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Defining The Intangible Skillset Of Advanced Practice Nurses: A Psychophenonemological Study Of Aprnand Graduate Nursing Student Narratives

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DEFINING THE INTANGIBLE SKILLSET OF ADVANCED PRACTICE NURSES: A PSYCHOPHENONEMOLOGICAL STUDY OF APRN AND GRADUATE NURSING STUDENT NARRATIVES

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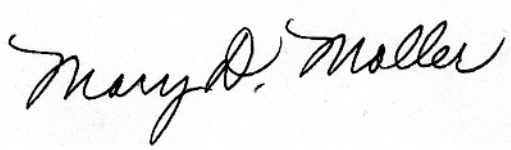

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Abstract

DEFINING THE INTANGIBLE SKILLSET OF ADVANCED PRACTICE NURSES:
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STUDENT NARRATIVES

The purpose of this pilot qualitative study was to generate a definition of advanced practice nurses that delineates their intangible skillset. The definition was derived from narratives of eleven experienced advanced practice nurses and 18 graduate nursing students who responded to individualized questionnaires. Results were analyzed using van Kaam's, 12-step psychophenomenological method. Four necessary and essential qualities of the intangible skillset of advanced practice nurses were identified as: Development of a patient-centered relationship; provision of care that is holistic and promotes health and wellness; use of practical critical thinking and judgment; and, engagement in "tri-lingual communication" or the ability to communicate in a comprehensible and effective manner with patients and families, nurse colleagues, and other healthcare professionals.

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Chapter 1

Description of the Problem

Implementation of the Patient Protection and Affordable Care Act (2010) is anticipated to add 34,000,000 to the number of insured persons in the United States. This requires a substantial increase in the need for trained providers to manage and treat these individuals. APRNs are a viable sector of clinicians to assist in bridging this gap. In 2010 after two years of thoughtful study, the Institute of Medicine released recommendations to guide the future of nursing in the rapidly changing health care system. Specifically, the NP has been identified as a key provider to help alleviate the shortage of primary care providers (IOM, 2010). But what does it mean to *be* an APRN, and more specifically a Nurse Practitioner?

The question of a personal and professional identity seems to be both the most basic and most complex personal analysis that we undertake. As my last year of graduate nursing school leading to credentialing as a Family Psychiatric-Mental Health Nurse Practitioner began, I found myself asking the question "Who am I?" frequently as it related to my professional identity.

The current definition of an Advanced Practice Registered Nurse (APRN) is a nurse:

1. Who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. Who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. Who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the

defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;

4. Whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. Who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. Who has clinical experience of sufficient depth and breadth to reflect the intended license; and
7. Who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP). (APRN Joint Dialogue Group Report, July 7, 2008).

I can tell you who I am as a clinician now according to the cited definition and who I want to be, I can talk to you about morals and ethics and decision-making, but I can't answer the question, what is a Nurse Practitioner (NP)? I can look at NPs I admire and I can model their practices, but I can't define what it is about them that makes them unique from other health care providers. So in my quest for professional self-discovery, I turned to the two most logical places, those who stand beside me and those who have come before me.

In identifying six problem areas inhibiting advanced practice registered nurse (APRN) development, authors determined that "confusion about terminology" was one of the most

prominent. Additional areas included: "failure to define clearly the roles and goals, role emphasis on physician replacement/support, underutilization of all APN role domains, failure to address environmental factors that undermine the roles, and limited use of evidence-based approaches to guide their development, implementation and evaluation (Bryant-Lukosius, DiCenso, Browne & Pinelli, p. 520, 2004)

Regarding "confusion about terminology", numerous acronyms are used in various states to identify and differentiate the four official advanced practice nursing roles: certified nurse practitioner (CNP), certified clinical nurse specialist (CNS), certified nurse midwife (CNM), and certified registered nurse anesthetist (CRNA) (Bryant-Lukosius, DiCenso, Browne & Pinelli, 2004). Furthermore, vague terms such as "mid-level provider" and "physician extender" are language also used to describe APRNs and do not provide an accurate description of the profession and may serve to confuse patients or undermine the autonomous nature of APRNs (American Academy of Nurse Practitioners, 2010a). Lastly, the scope of practice of APRNs varies widely from state to state. In preparation of moving toward the 2015 implementation date of the "Consensus Document Regarding Regulation of Advanced Practice Registered Nurses " (NONPF, 2008) in which the standard will be for all APRNs to have independent practice, it is first necessary to gain a better understanding of the skillset of APRNs.

Purpose of the Study

The closer I came to becoming an APRN, the greater my desire to identify the unique, intangible qualities of nurse practitioners. My personal quest for professional growth and an understanding of my identity as an APRN as well as the lack of clarity and purpose regarding language used to describe an APRN undergird the premise of this study. The purposes of this

study were to: 1) Identify the intangible skillset of the APRN, and 2) develop a concise and clear definition of NP. .

Hypotheses

Based on personal observation and patient report, literature describing fundamental principles of advanced practice nursing (Hamric, 2009), the profession's essential place in health care (IOM, 2011) and the lack of a collective professional definition (Bryant-Lukosius, DiCenso, Browne & Pinelli, 2004), two hypotheses were developed for this study. The two hypotheses are: 1) Nurse practitioners possess a unique skill set that includes both evidence-based practice methods and intangible abilities that can be defined; and, 2) A concise definition of the professional identity of a nurse practitioner can be articulated.

Research Questions

Based on the stated hypotheses, the purpose of this qualitative pilot study is to understand the intangible qualities of APRNs through phenomenological analysis of personal narratives. Ten research questions were created to elicit narrative regarding the nature of the individual APRN experience with the role, past and current practice, and direct questions related to the study purpose. The research questions were:

1. What are the reasons you chose to become an APRN?
2. How has the profession changed/progressed in the last 30 years?
3. How do APRNs make clinical decisions?
4. What makes APRNs different than other healthcare professionals?
5. What are some challenges that APRNs face in practice?
6. What does it mean to be an APRN?

7. How do you respond when people ask, “what is a nurse practitioner?”
8. What are the intangible qualities of APRNs?
9. How should the profession change or advance in the future?
10. What is your definition of advanced practice nursing as it relates to your intangible qualities.

Working Assumptions

In order to achieve the purpose of this study, tangible qualities such as implementing evidence-based practice, participation in professional organizations, distinction of educational and licensure requirements and provision of care that is clinically sound and the other criteria identified in the accepted definition are assumed to be baseline characteristics of APRNs. This assumption, based on the literature reviewed and established standards of practice (American Academy of Nurse Practitioners, 2010d), allows for the exploration of intangible qualities.

Operational Definitions

The title Advance Practice Registered Nurse encompasses certified nurse practitioner (CNP), certified clinical nurse specialist (CNS), certified nurse midwife (CNM), and certified registered nurse anesthetist (CRNA). For the purpose of this study, the terms APRN and Nurse Practitioner (NP) were used interchangeably, unless otherwise noted.

