneficial and satisfying care to African American women.' (p. 24)	**Treating patients with respect and as unique individuals contributes to a positive experience.**
Wiles (1997)	The patients' perception of the practice nurses' ability and knowledge regarding their health issue (cardiac) affected their confidence in the care they were receiving. They felt more confident knowing that a GP was accessible.	'I had a problem one week and, no question about it, she wasn't sure so she went and found out. It wasn't a matter of 'perhaps next time you see the doctor you might mention it'. It was 'I'm not sure, let me go and find out'. She doesn't leave anything to doubt and if she doesn't know what she is going, she will sort something out.' (p. 731)	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**

Author	Finding	Illustration	Category
	Patients who perceived their conditions, as 'more serious' would prefer a more specialised nurse for their cardiac problems.	'They (the practice nurses) weren't at the hospital so they don't really know what happened. She obviously knew I'd had a heart attack but she didn't know that I had to be resuscitated in hospital ... the cardiac liaison sisters, they've been trained in cardiac problems. In fact, probably as much as some doctors - they probably know more than a GP would know because they are dealing with that kind of thing all the time.' (p. 732)	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**
	Patients felt comfortable in the informal environment when visiting the practice nurse. The approachability and accessibility made the patient feel more at easy and supported.	'She's a lovely person... She knows how I feel, she is wonderful, really wonderful. She is very patient and willing to explain everything. ..... Whereas the doctor is there to cure you or whatever, more businesslike. Although the nurse is there to do a job she's not under as much pressure, she has a bit more time.' (p. 731)	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**
Williams and Jones (2006)	Patients felt that the holistic treatment and time taken by the nurse practitioner impacted their experience of the clinic. The time the nurse practitioner spent with the patients was seen as an advantage over seeing a general practitioner.	'I was seeing the doctor to begin with, but we weren't really getting anywhere. I mean he's have the prescription pad out as I was walking through the door ..... But when I started seeing her (nurse practitioner), she made me feel it's perfectly OK to feel the way I do ... or at least it can be explained. And that there's other ways of dealing with it than taking those antidepressants all the time because, honestly, I think they were making me worse if anything. But I suppose (the GP) just hasn't got the time has he? I mean, he's so busy; he hasn't got the time to look at things in another way.' (p. 190)	**The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.**

Author	Finding	Illustration	Category
	The nurse practitioners' knowledge and information giving, whilst respecting individual beliefs, resulted in patients receiving support for self-management.	'I'm a vegetarian and I don't really like taking medicines at all. They're trained to take the clinical view, which is what you want, and that's fine, but with the best will in the world, they're not always receptive to other things, are they? I find with (nurse practitioner) she's much more up on recent developments. I think if the GP has a treatment that he knows works quite well, and he's been prescribing it for the last ten years, well, why change it?..... But with her, she moves with the times - she's an absolute mine of information and I mean good quality information. I mean, I can look out there on the internet, but theres' such a lot of rubbish out there - you really could waste a lot of your own time. So she's my kind of 'filter'! It was her that found out about this yam cream for me through something she had through some company or other, and I can buy that from the health food shop. So it's saving everyone all round in the long run, isn't it?' (p. 192)	**Patients appreciated collaborating with the nurses in managing their health care issue.**
	Patients felt more at ease and able to speak more openly about their health issues in the informal environment of the nurse practitioner consultation rooms	'... I do feel more at ease with her - she's just more, what's the word, human, more normal. I know my lifestyle could do with some attention, but she never tells me off about things like drinking and smoking. Not that she doesn't try to persuade me to give up mind, but she's gentle about it.' (p. 191)	**The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.**
	The clinical skills and ability of nurse practitioners to prescribe was also seen as a time-saving advantage. Patients' respected the knowledge and ability of the nurse practitioners.	'The nurse practitioner's ability to prescribe, as perceived by patients, was one of the most important features of time-saving, and her role in this respect was valued by patients.	**The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.**

Table 4 Synthesis Summary

Synthesis Statement 1 – Establishing a therapeutic relationship		
Author	**Finding**	**Illustration**
Category - Treating patients with respect and as unique individuals contributes to a positive experience.		
Aquilina and Baldacchino (2007)	When nurses gave patients individualised attention and encouraged them, they felt more positive and confident in their treatment.	'…. I was amazed that they could spend so much time with one person.' 'It was a big difference from the other operation! … The way that the team passed on information to me made me feel that I was respected as an intelligent person.' (p. 199)
Aquilina and Baldacchino (2007)	Being treated as a unique individual adds to the patients' experience in a positive way and makes them feel respected.	'It is not just the content of the information that is important for the patient but the way the information is given and whether the respondent is confirmed as a human being.' (p. 199)
Beaver et al. (2010)	Patients felt that the specialist nurses addressed patients' individual psycho-social needs. The specialist nurses' knowledge about their individual situation ensured their practical and emotional needs were met..	'nurse-led services were commented on favourably in terms of providing information that was tailored to individual needs as well as being responsive to urgent patient concerns ....' (p. 3298)
Shigaki et al. (2010)	Patients appreciated being heard, respected and having the specialist nurses' attention. The developing relationship contributed to engagement with self-care.	'I don't know how she does it, but she does. She lets me know when I need to do something, when I need to change something without ticking me off. And I think it takes a respect on both parties to get to a point where you can do that.' (p. 136) 'All I'm saying about (nurse) is that lady is the first person that's ever paid attention. I never had that kind of attention paid to me.' (p. 136)
Wehbe-Alamah et al. (2011)	Patients respected the nurse practitioners openness and her non-judgmental attitude which promoted health and well-being.	'The doctor I went to before, he was not open to me. But here she (nurse practitioner) did not pass no judgment on me and she did not close her mind. That is what I respected the most. She still explored everything and didn't just blame my drugs. Sometimes my other doctor would make me feel so ashamed about my drug use that I just wouldn't go back when I needed to because it was a terrible experience for me mentally.' (p. 22)
Wehbe-Alamah et al. (2011)	An in-depth understanding and respect of cultural aspects and beliefs of the patients is a major factor in the patient experience.	'.... a greater understanding of ..... cultural beliefs, expressions and practices and assists nurse practitioners in providing cultural competent, beneficial and satisfying care to African American women.' (p. 24)

