Nurses’ Conception of their Role in Acupuncture Therapy in a Clinic in Chengdu, China

An empirical study investigating the nurses’ role in a Chinese setting

Sjuksköterskors uppfattning om sin roll i akupunkturterapi på en klinik i Chengdu, Kina
En empirisk studie av sjuksköterskors roll i en kinesisk kontext

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ABSTRACT

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Introduction: Acupuncture is an ancient Chinese treatment. It is difficult to know what role the nurse performs during acupuncture in Sweden since no guidelines exist. Indications that patients appreciate receiving acupuncture justifies investigating nurses’ work in China. Good practice may be uncovered that could provide the basis for understanding, defining and promoting the nurses’ role in acupuncture in other countries.

Aim: The aim of this study was to describe the nurses’ conception of their role in acupuncture therapy in an acupuncture clinic in Chengdu, China.

Method: A descriptive qualitative study. Data collection by methodological triangulation from observations and interviews.

Result: Results show that the role of the nurse is to perform practical procedures, support patients and have responsibility for hygiene.

Conclusion: Nurses have an important role in acupuncture therapy to carry out treatment as well as caring for the patients and treating them as individuals.
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INTRODUCTION

The Chinese tradition of using acupuncture to cure disease is 2000 years old and is still being regularly used in China which is also the country of origin (Deadman et al. 2007). Acupuncture in China is defined as Traditional Chinese Medicine (TCM) while in Western healthcare it is defined as Medical Western Acupuncture (MWA) (Norris 2001). MWA is primarily used as a complimentary treatment for different pain issues, such as those arising from palliative care (Romeo et al. 2015), cancer pain (Thompson et al. 2015), pregnancy related painful conditions, anxiety-related conditions, and known obstetric complications of pregnancy (Hope-Allan et al. 2004) in addition to prevention of delayed chemotherapy induced nausea and vomiting (Rithirangsriroj et al. 2014). A controlled randomized study by Weiss et al. (2013) showed that acupuncture therapy is also welcomed by patients suffering from chronic lower back pain. The study showed a better general health, better physical functioning as well as more vitality and emotional wellbeing than the control group (Weiss et al. 2013). In MWA interventions are only used in those specific fields where it has been scientifically proven to have an effect (Deadman et al. 2007). Nurses in Sweden use acupuncture in midwifery care (Mårtensson et al. 2011). Schulenburg (2015) states that nurses play an important role in pain management and suggests that the use of complimentary treatments such as acupuncture may further aid patient recovery.

Acupuncture in traditional Chinese medicine

As China has become more modern, the way of thinking as well as the location of acupuncture points and the use for these has changed and developed (Deadman et al. 2007). In TCM, as a compliment to the invasive method of needling, fire cupping and moxibustion are being used (Fochs 2008). Fire cupping is done by creating vacuum in a round glass cup by sweeping a cotton swab on fire inside the cup and immediately attaching it to the skin making the cup stick to the body through a pressure differential (Fochs 2008). Moxibustion is dried moxa, a herb used in TCM, which is set on fire and attached to the needle inserted into the skin to enhance the stimulation of the acupuncture point. Moxibustion can also be used by holding a stick with burning moxa slightly above the skin to stimulate acupuncture points with heat (Fochs 2008). Electric pulses are also being used on needles to stimulate certain acupoints. Electroacupuncture can either be used by putting a metal clamp on the needle or by putting an adhesive plate directly to the skin. Electroacupuncture might have some effect on stress urinary incontinence in women according to a pilot study by Xu et al. (2016). An acupuncture technique called catgut embedding used in China for weightloss is achieved by injecting small pieces of suture thread into the body (Deng et al. 2014).

The differences between MWA and TCM are extensive. One of many is the “vital energy” called Qi which in TCM is believed to have the ability to cure disease, but also the ability to spread disease in the body, which would explain how symptoms can appear in different places of the body due to the same source (Fochs 2008). In MWA this Qi does not exist, the treatment is merely focused on needling the local points where pain appears (Norris 2001). The aim is to strike a balance between Yin, the earthly, and Yang, the heavenly, in the body. Some Qi is Yin, and other Qi is Yang (Fochs 2008). Depending on whether Qi is Yin or Yang determines when it is more or less active at different times of the day. It can be described like this:
At dawn, when the Yin Qi is exhausted, the Yang Qi pours itself from the eyes and the eyes are opened … At dusk, when the Yang Qi is exhausted, the wei qi (defensive Qi) enters the Interior of the body … Therefore the wei qi has a relationship with the sleep–wake rhythm: during sleep it withdraws deeper into the body – during daytime it circulates in the outer layers of the body. (Fochs 2008, p. 13)

The sense of Qi in the body is referred to as “de-qi” (Deadman et al. 2007). Another important difference between TCM and MWA is that in the latter the focus on finding the right acupuncture point is not as great (Norris 2001). Fochs (2008) suggests that the different acupuncture points are equally individually placed on the body as blood vessels. Therefore, according to Fochs (2008) it is necessary to trace the right point individually for each patient.

