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Running nurse-led clinics: A qualitative descriptive study of advanced practice nurses' experiences and perceptions

AUTHORS

XIAOMENG PU RN, BN, MNSci [1,2]
GULZAR MALIK RN, PhD [1]
CHRISTINE MURRAY RN, DNurs [1]

1 School of Nursing and Midwifery, La Trobe University, Bundoora, Victoria, Australia
2 Department of Specialist Nursing, Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia

CORRESPONDING AUTHOR

XIAOMENG PU Internal Mailbox 16, Genitourinary Service, Level 7, 305 Grattan Street, Melbourne, Victoria, Australia 3000. E: Elizabeth.Pu@petermac.org, Elizabeth_pu@hotmail.com

ABSTRACT

Objective: To explore advanced practice nurses' experiences and perceptions of running nurse-led clinics in the Australian context.

Background: Advanced practice nurses consult with patients through nurse-led clinics to address ever-growing clinical demands and healthcare workforce shortages. Their experiences and perceptions of running nurse-led clinics are vital, but studies offering insights into this area are scarce.

Study design and methods: This study adopted a qualitative descriptive design. Using purposive and snowball sampling methods, ten semi-structured individual virtual interviews were conducted with advanced practice nurses who run nurse-led clinics in Australia. Interviews were audio recorded and transcribed verbatim. Data were analysed using thematic analysis. Reporting of this study adhered to Consolidated Criteria for Reporting Qualitative Research guidelines.

Results: Three themes were constructed: 1) the genesis of nurse-led clinics; 2) perceived positive outcomes of nurse-led clinics; and 3) contextual determinants influencing nurse-led clinics. Findings show that nurses establish, manage, and expand nurse-led clinics to fulfil health service demands and patients' care needs. Though advanced practice nurses reported positive outcomes, there were several barriers that need to be addressed at all levels.

Discussion: Advanced practice nurses are required to have wide-ranging knowledge and skills across the validated domains of patient care, support of systems, education, research, and professional leadership to be able to provide evidence-based holistic care. Advanced practice nurses face obstacles in running nurse-led clinics with overwhelming workloads and insufficient support. Regular communication with healthcare organisational leadership and collaboration with other healthcare workers is crucial to gain recognition and support.

Conclusion: Nurse-led clinics are a valuable service that should be promoted and recognised. It is the responsibility of healthcare organisations to review current policies and provide necessary support to advanced practice nurses to enable effective and efficient nurse-led services. It is also incumbent upon governments to support funding that enables nurse-led care models across policy, funding, and healthcare levels, spanning macro-, meso-, and micro-levels.

Implications for research, policy, and practice: Advanced practice nurses as participants shared experiences in establishing, running, and expanding nurse-led clinics, that can provide a framework to other nurses wanting to start nurse-led services. Advanced practice nurses are encouraged to promote their work to gain recognition and create awareness of the role of nurses in the provision of nurse-led services. More studies are needed at the global level to understand advanced practice nurses' experiences and the challenges they encounter which will assist in developing the strategies to address these barriers.

What is already known about the topic?

- Nurse-led clinics were introduced to mitigate the shortage of healthcare resources, accommodate increasing clinical demands, and enhance patients' experiences.
- Nurse-led clinics achieve positive outcomes, however, advanced practice nurses face barriers in running nurse-led clinics.
- Studies offering insights into Australian advanced practice nurses' experiences and perceptions of running nurse-led clinics are lacking.

What this paper adds?

- Advanced practice nurses shared experiences in establishing, running, and expanding nurse-led services which can be adopted to guide nurses new to nurse-led services.
- Advanced practice nurses strived to overcome obstacles encountered in running nurse-led clinics. They need support at all levels to implement nurse-led services successfully.
- As this is the first study of its kind in Australia, more research is needed to promote and improve the awareness of nurse-led clinics both in Australia and globally.

Keywords: advanced practice nursing, interview study, nurse clinicians, nurse-led clinics, nurse-managed centres, perspective

OBJECTIVE

Nurse-Led Clinics (NLCs) were developed to bridge care gaps, expand healthcare coverage, and promote health equity in response to growing clinical demand and healthcare workforce scarcity in many countries, including Australia.[1-5] Advanced practice nurses (APNs), as the primary healthcare providers of NLCs, directly impact clinical outcomes and patient satisfaction.[6] However, studies offer limited insights into APNs' opinions and experiences in managing NLCs.[7] This is the first study that explores and describes APNs' experiences and perceptions of running NLCs in an Australian context.