Author	Finding	Illustration
Category - The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment.		
Aquilina and Baldacchino (2007)	The nurses' attitude and the way they interacted with the patients impacted the patients' experience of the clinic.	'The important thing is that you encourage the person like you did with me. I came to the clinic very anxious, but what you told me and the words you used helped me to feel more confident and looking forward to do the operation'. (p. 199)
Aquilina and Baldacchino (2007)	Patients appreciate the relationship with the nurses and acknowledged the positive effect it has on their experience of the PAC clinic.	'They seem to appreciate the individual attention and caring attitude given to them, the time given to discuss personal issues .....' (p. 199)
Gilmartin (2004)	Patients felt reassured and appreciated the helpful and caring manner in which nurses advised them about their health problems.	'Several participants commented on the personal attributes displayed by the nurses during the assessment process including empathy, compassion, understanding and flexibility'. (p. 247)
Gilmartin (2004)	A caring attitude displayed by the nurses when communicating with the patient about the surgical process contributed to patients feeling more able to cope positively with the upcoming procedure.	'The staff nurse was extremely easy to talk to as we explored issues relating to my health including medications. I liked the way she kept stopping to check out my understanding of the procedure and she encouraged me to ask questions.' (p. 246).
Koinberg, Holmberg and Fridlund (2002)	Patients' felt they needed and received support from the specialist nurse as well as people around them. Being able to access the specialist nurse was important to the patient.	'Well, I suppose I've felt that I can phone the nurse and then she has arranged an appointment, there haven't been any problems. But, as I said, one wants to hear every day that one hasn't' got any cancer and that's not possible, but that's about how I feel.' (p. 212)
Planavsky et al. (2001)	Patients unanimously commented positively about the relationship they had with the nurse practitioner. The relationship had a positive influence on health outcomes and disease management.	' Mr JJ 47 years old, commented that he 'did what I did in the program for you and because how you came across to me'. (p. 430) 'The unanimous acknowledgement among respondents that the interpersonal relationship with their nurse practitioner was highly valued suggests a crucial aspect of the health care encounter with patients.' (p. 431)

Author	Finding	Illustration
Shaw et al. (2000)	The good interpersonal skills of the nurse practitioner leads to improved communication that in turn leads to a more trusting relationship. It is believed that this relationship encouraged patients to be more engaged with their self-care.	'An informal, friendly approach by nurses with good communication skills relieved patients' embarrassment and anxiety, giving them confidence and trust in the nurses, thus facilitating information exchange and effectiveness of care'. (p. 574)
Category - Patients expressed trust for the nurse due to the nurses' openness and abilities, and this contributed to patients engaging in treatment and care choices.		
Edwall et al. (2008)	Patients put importance on being listened to, believed and remembered. Patients then trusted in the nurse specialist so they could collaborate in their care.	'We chat generally, a nice conversation, without any lecturing .... I am very pleased with it. If I have any small questions or problems, I can take them up with the diabetes nurse specialist and we resolve them together. Every time I have been there and had this discussion, it gives me a little kick. It confirms that things are just as good as they are.' (p. 776)
Koinberg, Holmberg and Fridlund (2002)	Patients' need for trust in the specialist nurse included her specialised medical-technical knowledge and ability, as well as her judgment as to whether a doctor needed to be involved.	'I feel trust in the nurse as well as the doctor, my attitude is that you can just as well talk with the nurse and if she thinks that I should see the doctor, then she will arrange it.' (p. 212)
Category - The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse.		
Beaver et al. (2010)	Patients perceived the nurses were too busy and found that communication about access to specialist nurses was poor and felt they were intruding on their time.	'Alright, I had a number to ring the hospital up, but you feel as though you're .... They're always busy aren't they, the stoma nurses.' (p. 3296)
Gilmartin (2004)	When patients felt rushed through the pre-assessment process they felt unable to be expressive about their concerns.	'The pre-assessment interview was a bit difficult for me because it was rushed. I felt under pressure to be in and out quickly. The atmosphere was not conducive to enabling me to speak openly about personal issues. I was unable to express anxieties about the procedure or ask in-depth questions about the general anesthetic.' (p. 249)
Shigaki et al. (2010)	Patients respected and trusted the specialist nurse due to her giving them time and the availability of the specialist nurse.	'She sits down and talks to you, 'Ok, what's going on?' Or, 'What new things have you done?' or 'What is it that you haven't been doing?' That's one of the things that helps ... So I think that's the biggest thing, is they just take the time to go over things. They explain things if you don't understand them.' (p. 134)

Author	Finding	Illustration
Wehbe-Alamah et al. (2011)	Patients valued the time that the nurse practitioner spent with them. They felt like they were receiving personalised care and being treated as an individual.	'Nurse practitioners show more care than physicians. Nurse practitioners spend more time with patients and take more time to explain things better than physicians. 'When she explains stuff to me she is really down to earth. She doesn't talk over my head..... I feel like a person instead of a number.' (p. 22)
(Wehbe-Alamah et al. 2011)	Patients felt the nurse practitioner care was holistic and that she did not only care about a specific health problem but approached them as a whole person. Many patients felt this improved their quality of life overall.	'These women appreciated the non-judgmental, trusting relationships they developed with nurse practitioners over time.' (p. 24)
Williams and Jones (2006)	Patients felt that the holistic treatment and time taken by the nurse practitioner impacted their experience of the clinic. The time the nurse practitioner spent with the patients was seen as an advantage over seeing a general practitioner.	'I was seeing the doctor to begin with, but we weren't really getting anywhere. I mean he's have the prescription pad out as I was walking through the door ..... But when I started seeing her (nurse practitioner), she made me feel it's perfectly OK to feel the way I do ... or at least it can be explained. And that there's other ways of dealing with it than taking those antidepressants all the time because, honestly, I think they were making me worse if anything. But I suppose (the GP) just hasn't got the time has he? I mean, he's so busy; he hasn't got the time to look at things in another way.' (p. 190)
Category - The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support.		
Edwall et al. (2008)	Patients found the availability of the nurse specialist relieved anxiety and fear through reassurance and support.	'Knowing that the diabetes nurse specialist (DNS) is close by and can be contacted by telephone creates an enormous feeling of safety and in particular security ... in everything I do.' (p. 777).
Edwall et al. (2008)	Continuity and easy access to the nurse specialist gave the patients a feeling of security and added to their experience being treated at the clinic.	'Continuity and access to the diabetes nurse specialist (DNS) in trust-filled conditions inspired self-care and increased autonomous disease self-management. It also gave the patients freedom and independence to master the disease with their own skills, which implied a feeling of normality despite the chronic illness and gave patients calmness in life as they could contact the DNS if necessary.' (p. 779)