**Acupuncture in Western medicine**

MWA acupuncture is foremost used as a complimentary treatment of physical pain issues and only in those specific fields where it has been scientifically proven to have an effect (Deadman et al. 2007). It has been possible in Sweden, since 1993, to use acupuncture for purposes other than pain relief, provided that there is scientific evidence (Lundgren & Westergård 2013). The National Board of Health and Welfare (Socialstyrelsen 2016) in Sweden has declared that conditions which might benefit from treatment by acupuncture as: tension-type headaches (Sun-Edelstein & Mauskop 2012); hot flushes in women with a history of breast cancer (Rada et al. 2010); and pain relief for patients with rheumatoid arthritis (Lee et al. 2008). At present there is little evidence that treatment by acupuncture has anything but a modest effect on those conditions (Socialstyrelsen 2016). However researchers in this field argue that because of the lack of research done on acupuncture, there is a strong case for further investigations into the potential benefits of acupuncture in several areas (Avis et al. 2008; Jewell & Young 2003; Lee & Ernst 2004; Pennick & Young 2007; Schulenburg 2015; Smith et al. 2006). There are studies that show that acupuncture could have a positive effect on nausea caused by chemotherapy used to treat cancer (Bao et al. 2011; Rithirangsriroj et al. 2015). This is something that is already being implemented by the Swedish hospital Karolinska sjukhuset (Lundgren & Westergård 2013). In Sweden, acupuncture is also being used during maternity care to treat nausea and vomiting in early pregnancy (Jewell & Young 2003), pelvic pain in pregnancy (Pennick & Young 2007), pain relief during labour (Lee & Ernst 2004; Smith et al. 2006) and induction of labour (Smith & Crowther 2004). These studies all suggest that there is not yet enough evidence to prove for certain the potential effects of acupuncture.

**Lack of guidelines for acupuncture**

Knowledge about, as well as guidelines for education in acupuncture in Swedish healthcare today are lacking (Mårtensson et al. 2011a och Mårtensson et al. 2011b). Mårtensson et al. (2011) studied how midwives in Sweden use acupuncture. The findings of the study show that the protocols for acupuncture vary considerably between different maternity wards. Also the study indicated that more scientific evidence is needed to assess the effectiveness of
Acupuncture therapy in the treatment scenarios such as relaxation during labour, pain relief during labour, after pains and milk stasis during lactation (Mårtensson et al. 2011). At present research offers a ‘mixed bag’ of results. Wajnberg Gamermann et al. (2015), for example, did not find any overall benefits when using acupuncture as treatment for pain, nausea and vomiting due to cesarean section. However, Hope-Allan et al. (2004) found in their pilot study from Australia that the women being treated with acupuncture for back pain, symphysis pubis dysfunction and sciatica after labour all stated that their well-being improved with the use of acupuncture therapy. Thompson et al. (2015) showed in their study where patients rated their quality of life after acupuncture treatment that the patients themselves were happy about the treatment. Furthermore, the Board of Registered Nursing – State of California (BRN) (2011) established that the role of the nurse included providing information about complementary and alternative therapies, among which acupuncture is included (Schulenburg 2015). Schulenburg (2015) states in her article that:

> Alternative or holistic therapies address the entire patient, recognizing that a wide variety of factors are associated with pain. These alternative methods can be incorporated into traditional medical approaches and may assist in patient recovery.
> (Schulenburg 2015)

Mårtensson et al. (2011) studied the education that Swedish midwives received before being permitted to use acupuncture, and found that there was no overall standard or quality control for courses of acupuncture education (Mårtensson et al. 2011).

**Nurses’ obligations to patients**

Nurses in Sweden are obliged to provide care according to scientific research and well proven experience (SFS 2010:659). Furthermore nurses are obliged to inform the patient on what types of examinations and treatments are available (Patientlag 2014:821). In modern healthcare in Sweden today care is given to patients with a holistic view of the human being (Strandberg et al. 2007). Also in the ICN code of nursing it is stated that the nurse should promote an environment where human rights, various religious beliefs, culture and values are being respected (Svensk sjuksköterskeförening 2014). The College of Registered Nurses of British Columbia (CRNBC) (2006) stated in their report that nurses must also ensure that patients know what type of therapy they have agreed on and what possible consequences it will have on them. Where it is uncertain whether the patient understands fully what the therapy is and how it will be administered the nurses’ obligation is to act as the patient’s advocate and assist the patient to gain necessary knowledge for the patient themselves to make an informed choice about their treatment (CRNBC 2006).

Acupuncture is currently being used in several fields of western healthcare and patients receiving such therapy are generally positive about such interventions and the effect on their health. However research is lacking in several respects. Nurses generally do not have access to enough information about acupuncture, there is also uncertainty as to which treatment situations acupuncture might be most effectively used, and there are no clear and consistent guidelines as to what the role of nurses might be in the use of such therapy. Much of this
uncertainty can be ascribed to the need of bridging the gap between western healthcare and acupuncture. Therefore it is of importance to further investigate the nurses’ role in acupuncture therapy. Researching the nurses’ conception of their role in acupuncture therapy in China is therefore an important first step in understanding how nurses can become more widely involved in effective acupuncture therapy.