BACKGROUND

According to the International Council of Nurses, an APN is a generalised or specialised nurse who has gained expert knowledge and experience through postgraduate education and is able to demonstrate complex decision-making and clinical competencies at the advanced nursing practice level.[8] The advanced level of nursing practice in Australia encompasses five domains, which are clinical care, support of systems, education, research, and professional leadership.[9-11] The universal understanding of APNs' role, including in Australia, is that APNs work collaboratively within multidisciplinary teams,[12,13] act as resource support for patients and other health professionals,[14,15] promote evidence-based practice,[13,15] lead quality evaluation, assurance, and improvement,[15] and assist in healthcare organisation decision making.[10,15] Moreover, nurse practitioners also incorporate comprehensive nursing and medical skills to assess patients' care needs, initiate treatment, and monitor both acute and chronic health conditions and treatment outcomes independently.[16,17]

In Australia, there are no uniform designations for APNs, the classifications of nursing practice levels and practice profiles are managed by the individual jurisdictions.[18] The most used APN titles are Clinical Nurse Consultant (CNC), established in 1986 in New South Wales,[19] and Nurse Practitioner (NP), implemented in Australia in 2000.[20] Clinical nurse consultants are registered nurses who have a minimal five-year equivalent full-time post-graduate experience and hold a post-graduate qualification in a chosen specialty area.[12] Nurse practitioners are Masters qualified and endorsed by the Nursing and Midwifery Board of Australia (NMBA).[21] Nurse practitioners' practice exceeds the registered nurses' scope of practice as they have the legal authority to independently use diagnostic capacity to assess patients, plan care, prescribe and implement therapeutic interventions, and monitor outcomes.[16,21]

The term "Nurse-led Clinic" is not explicitly and consistently defined in the literature.[3,22] The frequently used definition of an NLC describes it as a type of healthcare delivery model where a nurse with advanced skills and competencies provides specialised care to patients. Nurse-led clinics are typically formalised services with well-defined structures.[23] It is either completely managed and coordinated by APNs or supported by Medical Doctors (MDs).[23,24] Advanced practice

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nurses have great autonomy in decision-making, from taking control of a single episode of patient encounter to managing complicated care needs using a holistic approach through nurse-led care.[24] Nurse-led model of care is also seen as a "glue" that connects patients with other healthcare services.[2]

In Australia, both CNC-led clinics and NP-led clinics have shown positive influence and outcomes, such as improved healthcare coverage in rural communities,[25] provided continuity of care,[26] enhanced patient and family engagement,[27] and reduced treatment burdens through integrated chronic disease management.[28] In addition, APNs provide individualised and comprehensive care for patients with minor health issues and chronic diseases, which significantly reduce emergency department visits and acute care admissions.[27]

The authors conducted a scoping review prior to this study and found that previous studies have assessed the impact of NLCs and APNs' roles across various settings; however, studies exploring APNs' views of running NLCs are lacking, with only two Australian studies focusing on the nurses' experiences and satisfaction with working in nurse-led services in specific clinical contexts.[29]

Findings from previous studies have shown that NLCs created opportunities for nurses to expand their knowledge and skills, improved nurses' confidence, and enabled autonomy.[30-32] However, nurses also identified several factors impeding them from performing their role efficiently. For example, heavy workloads with limited support,[33] unproductive teamwork,[34] and more importantly, NLCs were not well recognised and accepted by all healthcare consumers and other healthcare providers.[30,35]

One of the identified barriers in the earlier studies report that MDs questioned APNs' ability to run NLCs without medical training.[31,36] However, nurses in several studies voiced a lack of preservice and ongoing training and support available to upskill.[27,30,37] Most of these studies were either carried out a decade ago or in nations with significantly different social and economic contexts compared to Australia.

Nurse-led clinics in Australia are steadily expanding.[27] It is anticipated that understanding APNs' perceptions and experiences of running NLCs may guide healthcare organisations and policymakers to address the challenges of maintaining and expanding nurse-led services and implement relevant support to optimise APNs' roles and job satisfaction. It is important to explore APNs' experiences and perceptions of running NLCs and the factors that influence the services they offer which this study aimed to investigate.

