

Title

Unintended consequences of follow-up care: patient experiences with hypertension management
in Chinese community nursing

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Ethics approval

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Abstract

Purpose

Community follow-up care is essential for managing hypertension, with Chinese community nurses playing a pivotal role in sustaining long-term management. However, little research has examined how rigid or inappropriate care approaches may inadvertently cause patient discomfort. This study addresses this gap by exploring the unintended consequences of follow-up practices among community nurses caring for hypertensive patients in China.

Design

A qualitative descriptive study.

Methods

Semi-structured interviews were conducted with 23 hypertensive patients in Shenzhen between June and August 2024. Data were analyzed using iterative thematic analysis.

Findings

Three themes emerged. First, standardized follow-up protocols often clashed with patients' individual needs, leading to frustration with the rigid, one-size-fits-all approach. Second, patients experienced emotional distress, feeling alienated by impersonal, task-oriented nurse communication. Third, health education communication breakdowns were prevalent, with patients finding vague lifestyle recommendations impractical and difficult to apply.

Conclusions

This study uncovers overlooked complexities in follow-up interactions, critiques the rigidity of current protocols, and challenges the predominantly positive perception of standardized follow-up care.

Clinical evidence

Findings underscore the need for training programs to equip community nurses with patient-centered care skills, emphasizing effective communication and personalized health education to improve patient engagement and clinical outcomes in hypertension management.

Keywords

Community nursing, follow-up care, hypertension management, nurse-patient communication, patient-centered care

1 Introduction

Patient follow-up care involves ongoing monitoring and support after diagnosis or treatment, particularly for chronic conditions like hypertension. These services typically encompass regular health assessments, medication adjustments, and lifestyle guidance aimed at maintaining health stability and adherence to prescribed regimens. Globally, follow-up care is a cornerstone of healthcare systems. High-income countries benefit from well-structured, technology-enhanced programs integrated into coordinated primary care frameworks (Palacio-Vieira et al., 2021). However, in low- and middle-income countries, implementation is hampered by limited resources, restricted access, and workforce shortages (Frijters et al., 2020). Despite these disparities, follow-up care remains essential for ensuring continuity, preventing disease progression, and improving patient outcomes worldwide. Examining the experiences of patients who receive follow-up care is essential for understanding its effectiveness, particularly in how these interactions influence patient engagement, satisfaction, and health outcomes (Fortuna et al., 2018).

In China, community follow-up care plays a pivotal role in managing chronic conditions and promoting preventive health. Since the 2009 New Health Reforms, these services have expanded significantly (Qin et al., 2021). The Healthy China 2030 initiative underscores the importance of community care in reducing hospital admissions and improving long-term health outcomes (Li & Chen, 2023). Community healthcare centers now provide regular follow-up care, focusing on health monitoring, medication management, and lifestyle counseling (Li, 2025). Community nurses and general practitioners serve as primary contacts (Li et al., 2023), playing a key role in

managing the growing burden of chronic diseases. However, understanding patients' experiences with community follow-up care is essential for identifying gaps and challenges in care delivery (Fortuna et al., 2018). This study examines these lived experiences, focusing on how hypertensive patients perceive and engage with follow-up care within their unique health and social contexts.

Hypertension is a critical public health issue in China, affecting an estimated 245 million adults (Sheng-Shou, 2023). Nearly half of adults over 35 are hypertensive, contributing to high rates of cardiovascular disease, the nation's leading cause of death (Li, 2025). Uncontrolled hypertension can lead to severe complications, such as stroke, heart attack, and kidney failure, imposing significant burdens on both patients and the healthcare system (Li, 2025). The economic costs, driven by hospitalizations and long-term medication use, are also substantial (Wierzejska et al., 2020). Despite public health initiatives, hypertension remains underdiagnosed and poorly managed in China (Li, 2025), highlighting the urgent need for improved care and follow-up strategies.

Existing research on community-based hypertension follow-up care in China highlights clinical benefits, such as better disease management, fewer hospitalizations, and improved treatment adherence (Peng et al., 2022; Wang et al., 2021). However, these studies often present an overly favorable view, focusing primarily on clinical outcomes while neglecting patients' nuanced experiences. For example, Xu et al. (2018) reported high compliance rates but did not explore whether this compliance stemmed from genuine patient engagement or a sense of obligation due to perceived medical authority. Similarly, few studies, such as Zuo et al. (2019), have critically

examined standardized protocols that often overlook individual preferences and broader contextual factors shaping patient behavior.

Optimal clinical outcomes, such as effective blood pressure control, are essential, but the importance of interpersonal dynamics in hypertension management extends beyond these measures (Flieger, 2017). Strong patient-provider relationships build trust, promote patient engagement, and support adherence to care plans (Li et al., 2023), even under challenging conditions. In community settings, these relationships are particularly critical, as they address patients' broader sociocultural and emotional needs often overlooked by standardized protocols (Li, 2025). Recognizing these dynamics is vital for developing care practices that align with patients' lived experiences, ultimately enhancing well-being and sustaining long-term health outcomes.