Review of Literature

The premise of this thesis is to examine the intangible skills of advanced practice nurses and work toward a collective definition of professional identity. However to examine the intangible, the concrete must first be understood. And to create a definition, the concept must first be understood. In an effort to do both, literature on the current role, scope of practice, and

professional identity of the APRN, were reviewed. The literature was limited to published research studies. The search methodology included the following search terms: "nurse practitioner scope of practice"; "nurse practitioner skillset"; "nurse practitioner practice standards"; "role of nurse practitioner"; "nurse practitioner practice settings" and "nurse practitioner identity". The following search engines were used: PubMed, Medline and CINAHL.

Role of Nurse Practitioners

The first masters program in nursing was a Psychiatric Clinical Nurse Specialist program, created by Hildegard Peplau at Rutgers University in 1952. Training lasted 17-19 months and focused on both clinical expertise, as well as an emphasis on research (Peplau, 2003). In 1965 the role of Nurse Practitioner was developed to meet the underserved pediatric population living in the western slope region of the Rocky Mountains. Developed by Loretta Ford and a pediatrician colleague, the definition of Nurse Practitioner was "Registered Nurses who had completed a formalized education beyond the requirements of an RN" (American Academy of Nurse Practitioners, 2010b; Ford, 2010). This was a dependent role in which the NP worked under the direct supervision of a physician. The education consisted of a 9-month certificate program after the basic registered nurse educational program. A master's degree was not required for the NP until 1995. However, even then Ford laid the foundation for "professional nursing's rhetoric for independence, autonomy, clinical graduate education, collaboration and team work, patients' empowerment and public health nursing preventative practice (Ford, 2010).

The current title of Advanced Practice Registered Nurse (APRN) was developed by the American Nurses Association and is defined by the following seven core components: a nurse who has "completed a graduate-level education program in preparation for one of the four APRN

roles; passed a national certification examination and maintains certification; and, acquired advanced clinical knowledge and skills." Additionally, "whose practice builds on competencies of registered nurses (RNs) by demonstrating greater knowledge, increased complexity of skills and interventions, and greater role autonomy; and who is prepared to assume responsibility and accountability for health promotion and maintenance as well as assessment, diagnosis, and management of patient problems, including prescription of pharmacologic and non-pharmacologic interventions." Finally, an APRN "has sufficient clinical experience to reflect the intended license; and has obtained a license to practice as an APRN in one of the four APRN roles" (American Nurses Association, 2009).

Nurse Practitioners are specialized in one or more of the following designations: Acute Care; Adult Health; Family Health; Geriatrics; Neonatal; Pediatric; Psychiatric/Mental Health; School Health; and, Women's Health (Institute of Medicine, 2011). APRNs practice in ambulatory, acute and long term settings providing specialized and/or primary care. They serve individuals, families and groups (American Academy of Nurse Practitioners, 2010c).

In the United States, 287,000 primary care providers are Physicians and 83,000 are NPs (HRSA, 2008). General trends have shown a decrease in the number of medical students entering primary care residencies and an increase in nurse practitioners entering primary care (Naylor & Kurtzman, 2010). Major healthcare systems including the VA and Geisinger Health System have recognized the value of NPs in providing safe and proficient primary care to an increasing number of patients (Institute of Medicine, 2011).

A review of research conducted by Institute of Medicine (2011) demonstrated that APRNs are providing primary care services, including wellness and prevention, diagnosis and management of acute and chronic illness with comparable safety and efficiency as physicians. In

the UK, a similar review of research was conducted and results showed no difference in health outcomes between physicians and nurse practitioners; additionally, patient satisfaction was highest with APRNs (Horrocks, Anderson & Salisbury, 2002). Similar results were found in a two-year trial where patients were randomly assigned to an APRN or a Physician. After six months, health status and system utilization was equivalent for both groups (Mundinger, et al., 2000). A follow-up study confirmed the findings after two years of additional data (Lenz, Mundinger, Kane, Hopkins & Lin, 2004). In addition to providing equivocal primary care, APRNs received higher patient satisfaction scores, tended to ask more questions, provided more information and spent more time on wellness counseling (Avorn, Everitt & Baker, 1991; Horrocks, Anderson & Salisbury, 2002; Lin, Hooker, Lens & Hopkins, 2002; Prescott & Driscoll, 1980).

Using data from the Robert Wood Johnson Foundation community tracking study (CTS) Physician Survey, Rounds I and II, an analysis of additional benefits of Physician/APRN/PA practices was discovered. Researchers found that physician primary care providers who are in practice with APRNs and PAs were more likely to treat patients with complex medical conditions, instead of referring them to specialists. The inference being that working with APRNs and PAs allowed the physician to concentrate on complex cases that he/she may have referred out previously (Chung, Yang & Lee, 2010).

In summary, the role of advanced practice nurses extends across all healthcare settings and specialties. The numbers and level of responsibility of the APRN is increasing. They provide primary care that is safe, efficient and on par with physicians and they increase access to care whereby allowing physicians to spend more time with complex patients.

Advanced Practice Nurses Scope and Standards of Practice

Regulation of the scope of nurse practitioner practice is determined by individual state nurse practice acts. Autonomy in scope of practice ranges from independent practice in which no collaborative agreement with a physician is needed for any aspect of practice to mandated supervisory agreements required to diagnose, treat and prescribe. Some states require collaboration only for prescriptive authority. Currently, sixteen states and Washington DC allow nurse practitioners to prescribe and practice independently under the APRN Model Act (Institute of Medicine, 2011; Fairman, Rowe, Hassmiller & Shalala, 2011). All states now require national certification, and many also require peer reviews, outcome evaluations, continuing education, adherence to an ethical code, and maintaining clinical skills (American Academy of Nurse Practitioners, 2010c).

The APRN Model Act was created by the National Council of State Boards of Nursing and outlines the scope of practice to include "performing acts of advanced assessment, diagnosing, prescribing and ordering" (National Council of State Boards of Nursing, p. 1., Article XIX, 2008). The Institute of Medicine (IOM) more explicitly details APRN practice to include "taking histories and provide complete physical exams; diagnose and treat many common acute and chronic problems; interpret laboratory results and X-rays; prescribe and manage medications and other therapies; provide health teaching and supportive counseling with an emphasis on prevention of illness and health maintenance; and refer patients to other health professionals as needed" (IOM, 2011, p.41).

APRNs are responsible for "recognizing limits of knowledge and experience, planning for the management of situations beyond their expertise; and for consulting with or referring patients to other health care providers as appropriate" (National Council of State Boards of

Nursing, p. 1., Article XIX, 2008). In accordance with their position as an autonomous provider, APRNs are accountable for their patient care outcomes.

When considering Medicare claims, APRNs can have their own Medicare provider ID, but APRNs only receive 85% of physician fee for office visits. However, the APRN receives nothing if billed "incident to" under a physician provider ID. Hospitalist APRNs are usually salaried and surgery services are billed as part of the surgeon's "global fee" (IOM, 2011).