Author	Finding	Illustration
Koinberg, Holmberg and Fridlund (2002)	Patients indicated the importance of them being able to have access the nurse specialist either regularly or on a flexible needs basis.	'I feel that it's been good that I could phone the same nurse and talk to her and if I was specially worried, like in the beginning, then she arrangement an appointment with the doctor so it went very smoothly, I think'. (p. 212)
Planavsky et al. (2001)	Patients expressed regret and anxiety at the thought of discontinuing care with the nurse practitioner. Continuing and maintaining a therapeutic relationship was an important factor to them.	'By changing health care providers, the individual faces uncertainty that a new clinician may modify a plan of care that has been effective previously or fail to recognise the importance of many of these non-medical issues.' (p. 431)
Wiles (1997)	Patients felt comfortable in the informal environment when visiting the practice nurse. The approachability and accessibility made the patient feel more at easy and supported.	'She's a lovely person... She knows how I feel, she is wonderful, really wonderful. She is very patient and willing to explain everything. ..... Whereas the doctor is there to cure you or whatever, more businesslike. Although the nurse is there to do a job she's not under as much pressure, she has a bit more time.' (p. 731)
Williams and Jones (2006)	Patients felt more at ease and able to speak more openly about their health issues in the informal environment of the nurse practitioner consultation rooms	'... I do feel more at ease with her - she's just more, what's the word, human, more normal. I know my lifestyle could do with some attention, but she never tells me off about things like drinking and smoking. Not that she doesn't try to persuade me to give up mind, but she's gentle about it.' (p. 191)
Synthesis Statement 2 – Thoughtful and Effective Communication		
Category - Information given to patients regarding their disease/illness and the health process is an important aspect of their health care.		
Aquilina and Baldacchino (2007)	Patients felt their fear and anxiety was alleviated when the nurse communicated to them information about the process they were going to go through.	'The pre-admission clinic helped to reduce my uncertainties as otherwise I would have spent the weeks before the operation agonising over what would happen when I go to hospital.' (p. 197)
Beaver et al. (2010)	Patients found the information from the specialist nurses helped them to know what to expect and what was normal in their individual cases.	'Those participants who experienced nurse-led follow-up commented favourably on their outpatient consultations in terms of information, support, knowing what to expect and what was 'normal' in their situation.' (p. 3296)
Edwall et al. (2008)	The information and support that the nurse practitioner gave to individual patients helped them to become independent when making decisions about and managing their disease.	'I started to think about how I felt when I had been working hard in the garden and realised .... again with the diabetic nurse specialist's help that my blood sugar was too low .... I needed something sweet.' (p. 776)

Author	Finding	Illustration
Gilmartin (2004)	Patients felt that being given information was important and the adequacy of information given impacted on their satisfaction and anxiety.	'I found the pre-operative session to be extremely useful. I received very detailed verbal and written information about the procedure and the after care, which reduced anxiety. It is my body and I would prefer to know what is going to happen ... ' (p. 247)
Koinberg, Holmberg and Fridlund (2002)	Patients indicated that the amount of information received from the specialist nurse, as well as education regarding self-care was lacking.	'They could have shown us more and brought women in the same situation together and described in more detail that this is how things are and this is what we're going to do, this is how it's going to be. So a bit more detailed information would have been good, but I think that I've managed it myself, that I think.' (p. 212)
Planavsky et al. (2001)	Patients appreciated and became hopeful from the health information and education they received from the nurse practitioner on learning how to self-manage their health issues.	' Comments such as 'You taught me a lot about how to take my medications' ..... 'The next time you see me, I'll be 50 pounds lighter. I want to save my kidneys and my eyes, so I don't end up like my brother on dialysis.' (p. 430)
Shaw et al. (2000)	Giving information required by patients - patients felt it was important to have all aspects of treatment and care, feedback on results of investigations, and understanding basic physiology.	'Well, when we got to the end of collecting all this urine, well not collecting it but, measuring it, and measuring the pads, and the rest of it, and I never did find out, what she thought about the pads or anything,...' (p. 579)
Category - Communication between the nurse and patient needs to reflect the level of the patients' understanding.		
Aquilina and Baldacchino (2007)	The ability of the nurse to discern the level and way in which to communicate information to each individual patient is a learned skill.	'... perceptions of some patients reflected an internal struggle between the need to know and the apprehension of knowing too much.' (p. 197)
Beaver et al. (2010)	Patients appreciated the specialist nurse communicating with them honestly and in a way they could understand. They wanted to know about their body and particularly found written information beneficial.	'When I did come for my check up then (nurse practitioner) was lovely. She drew me diagrams and told me everything and there's so much I didn't know about and she was really good. She was really very good ... She showed me where the lymph nodes were like, she did little dots and everything and that they've taken park of my, part of my rectum away which I didn't realise he'd done that part ... I mean it's best to know isn't it?' (p. 3296)