International evidence further highlights the limitations of rigid follow-up care. In the US, Saunders et al. (2022) found that inflexible follow-up schedules frequently caused stress and frustration, particularly when they conflicted with patients' work commitments, caregiving duties, or other personal obligations. Such misalignments strained patient-provider relationships and undermined adherence to care plans. In South Africa, Sekome et al. (2024) observed that while standardized follow-up care for hypertension demonstrated clinical efficacy, it often failed to account for patients' cultural and socioeconomic differences, reducing engagement and exacerbating health inequities. Similarly, Das et al. (2021) found in India that prescriptive lifestyle recommendations that did not align with patients' cultural norms, financial constraints, or daily

realities often resulted in nonadherence and disengagement from care.

These findings underscore the shortcomings of a one-size-fits-all approach to follow-up care.

Standardized protocols that fail to accommodate individual preferences and contextual factors risk alienating patients and diminishing the effectiveness of chronic disease management.

Adapting follow-up practices to the unique circumstances of patients is essential for fostering trust, improving adherence, and achieving better health outcomes.

While follow-up care is widely regarded for its benefits, it is essential to examine its unintended consequences, particularly those stemming from rigid protocols misaligned with patient needs. A qualitative descriptive design is ideally suited to uncover these nuanced, context-specific issues by prioritizing patients' lived experiences (Sandelowski, 2010) and capturing the complex dynamics of follow-up care interactions. In doing so, this study challenges the predominantly positive narrative in existing literature, offering a critical perspective on community-based hypertension follow-up care in China.

The findings have practical implications for healthcare practitioners and administrators, emphasizing the risks of rigid protocols and the importance of patient-centered approaches. By advocating for flexibility, effective communication, and individualized care, this study offers actionable insights to improve both patient experiences and clinical outcomes. These recommendations can inform training programs for community nurses, fostering more empathetic and adaptive follow-up practices within primary care systems.

2 Community nurse-led hypertension follow-up in China

Community nurses are well-positioned to provide follow-up care for hypertensive patients due to nursing's focus on holistic, patient-centered care and continuous interaction (Kwame & Petrucka, 2021). Unlike general practitioners, who primarily focus on diagnosis and treatment, nurses address both medical and psychosocial aspects of health (Sassen, 2023). This enables them to build long-term relationships with patients, gaining insight into their daily lives, health behaviors, and social contexts (Sassen, 2023). Nursing also prioritizes empathy, communication, and patient education (Li, 2025), empowering patients to manage their health. This emphasis on education and behavior change is particularly vital in follow-up care, where lifestyle modifications—such as diet and exercise—are critical for hypertension management.

As frontline providers of hypertension care in China, community nurses play a central role in managing and monitoring hypertensive patients (Li, 2025). Since the 2009 healthcare reforms, they have been integral to delivering accessible, continuous care in community settings. Their responsibilities extend beyond routine health assessments to include medication management, lifestyle counseling, and patient education, all aimed at promoting long-term health and preventing complications (Li et al., 2023). Through phone consultations, home visits, and clinic appointments, nurses offer personalized care tailored to each patient's needs, emphasizing ongoing health monitoring and self-management (Li & Chen, 2023). Additionally, nurses build trust with hypertensive patients through open communication, addressing concerns in real-time (Zhou et al., 2023), which enhances treatment adherence and supports patients in managing their

condition.

Given their critical role, studying the practices of Chinese community nurses is essential for shaping the broader community healthcare system. However, these nurses face challenges such as heavy patient loads, limited resources, and rigid follow-up protocols that may not fully meet individual patient needs (Li, 2025). Understanding the realities of hypertensive follow-up services is crucial for refining care delivery and ensuring that services are both effective and responsive to patients' needs.

This study was conducted in Shenzhen, China, a leader in community healthcare reforms and policy innovation (Li & Chen, 2023). In Shenzhen, community follow-up care for hypertensive patients (Table 1) primarily involves phone calls and onsite visits, with home visits reserved for those unable to attend due to severe complications like stroke (Li et al., 2023). Nurses regularly call patients to monitor health status and provide management guidance. Onsite visits at community healthcare centers are more frequent for patients with severe or hard-to-control hypertension, allowing for in-person assessments, medication management, and personalized lifestyle counseling. These approaches aim to provide continuous care, even for those with limited clinic access. However, community clinics, while suitable for routine care, face challenges in managing high patient volumes and complex cases (Li, 2025), potentially leading to delays or compromised care. These challenges highlight the need to understand the dynamics of hypertensive follow-up services in Shenzhen to improve care delivery and better meet patient needs. Given Shenzhen's leadership in healthcare reform, its practices offer valuable lessons for

other Chinese cities seeking to enhance follow-up care for hypertension.