Hamric's Model of Advanced Nursing Practice Identity

Hamric's Model of Advanced Nursing Practice further refines the scope and standards of practice to include seven core competencies for APRNs. These include: direct clinical practice, expert coaching and advice, consultation, research skills, clinical and professional leadership, collaboration and ethical decision-making (Hamric, 2009).

Direct clinical practice is the central piece to APRN practice with six specific characteristics encompassing the competency. These include: "use of a holistic perspective, formation of therapeutic partnerships with patients, expert clinical thinking and skillful performance, use of reflective practice, use of evidence as a guide to practice, and use of diverse approaches to health and illness management" (Tracey, p.126, 2009).

Expert coaching and advice is found to be important especially when patients are facing transitions. APRN's take their expertise and impart the knowledge to their patients in a way that they can understand. The coaching element consists of helping patients to manage situations that are not easily negotiated. Through the support of the APRN, patients clarify their expectations and goals, weigh options, make decisions and ultimately grow as a person (Spross, 2009). The APRN does not tell the patient what to do, but provides them with the necessary knowledge to make an informed decision and supports them through the process. Thereby the patient is

enlightened and empowered and the therapeutic relationship is strengthened (American Academy of Nurse Practitioners, 2010c).

Consultation is purposefully differentiated from the terms “collaboration”, “co-management”, “referral” and “supervision” (Barron & White, 2009). The purpose and goals of consultation are patient-centered. Consultation is demonstrated by utilizing the specialties of other disciplines such as psychology, social work, physical therapy and medicine to enrich and design a comprehensive teaching intervention” (Cooke, Gemmill & Grant, p.221, 2011). The focus is to improve patient outcomes, improve systems, enhance problem-solving resources, education and development of the consultee (Baron & White, 1996; Baron & White, 2009).

Three levels of research competencies are identified for APRNs (DePalma, 2009). Level one is interpretation and use of research and other evidence in clinical decision making. This involves using evidence-based practice methods clinically, as well as assisting colleagues with using evidence-based practice. Evaluation of practice is the second level of research competency. The APRN analyzes individual practice and identifies benchmarks and evaluation methods to assess whether benchmarks are met. They may further this stage by developing evaluation techniques for other APRNs. The highest level of research competency is participation in collaborative research in which the APRN participates as a consultant or clinical experience in a research project or as an investigator (DePalma, 2009).

The clinical, professional and systems leadership competency manifests in several different ways and is determined to be a key focus of the Doctorate of Nursing Practice (DNP) curriculum (American Association of Colleges of Nursing, 2006). Clinical leadership focuses on improving care of the patient. It may manifest as leadership on a treatment team, implementation of a new strategy or method and most importantly, advocacy. Professional leadership involves

participation in professional organization, mentoring and empowering other APRNs. Systems leadership presents at the organizational or delivery system level. Finally, an emerging leadership platform is at the health policy level (Spross & Hanson, 2009; American Academy of Nurse Practitioners, 2010c).

Collaboration as a core competency does not refer to legal agreements mandated by certain states. It refers to collaboration in its original sense, which is working with others to achieve a shared goal. APRNs may collaborate with individuals, teams, groups, organizations, policy arenas and globally (Hanson & Spross, 2009).

Ethical decision-making develops and evolves over time with practice and acquiring skills and knowledge. It is an awareness that needs to be activated at both the individual and systemic levels within the treatment relationship and when making policy changes (Hamric & Delgado, 2009). Ethical decision-making involves creating an environment based in beneficence and fidelity. When applied to research, it includes informed consent, identifying areas of possible ethical conflict and reporting participant concerns to administration (Cooke, Gemmill & Grant, 2011).

Summary

Beginning in 1952 with the role of Psychiatric Clinical Nurse Specialist, APRNs have developed their role from one of dependence, to one of greater autonomy, while preserving their nursing roots in working with marginalized populations. Over the past 60 years, education, practice and licensure requirements have changed and are now summarized in the seven core components of APRN practice. Nurse practitioners specialize across a variety of population groups and now practice in a full range of clinical settings. Additionally, several studies have

demonstrated that the quality of care provided by NPs is equal to and in some areas superior to that of physicians in similar roles.

The scope of practice for advanced practice nurses varies from state to state, with 16 states and Washington DC allowing independent practice (Pearson, 2011). Recent research evidence explicitly states the skills that are included in a APRNs scope of practice and universally advocates for APRNs to be able to practice to the full extent of their training and designated scope of practice.

Finally, according to Hamric's Model of Advanced Practice Nursing (2009), the scope and standards of practice do not completely define care. There are also an additional seven core competencies focused directly on practice.

Chapter II

Methodology

The purpose of this study was to examine the intangible skills of advanced practice nurses and work toward a collective definition of professional identity. Qualitative research seeks to understand human experiences and realities by studying people in their natural environments. The emphasis is on achieving understanding that will open up new options for action and new perspectives that can change people's worlds through the production of rich, descriptive data that helps us understand those persons' experience (Munhill, 2001, p 68). The achieving of new understanding in qualitative research is typically accomplished through identification of themes related to the question at hand. There is, however, no uniform definition of theme, which has contributed to criticism of the scientific merit of qualitative research (DeSantis & Ugarizza, 2000).

Research Design

Phenomenology as an approach to nursing research has grown to be an accepted method since the early 1980s (Caelli, 2000; Whiting, 2001). "The aim of phenomenology is to produce a description of a phenomenon of everyday experience in order to understand its essential structure" (Priest, 2002 p. 51), to determine "what it means to the persons who have had the experience and are able to provide a comprehensive description of it" (Moustaskis, 1994, p. 13). Phenomenological research strives to describe something that exists as part of the world in which we live by adopting a stance of 'unknowing' (Munhall, 2001). Phenomenology calls for a casting of doubt on existing presuppositions about science and the world and for a critical reexamination of the person's experiences within the world (Stubblefield & Murray, 2002, p. 150).

Psychophenomenology

Psychophenomenology was developed to "describe and analyze scientifically the psychological structure of the human experience" (van Kaam, 1987, p. 99). As a methodology, it works inductively to discover phenomena of human experience through in-depth study of personal narratives. This is opposed to other methods of research that use deductive reasoning and attempt to gain understanding by analyzing data through the parameters of an established theory (Tosey & Mathison, 2010). van Kaam's PPM method attempts to describe and analyze scientifically the psychological structures of the human experience. This approach defines the impressions, structural elements, integral structure, situational reflection, hypothesized elements, and finally, paradigms of the participants' experiences.

Twelve specific steps are contained within four stages (analysis, translation, transposition, and phenomenological reflection) that ultimately reduce the participant experience

into rough, global groupings of expressions that are examined for themes to clarify the phenomena. The data is classified according to the frequency of occurrence and the ranking is verified by a panel of judges, an aspect of design unique to this method. The number of categories is then reduced to eliminate overlapping, vague, or intricate categories, and again, agreement of the panel of judges is sought. Members of the panel of independent judges in this study were one APRN with over ten years experience, a second year APRN student, and an English professor.