Author	Finding	Illustration
Koinberg, Holmberg and Fridlund (2002)	Patients had different needs in the level of information they wanted from the knowledgeable, experienced nurse.	'It's hard to take in all the information you get. You listen, but putting all the information you get together and arriving at some conclusion that this is how it is, that's hard. You're so emotional. It's not easy to spread the information in appropriate doses according to each person's needs.' (p. 212)
Shaw et al. (2000)	The clinical skills (technical skills and knowledge) and specialisation, displayed by the nurses and communication with the patients regarding medical treatment gave patients confidence in the nurse and resulted in a better understanding, therefore engagement in self-management and self-care.	'Understanding of the reasons for advice and treatment and some of the background physiology gave patients motivation to comply with treatment.' (p. 577) 'Specialising in one subject, you know more about that subject, and therefore they can help you more than what an ordinary nurse can...' (p. 578)
Synthesis Statement 3 – Clinical Skills and Collaboration		
Author	**Finding**	**Illustration**
Category - Patients appreciated collaborating with the nurses in managing their health care issue.		
Shigaki et al. (2010)	A perceived partnership was valued by the patients and contributed to compliance and promoted self-care, autonomy and achieved positive outcomes.	'They're really working hard with me with that because they know how I feel about it ... but I know it's all up to me ... I'm the one that really has to do this, but they are telling me and letting me know, and they're in my corner .... it was explained to me that they can sit and talk all day long, but I got to be the one I got to go through the motions of eating right and taking the medicine on time and all that stuff ... That ain't up to them. But that keeps me going.' (p. 135)

Author	Finding	Illustration
Williams and Jones (2006)	The nurse practitioners' knowledge and information giving, whilst respecting individual beliefs, resulted in patients receiving support for self-management.	'I'm a vegetarian and I don't really like taking medicines at all. They're trained to take the clinical view, which is what you want, and that's fine, but with the best will in the world, they're not always receptive to other things, are they? I find with (nurse practitioner) she's much more up on recent developments. I think if the GP has a treatment that he knows works quite well, and he's been prescribing it for the last ten years, well, why change it?..... But with her, she moves with the times - she's an absolute mine of information and I mean good quality information. I mean, I can look out there on the internet, but theres' such a lot of rubbish out there - you really could waste a lot of your own time. So she's my kind of 'filter'! It was her that found out about this yam cream for me through something she had through some company or other, and I can buy that from the health food shop. So it's saving everyone all round in the long run, isn't it?' (p. 192)
Category - The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care.		
Edwall et al. (2008)	The patients respected the nurse specialists' clinical and medical knowledge. Medical information communicated well to the patients contributed to a better lifestyle as well as ensured patients' engagement with their treatment/care.	'If my conditions worsens, I feel guilty .... Why, can't I manage it appropriately? If my condition improves ... then I feel happy and positive, that my levels are fairly stable.' (p. 776) 'If I have any problems with my blood-sugar equipment, she helps me ... at the same time, I feel a little pressure when I have been to the clinic ... I feel that .... it isn't good ... so I get another little push... I feel that I have to try to do a bit more.' (p. 776)
Planavsky et al. (2001)	The patients appreciated the clinical and technical skills of the nurse practitioner.	'I feel I've had the best possible care this past year - better than with other practitioners in the past'. (p. 430)
Shigaki et al. (2010)	Patient responses illustrated the important role the nurse specialist played in their lives. The patients held the specialist nurse in high regard and this impacted compliance with health management.	' ... she is a very fine professional ... the best (nurse) we have ever had.' (p. 134) 'Actually, my health has gotten better since I've been with them ....they don't want calluses on my feet, so she'll chew me out those times I'm not taking care of my feet well enough. I pretty much do it automatically now.' (p. 134)
Wiles (1997)	The patients' perception of the practice nurses' ability and knowledge regarding their health issue (cardiac) affected their confidence in the care they were receiving. They felt more confident knowing that a GP was accessible.	'I had a problem one week and, no question about it, she wasn't sure so she went and found out. It wasn't a matter of 'perhaps next time you see the doctor you might mention it'. It was 'I'm not sure, let me go and find out'. She doesn't leave anything to doubt and if she doesn't know what she is going, she will sort something out.' (p. 731)

Author	Finding	Illustration
Wiles (1997)	Patients who perceived their conditions, as 'more serious' would prefer a more specialised nurse for their cardiac problems.	'They (the practice nurses') weren't at the hospital so they don't really know what happened. She obviously knew I'd had a heart attack but she didn't know that I had to be resuscitated in hospital ... the cardiac liaison sisters, they've been trained in cardiac problems. In fact, probably as much as some doctors - they probably know more than a GP would know because they are dealing with that kind of thing all the time.' (p. 732)
(Williams & Jones 2006)	The clinical skills and ability of nurse practitioners to prescribe was also seen as a time-saving advantage. Patients' respected the knowledge and ability of the nurse practitioners.	'The nurse practitioner's ability to prescribe, as perceived by patients, was one of the most important features of time-saving, and her role in this respect was valued by patients.

Table 5 Synopsis of Excluded Studies

Reason for Exclusion	**Number of studies excluded**
Not participant of interest	236
Not phenomenon of interest	98
Not setting of interest	217
Not method of interest	21
Not available in full text	2
Total	**574**

Table 6 Categories and Synthesis Statements

Category	Synthesis Statement
Treating patients with respect and as unique individuals contributes to a positive experience. Patients' subjective experience is impacted by the way they are treated by the nurses. Being treated with respect and as a unique individual contributes to a more positive experience leading to them feeling more confident in the treatment.	**Synthesis 1 - Establishing a therapeutic relationship** Interpersonal skills and a holistic approach should be used in developing trust and allowing time for patients to feel respected and treated as unique individuals. Being available and approachable for patients contributes to the establishment a therapeutic relationship ensuring a positive experience for patients of a nurse-led clinic.
The interpersonal skills of the nurse contributed to the developing therapeutic relationship by encouraging the patients in their treatment. The nurses' attitude and interaction style affected patients' experience. A positive and caring attitude resulted in encouraging a more confident and less anxious patient.	
Patients expressed trust for the nurse due to the nurses' openness and abilities, and this contributed to patients engaging in treatment and care choices. As patients felt heard, believed and remembered, they developed trust ensuring patients' engagement in treatment and care choices.	
The holistic approach of the nurse and time given to the patients allowed a positive rapport to be built between patient and nurse. Patients appreciated not being rushed and believed that being given time was a measure of respect from the nurse.	
The informal environment and availability of the nurse contributed to the patients openness and feeling of security and support. Patients felt able to speak openly and honestly in a non-judgmental environment, and this contributed to a positive experience of the nurse-led clinic.	