**AIM**
The aim of this study was to describe the nurses’ conception of their role in acupuncture therapy in an acupuncture clinic in Chengdu, China.
METHOD

The study is an empirical study conducted in Chengdu, China in March 2016.

Study design

This study is conducted with a descriptive and qualitative design. Data was collected through observations and interviews during two weeks in March 2016. A cross-sectional design in a qualitative study is economical but it is however difficult to compare changes over time with such design (Polit & Beck 2012). Polit and Beck (2012) suggest that it is important to take on several positions in the field during the time of the study to make as many observations as possible. An interview guide (appendix IV) with open-ended questions has been constructed to present to the participants. This interview guide was translated into Mandarin Chinese which is the mother tongue of the participants.

Sampling

The participants of the study included three nurses working at a TCM clinic in Chengdu, People’s Republic of China (PRC). In total there were seven nurses working at the clinic. Offers were made to the nurses to participate in the study, regardless of educational background. The rationale for this approach was that all the nurses at the clinic performed the same tasks. None of the nurses were excluded. The first three nurses who were asked to participate were chosen for the study. All of the nurses asked accepted, hence three nurses were asked to participate.

Data collection

The study was conducted in a TCM clinic in Chengdu, PRC, in March 2016. Data collection was done using two different methods, observations and interviews. Observations were conducted by spending two days exclusively observing the nurses’ work. Both practical work as well as interaction with patients was observed. The next three days the author took on a more interactive role – helping with some simple practical tasks and through that perspective gained different insights from the previous days. Observations were written down discretely as field notes using a small notebook. Mulhall (2002) suggests that it can be easier to remember all the details if notes are taken immediately. Polit and Beck (2012) point out that it is almost impossible to conduct observations of this type effectively, without taking notes. When carrying out observations among the interviewees there is a risk that the researcher might communicate own expectations to participants and for that reason induce biased behavior (Polit & Beck 2012). An Interview Guide (appendix IV) with open-ended questions was prepared. The interviews were based on the same questions for all three nurse participants with scope to ask different follow-up questions depending on the answers (Polit & Beck 2012). In the event of incomplete answers or where interviews could not be completed to a satisfactory standard, further opportunities were made available for the author to speak again with participants and complete the interviews with further questions. When using interviews as a method of collecting data it is important to consider that participants might distort their statements to present themselves in the best light and therefore result in respondent bias (Polit & Beck 2012).
Triangulation

The study was conducted using method triangulation. Method triangulation involves two or more different ways of data collection about the same phenomenon (Thurmond 2001; Polit & Beck 2012). The data collection of this study incorporates the use of both qualitative participant observation and qualitative interviews. Halcomb and Andrew (2005) concluded in their study that the use of method triangulation in contemporary nursing research promotes confirmation and completeness through increased trustworthiness of the study and the interpretation of its data. Thurmond (2001) stated that the concept of triangulation increases the researcher’s ability to interpret the result and to strengthen the overall design of the study. The multiple methods of data collection enables the researcher to evaluate the consistency of the result (Polit & Beck 2012).

Procedure with interviews

The interviews were held in the clinic, after hours when there were no other people there, and the interviews were also recorded on a recording device. Estimated duration of the interviews was 30 minutes. Furthermore, the interviews were conducted in English. When necessary a translator was brought in. The translator was a TCM student specializing in acupuncture and well familiar with the English terms used in TCM. Also the translator had no professional ties to the participants. During the interviews the participants were asked the questions in Chinese and allowed to answer in Chinese. The translator then repeated what the participants answered in English. The Interview Guide was translated into Chinese and presented to the participants at the interview.

Data analysis

The data from the observations and the interviews were analysed by dividing them into categories using a model for content analysis by Graneheim and Lundman (2003). Sub-categories emerged in the category of Practical duties of nurses as the nurses had tasks involving patients and other tasks that did not include patients directly. Interviews as well as field notes were transcribed. The results then consisted of whole meaning units that described the manifest content. The meaning units were interpreted and reduced into condensed meaning units. This led to a code that was finally reduced to a category according to the qualitative content analysis described by Graneheim & Lundman (2003). How the analysis was conducted is presented in Table 1.
Table 1.