METHOD

STUDY DESIGN

The researchers adopted a qualitative descriptive methodology to explore APNs' experiences and perceptions of running NLCs. Qualitative descriptive study is a widely used research method in nursing and healthcare research.[38] It requires the researchers to describe and interpret the information directly from the surface of the data collected for the study.[39] The data generated from a qualitative descriptive study illustrates the "who, when, and where of events or experiences".[40] It is most appropriately used when researchers try to understand the nature of an issue from an individual's perspective.[38]

PARTICIPANT RECRUITMENT

The study obtained ethics approval from La Trobe University Human Ethics Low Risk Committee (Ethics Reference Number: HEC21257). Participant recruitment and data collection were conducted from September 2021 to January 2022. Using purposive and snowball sampling methods, any Australian registered nurse who identified as an APN and has been running NLCs was eligible to participate. The study was promoted via Continence Nurses Society Australia website and advertised on a specialist nurses' group discussion forum. Most of the potential participants sent emails or a direct message through the online discussion forum to the primary researcher and expressed their interest in participating. A Participant Information Sheet and Consent Form were provided to potential participants via email. Eleven nurses expressed interest in participating in the study. One nurse did not reply after the initial email. Written consent was signed by all other potential participants before scheduling interviews.

DATA COLLECTION

Data were collected from ten (10) APNs via in-depth individual interviews following an interview guide (Appendix 1) by the primary researcher. The interviews were semi-structured and allowed participants to share views and experiences. The primary researcher conducted two pilot interviews with one of the co-researchers and a peer for practice purposes. Both the co-researcher and the peer are APNs experienced in running NLCs. Following the pilot interviews, some questions were reformulated for improved clarity before participant interviews were conducted. Due to Coronavirus disease (COVID-19) restrictions, all interviews were conducted via an online web platform: Zoom. Interviews were scheduled at a time convenient to both the participant and the primary researcher. Interviews ranged from 25 to 99 minutes. Interviews were audio recorded using a password-protected iPhone. Cloud-sharing options were deactivated during interview recordings. All interviews were transcribed verbatim. Transcribing of the interviews

was guided by practical guidelines from Azevedo et al.[41] All information was deidentified, and pseudonyms were used to ensure anonymity and confidentiality.

The authors followed Hennink et al.'s suggested approach to determine the data saturation.[42] Data collection stopped when there was no new information identified from participants and the emerged themes were fully saturated.[42]

DATA ANALYSIS

Data analysis followed Braun and Clarke's six-step thematic data analysis.[43] Table 1 explains the data analysis process. Reporting followed COREQ-COnsolidated criteria for REporting Qualitative research.[44]

TABLE 1: DATA ANALYSIS PROCESS

Step	Action
Step 1: Familiarizing with data	The best way of immersing self in the data is through the transcription process.[43] Accordingly, after each interview was transcribed into written form by the primary researcher. The primary researcher listened to each interview record three times to confirm the accuracy of the transcripts. All transcripts were read at least twice before moving to the next step of data analysis.
Step 2: Generating initial codes	All transcript content was divided into sections, paragraphs, and sentences, then extracted and grouped in Microsoft Word tables. Every section of extracted data was coded with at least one short phrase.
Step 3: Searching for themes	The primary researcher listed all codes on a Microsoft Word Document. Similar codes were grouped and collated to form meaningful units. The meaningful units which presented same or similar concepts were grouped into sub-themes. Sub-themes were then further grouped into preliminary themes.
Step 4: Reviewing themes	The preliminary themes, sub-themes and meaningful units were reviewed, discussed, and modified during regular team meetings with all researchers involved in this study to ensure data supported each theme and the themes represented the context of the whole dataset.
Step 5: Defining and naming themes	Finally, three themes were constructed and agreed within the research team.
Step 6: Producing the report	This study was reported following COREQ guidelines. Pseudonyms were assigned to the participants when reporting the findings.

TRUSTWORTHINESS

The researchers followed an explanation of Guba and Lincoln's criteria for judging the trustworthiness of qualitative research (Table 2).[45]

TABLE 2: TRUSTWORTHINESS JUDGEMENT FOLLOWING THE EXPLANATION OF GUBA AND LINCOLN'S CRITERIA[45]

Criteria	Criteria Characteristic
Credibility	The qualifications, research experiences and backgrounds of the research team members ensured the credibility of the study. This research team was comprised of clinical nurse consultants with many years of experience of running nurse-led clinics and an experienced qualitative researcher.
Auditability	The auditability was assured through regular research meetings and discussions.
Fittingness	All the interview transcripts were sent back to the participants to review and seek clarification, and to consider the fittingness.
Confirmability	Confirmability was verified through reviewing and editing the findings of the study multiple times by all researchers involved in this research.