Category	Synthesis Statement
Information given to patients regarding their disease/illness and the health process is an important aspect of their health care. Patients felt they were able to make decisions about their own health care when they had the information. This also alleviated their fear and anxiety.	**Synthesis 2 - Thoughtful and Effective Communication** To ensure accurate transfer of information to the patient regarding their health entails effective communication using language and methods that meet individual needs and levels of health literacy. Successful information transfer can lead to independent decision-making and alleviate fear and anxiety.
Communication between the nurse and patient needs to reflect the level of the patients' understanding. Patients appreciated nurses explaining their illness and health care in plain language and in terms that they understood. This resulted in higher levels of compliance.	
Patients appreciated collaborating with the nurses in managing their health care issue. Patients appreciated the support from the nurses and the independence it created for them in their daily lives.	**Synthesis 3 - Clinical Skills and Collaboration** Patients respect the ability of specialist nurses but expect them to have high-level clinical and medical knowledge. Collaboration and partnership in the patients care allowed independence, autonomy and empowered patients in their self-care and management of the illness, contributing to a better and healthier lifestyle.
The clinical skills and medical knowledge of the specialist nurses contributed to patients' confidence and engagement with their treatment/care. Patients acknowledged and respected the nurses' abilities and knowledge and expected to benefit from it.	

Appendix One: Search Strategies

CINAHL

(1990-2012) via EBSCO Host - Limits included: English and Human

1. patient OR consumer OR client
2. nurse-led OR general practice OR nurse-managed OR (nurs* AND clinic)
3. 1 AND 2
4. experience OR satisfaction OR expectation OR perce* OR feel*
5. 3 AND 4
6. qualitative OR phenomenolog*
7. 5 AND 6

PubMed

(1990-2012) via NCBI - Filters included: English and Human

1. patient OR consumer OR client
2. nurse-led OR general practice OR nurse-managed OR (nurs* AND clinic)
3. 1 AND 2
4. experience OR satisfaction OR expectation OR perce* OR feel*
5. 3 AND 4
6. qualitative OR phenomenolog*
7. 5 AND 6

Medline

(1990-2012) via OvidSP - Filters included: English and Human

1. patient OR consumer OR client
2. nurse-led OR general practice OR nurse-managed OR (nurs* AND clinic)
3. 1 AND 2
4. experience OR satisfaction OR expectation OR perce* OR feel*
5. 3 AND 4
6. qualitative OR phenomenolog*
7. 5 AND 6

PsycINFO

(1990-2012) via Proquest - Limits included: English and Human

1. patient OR consumer OR client
2. nurse-led OR nurse-managed OR (nurs* AND clinic)
3. 1 AND 2
4. experience OR satisfaction OR expectation OR perce* OR feel*
5. 3 AND 4
6. qualitative OR phenomenolog*
7. 5 AND 6

Appendix Two: JBI-QARI Appraisal Tool

Assessment for: Author – Journal (date)

Type: Primary

User: sjakimowicz

Criteria	Yes	No	Unclear	Not App.	Comment
There is congruity between the stated philosophical perspective and the research methodology					
There is congruity between the research methodology and the methods used to collect data.					
There is congruity between the research methodology and the methods used to collect data.					
There is congruity between the research methodology and the representation and analysis of data.					
There is congruity between the research methodology and the interpretation of results.					
There is a statement locating the researcher culturally or theoretically.					
The influence of the researcher on the research, and vice-versa, is addressed.					
Participants, and their voices are adequately represented.					
The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body.					
Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data.					

Include: Yes/No/Undefined

Reason:

Appendix Three: JBI-QARI Data Extraction Tool

Extraction details: Author – Journal (date)

Methodology:	
Method:	
Phenomena of interest:	
Setting;	
Geographical:	
Cultural:	
Participants:	
Data Analysis:	
Authors conclusions:	
Reviewers' comments:	

Complete: Yes/No

Findings for: Author – Journal (date)

Finding	
Illustrations from study (inc page reference)	
Evidence:	
Category:	

Include: Yes/No

This appendix has been removed for copyright or proprietary reasons

Appendix Four: Journal of Nursing Guidelines for Authors

(pp 105-107)

The original can be found at

JAN Journal of Advanced Nursing - **Systematic review or other type of review paper**

http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2648/homepage/systematic_review_or_other_type_of_review_paper.htm

Chapter 3

Conclusion
and Recommendations

Overview

The aim of this thesis was to systematically review the literature exploring patients' experience of attending nurse-led clinics in order to answer the clinical research question: What factors impact patients' subjective experience of nurse-led clinics? While the previous two chapters have addressed this aim, this chapter serves to provide an overview of the thesis as well as discussing its strengths, limitations and implications for nursing practice. It concludes with policy implications for nurse-led clinics and recommendations for future practice and research.

The literature review uncovered primary and secondary research around the person-centred health care model in the context of nurse-led clinics. Much of this focused on the comparison between nurse and doctor-led health care, with a considerable amount concentrating on patient safety, effectiveness and cost. Research within an eclectic group of health services measured patient satisfaction and expectation. The review highlighted the gap in the literature, which was addressed by a systematic review answering the question: What factors impact patients' subjective experience of nurse-led clinics?

The key findings of the systematic review reinforced this link between patient experiences of nurse-led clinics and the framework of person-centred care. Significant concepts of the person-centred framework include patients' individuality incorporating beliefs, culture and values. Additionally, development of mutual trust and respect, psychosocial aspects, choices and preferences whilst providing autonomy, empowerment and holistic health care in a guided,

supportive and accessible manner (Bernsten 2006; Kitwood 1997; Lloyd-Williams et al. 2005; McCance, Slater & McCormack 2009; McCormack & McCance 2006; Poochikian-Sarkissian et al. 2010; Rademakers et al. 2012). The synthesis statements drawn from the studies included in the systematic review were titled:

1. Establishing a therapeutic relationship;

2. Effective communication; and

3. Clinical skills and collaboration.

These synthesised findings link directly with the key concepts of the person-centred framework, as illustrated in Figure 1 of this chapter (Figure 3 of the paper for publication).