Table 1. Community-based hypertension follow-up protocols in Shenzhen

Step	Details
1. Follow-up preparation and initial assessment	
• Basic information collection	Record the patient's health record number, name, and visit date.
• Symptom and sign assessment	Ask the patient about symptoms such as headaches, dizziness, nausea, vomiting, blurred vision, tinnitus, difficulty breathing, palpitations, and chest tightness.
• Complication assessment	Assess if the patient has cerebrovascular disease, heart disease, kidney disease, or other complications.
• Lifestyle assessment	Understand the patient's smoking, drinking, exercise, diet, and psychological status.
2. Follow-up examination	
• Blood pressure measurement	Regularly measure the patient's blood pressure and record systolic and diastolic values.
• Physical examination	Includes weight, heart rate, and calculation of BMI (Body Mass Index).
• Laboratory examination	Conduct necessary tests such as blood tests, urine tests, blood glucose, total cholesterol, etc.
3. Medication management and adjustment	
• Medication side effect monitoring	Record any adverse drug reactions, including whether the patient can tolerate the medication or experiences side effects.
• Medication adjustment	Adjust the dosage or type of medication based on the patient's response and blood pressure control.
4. High-risk situations and emergency handling	
• High-risk symptom identification	If symptoms such as severe headache, blurred vision, palpitations, or chest tightness occur, refer the patient immediately and track the referral outcome.
• Emergency handling	For patients with severe complications or unstable vital signs, provide immediate medical intervention.
5. Follow-up and continuous management	
• Regular follow-up	For diagnosed hypertensive patients, conduct at least one comprehensive health management and assessment per year.
• Health guidance	Provide lifestyle guidance, including diet and exercise, to help the patient effectively control blood pressure.
6. Referral guidelines	
• Referral guidance	If the patient's condition is severe or the primary

	healthcare facility cannot provide sufficient treatment, refer the patient to a higher-level hospital through a two-way referral system.
<ul style="list-style-type: none"> • Follow-up on referral outcome 	Follow up with the referred patient within two weeks to understand their treatment status in the hospital and the next steps in health management.

Source: Compiled by the author from Shenzhen Longhua People’s Hospital Qinghu Community Health Service Center (2020) and Shenzhen Overseas Chinese Town Hospital (2023).

Note: The Shenzhen Center for Chronic Disease Control (2024) is currently drafting the “Local Standard for Integrated Hypertension Management Services in Primary Care.” As a result, the protocols may slightly vary across community health organizations in practice. However, based on the author’s fieldwork experience, these protocols cover nearly all aspects of community-based hypertension follow-up care standards in the city.

3 Methods

3.1 Design

This study employed a qualitative descriptive method (Sandelowski, 2010) to explore the experiences of hypertensive patients receiving follow-up care from community nurses. This approach was selected for its flexibility and suitability in addressing the study’s aim of uncovering the unintended consequences of follow-up care. Unlike hypothesis-driven designs, qualitative descriptive studies prioritize capturing detailed, real-world perspectives that reveal complex underlying issues. This design aligns with the study’s objective of exploring patient experiences without being limited by pre-existing theoretical assumptions, ensuring that findings remain firmly rooted in participants’ lived realities. Such flexibility allowed for a deeper understanding of the challenges patients face, particularly when nurses apply overly rigid or inappropriate methods.

By focusing on lived experiences, the study aimed to generate insights to guide patient-centered reforms in follow-up care practices, prioritizing both health promotion and patient well-being. This study follows the SRQR guidelines outlined by O'Brien et al. (2014).

3.2 Setting

The study was conducted in Shenzhen, a city renowned for its leadership in community healthcare development in China (Li & Chen, 2023). As of 2023, Shenzhen employed approximately 15,000 health professionals, including over 5,000 registered nurses, across nearly 850 community health organizations (Public Hygiene and Health Commission of Shenzhen Municipality, 2024). These resources made Shenzhen an ideal setting for researching community nursing, offering extensive opportunities for fieldwork and data collection.

Shenzhen was further selected due to the urgent need for improved hypertension management in the city. Approximately 21% of Shenzhen's population has hypertension, with awareness, treatment, and control rates at 54.34%, 43.48%, and 25.21%, respectively (Li, 2025). These challenges are exacerbated by rapid urbanization, the pressures of a fast-paced lifestyle, and widespread unhealthy habits (Li, 2025). Addressing these issues within Shenzhen's community healthcare system is critical for improving hypertension outcomes and serves as a model for similar urban environments across China.

3.3 Participants

This study employed purposive sampling (Campbell et al., 2020) to recruit participants who could

provide meaningful insights into the research. Inclusion criteria required participants to have a formal hypertension diagnosis and at least 1 year of engagement with local community follow-up services. These criteria ensured that participants had substantial experience with community nursing care, enabling them to offer detailed reflections on their interactions and the long-term impact of follow-up practices. By focusing on individuals with sustained involvement in these services, the study captured nuanced accounts of patient experiences, including potential unintended consequences.