RESULTS

Of the ten study participants, five were NPs, four were CNCs, and one was an associate nurse unit manager. Experience of running NLCs varied from 18 months to over 30 years. Participants were from various Australian states including six from Victoria, two from New South Wales, and one from Queensland and Western Australia. Among the ten participants, eight worked in metropolitan areas and two had experiences of running NLCs in both metropolitan and regional areas. In terms of practice settings, over half of APNs worked in public hospitals (n=6), two worked in private clinics, and two worked for both public hospitals and private practice.

Using a thematic analysis process, three themes were constructed: (i) The genesis of NLCs; (ii) Perceived positive outcomes of NLCs; and (iii) Contextual determinants influencing NLCs. Each theme contains two sub-themes which are discussed in detail.

THEME 1: THE GENESIS OF NLCS

This theme covers two sub-themes, which are "The origin of NLCs" and "The evolvement of NLCs".

The Origin of NLCs

In participant interviews, half shared their experiences and provided insights into starting new NLCs. Participants suggested that a new NLC should be set up by preparing a business proposal. It is important to promote the proposed new service and gain support.

> Poppy: When you are really looking at setting up a service… you need to do it from the very beginning. Where is the service gap?… then you can write a plan… work out your aims and objectives… put down all your wishes… You really need to find out who are the key stakeholders… The best is you sell to them and work together…

> Lily: This NLC was co-designed by a number of us… We spoke to all the heads of departments for the different specialties… so we have their support… The main executive people need to give the clearance because they are the ones have the power to make it possible.

Two participants became aware of the benefits of specific NLCs that were established in other health organisations and then replicated in their services.

> Jasmine: back to the very beginning, … the service provided at [hospital name] inspired us. The purpose of this clinic was to reduce the workload for the consultants. I think people were wanting that kind of service…

The protocols that guide APNs in running NLCs are crucial to include in the business proposal. All participants believed protocols are essential to guide APNs to practise safely in NLCs,

> William: Guidelines, policies, and procedures are definitely important to safeguard nurses and also the patients who receive the care…

The Evolvement of NLCs

Participants acknowledged that they altered or expanded NLCs to accommodate changing requirements, individual patients' needs, and their own preferences.

> Poppy: when you end up running a clinic on your own… you can modify it… you can get it the way you want… because of the change in organisational structure… you change the way you run the services…

According to the participants, APNs' scope of practice has been expanded, and some of the tasks that are practised in NLCs used to be performed by MDs. Nurse practitioners manage NLCs completely independently. Although CNCs often work alongside doctors, both also act as mentors to train and supervise junior medical practitioners.

> Heather: When you become an NP, you are learning at a high level… So, patient comes in… I can deal with it by myself… But as a CNC, you might have an NLC, but you are actually… doing a lot more alongside consultants…

> Lily: We are not just sort of like some servant role to doctors, but we can actually be even further or better… We teach interns and registrars… this helps promote that we have our own identity… to play within the healthcare service.

THEME 2: PERCEIVED POSITIVE OUTCOMES OF NLCS

Overwhelmingly, all participants shared the positive outcomes of NLCs, for example,

> Violet commented: Since we started [nurse-led survivorship care clinic], it was just clear. It is a winner for everybody…

This theme is divided into two sub-themes: "APNs' personal and professional gain" and "Optimised patient care".

APNs' Personal and Professional Gain

When participants were asked the question, "What are your experiences and perceptions of running NLCs?" The frequently heard word was "*rewarding*". Participants expressed they "*enjoyed*" *(Iris)* and were "*passionate" (Heather)* about running NLCs, as NLCs increase nurses' *"autonomy" (Iris, Jasmine, Daisy, William)*, provide "*good opportunities to expand horizons" (Jasmin)*, and *"prove workload" (William*). However, participants highlighted that managing NLCs is *"not easy" (Lily)* and *"challenging" (Heather, Iris*), therefore, they must *"work very hard" (Heather)*.

> Iris: I very much enjoyed it… good challenge to push myself out of the normal comfort.

Participants were satisfied with the rapport they built with patients and gained respect from patients, which provided them with a sense of fulfilment and achievement, as evident by Lily.

> Lily: It allows you to use your high level of nursing skills… You also built rapport with patients because you saw them on a regular basis until they were discharged from the service.

Nevertheless, three participants stressed that APNs should be aware of their scope of practice and boundaries when managing NLCs.