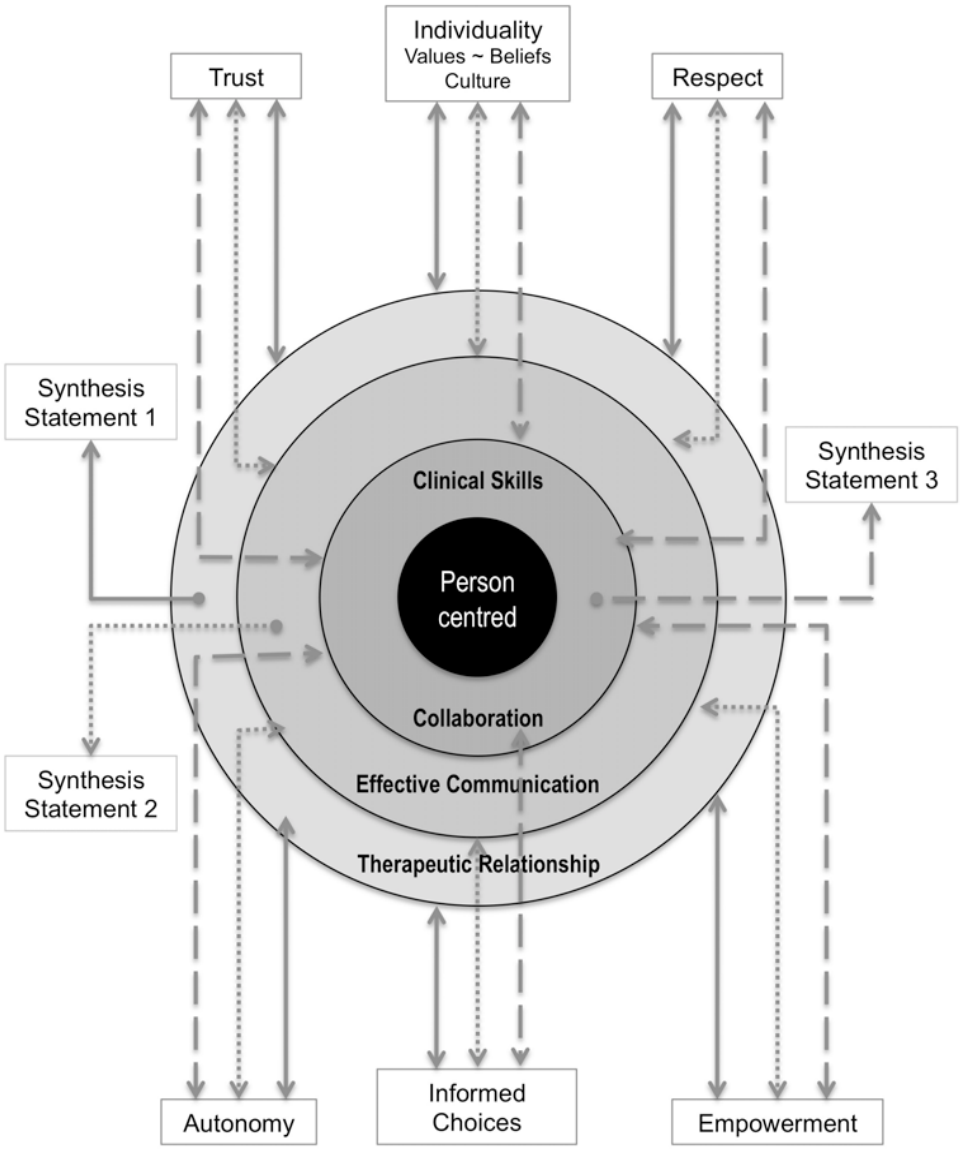

Figure 1 - Links between Synthesis and Person-Centred Framework

Strengths

The strengths of this thesis lie in the depth of the literature review and the rigor of the systematic review. The literature review captured the generalised nature of research across a diverse group of health specialties offering nurse-led health care. The systematic review provided a platform where relevant data was identified, selected and critically appraised via explicitly systematic methods prior to being analysed to inform the specific research question (Moher et al. 2009).

A consistent and transparent approach was taken at each step of the systematic review process. The suite of JBI software tools provided a logical and efficient review from proposal stage through to final synthesis. In conjunction with two experts in the field formulation of search terms, selection of studies and critical appraisal was conducted. This synthesis method of meta-aggregation was chosen because it offered a transparent and dependable foundation for analysing the interpretative underpinnings, which provided a rigorous research process (Ryan-Nicolls & Will 2009). The use of the JBI-QARI meta-aggregative approach necessitated two reviewers to agree on extracted findings, categories and finally, synthesis statements. In order to avoid bias and questions of inaccurate interpretation, the reviewers established strict guidelines. In this case, meta-aggregation provided a structured process that directed the interpretation of the reviewer in a transparent fashion. Each synthesised statement was, therefore, a combination of study findings.

The studies included in the systematic review covered a diverse group of health specialties from acute to primary health nurse-led clinics across a spectrum of countries, cultures and socioeconomic conditions allowing for generalisation appropriate to context. Various methodologies were also used including phenomenological, exploratory/descriptive and grounded theory approaches. It should be remembered that the meta-aggregation formula proposed by JBI, permits generalisations relevant to the context of the selected studies and across various methods of research. As such, the research findings are transferrable and significant in a wide variety of contexts. The literature review established that the person-centred care framework was a model that could be carried across many domains of nurse-led health care. When linked with the synthesis statements, this provided a platform to investigate implications for practice and to build evidence based strategies to improve patient experience of nurse-led clinics.

Limitations

It is widely acknowledged that qualitative research necessarily involves human interpretation (Pearson, Robertson-Malt & Rittenmeyer 2011). The qualitative methodologies used in some of the included studies provided findings via analysis of interview transcripts. The JBI-QARI tool as formulated by JBI, does not involve reassessment or re-evaluation of the primary data in the selected studies (JBI 2012). Therefore, the systematic review process has relied on the veracity of the primary researchers to provide findings of high quality.

