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Nurses' understanding of a developing nurse practitioner role in the Norwegian emergency care context: A qualitative study

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Table: Example of the analysis process

| Condensed meaning unit | Code | Category | Theme |
|---|--|-------------------------------------|---|
| Long wait times due to delayed accomplishment of a comprehensive assessment and confirmation of care plan | Long wait times | Incentivizes for new models of care | NP role being an autonomous role suitable for non-urgent patients |
| Patients prioritized as non-urgent are triaged with low priority and thus have extensive wait times, including “occupying” acute staff resources and much needed spatial area | Long wait times | | |
| Patients having to tell their story repeatedly; to nurses, to junior doctors and senior doctors. | Patients having to tell their story repeatedly | | |
| Recurrent loss of competence due to rotating schedule of junior doctors and nurse turnover rates | Recurrent loss of competence | | |
| A mix of deepened but broad competence | Deepened but broad competence | Understanding of NP competence | |
| Combining holistic nursing perspective with the medical perspective | Holistic care | | |
| Work more independently, and can do some of the tasks and take some decisions traditionally made by doctors | Work independently and make autonomous decisions | | |
| Patients with chronic medical conditions in poor general condition and complex and extensive care needs | Non-urgent patients | Suggested NP role | |
| Less complicated fractures and minor traumas | Non-urgent patients | | |
| Patients with minor medical conditions | Non-urgent patients | | |
| NP can have an important role in professional development at the unit | Professional development | | |
| Having extended competence means having a responsibility to spread knowledge at the unit and supervise co-workers | Supervision of co-workers | | |