> Cherry: I need to be very clear about my boundaries as well as my scope of practice, so I am really not breaching out of my scopes…

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Optimised Patient Care

Participants described NLCs as "*give a good opportunity to really check patients" (Violet), "accessible" (Rosie, Lily), "consistence" (Heather, Daisy), "convenience" (Cherry), "holistic" (Cherry, Rosie), "tailored" (Lily) and "make difference to the outcome" (Cherry).*

> Rosie: I make sure they [patients] get time to ask questions and look at their needs… also, all the other aspects of patients' lives. For example, can you go to the pharmacy to get your medication? Are you getting enough exercise? … all the subtle things about patients' general life and recovery from treatments.

Participants were appreciative of patients' positive feedback and the trust they gained from patients. Healthcare organisations also gained recognition from the positive reputation of NLCs.

> Cherry: One of the patients had an injury… I took more than an hour to stitch her. She put on Facebook, "Thank you to the hospital for doing this" … Everyone feels so happy… The hospital is really getting good recognition.

THEME 3: CONTEXTUAL DETERMINANTS INFLUENCING NLCS

This theme consists of two sub-themes: "The enablers of running NLCs" and "The obstacles of running NLCs".

The Enablers of Running NLCs

Participants identified themselves as the enabler of their own NLCs. They also identified ongoing training and support at all levels as key facilitators of running NLCs.

Training and Keeping Current

All participants expressed that APNs need ongoing training and education to keep their knowledge and skills up to date.

> Jasmine: You need a lot of training… very important. You provide them with correct information… Sometimes you also need that sort of confidence to make a decision… that can only be achieved through education and ongoing development.

All participants have offered suggestions on the ways to maintain ongoing professional development and the training opportunities that are available. Mentorship programmes and observing other APNs' or MDs' clinics were recommended by most participants.

> Cherry: Lots of webinars now and online stuff. You can learn whatever you want to know nowadays…
>
> Rosie: I found it valuable to sit in on their [MDs'] consultations to hear the way they conduct… so I could replicate that advice when I talk to patients… In terms of running the clinics itself, I visited centres overseas…

When there were no suitable training programmes available locally, some participants travelled interstate or overseas for training and sought support from international experts. After getting trained, they benchmarked against international guidelines and created training programmes for others.

> Heather: There was an NP who was well published in America. He came out… I went down to do advanced urodynamics training with him in Sydney… I try to go to the international conferences. I did a number of supervised education sessions with my consultants, and now I am running that programme for our clinical nurses… Sometimes… no qualification training available… You have to think that consultants and registrars don't have to take a course to do cystoscopy either…but you have to follow some international guidelines for what you are doing…
>
> Rosie: In terms of running the clinics itself, I visited centres overseas, because certainly in America and UK [United Kingdom], they have been running NLCs much longer than we have here.

Recognition and Support from All Levels

A successful NLC will not be accomplished without recognition and support from organisations and colleagues, especially the MDs. Teamwork significantly enhanced work efficiency. Participants also expressed the importance for everybody to recognise the value of APNs and acknowledge the benefits that nurses can bring to the service.

> Rosie: You need to have that support from every member of the staff, from medical, nursing, and admin… Everyone has equal support provided to NLCs that provided for traditional medical clinics.

Eight out of ten participants expressed they actively engaged with managers and colleagues. Regular communication helps build trust, respect, and collegial relationships, as an example from William.

> William: I worked well with all my peers, both nursing and medical, also allied health… good communication…, is extremely important.

Most of the participants in this study received support from their medical colleagues. Three participants heard that some MDs were reluctant to collaborate with APNs. Participants provided strategies on how they gained trust and support from MDs.

> Rosie: Some of them don't actually have relationships with nurses to feel confident to passing on aspects of care to the nurses… Make sure you include them [MDs] in correspondence, so they are aware of what you advised the patient… they feel comfortable including you in the patients' correspondence …

> Iris: Sometimes doctors think they have covered everything, but when you encourage: I can spend more time… go through more detail that you advised them …. They are like… perhaps I should refer…

The Obstacles of Running NLCs

Participants identified obstacles of running NLCs, which are summarised as "Inadequate preparation" and "Lack of support and role awareness".

Inadequate Preparation

Three participants identified lack of patient engagement, resulting in patients not coming prepared for nurse appointments, as one of the barriers of running NLCs, according to William's excerpt:

> William: If patients refused to engage with the NLC, either because they don't want to engage in general or don't see the value of a nurse doing the reviews instead of a doctor… refusing to do their own preparations… can make things a lot slower.

To encourage the engagement with patients, both Poppy and Rosie provided the strategies they have used.