Content analysis

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensed meaning unit</th>
<th>Code</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If the patients feel that the moxabox is too hot or the heating lamp is too close then I will regulate it.”</td>
<td>Making sure the patients are comfortable.</td>
<td>Caring for the patients’ needs.</td>
<td>Nurse-Patient Interaction</td>
</tr>
</tbody>
</table>

Ethical considerations

Participation in this study was entirely voluntary and could at any moment be interrupted by the person being interviewed. All participants of the study received written information about the study in both English and Chinese. There was also a consent form presented to the participants in order to confirm their participation in the study. The study was carried out according to the ethical guidelines outlined in the Declaration of Helsinki (1964). The collected data was handled confidentially. A possible risk with this study was the fact that nurses would not be anonymous. The clinic is small and it was therefore important to bring in a translator who did not work at the clinic, and had no personal ties to the participants. This was arranged by bringing in an acupuncture student who did not work at the clinic and also had no personal ties to the staff. Another risk with this study is that of misinterpretation, because of the empirical and qualitative nature of the study methodology. To maintain the ethical standards of the study, the audio recordings of the interviews were accessed only by the author of this study. The recorded interviews were saved in case the supervisor or the examiner of this study requires scrutiny of the raw data. Forsman (2005) suggests this is a good way to avoid being accused of false results.
RESULTS

The aim of this study was to describe the nurses’ conception of their role in acupuncture therapy in an acupuncture clinic in Chengdu, China. To answer the aim of the study the data from the interviews as well as the observations was analysed. The analysis of the interviews resulted in four categories emerging: i) assisting the doctor; ii) nurse-patient interaction; iii) practical duties of nurses; and iv) hygienic routines as shown in Table 2. The analysis of the observations resulted in almost correlating categories with the exception of the extra category of nurses’ safety in the work environment. The results from the interviews and the observations are being presented separately below.

Table 2.

Categories from interviews

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting the doctor</td>
<td></td>
<td>– assisting the doctor</td>
</tr>
<tr>
<td>Nurse-Patient Interaction</td>
<td></td>
<td>– caring for the patients’ needs</td>
</tr>
<tr>
<td>Practical duties of nurses</td>
<td>Tasks involving patients</td>
<td>– performing and being responsible for some of the technical procedures involved in the acupuncture therapy</td>
</tr>
<tr>
<td></td>
<td>Tasks not involving patients directly</td>
<td></td>
</tr>
<tr>
<td>Hygienic routines</td>
<td></td>
<td>– having some basic guidelines on hygiene to follow and responsibility for keeping utensils disinfected</td>
</tr>
</tbody>
</table>

Interviews

The three nurses interviewed all had three years of either university or college studies. One of the nurses was a nurse trained in western medicine. Another one was specialized in western pharmacology and the third one was specialized in nutrition. None of them had any education or training in TCM before they started working at the clinic. They had at least one year of working experience and respectively had worked one, two and a half and three years in the field of nursing including both western medicine and TCM.
Assisting the doctor

The nurses all perceived their role to be that of a nurse assisting the doctor. One of the nurses even took it as far as saying she is “a servant for doctors and patients” (Nurse 3). Although the same nurse viewed her work as very important. None of them gave any critique on their workplace, mainly because they expressed that nurses don’t have the power to change anything. “It does not depend on us” (Nurse 1) one nurse said. The other two directed the critique towards themselves, expressing that they would like to be more skilled and acquire more knowledge about Chinese medicine and information about different types of equipment and how to use it. Caring more for the patients and striving to be a better help to the doctor were also commonly expressed themes. The technical procedures in acupuncture therapy can vary and it was clear that the nurses listen and take direction from the doctor regarding each patient. Nurses explained that although the nurse is the person in charge of performing many of the procedures in the acupuncture therapy, the doctor is always the one to decide which treatment each patient should receive.

Nurse-Patient Interaction

Most commonly nurses stated that their interaction with the patients consists of showing the patients to the bed where they will have the treatment and making sure they are comfortable as regards temperature. There is a box of burning moxa put on the patient’s body and heating lamps to make the patients comfortable while receiving the acupuncture therapy. The nurses also reported that they give the patients advice after the treatment, for example, advising them not to take showers the same day as receiving fire cupping and encouraging them to have a rest after the acupuncture therapy. If needed the nurses try to relax the patients before the treatment. The nurses’ reported that patients sometimes feel anxious about receiving acupuncture. A tactic used to counter this is to engage patients in conversation about everyday topics in order to calm them. In addition, the nurses might have to answer specific questions about the patients’ conditions and the acupuncture therapy itself “If they ask me something I will answer them. I answer the best I can, but if I don’t know I’ll tell the patients to ask the doctor” (Nurse 2).

Practical duties of nurses

The practical duties the nurses are responsible for vary in character. Hence, the practical duties are divided into two sub-themes: i) practical tasks involving patients and; ii) practical tasks not involving patients directly.

Practical tasks involving patients

The nurses take part in and are responsible for many of practical tasks involved in the acupuncture therapy. Taking out the needles after the treatment time has finished is one of the most significant tasks, the nurses reported. The nurses all agree that during the acupuncture therapy it is the nurses’ responsibility to hand the needles to the doctor. Also performing the technical procedures of the fire cupping and the moxibustion are the nurses’ responsibility, the nurses reported. After the acupuncture therapy another task is to inspect the skin condition of the patient “... after the treatment I check if the patients bleed or not” (Nurse 2).
Practical tasks not involving patients directly

Besides being responsible for practical procedures involving patients, the nurses reported that they are also responsible for a number of practical tasks necessary for the clinic to function. Ordering supplies such as needles, cotton swabs and alcohol is also part of their work. In each of the two acupuncture rooms there is a cart with all the supplies needed in the acupuncture therapy. Refilling the cart and tidying up the treatment rooms are routine tasks performed throughout the day. The nurses also operate the air conditioner and the heating lamps used over the patients’ bodies while the needles stay in the body during the acupuncture therapy. Documenting the patient records is also one of the nurses’ tasks “Every day we document these patient records [the nurse shows a stack of papers laying on the doctor’s desk] and what treatment they have got” (Nurse 3). One of the nurses also pointed out another task they are expected to do “Give hot water to doctors” (Nurse 3).