It is recognised that synthesis or aggregation of the findings of selected studies is an interpretive process (JBI 2012). As such, it is a secondary analysis, or generalisation of the original findings in the context of the primary research. The

phenomenological and grounded theory approaches of the included studies of the systematic review fit well within the interpretative paradigm supported by the teachings of JBI (JBI 2012). Due to the eclectic group of health specialties, socioeconomic conditions, settings, cultures and countries of the included studies, it is important to be aware and consider the possibility that the results apply only to the relevant contexts, rather than all nurse-led clinics.

Although the JBI-QARI process is reliable and credible, the process of selection and appraisal could have been biased by human interpretation. A methodologically flawed study within a systematic review can impact negatively on the findings. In some cases, the ingrain humanistic philosophy of the author of this thesis could have influenced study selection and interpretation of findings. It should also be recognised, that while the rigorous process guards against bias, the generalisation of relevant findings in context, may have been biased by the author's philosophy and previous background in psychotherapy.

Implications and recommendations for practice

Factors that influence patient experiences of nurse-led clinics have to be addressed if such clinics are to continue to play a major role in the health care system. Concepts of the person-centred care model are important factors impacting patients' subjective experience of nurse-led clinics. The meta-aggregation approach used in this thesis has produced 'declamatory statements' from which implications for practice can be drawn (Pearson, Robertson-Malt & Rittenmeyer 2011, p. 33). In order to improve patient experience of nurse-led clinics, nurses need to 'go back to basics' with regard to holistic nursing care.

Establishing a Therapeutic Relationship

Establishment of a therapeutic relationship was a factor impacting patient experience of nurse-led clinics leading to several implications for practice. Concepts from the person-centred care model linked directly with this synthesis statement. The finding implied that interpersonal skills and a holistic approach should be used to develop trust and allow time for patients to feel respected and treated as unique individuals. In practice, it was found that being available and approachable for patients contributed to the establishment of a therapeutic relationship, impacting the experience of patients of a nurse-led clinic.

It is recommended that all nurses, novice to expert, revisit the holistic person-centred focus of nursing and consider the patient as a whole person, rather than as an illness or disease. A number of concepts from the person-centred care model contribute to the establishment of a therapeutic relationship. Nurses treating patients with respect and as unique individuals are two concepts that link directly to the person-centred care framework. Nurses' attitude and interaction style impacts patients' experience. As such, nurses must display a caring and positive attitude whilst encouraging patients in order to give them confidence and reduce their anxiety. The development of a therapeutic relationship also enables and supports the needs of the patient.

Use of person-centred concepts such as respect of culture, beliefs and displays of empathy, as well as giving time to patients, allows for the development of positive rapport. The construction of a therapeutic relationship is distinct from an interview or formal consultation and should establish a connection with the patient. Therefore, in order to know the patient, the nurse must first understand

the patient. The informal environment and availability of the nurse contributes to patient openness and patients feel secure and supported. Unconditional positive regard, providing reassurance, together with treating patients in a congruent manner allows patients to speak openly and honestly in a non-judgmental environment.

An important implication for practice is the effect that establishment of a therapeutic relationship has on patients' positive engagement in treatment and care choices. Nurses must, therefore, realise the importance of the development of mutual trust through being open as well as being competent. The reaffirmation of person-centred care as part of nursing practice can also improve health outcomes. This occurs because patients feel heard, believed and remembered. They develop trust, which improves health behaviour and their commitment to self-care management.

Thoughtful and Effective Communication

A vital skill in the development and maintenance of a therapeutic relationship is thoughtful and effective communication. The study findings implied that successful information transfer leads to independent decision-making and alleviates patient fear and anxiety. The person-centred care model calls for patients to be informed to enable choice, autonomy and empowerment. Implications for practice deem that accurate transfer of information to the patient regarding their health entails effective communication using language and methods that meet individual needs and levels of health literacy.

These implications confirm the importance of nurses providing information to patients about the process of health in the context of their disease/illness (Aquilina & Baldacchino 2007; Beaver et al. 2010; Edwall et al. 2008; Gilmartin 2004; Koinberg, Holmberg & Fridlund 2002; Planavsky et al. 2001; Shaw, Williams & Assassa 2000). In providing information and guidance in the disease process, nurses are able to assist patients to feel more in control and reduce their fear and anxiety. The level of information that nurses provide to patients is, therefore, an important factor to consider.

Discernment of the patients' level of health literacy and preferred method of communication is a skill that needs to be used and improved by the nurses to ensure patient engagement. It is, therefore, recommended that nurses focus on communication styles in tandem with the person-centred concept of individuality. Similarly, communication between the nurse and patient needs to reflect the level of patient understanding (Aquilina & Baldacchino 2007; Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002; Shaw, Williams & Assassa 2000). In order to determine the level of patient understanding, nurses need to be observant and use communication skills such as active and reflective listening, as well as taking note of any non-verbal communication or behaviour. Body language, facial expression and the use of appropriate rhythm, tone and pitch help communicate and/or discern levels of understanding. Pitching communication at the right level for individual patients is recommended in order to accurately inform them about their health issue. A further recommendation is the use of drawing, illustrations and other techniques tailored to different levels of understanding (Beaver et al. 2010; Koinberg, Holmberg & Fridlund 2002).

The level of the patients' understanding and discerning how to communicate effectively are, therefore, important implications to address through improved communication skills.

Clinical Skills and Collaboration

Patients expect specialist nurses to have high-level clinical and medical knowledge to enable collaboration and partnership in their health care. This person-centred concept of partnership allows increased patient independence and autonomy, empowering patients in self-care and management of their illness. Patients appreciate a partnership or collaboration with the nurses in the management of their health care (Shigaki et al. 2010; Williams & Jones 2006).