> Poppy: You need to make sure your limitations are… You do not hang on to the cases… in that way, patients will respect you… It's about how you approach your patients. Patients have every right to say, I don't want to see you, I come to see a doctor… You really need to know what to say… Sometimes you need to address the family member, who is more stressed than the patients.… It's about controlling the situation, all that comes from experience, knowledge…
>
> Rosie: I make sure…, all the correspondence says, coming to see nurse… You just have to respect, then [tell patient] certainly you can go back to the doctors, before you do that, this is what I can talk to you today, might be also helpful for you…, just try to show what you can offer them as well.

Participants raised the issue of inadequately trained nurses available to run NLCs. One explanation is that nurses have little knowledge about NLCs, and it takes a significant amount of time to train nurses to take on the responsibilities of running NLCs. This results in a lack of succession planning and insufficient absence coverage for NLCs. This is evident by William and Lily's comments:

> William: Unfortunately, if you take any kind of time, there is a steep learning curve for the person filing in. You tend to come back with more work.
>
> Lily: What another thing we come across is a lack of succession planning… to ensure that the service stays… well established. You have to provide opportunities for new beginners to be interested in the area. Because of the short staffing in the ward… nursing staff do not even get a feel of what it is like to work in outpatient service… One of the comments I heard a number of times, You guys are just having a lot of coffees, just sit inside your office.

Participants expressed their willingness to train more nurses; however, the challenge is to find time for clinical teaching, and not many nurses come forward to get trained. Besides, nurses are not fairly treated, government and health organisations should provide better remuneration to attract more nurses to upgrade to APN level.

> Jasmine: If anyone is interested, I am happy to get them on board…I think the organisation should provide sort of… incentives…
>
> Rosie: I think better remuneration… the Medicare rebate for nursing consultations, nothing compared to medical (consultation) rebate.
>
> Cherry: I would spend half an hour… with the patient, do all the education… then we get the GP (General Practitioner) to see the patient, usually the consultation doesn't last more than a few minutes… We identify any problems, and a doctor would say Yep…, then we give the patient the EPC (Enhanced Primary Care plan) … the doctor will probably get out of pocket $250, 300, 400 depending on what the care plan item number is, but we get paid $30 an hour.

Lack of Support and Role Awareness

Participating nurses reported that their workload was high. They were faced with limited time to run clinics efficiently. To overcome this challenge, participants implemented several strategies, as evident by William and Violet.

> William: Sometimes you need to triage patients, to either go to a different service or discharge through General Practitioners (GP) to manage the workload… because the workload is too much.
>
> Violet: We keep getting interrupted with the doctors… Our survivorship clinics… were in a separate area…

Participants also identified a lack of time and funding for professional development and conducting service evaluation as another barrier.

> Daisy: Time would be a big one, and money. What I found frustrating that only a small amount of money is given to nurses for professional development… the audits to make sure everybody has their follow-up… I am doing it in my own time. It is a big barrier. I don't get paid for that…

In contrast, Rosie shared a view that investing resources and personal time in training is an essential component of being a professional.

> Rosie: As far as I am concerned, any training, any costs, it's part of being a professional.

There is a lack of awareness of NLCs and APNs' role in the community, although NLCs are gradually being recognised and acknowledged by the public.

> Cherry: there is a lot of ignorance in the community about our capacity, so you spend a lot of time trying to convince people.

DISCUSSION

To our knowledge, this is the first study that has explored APNs' experiences and perceptions of running NLCs in Australia. This study offered insights into APNs' experiences and perceptions of implementing, running and adapting NLCs to accommodate the changes in healthcare organisations and patients' care demands. Study participants expressed that APNs themselves are the key enablers of their NLCs. They must be current in their knowledge and skills to be able to offer evidence-based care and build positive and collaborative relationships with all levels. This will enable APNs to gain recognition and support to develop and manage NLCs successfully.

Both this study and the previous studies suggest that nurses' scope of practice has been extended in the last few decades.[5,46] Advanced practice nurses are trained and qualified to run clinics in parallel with medical professionals.[47] The foundation of nursing is to provide holistic care, which means nurses consider the individual client as a whole, delivering care with various modalities to facilitate recovery and accountability for their own health.[48] Therefore, APNs need not only comprehensive nursing and medical knowledge for their specific NLCs but also to be highly skilled in communication, psychology, and counselling.[11,47] This study revealed that Australian APNs strive to provide evidence-based holistic and personalised care in NLCs. A holistic approach to care enabled participants to gain recognition and respect from patients.