Hygienic routines

The nurses at the clinic stated that they have some basic hygiene rules to follow. The nurses can’t wear nailpolish but are still allowed to wear rings if they want “ ... they can have rings but not nailpolish” (Nurse 1). Nurses’ explained that one of the tasks the nurses are in charge of is to disinfect the utensils used in the acupuncture therapy, such as forceps used to pick up cotton balls drenched in alcohol. The beds in the acupuncture rooms are covered with cotton sheets. The pillows also have cotton covers and the blankets are being used for all the patients. The nurses stated that they are in charge of keeping the beds clean and change the sheets of the beds once or twice a week.

Observations

The observations in the clinic resulted in correlating categories with the interviews except the category of nurses’ safety in the work environment, which was not a topic that was discussed at all during the interviews. Even though the categories did correlate closely, results from the observations did differ in some respects from those recorded during interviews. The categories from the observations are shown in Table 3.

Table 3.

Categories from observations

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting the doctor</td>
<td></td>
<td>– performing duties including having responsibility for patient safety</td>
</tr>
<tr>
<td>Nurse-Patient Interaction</td>
<td></td>
<td>– caring for patients’ well-being</td>
</tr>
</tbody>
</table>
Practical duties of nurses

<table>
<thead>
<tr>
<th>Practical tasks involving patients</th>
<th>Practical tasks not involving patients directly</th>
<th>– performing certain technical procedures in acupuncture therapy</th>
</tr>
</thead>
</table>

Hygienic routines

– hygienic standards

Nurses’ safety in the work environment

– the risk for needle stick injuries

Assisting the doctor

The clinic is a popular TCM clinic where the acupuncture patients alone can account for as many as 30 patients in one day, from 9 am to 1:30 pm. There is only one acupuncture doctor and one to two nurses on duty at the same time. One of the treatment rooms is combined with the doctor’s desk where she examines patients. There is no privacy for the patients as the door to the room is constantly open and at most there were six different patients at the same time standing in the small room. The other part of this room contains two beds with curtains to close and three armchairs where patients can also receive acupuncture treatments for example in the knees or the face. The two beds have a distance of approximately 60 cm in between. This is also where the material cart is located. The space for the nurses is very limited. The temperature in the room varies between 26 and 27 degrees Celsius.

The nurses assist the doctor by handing her needles during the procedures and they also take instructions from the doctor. Examples of instructions are where the moxibustion box should be put, which needles should be heated with burning moxa and if the patient requires fire cupping. Furthermore, the nurses help each other when there is someone who is less experienced and not sure how to do certain things for example using the electroacupuncture machine for stimulating needles with electric pulses. They have responsibility for patients’ safety in terms of not forgetting any needles in the patient when withdrawing the needles at the end of the treatment.

Nurse-Patient Interaction

Nurses speak to the patients about practical topics such as when the next appointment is and what bed they should go to to get their treatment. The nurses also speak to the patients about everyday topics. The ambience is sometimes very friendly with laughter and banter. Nurses care for the patients’ well-being by asking how they feel. During the treatment the nurses ask the patients if they are comfortable, if anything is hurting or if they feel cold. Sometimes they also explain what they are doing and give advice to the patients after the treatment.
Practical duties of nurses

Also the observations resulted in varying practical duties that the nurses are responsible for. Hence, the practical duties were divided into two sub-categories: i) practical tasks involving patients; and ii) practical tasks not involving patients directly.

Practical tasks involving patients

The nurses are in charge of practical tasks involving patients directly. Withdrawing the needles after the treatment time is finished, putting the timer on for every patient, and keeping track of which patient is in turn are all frequently performed tasks. The nurses also perform procedures in the acupuncture treatment that do not involve inserting needles, such as fire cupping, moxibustion and stimulation of the needles.

Practical tasks not involving patients directly

The nurses have practical duties such as keeping the treatment rooms and the beds clean and making sure that the material cart is properly stocked. Bed linen is also changed by the nurses and the dirty laundry is taken across the street to where another member of the staff does the laundry.

Hygienic routines

All of the nurses in the clinic keep their hair up in ponytails or braids. None of the nurses wear nail polish and do keep their nails short, although they do wear bracelets and long sleeved robes. Sometimes they also wear extra covers for the arms. Only one of the nurses is using the alcohol-drenched cotton balls to disinfect her hands between patients. There is no alcohol gel for nurses to disinfect their hands with. At one point one of the nurses takes out a new bottle of alcohol from the cabinet. She opens the closed system lid and uses the rubber packing as a lid to open and close the bottle. She does this in order to be able to pour alcohol from the bottle into the enamel jars with cotton balls.