From the study of individual experiences using the exact language of participants, because only their words can offer meaning to their experience, a psychophenomenological structure is created that encompasses the meaning of the collective experience and also referred to as "core structural elements". To be considered a core structural element, the concept must be conveyed explicitly by a portion of the sample and implicitly or explicitly by the majority (Anderson & Eppard, 1998). Although syntax may differ, the essence is universal.

There are several advantages to using a psychophenomenological design. The methodology specifically caters to analyzing lingual narratives. It is both possible and appropriate for processing moderate to large amounts of data. van Kaam's 12 steps provide explicit directions to apply the theory, while at the same time allow for adaptation based on the nature of the study. Finally, the process allows researchers to critically analyze information to understand a phenomenon without doing so in the context of an established theory (Anderson & Eppard, 1998).

Van Kaam's twelve step PPM procedure is as follows (1987, pp. 100-102):

Stage One: ANALYSIS

1. Obtain a first general description

   a. Carefully read each description in its entirety
   b. Obtain a first general impression of the structure of the experience
2. Differentiate structural elements of the experience by making preliminary groupings
   a. Read each description again with a different mind-set
   b. Record each transition as a possible structural elements
   c. Retain concrete language of the informant
3. Perform first reduction
   a. Eliminate repetitious statements and redundancies
   b. Note numerical incidences of the same kinds of statements
4. Perform first elimination
   a. Appraise the probable meaning of the structural components by relating them tentatively to each other according to compatibility to eliminate idiosyncrasies.
5. Begin explication
   a. List all compatible and incompatible original statements
   b. Present categories to judgment of three independent, expert reviewers.
6. Start the process of methodical phenomenological reflection
   a. Identify valid coforming (coming together of entities to form a whole) elements of the structure of the experience
7. Determine potential essential elements of an emerging integral structure of the population
   a. Relate coforming elements meaningfully to each other based on criteria of

essentiality and compatibility

b. Evaluate essentiality of tentative elements to the emergent structure

8. Engage in psychophenomenological situational reflection

a. Reflect on each element as recorded in the language of the participant

b. Systematically examine each element hoping to capture the essence of the experience

c. Review initial situational reflection with ¼ of the participant sample

Stage Two: TRANSLATION

9. Perform hypothetical identification of the relevant element

a. Translate and transpose each compatible and relevant element into the metalanguage of the discipline

Stage Three: TRANSPOSITION

10. Determine fidelity (applicability to the experience)

a. Resubmit the translation and transposition to three independent, expert reviewers

Stage Four: PHENOMENOLOLGICAL REFLECTION

11. Produce a paradigm of the experience (final identification)

a. Integrate and synthesize results from reviewers into description

b. Submit description to participants for confirmation

c. Accept confirmation as sufficiently probable

d. If serious objections, repeat the entire process

12. Statement of limits

a. Clearly state limitations of the insight gained

van Kaam's methodology is ideally suited for this study because it provides a clear process to analyze personal narratives. From a large quantity of material, the method leads to identifying core elements. These core elements are considered the intangible qualities for APRNs and are translated in to a definition.

There are three specific limitations to the use of this method in this pilot study. First, the method has narrow applicability to data sources, since only lingual descriptions are analyzed. Second, the translation of qualitative information in to quantitative data through separation and counting can be viewed as limiting or losing the essence of descriptions (Anderson & Eppard, 1998). Lastly, because of the anonymous nature of the sampling used in this pilot study, the researcher was not able to interact with the participant to the extent identified in the method.

Sample

In order to capture a working definition of the intangible skill set of the NP, the perspectives of both graduate APRN students and seasoned, experienced APRNS were recruited.

Sample I, first year specialty APRN students. Graduate nursing students enrolled at Yale School of Nursing who were in the first year of their two year master's program. Students were recruited through the school's email list-serv.

Sample II, experienced APRNs. APRNs who had a minimum of 10 years of clinical experience. Recruitment began with Yale School of Nursing faculty members from each specialty. Using a snowball or chain referral method, additional APRNs received the survey from faculty members. The goal was at least one participant from each of the eight specialties.

Setting

Web-links to the surveys were provided in the recruitment email to Yale School of Nursing graduate students and faculty. The surveys were anonymous and results were

confidential. Participants signed an informed consent prior to beginning the survey and had the option to refuse use of their narrative quotes from the final written manuscript. All Yale University thesis research policy guidelines, protocols, and procedures were followed. IRB approval (protocol#1201009606) was obtained.

Data Collection Instruments

Two surveys, one for APRNs and one for graduate nurse practitioner students, were developed with questions targeting the original research questions as well as requesting examples of stories that exemplify unique qualities of APRN practice.

Survey Questionnaire for Yale School of Nursing, 1st Year Specialty Students

1. Specialty:
2. How do you define what a nurse practitioner is?
3. Why did you choose to become a Nurse Practitioner?
4. What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?
5. Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

Survey Questionnaire for APRNs

1. What is your specialty?
2. How long have you been in practice? As an RN? As an APRN?
3. In what clinical settings have you practiced?
4. When and why did you decide to become an APRN?
5. How has the field changed/progressed in the time you have been in practice?

6. In practice, what is your process of clinical decision-making? Regarding diagnoses, treatment, etc.
7. What makes nurse practitioners different from other healthcare professions?
8. What are some challenges you've faced regarding your role as a nurse practitioner?
9. In your own words, describe what it means to be a nurse practitioner.
10. How do you respond when people ask you "what is a nurse practitioner?"
11. What are some of the intangible qualities that define a nurse practitioner?
12. Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?
13. What would you like to see change in the future regarding the role of nurse practitioners?
14. What is the best professional advice you've ever received?

Data Collection Procedures

In accordance with IRB approved protocols, two surveys were created using the Google Doc Form Tool. The student survey was distributed via the Yale School of Nursing e-mail list-serv and the APRN survey to the faculty e-mail list-serv as well as individual e-mails to each of the specialty department directors. Included in the e-mail was information on the study, the purpose, and instructions for completion. In accordance with IRB protocol, statements were also made regarding how the responses would be used, confidentiality of responses, informed consent and contact information for the primary investigator and advisor.

Responses from students were entered directly into a Google document that was password protected. Data was reviewed in response form by primary investigator and faculty advisor. The only identifying information collected was the participant's nursing specialty. For reporting purposes, participant responses were numerically identified and coded to a participant

and (Appendix A). The surveys were open for approximately two weeks before a reminder e-mail was sent to the department heads and the students. After the reminder was sent the survey remained open for one more week.

Chapter III

Data Analysis

Data was analyzed using the van Kaam psychophenomenological method (1987). Specific examples are provided, as well as explanations regarding minor adaptation of the methodology required due to anonymous sampling.

Stage I: Analysis

Step 1. Obtain first general description. The first step in the process was to read each description in its entirety to obtain an initial, general impression of the structure of the experience. After reading through each entry in its entirety, the ideas of patient-centered care and a real sense of pride in being an APRN emerged as global concepts. On first reading of the student's responses, common themes were an active comparison of the Nurse Practitioner role vs. other clinical roles in their career decision and the idea of treating the patient as an individual and holistically.