The implications of this finding include the importance of nurses working together with their patients, in a mutual or collaborative relationship rather than a unilateral relationship where the nurse provides only technical care at a superficial level. Respect for different cultures, beliefs and values whilst treating patients as individuals is an aspect of the person-centred care framework that links closely with working in a collaborative relationship. A further implication for nurses to consider is that patient behaviour can be affected by being encouraged to be involved in decision-making. This can lead to engagement in self-care and management. It is recommended that nurses support patients to speak freely and participate in their own health care giving the patient autonomy and empowerment. These aspects also correlate with concepts of the person-centred care framework and a 'back to basics' concept of nursing. Whilst nurses need to understand patient experiences, an appreciation of the patients' desire to connect is also an important factor.

It should be noted that a patients' confidence and engagement in treatment is partially dependent upon the level of clinical skills and medical knowledge of the specialist nurse (Edwall et al. 2008; Planavsky et al. 2001; Shigaki et al. 2010; Wiles 1997; Williams & Jones 2006). Nurses need to be aware that their technical abilities and knowledge impact patient confidence and feelings of security in their health care. Patients' expectation, appreciation and respect for the nurse specialist and practitioners' can therefore be dependent upon their level of clinical skills and medical knowledge (Edwall et al. 2008; Planavsky et al. 2001; Shigaki et al. 2010). It is recommended that advanced practice nurses be open and transparent regarding their clinical training and acknowledge when their clinic is attached or under the umbrella of a medical practitioner. The patient is then fully informed and can feel secure and confident in the health care they are receiving.

Implications and Recommendations for Policy

A powerful means of shaping policy is to monitor patient experience and report to agencies and government policy makers. The outcome of the systematic review points to person-centred care as a major factor impacting patients' subjective experience of nurse-led clinics. Implications involve the incorporation of the person-centred framework into future health care policy and practice in order for patients to have a more positive experience of nurse-led clinics and ultimately improved health outcomes. The concept of person-centredness has become embedded in international policy and health care planning as well as the nursing framework. This study confirms that this development should continue and that strategies that translate these policies into action are warranted.

According to the findings of this study, if nurse-led clinics integrate person-centred care concepts into their practice health outcomes ought to improve. Patients will have autonomy and become empowered resulting in choices and health behaviours that better fit their life circumstances. A further implication involves a higher level of health literacy within the community. As the community ages, this could ultimately alleviate some pressure on the hospital system and allow people to stay in the community longer. Patients who are involved in their health care decisions and are treated with respect and as individuals are more likely to have more positive experiences in nurse-led clinics.

The inherent positive outcome of providing nursing care under the person-centred philosophy is recognised, but converting the core concepts into daily practice is challenging. As previously discussed, the findings of the systematic review have implications for specialist nurses; nurse practitioners and registered and enrolled nurses who staff nurse-led clinics. Revisiting the fundamentals of nursing care via contemporary frameworks could provide a basis from which to improve the provision of dignified and sensitive patient care.

Education around the person-centred model is central to continued professional development. Development of nursing education programs promoting the person-centred model of care across all health specialties is a key factor in reforming nurse-led health care. A contemporary model devised by McCormack & McCance (2010) suggest a four step construct comprising professional attributes of the nurse; an environment with relevant systems; person-centred processes; and positive outcomes based on patient satisfaction and involvement

in health care (McCormack & McCance 2010; McCormack & McCance 2006). Reaffirming the foundations of person-centred care during continued professional development programs for long-term nurses using models would, therefore, be beneficial in ensuring nurse-led clinics meet patients' expectations and needs.

In order to provide effective person-centred health care, nurses must be provided with avenues to develop their skills and knowledge. Clinical skills programs for advanced practice nurses working in various health specialties, goes without saying. However, programs incorporating interpersonal skill development, education around therapeutic nurse-patient relationship, extending communication skills and differentiating patients health literacy and needs as well as clarity in knowing ones self, are similarly important concepts that lead to an ability to offer effective person-centred care (Davidson & Elliott 2008). Not surprisingly, these concepts also concur with the findings of the systematic review. Enriching clinical skills and knowledge, as well as striving for self-improvement in clinical practice is an expectation of every nursing professional.

Support from regulatory bodies, health systems and government agencies are required so as to enable successful management of the provision of person-centred health care. Development of clinical guidelines regarding the use of a person-centred model of nursing care should be implemented through continued professional development for specialist nurses and nurse practitioners. The current university curricula is based on ethical and professional standards underwritten by professional bodies in Australia and internationally (ANMC 2012). In many cases, however, health services appear to be driven by

performance management, effectiveness and efficiency, paying little attention to the experiences of patients using the health care services.

Forbes and While (2009) recommend further research be undertaken into the impact of nursing interventions on clinical outcome and the focus of nurse-led clinics be placed on the individual patient. Patient feedback is an important factor in developing education programs for continued professional development of long-term nurses and those approaching advanced or specialist roles. Some attempts have been made to measure patient satisfaction across health care services in general. The IPSE (Improving the Patient and Staff Experience) program adopted by the New South Wales Ministry of Health, is one such program, which uses both a questionnaire and quantitative research approach (NSWH 2012). Previously, the effectiveness of nurse-led clinics however has been measured using indicators such as: compliance with health education; symptom control; patient satisfaction and cost effectiveness (Bonsall & Cheater 2008; Horrocks, Anderson & Salisbury 2002; Wong & Chung 2006). Mixed method studies of patient satisfaction with nurse-led health care were encouraging, but revealed the importance of recognising the subjective nature of patient satisfaction as qualitative research provides a more complete understanding of their experience as opposed to generalised scores (Flynn 2005; Lees 2011).

A major reason for conducting research is to inform policy and practice by building an evidence base. In order to produce usable findings, the meta-aggregation process is aligned with the philosophy of pragmatism. Research into person-centred practice has endeavored to define the term, determine the

implications and explore the contextual challenges of implementation, yet little research exists to enhance our understanding of how to put this model of care into practice (McCormack & McCance 2010). This being the case, further qualitative research is required to evaluate the person-centred model in relation to clinical outcomes for patients and clinical practice and current educational programs offered to nursing students, neophyte registered nurses and advanced practice nurses.

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