Nurses’ safety in the work environment

There is a waste bin on one side of the stainless steel cart with the acupuncture supplies. The waste bin is open and this is where all the medical waste is discarded, including all kinds of needles. At the end of the day this receptacle is emptied into a yellow plastic bin with lid labeled Medical Waste. For much of the time the waste bin on the cart is very full and it is easy to get pricked by a needle sticking up, a scenario which unfolded in respect of the author during the conduct of this study.
DISCUSSION

The aim of this study was to describe the nurses’ conception of their role in acupuncture therapy in an acupuncture clinic in Chengdu, China. The interviews resulted in four categories emerging: i) assisting the doctor; ii) nurse-patient interaction; iii) practical duties of nurses; and iv) hygienic routines. The observations in the clinic resulted in correlating categories with the interviews, except the category of nurses’ safety in the work environment.

Result discussion

The results of the interviews and the observations did correlate in most but not in all analytical categories.

The fact that the nurses all stated that they were the assistant of the doctor also showed in the observations. Although, from the observations it was noticeable that the nurses themselves have a responsibility for several practical tasks involving patients as well as more basic practical tasks like cleaning and refilling material to the cart. The nurses were able to express what they did in practical terms, but were less certain about how they were responsible for the completion of tasks. The nurses in the clinic were all trained in Western medicine and had no previous schooling in Traditional Chinese medicine including acupuncture. The training in performing specific procedures was done in the clinic and the education was given by the doctor. The nurses need to have knowledge about and the skill to perform these certain procedures since the results showed performing specific procedures as fire cupping for example is part of their role in acupuncture therapy. A study by Ewertsson et al. (2015) investigated technical skills and handling of medical devices in different settings among Swedish nurses with less than one year of work experience. The result of the study showed that 76% of the nurses stated a need of continued practical training (Ewertsson et al. 2015). This might indicate that continued practical training as is being performed at the clinic in Chengdu, helps nurses improve their technical skills. The nurses in the present study stated that they wanted more knowledge about and skill to perform technical procedures. The situation of the nurses’ description of being an assistant to the doctor and as observed in the field notes also being the apprentice of the doctor can be compared to the novice-master system Bisholt (2012) describes in her study. A novice-master system might hinder novices from reflecting on their actions and what they are being taught by their master (Bisholt 2012). Furthermore Bisholt (2012) suggests in her study that institutions cannot be responsible for the vocational training and that nursing education of today cannot be said to produce fully educated nurses. Considering the results of the present study, the need for further education in alternative treatment methods during nurse education might be indicated.

Nurse-patient interaction was observed in a number of different ways. The interviews revealed these interactions in a similar context as those recorded during the observations. Nurses speak to the patients not only about the acupuncture treatment itself but also about every day topics to relax and make the patients feel at ease. Evans (2016) concludes in her study on nurse-patient interaction that it is important to understand how nurse-patient interaction affects the patient outcome in order to promote a more mindful approach to nursing care. Watson (1993) suggests in her book A theory of Nursing that the human care includes caring in a context of human science and arts and interaction between the self of the patient as well as the nurse with ”spirit-soul-body-figure”. Furthermore Watson (1993) states values such as a deep respect for the wonders and mysteries of life, a great reverence for the
human “spiritual-subjective center” with the ability to grow and change, self-control and self-healing independent of the health condition. Researchers usually find vague proof for acupuncture as an effective treatment (Jewell & Young 2003; Lee & Ernst 2004; Pennick & Young 2007; Schullenburg 2015; Smith et al. 2006). Some even suggest that acupuncture is only a placebo effect (Zheng et al. 2014). With the theory of Watson (1993) in mind, acupuncture might be a form of treatment where the nurse-patient interaction plays an important role.

Only one of the nurses mentioned disinfecting tools as a routine task that is performed by nurses. None of the nurses mentioned hand hygiene. It is clear from the analysis of the observations that hand hygiene could be improved by using alcohol to disinfect the hands between each patient or the use of gloves – instances of the latter was none existent. Only one of the three nurses used the alcohol drenched cotton balls to disinfect her hands between patients, but still not between every patient. Naderi et al. (2012) concluded in their study at a hospital in Iran that showed poor hand hygiene that training campaigns should be implemented for health care personnel to re-emphasize the importance of adherence to hand hygiene protocols (Naderi et al. 2012). Since the time of Semmelweis hygienic handwashing has been recognised as the most basic and important control measure for infection. The five points at which hand hygiene should always be considered as detailed in The World Health Organization Patient Safety initiative (2016) are: before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings.

None of the nurses spoke about safety issues. From observing the work of the nurses it was clear that the open waste bin on the material cart presented a risk of injury for nurses and patients. A study by Jahangiri et al. (2015) conducted among nurses in Iran showed that improper disposal of sharp objects can lead to needle stick injuries and that puncture resistant disposal containers are necessary to effectively prevent needle stick injuries among nurses (Jahangiri et al. 2015). The conclusion of this finding in the present study suggests that there are strong indications for supplying the clinic with puncture resistant disposal containers.