To enhance representativeness, participants were recruited from six community healthcare centers across three urban districts in Shenzhen. This approach ensured diverse perspectives from various settings within the city’s healthcare network. Specifically, participants were identified through community nurses with whom the author had established rapport during prior fieldwork. These nurses screened for individuals meeting the inclusion criteria, after which the author contacted potential participants via phone to assess their willingness to participate and secure initial consent.

A total of 23 participants (Tables 2 and 3) were recruited between June and August 2024. Each participant received RMB 100 in cash as a token of appreciation for their time and contributions, ensuring participation remained voluntary and free from coercion.

Table 2. Participant characteristics

Characteristic	Details
Inclusion criteria	Formal hypertension diagnosis; minimum 1 year of engagement

	in local community follow-up services
Male/Female	18/5
Age, mean (range)	54.39 (39-66)
Years of using local community follow-up services	
• 1-5 years	10
• 6-10 years	12
• 11-15 years	1
Health insurance type	
• Local/Nonlocal ^a	23/0
• UEBMI/URBMI ^b	11/12
• First-tier/Second-tier ^c	8/15

^a This refers to the hukou (household registration) status of patients, with “local” indicating Shenzhen hukou holders (local residents) and “nonlocal” referring to those without Shenzhen hukou (nonlocal residents).

^b China’s health insurance system includes various schemes, with UEBMI (Urban Employee Basic Medical Insurance) and URBMI (Urban Resident Basic Medical Insurance) being the most common in urban areas, particularly in highly urbanized regions like Shenzhen (Li & Chen, 2024).

^c Shenzhen’s health insurance system is generally divided into two tiers: first-tier insurance for local residents and certain nonlocal employees in government departments, state-owned enterprises, and large private organizations, and second-tier insurance for nonlocal residents (Li & Chen, 2024).

Table 3. Participant profiles

Code	Sex	Age	Years of using local community follow-up services	Health insurance ^a	Hypertension status ^b	Comorbidities
IW1	Male	59	3	UEBMI/First-tier	Controlled	No
IW2	Male	41	2	UEBMI/Second-tier	Controlled	No
IW3	Female	50	7	UEBMI/Second-tier	Uncontrolled	No
IW4	Male	49	8	UEBMI/First-tier	Uncontrolled	No

IW5	Male	43	6	URBMI/Second-tier	Controlled	No
IW6	Male	42	6	UEBMI/First-tier	Uncontrolled	No
IW7	Male	47	5	URBMI/Second-tier	Controlled	No
IW8	Female	55	8	URBMI/Second-tier	Uncontrolled	Yes (diabetes)
IW9	Male	51	9	URBMI/Second-tier	Uncontrolled	Yes (diabetes, dyslipidemia)
IW10	Female	61	3	URBMI/First-tier	Uncontrolled	Yes (dyslipidemia)
IW11	Male	62	10	URBMI/Second-tier	Uncontrolled	Yes (heart disease)
IW12	Male	56	7	URBMI/Second-tier	Uncontrolled	No
IW13	Male	66	5	URBMI/First-tier	Controlled	No
IW14	Male	49	6	UEBMI/Second-tier	Uncontrolled	Yes (sleep apnea)
IW15	Male	44	1	UEBMI/First-tier	Uncontrolled	Yes (diabetes, gout, dyslipidemia)
IW16	Male	53	10	UEBMI/First-tier	Controlled	No
IW17	Male	56	8	URBMI/Second-tier	Controlled	Yes (dyslipidemia)
IW18	Male	51	3	UEBMI/First-tier	Controlled	Yes (diabetes)
IW19	Female	58	5	URBMI/Second-tier	Uncontrolled	Yes (diabetes, heart disease)
IW20	Female	61	4	URBMI/Second-tier	Controlled	No
IW21	Male	60	12	URBMI/Second-tier	Uncontrolled	Yes (diabetes, dyslipidemia)
IW22	Male	39	2	UEBMI/Second-tier	Controlled	No
IW23	Male	58	7	UEBMI/Second-tier	Controlled	Yes (diabetes)

^a As shown in Table 2, all participants were enrolled in a local health insurance scheme.

^b Controlled hypertension: A state in which blood pressure remains consistently below 140/90 mmHg, typically achieved through lifestyle changes, medications, or both. Uncontrolled/hard-to-control hypertension: A condition where blood pressure remains above the target range despite treatment.

3.4 Data collection and analysis

Twenty-three individual semi-structured interviews were conducted face-to-face in a semi-private

room within a café, providing a comfortable yet confidential environment that ensured privacy and excluded the presence of outsiders. An interview guide (Table 4), developed based on the author's prior research experience, ensured the questions were contextually relevant. Each interview lasted 54 to 97 minutes, allowing for detailed and in-depth discussions. With participants' consent, all interviews were audio-recorded to ensure accurate transcription and thorough analysis.