Step 2. Differentiate structural elements (preliminary groupings). Step Two focused on differentiating structural elements, or placing them in preliminary groupings. According to the model, each "transition" should be recorded as a possible structural element. However, in the survey provided, asking several questions instead of soliciting one narrative created artificial transitions. To apply the van Kaam methodology, each question on the survey was viewed as a separate narrative; thereby each question generated transitional statements that were recorded, in

the origination language of the informant, as possible structural elements. Such elements were then compared to the responses of other participants to the same question.

A table was created for each question with the rows displaying the participant and their associated transition statements (Appendix B). Regarding question four, "When and why did you decide to become an APRN?" it became clear that this was redundant in that the participants had answered the question "How long have you been in practice as an APRN?" in the previous question. To manage this issue, only the second part of the question "why did you become an APRN" was included in analysis.

Step 3. Eliminate repetitious statements (reduction). In this phase, the process eliminates repetitious statements and redundancies in an effort to streamline the data. The goal is to move from a large amount of singular statements conveying the same thoughts, to a smaller number of general ideas and essential ideas that encompass the thoughts of many. To maintain consistency with the message of the participants, a numeric total of redundant statements are generated allowing for the elimination of repetitious statements while still keeping in consideration the common themes that emerge. In this case, the data set was small enough to keep all of the participant's statements, without physically eliminating repetitious statements.

Steps 4 and 5. Tentative relation of structural elements (elimination) and list statements (explication). Step four is the cognitive process and step five the physical arrangement of statements in lists. For ease of interpretation, they were combined here. Using the tables created in the second step (Appendix B), transition statements from each question were transferred to a second table, which groups related statements in lists, based on the "Method of Compatibility" (Appendix C).

These lists produced a numerical total (identified on the table as “Incidence”) of similar transitions, the higher the numerical incidence, the more universal the thought. It is important to note that the incidence of responses is not a total of individual subject responses. Some participants made multiple transitional statements that fell under the same category because each statement identified different aspects of an implicitly compatible concept.

The “Method of Compatibility” began by identifying which statements were implicitly/explicitly compatible and/or incompatible. First, statements were grouped based on their explicit compatibility (i.e. same/similar words used) such as “listening” and “ability to listen”. Following a second reading, statements were grouped on their implicit compatibility (meaning is similar). For example, the statement "But I am her doctor! I did the procedure that saved her life." “I said that is not all that matters, it is the ongoing relationship and trust of a caring clinician that she needed at that time.”(1) is implicitly compatible with the statement, “She had been hospitalized for psychosis several times at the state hospital and basically given up on. I learned she had been a high-level administrative assistant in a middle-eastern country for a major oil company and had a college degree. I learned that she had a twin sister and they had been severely abused. She was deeply religious.” (4)

To be considered a distinct implicitly or explicitly compatible group, two or more participants’ responses must be linked. This is different than two or more incidents, which allows for one subject to have more than one transitional statement in a compatible grouping.

The next step in using the Method of Compatibility was to assess if the incompatibility of the statements that were not linked in a group was real. Any statements that were not implicitly or explicitly compatible were placed on a separate list entitled “Preliminary Incompatible Statements List”. These statements underwent a third reading to determine if their

incompatibility was real, or with more in-depth interpretation of the language, was the meaning implicitly compatible with one of the established groups. If so, the statement was moved to the group. Those that remain on the list were analyzed in the next step.

For example, on the third reading of incompatible statements relating to the question "What are some of the intangible qualities that define a nurse practitioner?" the response "practicality" was moved from "incompatible" to an implicitly compatible statement with other patient-centered responses such as "patience", "selflessness", "altruism", "individualizing care", "deep concern for others" because practical solutions are also patient-centered solutions. This was not as obvious during the first two readings.

Finally, remaining statements on the "Preliminary Incompatible Statements List" were read through for a fourth time. This time to assess whether the statement added a subjective, private facet of the situation or was an essential element that was identified by only one subject or was truly incompatible.

Statements on the "Preliminary Incompatible Statements List" were then assessed based on whether or not subjects answered the question as it was intended or was the answer so subjective that it did not apply to the global concept. This was based on early observation that showed some responses did not relate to the question asked. These answers were determined to be truly incompatible statements and eliminated from further analysis, but are included in a separate document for outside evaluation. For example, Question Six, "In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment etc." elicited the following response from one participant: "I have been well recognized in the community and I have a loyal network." In total, the APRN survey generate six incompatible statements (Appendix D) and the student survey generated no incompatible statements

Following the inclusion of compatible statements into the established lists and removal of incompatible statements from the “preliminary incompatible statement list”, any statements remaining were determined to be essential elements of the experience that only one subject was able to capture and express. For example, an essential element identified from Question 7: “What makes nurse practitioners different than other healthcare professions?” was, “NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak "patient", not only their vocabulary, but we speak to their needs. NPs are "tri-lingual!" (2) In total the APRN survey produced 15 essential elements and the student survey produced seven essential elements (Appendix E).

The second piece of step five was to present incompatible statements, compatible statements and essential statements to independent judges for validation. Originally, requirements for the independent judges were APRNs who did not complete the survey and had been in practice >10 years. However, after several attempts to coordinate this process failed, other options were identified. The final panel of judges included one APRN with >10 years experience, one final-year nursing graduate student from Yale School of Nursing, and an English professor at a university in the southwest who offered an interesting analysis from interpretation of language. It was reasoned that if a “non-nurse” could understand the connections between the statements, it offered additional validity. The theory of psychophenomenology was explained to judges and they were instructed to review the tables and lists and provide feedback as to whether or not the statements are in fact compatible and/or essential.

The critique from the APRN resulted in the combination of two groups into one and the identification of two separate and unique concepts in one grouping for statements from group four and movement of one statement into a different group based on implicit compatibility in

question six. In addition to changes made, thoughtful consideration was given to the meaning of the groupings.

No specific changes were made based on the critique from the English professor, however by asking several thought provoking questions that required in-depth explanation of the rationale for implicit connections, each group came under critical inspection

The graduate student judge also offered critiques to questions four and six. For question four, it was identified that "teaching med-surg at a diploma school of nursing in the 1970s and it was required to have a master's" was different than other statements, based on it not seeming to be one of personal choice, where as the others were. This was addressed when two groups were created out of one group, based on the APRN suggestion. Regarding question six, the statement "don't look for the zebra since it is most often not" was moved to a different group based on identified differences in the process of diagnosing. Similar to the other two critiques, thoughtful consideration was given to the comments, which provided additional validation to the implicit connections.

Step 6. Process of methodological reflection. In this step the designated process was to look for valid coforming elements of the structure of the experience. Coforming was defined as, "coming together of entities in forming the whole" (Anderson & Eppard, p. 401, 1998). At this point, the original language was still maintained, but had been sectioned and listed so it was no longer in the original context. To ascertain that the categories created were consistent with the broad meaning originally discerned from the whole collection of data (Step 1), responses were reviewed in their original format.