**Method discussion**

The interview guide was translated into Chinese and presented to the participants to minimize the risk of misunderstanding the questions asked. This allowed the participants to understand the questions asked. The interpreter of the interviews translated what the participants had said after the participant stopped speaking. Since the author of this study understands some Chinese it made it easier to verify that the translations were reliable.

The first two days of observation in the clinic were focused on strictly observing and listening to the nurses. The following three days the author took on a more active role and participated in the work at the clinic. Leininger and McFarland (2006) describe the participant observer’s role in four steps: i) primarily observation and active listening; ii) primarily observation with limited participation; iii) primarily participation with continued observation; and iv) primary reflection and reconfirmation of findings with informants. The different steps let the researcher become familiar with the field of study and also take on several positions in the
field and thus obtain observations not only by observing but learning by the actual experience (Polit & Beck 2012).

The interviews were conducted after spending three days of observations in the clinic. The author focused on following the work of the nurses and also interacted mostly with the nurses to establish a good relationship with the interviewees. Polit and Beck (2012) points out that it is necessary for researchers to establish credibility among the study participants. This can, according to Polit and Beck (2012) be accomplished by being sensitive to styles of dress, modes of speech and customs for example. It is however important to not appear too strongly affiliated with one certain group as it can also make it more difficult to gain trust (Polit & Beck 2012). The author of this study was already familiar with the culture in the clinic as well as the Chinese culture in general, which might have had a positive effect on gaining trust among the participants of the present study.

The current study includes three interviews only, which makes the result of the interviews highly doubtful and difficult to generalize. Polit and Beck (2012) state that it is important to consider if the data collected is sufficient to fully explain the studied phenomena.

A risk with using methodological triangulation is that it can be resource intensive, requiring a significant amount of time and investigator skill (Thurmond 2001; Connelly et al. 1997). The author of a triangulated study need to show coherence among the purpose of the study, the research questions, methods, sampling procedure, analysis, integration of data and interpretation (Halcomb & Andrew 2005). Also Halcomb and Andrew (2005) state that each individual method used in the design of the study should be demonstrated. Both interview method and observations are demonstrated in the method section in this study. Connelly et al (1997) highlighted the benefits of using methodological triangulation as a research method, which included a more complete understanding of a phenomenon, the discovery of new dimensions by comparing different methods and the possibility of revising quantitative instruments (Connelly et al 1997). Polit and Beck (2012) also agree that methodological triangulation in qualitative research leads to a greater comprehension of a phenomenon. This was visible in this study by the fact that interviews and observations led to both correlating results as well as new results in the observations. This was also discussed in the result discussion.

A well conducted interview, according to Lantz (2007), must give reliable and valid results and the conclusions of the results must be able to be critically reviewed by others. When conducting an interview the participant’s words form the basis of the result on which the conclusion will be built upon (Lantz 2007). But Lantz (2007) also points out that the participant’s body language and facial expressions can be part of the analysis and of the results leading to conclusions. It is however difficult to notice the participants’ body language and facial expressions while conducting the interview alone as was the case for the author of this study. When using the interview as method for collecting data it is self-reported data that will be analysed. To analyse this kind of data it takes knowledge about the aimed subject, knowledge about interview method and skill to create a good dialogue (Lantz 2007). The interview method is often debated in scientific research since it is only a subjective point of view that will lead to the results. Lantz (2007) states that the interview method in scientific research has to be considered doubtful. However, the aim of this study was to investigate the
nurses’ conception of their role, which is why the interview method was the only suitable method that could be considered for this study.

Observing the scene as well as blending in as a participant is critical in the ethnographic method of participant observation (De Chasney 2014). De Chasney (2014) also states that it is rarely a clear distinction between when the researcher is just observing and when they are participating. The author of this study experienced just this phenomenon. The ambience of the observations that was done in the TCM clinic in Chengdu clearly changed within the three weeks that the study was conducted. The feeling of being part of the staff was noticeable especially on the last day of the study. If the researcher immerses themselves in the culture they can almost be treated as any other member temporarily (De Chasney 2014). Although there are advantages with observational approaches such as the opportunity to ‘blend in’ for a period of time, there are also disadvantages. De Chasney (2014) states that it is not possible to eliminate bias. Although it is possible to control it in the sense of acknowledging bias and while in the field, attempting to set it aside (De Chasney 2014). To write field notes as soon as possible is critical according to De Chasney (2014) even if it is not always possible. The author of this study kept a pocket size notebook in the pocket of the nurse robe in order to have quick access to scribble down notes.

The author of this study was completing it alone, which is why it was important to provide the supervisor of this study with access to the raw data to lessen the potential for misinterpretation of the results. Graneheim and Lundman (2003) describe in their study how the two researchers had different opinion on some of the categories, but agreed on how to sort the codes after reflection and discussion. The method for content analysis described by Graneheim and Lundman (2003) was consequently being used in this study.