Table 4. Key interview questions

Personal experience with hypertension
<ul style="list-style-type: none"> • Can you describe your experience living with hypertension? • How long have you been managing your condition, and what has this journey involved for you?
Engagement with community follow-up care
<ul style="list-style-type: none"> • How would you describe your experiences with community follow-up services? • What specific services have you received from community nurses?
Interactions with community nurses
<ul style="list-style-type: none"> • How often do you meet with your community nurse for follow-up care? • Can you describe the nature of your interactions with your community nurse?
Perceived (in)effectiveness of follow-up care
<ul style="list-style-type: none"> • How effective do you believe follow-up care has been in managing your condition? • Have you noticed any changes in your health due to the follow-up services?
Patient (dis)comfort and (dis)satisfaction
<ul style="list-style-type: none"> • Have you ever felt uncomfortable during follow-up visits? If so, can you elaborate on your feelings? • How satisfied are you with the communication and support provided by your community nurse?
Barriers and challenges
<ul style="list-style-type: none"> • What challenges, if any, have you encountered in accessing follow-up care? • Are there any aspects of the follow-up services that you think could be improved?
Role of community nurses
<ul style="list-style-type: none"> • What role do you believe community nurses play in managing your hypertension? • How do you evaluate their approach to follow-up care? Are there any practices that stand out to you?
Impact of follow-up care
<ul style="list-style-type: none"> • How has follow-up care influenced your daily routines or lifestyle choices? • Have you made any long-term changes to your health behaviors as a result of these

The data analysis employed an iterative thematic approach (Morgan & Nica, 2020), starting with open coding of the transcribed interviews. Each transcript was reviewed multiple times to identify key concepts and recurring patterns in participants' experiences. During open coding, specific segments of text were systematically assigned individual codes to capture significant insights. These codes were then grouped into categories, leading to the emergence of superordinate themes that reflected the core ideas within the data. A total of 21 codes were generated across the data set, and discrepancies in coding were addressed through regular discussions with a senior research colleague, leading to a consensus on final code categories.

To ensure credibility and trustworthiness, triangulation was applied by comparing data from different sources, including participants' interviews and field notes. During the immersion phase, the author engaged deeply with the data, maintaining a reflective approach. The author repeatedly reviewed the field notes and transcripts, considering both participants' perspectives and his own responses. This phase involved active engagement with the data through memos, capturing initial reactions and identifying emerging patterns.

The author, with a background in health social sciences and extensive experience in qualitative research on community healthcare, played a central role in shaping the study design, including the development of the interview guide and interpretation of findings. To further enhance trustworthiness, prolonged engagement with the data allowed for a deeper understanding of participants' experiences, reducing the risk of misinterpretation. To ensure reflexivity, the author

engaged in an ongoing process of critically examining prior assumptions and perspectives related to hypertension care and follow-up practices. While approaching the study with a belief in the potential benefits of follow-up care, including improved blood pressure management and enhanced communication between providers and patients, the author remained open to uncovering its unintended consequences. These included the risk that overly rigid or standardized protocols could cause discomfort, diminish adherence, or inadequately address individual patient needs. This reflective process was revisited throughout the research, minimizing personal biases and ensuring the findings accurately represented participants' experiences.

To enhance analytical rigor, member checking was conducted with three randomly selected participants, allowing them to review and validate preliminary findings. This process ensured the themes were firmly rooted in their experiences. Data saturation was reached when no new themes or insights emerged, confirming that the primary patterns were fully explored. The entire analysis was facilitated using ATLAS.ti software, which supported the systematic organization, coding, and management of the data.

3.5 Ethics

Ethical approval was granted by The Hong Kong Polytechnic University Institutional Review Board, ensuring full adherence to protocols for research involving human subjects. Prior to data collection, participants were fully informed of the study's purpose, procedures, and potential risks, and oral consent was obtained to confirm their voluntary participation. They were also reminded of their right to withdraw from the study at any time without consequence. To

maintain confidentiality, all personal identifiers were removed from the transcripts, and pseudonyms (e.g. “IW”) were used to attribute specific quotes in the reporting.

4 Results

4.1 Standardized care, personalized lives: the disconnect between clinical protocols and patient realities

A central theme that emerged from the interviews was the tension between the standardized protocols for hypertensive follow-up care and the unique needs of individual patients. While community nurses adhered to uniform guidelines, many patients expressed frustration with the rigidity of these procedures, which often failed to accommodate their specific health conditions and personal challenges. IW3 observed, “Every visit is the same—they check my blood pressure, tell me to take my meds. But my life isn’t the same every day. I wish they could adjust the care to what’s actually happening with me.” Similarly, IW9 shared, “I try to tell them how stressful my job is and how it makes it hard to follow all their instructions exactly. But it feels like the nurse isn’t really listening. It’s always the same advice, no matter what I say.”