Unlike other studies reported in countries where NLCs were implemented more recently, participants reported there were deficiencies in the training opportunities available, especially the lack of specialised training programmes.[37,49] However, our study participants mentioned that there are several training programmes available for Australian nurses. Mentorship is consistently reported to be vital in training nurses to run NLCs in both this study and other studies.[6,37] However, time and cost were the main barriers to professional development. Similar findings were reported by another Australian study, which focused on APNs in GP services only, and found that time and financial support were important for APNs to attend professional development, but there was a lack of scholarship opportunities available, and nurses were not willing to pay for ongoing training. In addition, participants were concerned as there was no funding to backfill their role when they applied for leave.[50] When time and cost become barriers for APNs to take preparatory and ongoing training, they may not be able to fully develop their role.[51] This study also revealed a different perspective from participants, that personal investment in professional development is not an issue for APNs, as it is a necessary component of being a profession.

The Australian healthcare system is facing a crisis, primarily due to the rapid growth of people with chronic diseases.[52] The COVID-19 pandemic also exacerbated the burden on the system.[53] Despite increasing government spending on healthcare, with a 6% rise in 2021 compared to 2020 after adjusting for inflation,[54] many individuals still lack access to necessary care. For instance, residents in rural and remote areas experience subpar health outcomes due to limited local healthcare resources and neighbourhood GPs.[55] This has prompted calls for healthcare workforce reform in the Australian healthcare system,[16,46] particularly preparing more nurses to become APNs as these nurses are often the frontline health professionals that patients contact for health issues in rural and remote communities.[16] Nurse-led clinics can be the solution to address these gaps in the healthcare system.[46] Therefore, the government is urged to implement new funding models to support the expansion of APN-led services.[16]

Nurse-led clinics in Australia have demonstrated enhanced patient satisfaction and proven cost-effectiveness.[27,56,57] Patients have consistently reported high levels of satisfaction with the care received in NLCs, often mentioning improvements in their quality-of-life following attendance.[58] A separate Australian study found that nearly 80% of patients reported that nurses always encourage them to share concerns and spend sufficient time with them.[59] The positive experiences reported by patients align with APNs' experiences that were reported in this study, in which NLCs optimised patients' care and enhanced APNs' sense of value and satisfaction. Moreover, APNs had demonstrated rapid responsiveness during the COVID-19 pandemic. They have implemented diverse innovations, ensured the continuity of existing services, and adapted care delivery to meet the demands of the global health crisis, leading to legislation change and enabling NPs full practice authority in the United States.[60]

This study reported that APNs need support from all levels to be able to fulfil their role and be successful in implementing, managing, and expanding NLCs. This study and earlier evidence pointed out that APNs struggle with clinical workload.[61] Although participants in this study shared strategies for managing overwhelming workloads, without support from health organisations, it does not substantively solve the problem. On the other hand, nurses are recommended to record their workload and audit the clinical outcomes as evidence to show their contributions to the healthcare organisation's leadership.[62] Currently, in Australia, there is a lack of funding for the roles and jobs available for the overwhelmed service demand and limited access to the

Medicare Benefits Schedule and the Pharmaceutical Benefits Schedule for NPs.[22,46,63] As nursing workforce shortages around the globe pose a threat to initiating and maintaining NLCs in practice,[31] government and healthcare organisations should enact relevant legislation and implement a sustainable system to avoid staff turnover and attract more nurses working towards APN roles to maintain nurse-led services as raised by the participants in this study.[64]

Support by a multidisciplinary team is another perceived enabler for NLCs as described by the participants. Advanced practice nurses act as a conduit to enable effective communication among stakeholders across different disciplines to solve issues in a systematic way through NLCs.[2,12] Some of the APNs have established strong collaborations with MDs and other healthcare professionals, as the participants mentioned in this study. Medical practitioners highly value the contributions of APNs to the service, as they can address other aspects of patients' care and ensure coordination and continuity. This collaboration allows MDs to concentrate on more complex medical issues.[32,62]