Regarding the APRN survey, the original concept of "patient-centered care" remained intact throughout the stages of analysis; however, the strong sense of pride that was easily

conveyed during the first reading was no longer as prominent. It is possible that by breaking down the data into transitional elements, the overall meaning was lost. “Sense of pride” was not explicitly stated by the APRNs, but their collection of thoughts conveyed it. To test whether or not this was in fact a universal theme that was “lost” in the deconstruction of data, final structural and essential elements were assessed for compatibility under the heading of “sense of pride” and it was determined that it was still conveyed in the final results.

The prominent original themes in the student survey of comparing APRNs to other health care specialties and focusing on individualized care remained consistent throughout steps of analysis.

Step 7. Determine potential elements of integral structure. In this stage of analysis, coforming elements were related meaningfully to each other based on criteria of essentiality and compatibility. This step asked the question, how did the transitional statements within each list relate to each other? Analysis took the “Method of Compatibility” process one-step further by studying the overall meaning of each grouping.

To complete this step, Tables 1a-11a and S1a-S4a (Appendix C) were used. Each list of compatible statements was re-read several times in an attempt to synthesize the data and glean the essential structural element that each individual statement was describing. The label may have been one word, several words or a phrase. Effort was made to label the statements using original language. (Appendix F). Finally, Tables 12 and 13 (Appendix G) state the question and the “answers” or the labels of structural elements.

To further evaluate essentiality of tentative elements to the emergent structure, the structural elements (Appendix G) were assessed for compatibility and essentiality. Questions

asked included: Did the structural elements answer the question? Did the structural elements relate to each other, at least implicitly?

Additionally, if there were opposing structural elements, they were identified. Opposing structural elements from the APRN survey were identified for question five which asked about challenges faced. These included “Increased acceptance and opportunity” and “Lack recognition”. Also in APRN Question 8: What are some challenges you’ve faced regarding your role as a nurse practitioner? One structural element was “Minimal challenges” where as all of the other responses expressed difficulties.

This stage in the analysis also required a comparison of the structural elements to the essential statements identified in step four. The questions asked to determine this included: Can one essential statement encompass all of the structural elements and stand alone as a defining structural element? In the case of multiple essential statements, are they compatible with each other? Can they be included under a broad essential statement? Are the essential statements implicitly or explicitly compatible with the structural elements? Do the essential statements remain distinctive concepts only identified by one participant?

It was determined that all of the structural elements were compatible both with each other, as well as the essential elements. Additionally, it was not possible to dismiss any structural elements under the larger heading of an essential statement. Remaining essential statements were determined to be essential aspects of the definition, in addition to the listed structural elements.

Finally, the goal of this step was to create a preliminary description or definition of the process or experience. Not yet written in the metalanguage of the discipline or science, Appendix H brought together the structural elements and essential statements as potential answers to the questions asked.

Step 8. Engage in psychophenomenological situational reflection. Reading through Appendix C, each element was reflected on in the recorded language of the participant. Appendix C was selected because the statements were grouped, but not labeled at this point. This allowed for internal reflection on the meaning of the statements as well as an additional consideration of the groupings.

Secondly, the process called for systematic examination of each element with the goal of capturing the essence of the experience. Appendix G was analyzed and assessed for accuracy of the structural element labels, paying close attention to labels that were generated by synthesizing the statements as opposed to labels that remained in the participants original language. No further changes were made at this point and it was determined that the structural elements identified captured the essence of the experience as told by the group of participants.

Stage II: Translation

Step 9. Translate into the metalanguage of science (hypothetical identification). Transpose each essential element into the metalanguage of the discipline. Using Appendix G, structural and essential elements were reviewed with the goal of creating two definitions, one in the metalanguage of science and one in the metalanguage of the discipline, which responded to the original research question, "What are the intangible qualities of nurse practitioners?

Within in this process, four distinct statements or intangible qualities (potential structural elements) emerged: Patient-centered relationship; Holistic care; Practical critical thinking and judgment; and "tri-lingual" communication.

Metalanguage of science. The science of nursing theory entails an organized framework of concepts designed to guide the practice of nursing that includes four fundamental components: Nurse, the Person, the Environment and Health. The Nurse, in relation to the arrived at

definition, is trustworthy genuine, pragmatic and holistic (Dossey, 2005). He/she is a facilitator, translator and advocate. The Person, or patient, is the focal point of the treatment relationship. His/her needs take the highest priority, in sickness and in health, whether the needs be physical, emotional or social. The treatment Environment is safe, which is built from the relationship and made comprehendible by Nurse facilitated communication. The work Environment is one of collaboration where the nurse practitioner acts as an intermediary between the patient, as well as other nurses and different disciplines. Finally, the health and wellness of the patient is the priority in all interactions. Attending to in a thoughtful manner, taking in to consideration all aspects of the patient's life, with judgments made not only based on clinical knowledge, but interpersonal connection. The four potential structural elements contain the four components of the science of nursing.

Metalanguage of discipline. Translating the four potential structural elements into the language of the discipline resulted in the following working definition of a nurse practitioner: "The necessary and essential characteristics of a nurse practitioner include development of a patient-centered relationship, provision of care that is holistic and promotes health and wellness, use of practical critical thinking and judgment, and engagement in tri-lingual communication with and between the patient and family, nurse colleagues, and other medical professionals."

Stage III: Transposition

Step 10. Determine fidelity (application). The definition stated in the metalanguage of the discipline was supposed to be submitted to the participants for validation. However, participation in the APRN survey was anonymous; therefore no contact information of any participant was obtained. To access as many original participants as possible, the original recruits were contacted requesting them to review the definition and also forward the web link to another

anonymous survey that presented the definition, as well as an area for feedback to those APRNs contacted in the original survey. Participation in the student survey was anonymous as well; however contacting the entire potential pool of participants was feasible through the school list-serv. Students were provided with a web link to the same anonymous survey sent to the APRNs.

The original methodology also required that the translation be submitted to independent reviewers prior to being submitted to participants. Due to the small number of participant response for critique and time constraints, the definition was submitted to participants and independent reviewers for feedback simultaneously. The independent reviewers were four experienced APRNs who did not complete the survey and one graduate nursing student who was in the final semester of the program. Twelve participants responded with critiques to the definition, the details of which are reported in the Results and Discussion sections.

Stage IV: Phenomenological Reflection

Step 11. Produce paradigm of experience (final identification). This stage in the process required the consideration, integration and synthesis of independent reviewer and participant critiques into the description. The resulting revised definition is presented in the Results section.

The revised definition was then submitted back to the reviewers and confirmed as accurately describing the essential and necessary qualities of advanced practice nurses. According to the methodology, if serious objections arose it would be necessary to repeat the entire process, however, no serious objections were identified in the review. Based on this process, confirmation was accepted as sufficiently probable. The finalized definition with integration of critiques is presented in the Results section.

Step 12. Statement of limits. Limitations are addressed in the Discussion.