Participants frequently reported that their personal circumstances—such as work demands, family responsibilities, or financial limitations—were often overlooked during follow-up care. Despite their efforts to communicate these challenges, they felt their concerns were insufficiently acknowledged by nurses who rigidly followed predetermined routines. IW6 explained, “The nurse keeps telling me to exercise more, but with my job, I barely have time to sleep, let alone go for a walk every day. It’s like they don’t get how hard it is for me.” IW15 added, “They gave me this

strict diet plan, but I have a family to feed, and we can't always afford the healthy options. When I mention that, there's no flexibility in their advice.”

This perceived disconnect left some patients feeling alienated from the care they received, which they believed lacked personal relevance. IW10 expressed, “It feels like they're checking off a list—tick the boxes, and their job is done. But my life isn't just a series of checkboxes. I need care that actually takes into account what I'm going through.” Others emphasized the importance of more attentive and adaptive care. As IW4 noted, “I get that they have a process to follow, but not every patient fits neatly into that process. Sometimes, I just need them to listen and adjust to my reality.”

These reflections underscore the limitations of a one-size-fits-all approach to hypertensive care, highlighting the need for follow-up practices that are flexible and responsive to the diverse and evolving needs of patients.

4.2 The emotional toll of care: patients' discomfort in rigid nurse-patient interactions

A recurring theme from the interviews was the emotional strain patients experienced due to the rigid and often impersonal nature of nurse-patient interactions. While follow-up care aimed to provide support, many participants reported feeling uneasy or uncomfortable. The formality and routine-driven focus of these interactions left some patients perceiving themselves as objects of care rather than individuals with unique needs. As IW7 described, “I sometimes feel like they're just going through the motions. It's like I'm just another patient on their list, not someone they're

actually trying to help.”

This sense of detachment was exacerbated by the nurses’ emphasis on medical metrics, such as blood pressure and weight, with little attention given to patients’ broader concerns or emotional well-being. IW11 shared, “All they care about is the numbers—blood pressure, weight, whatever. But what about how I’m feeling? Sometimes I just need someone to talk to about how hard this is.” Similarly, IW5 noted that consultations often felt rushed, leaving limited time for meaningful dialogue: “The nurses seem busy all the time, and it makes me feel like I’m a burden. I never get to ask all the questions I have, because they’re already moving on to the next thing.”

Participants also expressed discomfort stemming from a perceived pressure to comply with medical advice without fully understanding or agreeing with it. IW12 explained, “When they tell me what to do, I feel like I have no choice but to follow, even when I don’t fully understand why. It’s hard to ask questions because they seem so sure of what’s right.” This dynamic often left patients feeling powerless and anxious about their care. IW8 also reflected, “Sometimes I leave feeling more stressed than before. I know I should ask more, but it feels like the nurse is in a rush, and I don’t want to make things harder for them.”

These interactions not only created emotional discomfort but also affected patients’ engagement with the healthcare system. IW16 admitted, “I know they mean well, but after a while, you just stop caring as much when you don’t feel heard.” IW18 added, “I feel guilty for not doing everything they say, but sometimes it’s just too much. I wish they understood how overwhelming

it can be.”

These findings underscore the emotional disconnect that can arise when follow-up care is delivered in a rigid, task-oriented manner. For patients managing chronic conditions like hypertension, such discomfort can significantly impact both emotional well-being and their willingness to engage in care. Addressing these issues calls for a more empathetic and patient-centered approach.

4.3 Communication breakdown: barriers to effective health education

The final prominent theme from the interviews was the difficulty patients faced in understanding and applying the health advice provided by community nurses during follow-up care. Although nurses emphasized lifestyle changes such as healthier eating, increased physical activity, and stress management, many patients struggled to interpret these recommendations in ways that aligned with their daily lives. The absence of specific, actionable guidance left participants feeling confused and uncertain, contributing to frustration with their care. IW21 shared, “The nurse would tell me to eat healthy and exercise more, but they didn’t explain what that actually meant for me. I left not really knowing what to do differently.” This highlights how generalized advice, lacking practical examples or context, can leave patients feeling unsupported in their efforts to adopt healthier habits. The gap between recommendations and real-life implementation emerged as a recurring challenge, underscoring a breakdown in communication between nurses and patients.

Similarly, IW12 explained, “I was told to reduce stress, but I wasn’t given any practical steps on how to do that. It felt too general to really help me.” This reflects a broader issue: patients often receive broad suggestions that fail to consider their specific circumstances or provide actionable detail, diminishing their ability to make meaningful changes. Without tailored guidance, patients may perceive advice as vague and unhelpful, eroding confidence in their care. As IW19 noted, “When the nurse talked about lifestyle changes, it felt like they were reading from a script. I needed something that related to my life, not just a list of things to do.”

For some, the lack of clarity even led to disengagement from the follow-up care process. IW9 remarked, “After a while, I stopped asking questions because I didn’t feel like the answers would be useful for me.” This withdrawal from active participation in care reflects how inadequate communication can erode trust and reduce motivation to follow through on recommended changes. IW14 added, “I didn’t feel comfortable discussing my issues with the nurse because I wasn’t sure they understood my situation.”