However, some APNs still face challenges in gaining support from other healthcare professionals and the community, especially in collaborating with MDs.[22] This resistance is noted in both the current study and previous literature. A study from the United Kingdom emphasised the persistence of tension between nurses and MDs when nurses try to extend their scope of practice in NLCs.[65] The presence of APNs, especially NPs, has clearly challenged traditional professional hierarchies.[46] A similar phenomenon also exists in Australia. According to NMBA,[66] NPs have the legal authority to practice independently and collaboratively in a multi-disciplinary team. However, when the Australian government recently proposed a bill to remove the collaborative agreements between MDs and NPs and review the scope of practice of NPs,[67] the Royal Australian Colleague of General Practitioners immediately raised an objection.[68] If the bill passes the parliament, NPs' autonomy in providing Medicare services and prescribing medication will be largely increased. It allows NPs to work in their full scope of practice, gain much-deserved respect, and provide patients with timely, better, and more affordable healthcare services.[69] In a scoping review, it was noticed that many studies compared NLCs with MD-led clinics that focused mainly on the clinical domain of APNs' roles rather than with different professional levels. As a result, the evidence often implicitly views the NLCs are medical clinics' substitutes. This perspective fails to recognise the potential of APNs to enhance, augment, or transform services.[70] Earlier evidence identified APNs' role and scope of practice remain ambiguous. This resulted in some MDs being reluctant to refer patients to NLCs, as MDs have little understanding of APNs' role.[70,71] But over time, this may change with greater awareness and trust.[71] Participants in this study discussed the strategies that can be used to collaborate with and gain support from medical professionals, but this will only be effective if APNs themselves are clear on their role.

In addition, although there were conflicting views, that too many protocols may turn nurses' attention away from personalised care,[31] this study has clarified they are fundamental to defining APNs' scope of practice and ensuring the safety of APNs' practice in NLCs. Given the previous study pointed out that the protocols are poorly adhered to,[65] it is essential for APNs, MDs, and nursing supervisors to develop NLC protocols in collaboration. Additionally, APNs must have full knowledge of the Australian healthcare system and clearly identify other stakeholders both within and outside of the organisations to be able to advocate for and navigate care for patients.

Although NLCs have existed for nearly four decades in Australia,[72] some participants in this study still voiced that their role in NLCs is not yet well recognised by all healthcare workers and the public. Nurse-led services in Australia are still in the developing and expanding phases; some haphazard development and a lack of service evaluation have created discrepancies in the understanding of NLCs in the community.[27] Studies exploring ways to increase awareness of NLCs are needed. Future studies may also include healthcare consumers and other stakeholders to obtain a better understanding of their perceptions of APNs and the services APNs offer.

LIMITATION

There are several limitations of this study. The primary researcher who conducted interviews is also a CNC and runs NLCs. There is a possibility that the researchers made assumptions based on their experiences with NLCs during data collection and analysis. However, this was managed by being reflective and adhering to the interview guide.

The sample size of the study is relatively small. There were only ten participants involved in this study. Most of the participants were specialised in the urological and continence fields, with some involved in cancer care. Therefore, the findings may not represent all Australian APNs' experiences and perceptions with NLCs. However, participants were from diverse clinical and geographical settings and offered valuable insights which have global relevance for the improvement and enhancement of nurse-led services.

This study presented a glimpse of Australian APNs' experiences and perceptions of running NLCs. The findings are not generalisable to other parts of the world where NLCs exist. Future studies should consider various clinical contexts, diverse cultures and different nurse-led care models when exploring APNs' perceptions and experiences in running NLCs.

CONCLUSION

This qualitative descriptive study has offered insights into APNs' experiences and perceptions of running NLCs in the Australian context. Participants shared experiences in establishing, running, and expanding NLCs. Although APNs are passionate about running NLCs, they also face several obstacles. This study added knowledge on strategies to overcome the challenges of running NLCs more smoothly, which provides valuable advice to other APNs with similar experiences. Advanced practice nurses need recognition and support from all levels to be successful. The recent reform by the Australian Government to remove the requirement for the collaborative arrangement between NPs and medical practitioners is a promising step forward, but much work remains to be done. To increase the awareness of APNs' role and NLCs, and promote APN-led services, more education and research on nurse-led services are needed.

IMPLICATIONS FOR RESEARCH, POLICY, AND PRACTICE

The results of this study provide practical guidance for APNs who plan to establish NLCs and nurses who are new to running NLCs. It can be used as a reference for countries where NLCs have been more recently introduced. Based on the enablers and obstacles of running NLCs identified in this study, APNs are encouraged to have regular communication with managers and MDs to discuss their preference for running NLCs, seek support to overcome the challenges, and be familiar with healthcare organisations and MDs' expectations for NLCs. Advanced practice nurses are also recommended to formally book every patient encounter in NLCs to record their workload. This is the best evidence to show APNs' clinical activity when seeking more support. To increase awareness and acceptance of NLCs, APNs are encouraged to have a presence on social media and at conferences. It is also imperative for the government and healthcare organisations to listen to APNs' voices, review the current policy, and implement relevant strategies to support and promote APNs' roles and NLCs. In addition, more Australian and international studies are needed to promote NLCs and APNs' roles to improve global awareness.

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