Chapter IV

Results

APRN Demographics

Eleven APRNs responded to the survey. Nine completed the survey in its entirety; one participant experienced computer problems and completed only questions 12-14 and one participant stopped at question six without identifying a reason. A snowball recruitment method was used; therefore the number of potential respondents is unknown. Criteria for participation required the respondent be in practice for a minimum of 10 years. The average number of years in practice as a registered nurse was 29.9 (range 12-41 years) and as an APRN 22.9 years (range 12-35 years). Psychiatric-Mental Health (PMHNP) specialty had the greatest number of responders with five, followed by Family Nurse Practitioner (FNP) with two and Adult/Geriatric (AGNP), Certified Nurse Midwife (CNM), Acute Care (ACNP) and Women's Health/Adult all with one each. Pediatric and Oncology specialties were not represented. Twenty different clinical settings were identified with hospitals as the most common (8/10 respondents). Notable settings included "a village in Malawi", "freestanding clinic for migrant workers", "birth center" and "clinical trials".

APRN Survey Results

Fifty-six structural elements emerged from the APRN narrative responses to the 10 questions in the survey (Table One). Explanation and examples of the grouped responses are provided in the remainder of the section on a question-by-question basis. These elements were then collapsed into four broad headings: Patient-centered relationship; Holistic care; Practical critical thinking and judgment; and "tri-lingual" communication.

Question 4. When and why did you decide to become an APRN?

The greatest incidence of responses fell under the structural element "Be a change agent". Concepts identified related to increasing access to care, working with marginalized populations and impacting society through policy and educating others. Originally grouped together, but separated during Step 5 of the analysis, "Career advancement" and "Become an expert" each had five incidents. "Career advancement" statements reflected participants desire for greater independence and more opportunities. "Become an expert" included statements that reflect skill-development and quest for knowledge. For example, "I wanted to practice at a higher and more comprehensive level" (7). Three structural elements had two incidents each; "Wellness rather than pathology", "Mentor influence" and "Balance of clinical practice and academia."

Question 5. How has the field changed/progressed in the time you have been in practice?

Responses relating to "Education and licensure regulations" and "Increased autonomy and scope" were the most common with nine incidents each. "Increased autonomy and scope" is similar to "Increased acceptance and opportunity" (seven incidents), but differ in that statements directly relate to the expansion of a skillset. For example, "increase in prescriptive authority" (6) as opposed to "more credibility for the APRN"(7). Interestingly, "Lack recognition" (five incidents) was also an identified structural element and included statements such as "Individual APRNs and midwives have often forged trusting and collaborative relationships, but outside of areas with strong academic influence the distrust of APRNs is still prevalent" (10). The final structural element was "Increased need for skilled practitioners", which refers to changes in patient characteristics, "increased acuity of patients in primary care" (1) and changes in health care delivery, "need for dedicated, educated and expert practitioners has led to the expansion of hospitalist and intensivist NP positions"(2).

Question 6. In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.

"Assessment drives diagnosis and treatment" was the highest ranked with 11 incidents and included specific examples of assessment techniques that a provider might use to arrive at diagnosis and treatment. Answers showed variation based on specialty, for example, "place symptoms in context of five major brain functions" from a psychiatric-mental health nurse practitioner (4). Second was "Patient specific considerations" which included statements such as "health promotion that is individualized to the patient" (1) and "management may include a treatment, education, medication or simply allowing the client to express feelings" (10). "Comprehensive data gathering" had five incidents. Data gathering refers to collateral information, family participation and accurate history taking. "Evidence-based practice", stated verbatim by participants, had four incidents. "Differential diagnosis" (four incidents) refers to the ability to be analytical. "Critical thinking and experience" (three incidents) emphasizes the value of time in practice in decision-making and "Team-concept" (two incidents) speaks to the importance of collaboration.

Question 7. What makes nurse practitioners different than other healthcare professions?

"Personal and practical care" (nine incidents) refers to providing care that is individuated and realistic. It included statements such as "we do case management when a priority for a patient"(4) and "I have had clients from physician practices call me off hours with questions because they don't want to bother the physician or they felt the physician might think their question stupid. Surveys have shown that nurses next to clergy are the most trusted people in society"(10). "Holistic frame of reference" (nine incidents) involves "recognizing that a patient's social/cultural and financial concerns impact them"(6). "More of an advisory role than

authority figure" (six incidents) focused on the relationship of the provider and the patient or "including patient's in the decision making" (6). "Emphasis on knowledge base" (three incidents) encompassed both "translating research into the day to day practice"(2) as well as "lifelong learning!"(7). "Basic nursing as the bedrock of the advanced practice role" (two incidents) referred to how this basis impacts work relations and foundations of practice. For example, "nursing staff are more comfortable dealing with NPs than with the transient residents".

Question 8. What are some challenges you've faced regarding your role as a nurse practitioner?

With eight incidents, "Professional relationships/acceptance" was the highest ranked and included statements such as "Having to remind medical staff to not have the use of NPs be driven by us being "cheaper to use"(6) and "others questioning my orders for diagnostic tests"(1). "Policy that limits practice" (six incidents) refers to both limiting scope of practice, as well as restricting quality of care. Examples included "state regulations that limit portability" (4) and "When will Medicare ever decide that the one hour I spend counseling someone on healthy lifestyle choice as at least as valuable as a 10 minute "procedure" (10). "Defining the role to others" (five incidents) refers to both professional and public relations. For example, "Often still being the "first" NP in practice and having to teach nursing and other medical staff what I do" (6) and "confusion by the public on our scope of practice" (4). "External hurdles and pressures" (four incidents) included increasing responsibilities away from direct care as well as systems issues such as "seeing the same people return because the system couldn't support their needs in the community" (9). Conversely related to the first four structural elements, three incidents

described “Minimal challenges” or “Have faced very few challenges. I view my MSN degree as the key to an amazing career. One filled with more opportunities that I would have imagined.”

Question 9. In your own words, describe what it means to be a nurse practitioner.

“Patient centered” (six incidents) or “A provider that will spend the required time to provide the care that is needed by a patient at the time” (4). The concept of “Job satisfaction” (six incidents) was described as “It means the world to me to say to patients and families that I am “the nurse practitioner on call today” (2) and “In 35 years I have never questioning my career choice” (10). “Human connection” (four incidents) was expanded on by the statement “I am humbled to have the opportunity to have clients tell me their stories and trust that I will do my best to help them” (5). “Holistic health care and health promotion” (three incidents) or “To provide treatment for individuals who are ill and promote health promoting behaviors. To monitor health and teach clients about medications, illness management, self-care and resources in the community. To work with a system to get the changes needed to improve the provision of care in whatever setting.” (9). Finally, “Sound clinical judgment” (three incidents) encompassed statements such as “full set of tools to help persons with healthcare problems or issues” (3).

Question 10. How do you respond when people ask you “what is a nurse practitioner?”