These findings highlight a critical area for improvement in community follow-up care: the need for clearer and more specific health education. Patients expressed a strong desire for personalized, practical advice that takes their unique lifestyles and challenges into account, emphasizing the importance of communication that bridges the gap between clinical recommendations and real-world application.

4.4 Positive perceptions of standardized follow-up services

While this study primarily examined the unintended consequences of standardized follow-up services, it is important to acknowledge that some participants shared positive experiences. For instance, several participants appreciated the sense of reassurance and support provided by regular follow-up visits. As IW20 stated, “The follow-up nurse checks on me regularly, which makes me feel cared for and less anxious about my condition.” Similarly, IW1 noted, “I feel that the reminders and advice from the follow-up team have helped me control my blood pressure better.”

Others emphasized the benefits of consistent monitoring. IW23 remarked, “These visits keep me on track with my medications. Without them, I might forget.” Likewise, IW22 commented, “The follow-ups encouraged me to adopt healthier habits. It’s good to have someone guide you through the process.”

However, such positive feedback was less common compared to the more frequently expressed concerns about rigidity and standardization. As this study focused on exploring these unintended consequences, the previous themes primarily highlight negative experiences. Nonetheless, including these positive perspectives underscores the potential for follow-up care to make a meaningful difference when implemented with greater flexibility and attentiveness to patients’ unique needs.

5 Discussion

This study examined the unintended consequences of follow-up care provided by Chinese

community nurses to hypertensive patients, focusing on how rigid or inappropriate approaches contribute to patient discomfort. The analysis identified three key themes: (1) a disconnect between standardized follow-up protocols and patients' individualized needs, resulting in frustration with a one-size-fits-all approach; (2) emotional strain caused by impersonal, task-oriented nurse-patient communication; and (3) barriers to effective health education, as patients struggled to translate vague lifestyle recommendations into actionable steps. These findings highlight the complexities of follow-up care and underscore the need for a more nuanced, patient-centered approach to hypertension management. The following discussion contextualizes these findings within the broader literature.

5.1 Key findings

The findings highlight a significant misalignment between standardized hypertensive follow-up protocols and patients' lived experiences, mirroring critiques in chronic disease management literature (Moran & Gupta, 2023). While standardization aims to enhance clinical efficiency (De Regge et al., 2019), it often neglects patients' unique circumstances, such as work and financial constraints, fostering frustration and feelings of alienation. These results challenge the assumption that uniform care delivery guarantees better outcomes (Froemke et al., 2015). Instead, they reinforce the need for flexibility to accommodate evolving patient needs, aligning with calls for more patient-centered care models (Flieger, 2017). In China, studies have highlighted that the rigid application of national health guidelines, including those for hypertension management, often overlooks local sociocultural and economic contexts (Sun & Medaglia, 2019). This issue is especially evident in urban centers like Shenzhen, where the diverse

backgrounds and fast-paced lifestyles of patients demand more flexible and tailored approaches than standardized protocols currently provide (Li, 2025). In contrast to research emphasizing the benefits of standardization in chronic care (Patel et al., 2016), this study underscores the importance of adapting care to individual contexts.

The emotional toll of rigid nurse-patient interactions highlights an overlooked aspect of hypertension follow-up care. While clinical metrics dominate protocols, this study reveals that patients often feel like passive recipients, with their emotional needs sidelined, echoing broader critiques of task-oriented healthcare (Bourgault, 2023). This finding challenges the notion that routine-driven care inherently leads to better outcomes (Wannheden & Revenäs, 2020), suggesting that such approaches may alienate patients and diminish their engagement. In China, hypertension care research indicates that patients' emotional experiences are often overshadowed by the focus on achieving clinical targets (Deng et al., 2018), reflecting a healthcare culture prioritizing measurable outcomes over holistic care. However, studies also suggest that addressing emotional well-being through empathetic, patient-centered interactions can significantly enhance adherence and patient satisfaction (Li, 2025). Addressing emotional well-being through empathetic, holistic communication is essential to fostering trust and satisfaction (Sassen, 2023). These findings support a shift toward patient-centered communication that integrates clinical and emotional dimensions, enhancing both the quality and impact of care.

The communication barriers identified in this study expose critical deficiencies in health education delivery within community follow-up care. Nurses' broad lifestyle recommendations—

such as improving diet and managing stress—often fail to translate into actionable guidance tailored to patients’ daily lives. This aligns with critiques of generic health advice lacking personalization and context (Doets et al., 2019). Without specific, practical recommendations, patients frequently experience confusion and disengagement, undermining adherence to lifestyle modifications. Prior research emphasizes the importance of clear, individualized instructions for managing chronic conditions like hypertension (Ikeda et al., 2020). In China, researchers have identified similar issues, noting that generalized health advice often fails to meet the needs of patients from diverse socioeconomic backgrounds (Zhang et al., 2021), especially in rapidly urbanizing areas like Shenzhen. Tailored guidance has been shown to boost patients’ confidence in managing their conditions and to strengthen trust in healthcare providers, as evidenced by community health programs in other regions of the country (Wennerstrom et al., 2015). The inadequacy of generalized advice, as demonstrated here, not only diminishes patient confidence but also erodes trust in nurse-patient relationships, ultimately reducing engagement. Tailored, context-sensitive guidance is vital for improving patient satisfaction and fostering meaningful behavioral changes.