Clinical significance

As of today, in Sweden, there are no guidelines on what the role of the nurse is in acupuncture therapy. Mårtensson (2011) even criticizes midwifery care for using acupuncture despite the lack of guidelines. To investigate what perception the nurses have on their role as a nurse in China may facilitate the work of future researchers to consider making up guidelines for nurses using acupuncture in western healthcare. The study also gives a deeper understanding for how nurses can be involved in acupuncture therapy. Acupuncture therapy may be more integrated in the work of Swedish nurses if further education in the nurse programme was carried out.

Proposition of further research

It would be of great interest to know what knowledge about and what attitude towards acupuncture nurses in Sweden in general have. This research would further enable overall guidelines for acupuncture education and the use of acupuncture in Swedish healthcare.
CONCLUSION

The role of the nurses at the clinic in Chengdu was foremost to be the assistant of the doctor during needling. The results, however, also show that the nurses were responsible for a lot of the technical procedures that were non-invasive, for example fire cupping. The nurses in the study were all trained in Western medicine. The training they did have in TCM including acupuncture, the nurses received from the doctor specialized in acupuncture working at the clinic. The results show that nurses have an important role in acupuncture therapy to carry out treatment as well as caring for the patients and treating them as individuals.
References:


Information to respondents

“Nurses’ conception of their role in acupuncture therapy in an acupuncture clinic in Chengdu, China”

The purpose of this minor field study is to find out how nurses in a Traditional Medicine Clinic in Chengdu, PRC, view their influence on the patients being treated with acupuncture therapy.

The study will be performed by Sabina Rislund, a student at Karlstad University, majoring in nursing. Sabina will be at your clinic in February and March to collect the data for this study. The data will be partly observations in the field and partly interviews.

Everyone being interviewed will participate voluntarily. The collected data will be handled confidentially. The interviews will be recorded on a recording device. Recordings will be handled confidentially.

The participation in this study is voluntary and can at any moment be interrupted by the person being interviewed.

Best regards,

Sabina Rislund, Karlstad University

sabiris100@student.kau.se, sabinarislund@hotmail.com
致参与者

“成都某中医诊所护士在针灸疗法中的角色”

本小型实地研究的目的是探究一家成都中医诊所中的护士如何看待她们对接受针灸疗法的病人的影响。

该研究的研究者为 Sabina Rislund，一位来自卡尔斯塔德大学护理专业的学生。今年二、三月她将在您所在的诊所收集研究所需的数据。研究数据将部分来自现场观察，部分来自访谈。

访谈为自愿参加。所收集的数据将保密。访谈过程将被录音，录音也将保密。

本研究为志愿参与，参与者可在任何时候选择退出。

谢谢！

Sabina Rislund，卡尔斯塔德大学

sabirisl100@student.kau.se, sabinarislund@hotmail.com
Form of consent

I have been given information about the study by Sabina Rislund, Karlstad University, and agree to participate. I understand that the study is voluntary and that I can choose to interrupt it at any time during the study.

City and date:

Name:

Best regards,

Sabina Rislund, Karlstad University

sabirisl100@student.kau.se, sabinarislund@hotmail.com

知情同意书

我已被告知由卡尔斯塔德大学Sabina Rislund主持的研究内容，并且同意参与该研究。我知道该研究属志愿参与，并且我可在研究过程中随时选择退出。

城市、日期：

姓名：

谢谢！

Sabina Rislund, 卡尔斯塔德大学

sabirisl100@student.kau.se,sabinarislund@hotmail.com
Demographic information

The inner city of Chengdu has a population of 4.1 million. The city is situated in Sichuan province located in the south west part of the People’s Republic of China, PRC. In the west Tibet is its closest neighbour. Chengdu is a modern fast-growing city and also serves as the transport hub for the whole region with its two major bus stations and three train stations (Harper et al. 2013).
**Interview guide**

**Demographic questions:**

What is your educational background?

For how long have you been working in this field?

1. What is your role, as a nurse, in the acupuncture therapy?

   **Follow-up questions:**
   
   – What do you speak to the patients about?
   
   – What advice do you give the patients after receiving acupuncture?

2. Describe your nursing care for the patients before and after the acupuncture treatment.

   **Follow-up questions:**
   
   – How do you support your patients receiving acupuncture therapy?

3. What practical tasks do you have?

   **Follow-up questions:**
   
   – What practical tasks do you have that involves patients?
   
   – What practical tasks do you have that does not involve patients?
   
   – How do the practical tasks affect the time spent with the patients?

4. If you could change anything in the work here at the clinic – what would it be?
Ovanstående studerande vid, inom Omvårdnad, Karlstads universitet, erhåller tillstånd att genomföra examensarbetet benämnt: The nurse's perception of their role in acupuncture therapy in a TCM clinic in Chengdu, vid klinik/enhet/motsvarande vid

Kristinhamn 150118

ort och datum

Verksamhetschef/notsvarande

OBS! Efter underskrift lämnas en kopia av tillståndet till handledaren och tillståndet ska bifogas som bilaga till examensarbetet.