China’s high population density intensifies the challenges of healthcare delivery. In densely populated urban areas such as Shenzhen, community nurses often face overwhelming workloads (Li et al., 2023), leaving them with limited time to provide thorough care for each patient.

Participants in this study frequently reported feeling rushed during follow-up visits, highlighting the strain of managing large patient volumes under resource constraints (Li, 2025). This high workload promotes a task-oriented approach (Bourgault, 2023) that compromises care quality

and limits opportunities for meaningful patient engagement. The rigid enforcement of standardized protocols, intended to enhance clinical efficiency, further exacerbates these issues by restricting the flexibility needed to address patients' unique needs. Research on urban healthcare in China highlights that regional disparities in resource allocation exacerbate these challenges, with cities like Shenzhen experiencing higher patient demands despite constrained infrastructure (Zhang et al., 2018). Addressing these systemic issues requires not only increasing staffing levels but also leveraging innovative solutions, such as integrating artificial intelligence and telehealth tools, to reduce administrative burdens (Li, 2025).

Addressing these challenges requires systemic solutions that balance efficiency with patient-centered care. Strategies such as redistributing workloads through increased nurse staffing or leveraging digital health tools to reduce administrative burdens could free up time for personalized interactions. Additionally, strengthening community health infrastructure to achieve lower nurse-to-patient ratios may alleviate pressure on nurses, fostering an environment more conducive to holistic, patient-focused care.

These findings have significant implications for community nursing practice and training. The issues of rigid protocols, emotional detachment, and ineffective health education underscore the need for a more patient-centered approach. Training programs should prioritize advanced communication skills, equipping nurses to actively listen to patients' concerns and adapt their care accordingly. Currently, training for community nurses in hypertension follow-up care in China predominantly focuses on clinical protocols and technical skills (Li, 2025), with limited emphasis

on personalized care or communication strategies. Expanding these programs to include modules on empathetic communication and tailored health education could address this gap effectively. This approach requires moving beyond rigid frameworks to foster flexibility and empathy, addressing both clinical and emotional needs. Additionally, health education should focus on delivering specific, actionable advice that aligns with patients' everyday realities, making lifestyle recommendations more practical and relevant. Enhancements could incorporate scenario-based learning and role-playing exercises to equip nurses with the skills needed to address diverse patient needs and build trust. Integrating workload management training and adopting innovative care models, such as team-based approaches or technology-assisted monitoring, can enhance community nurses' ability to deliver tailored, empathetic care in high-density healthcare settings. Incorporating these strategies into training can mitigate the unintended consequences of standardized follow-up care, enhancing patient satisfaction, engagement, and health outcomes in chronic disease management.

5.2 Limitations

This study has several limitations that should be considered when interpreting its findings. First, while the qualitative descriptive approach provides rich, in-depth insights, it limits the generalizability of the results to broader populations. The sample consisted exclusively of hypertensive patients in Shenzhen, China, which may not reflect the experiences of patients in other regions or healthcare contexts. Additionally, the study focused primarily on patients' perspectives, which, though valuable, excluded the viewpoints of community nurses and healthcare administrators. Including these stakeholders is critical for a more holistic

understanding of the follow-up care process. Furthermore, the analysis was conducted within a specific timeframe, and patient experiences may evolve over time, particularly in response to changes in healthcare policies or practices. Future research could address these limitations by incorporating a more diverse sample, integrating multiple stakeholder perspectives, and conducting longitudinal studies to offer a more comprehensive understanding of follow-up care dynamics in hypertension management.

6 Conclusion

This study highlights the unintended consequences of follow-up care provided by community nurses to hypertensive patients in a Chinese urban context, shedding light on the complexities of these interactions. The findings underscore a significant disconnect between standardized care protocols and patients' individualized needs, emphasizing the emotional strain caused by impersonal communication and the obstacles to effective health education. These challenges not only lead to patient discomfort but also hinder engagement and adherence to recommended lifestyle changes. Therefore, this study advocates for a shift toward a more nuanced understanding of community-based hypertension follow-up care.

To improve hypertension management, a patient-centered approach is essential—one that integrates flexibility in care delivery and prioritizes empathetic communication. Training programs for community nurses should emphasize advanced communication skills and the development of health education strategies tailored to patients' specific circumstances.

Addressing these areas can foster a more supportive environment, promoting patient well-being

alongside clinical effectiveness in community nursing.

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