Statements that spoke to “Comprehensive care, coordination and collaboration” (seven incidents) were the most common. For example, “the midwife can screen for complications and works in collaboration with other practitioners for consultation and acceptance of transfer of care outside of the individual midwife’s scope of practice” (10). “A nurse with advanced training and education” was stated without variation in all six incidents. “An advanced practice nurse who can prescribe” (four incidents) contained statements specifically mentioning the ability to prescribe medication. “I do the same thing a doctor does, but I do it differently” (two incidents)

referred to the nursing basis of care and included the statement "an NP is first a Nurse who has had additional education and supervised practice to qualify for independent practice in areas which might have been the perceived domain of physicians" (3) by the acknowledgement that treatment may be similar, but the nursing basis makes the process unique.

Question 11. What are some of the intangible qualities that define a nurse practitioner?

"Patient first" (nine incidents) referred to providing care that is patient driven and included qualities such as "altruism" (4), "flexible" (6) and "know the limits of our expertise and aren't too proud to seek collegial input for the optimal well-being of those in our care" (10). "Holistic care" (four incidents) was exemplified by the statement "look at the patient and their family (however the patient defines their "family" or support system) in a broad view – I say "holistically" (2). "Compassion" (four incidents), which also included "kindness" and "sense of humor (4). A nurse practitioner was identified as a facilitator (three incidents) by their "ability to navigate system" (9). Next with three incidents was "Partnering" or "The experience and focus of the basic nursing education and clinical experience fosters a context of providing explanations of what is being done, outcomes and possible negative circumstances which could be encountered along the way of the healthcare journey" (3). "Connectedness" (two incidents) was exemplified by "I feel we find something unique in every person in our care. A person doesn't have to have an exotic disease to feel special" (10). Lastly, the quality of "Listening" was stated explicitly in two incidents.

Question 12. Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

In this section, participants provided narratives or stories to illustrate the meaning of their profession. "Ongoing relationship and trust of a caring clinician" (five incidents), was illustrated

by the statement, “She had been hospitalized for psychosis several times at the state hospital and basically given up on. I learned she had been a high-level administrative assistant in a middle-eastern country for a major oil company and had a college degree. I learned that she had a twin sister and they had been severely abused. She was deeply religious” (4). “To empower patients” (four incidents) or “One saying in my area is that you have done your job when you are invisible to the client, ie when the client can congratulate herself regarding decisions made about her care and feel she has authored her own destiny without noticing your participation, you have achieved your goal” (10). And finally, “Working with the family and system to assist in the client’s care” (three incidents), was described by “I also called his children with his permission and reassured him that he was right where he needed to be. I offered to have them come in to "talk" if they needed and gave voice to the fact that it is very difficult to see their strong father in pain. That is what a nurse practitioner does.”

Question 13. What would you like to see change in the future regarding the role of nurse practitioners?

“Increased independence and autonomy” (six incidents), was illustrated by “Truly autonomous but collaborative practice where our discipline is recognized like dentistry or podiatry as an independent practice with the smarts to know when we are outside our scope of practice and without fear that if we consult the patient will be taken away” (10). “Better reimbursement”, which was explicitly stated in four incidents. “Reduced barriers to practice” (three incidents) was exemplified by “When nursing is independent from physician control then we will emerge as the true champions of health care that we are” (4) and “Less difficulty in being able to provide the expert care we know how to provide - reduced barriers to practice will

increase health care access in our country and throughout the world. It is frustrating that some docs find this threatening" (1).

Question 14. What is the best professional advice you've ever received?

"Following evidence-based practice" (six incidents) was described by "when I first started independent practice was: "Have a reason for everything you do, and never skip a step." That way you know you did your best, rather than having to reproach yourself if there is an unfavorable outcome" (3). "Persevere" (four incidents) or "once I got hired the best advice I got was – "hang in there" (2). "Strive for balance in your life" (three incidents), included "always have a mentor" (4) and "get into your own therapy so you are genuine" (5). "Keep your focus on the patient" (three incidents), in its entirety "keep your focus on the patient. If he or she remains the focus it will give you strength to continue to advocate for his/her needs regardless of the political, financial or social environment" (10). Finally, "Remember your nursing roots" (two incidents) or "Best advice was from 2 physicians who hired me as the first NP in the ICU. They both told me that they hired me instead of a PA because I (as a NP) have that "nursing" knowledge--nurses have something Docs can't grasp and doctors can't teach" (2). The structural elements from these questions are listed in Table One.

Table One: Structural Elements from APRN Questionnaire

Question	Structural Element
When and why did you decide to become an APRN	• Be a change agent • Career advancement • Become an expert • Wellness rather than pathology • Mentor influence • Balance of clinical practice and academia
How has the field changed/progressed in the time you have been in practice?	• Education and licensure regulations • Increased autonomy and scope • Increased acceptance and opportunity • Lack recognition

	• Increased need for skilled practitioners
In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.	• Assessment drives diagnosis and treatment • Patient specific considerations • Comprehensive data gathering • Evidence-based practice • Differential diagnosis • Critical thinking skills and experience • Team-concept
What makes nurse practitioners different than other healthcare professions?	• Personal and practical care • Holistic frame of reference • More of an advisor than authority figure • Emphasis on knowledge base • Basic Nursing as the bedrock of the advanced practice role
What are some challenges you've faced regarding your role as a nurse practitioner?	• Professional relationships/acceptance • Policy that limits practice • Defining the role to others • External hurdles and pressures • Minimal challenges
In your own words, describe what it means to be a nurse practitioner.	• Patient centered • Job satisfaction • Human connection • Holistic health care and health promotion • Sound clinical judgment
How do you respond when people ask you "what is a nurse practitioner?"	• Comprehensive care, coordination and collaboration • A nurse with advanced training and education • An advanced practice nurse who can prescribe • I do the same thing a doctor does, but I do it differently
What are some of the intangible qualities that define a nurse practitioner?	• Patient first • Holistic care • Compassion • Self-confidence • Facilitator • Partnering • Connectedness • Listening
Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?	• Ongoing relationship and trust of a caring clinician • To empower patients • Working with the family and system to assist in the client's care
What would you like to see change in the future regarding the role of	• Increased independence and autonomy • Better reimbursement • Reduced barriers to practice

nurse practitioners?	
What is the best professional advice you've ever received?	• Follow evidence-based practice • Persevere • Strive for balance in your life • Keep your focus on the patient • Remember your nursing roots

Student Demographics

Yale School of Nursing (YSN) offers a post-baccalaureate, Graduate Entry Pre-specialty in Nursing Program (GEPN) that encompasses an accelerated RN program (11 months), immediately followed by two years of graduate work in a specific specialty. Applicants with an RN may apply directly to the masters program, however the majority of students complete the full GEPN program. Eligible participants for the study are first year specialty students at YSN, meaning that they are in the first year of their graduate work. Eighteen of eighty-four students (21% of class) responded to the survey. Twelve completed it in its entirety, six did not answer the last question, which stated, "Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners". Nine FNP students represented 50% of the total participants. In addition, there were three AGNP, students, two PNP students, two CNM students, one PMHNP students, and one participant that did not provide the specialty. Specialties without representation included ACNP, Oncology, and WHNP. Student identified structural elements are listed in Table Two

Student Survey Results

Twenty-seven structural elements emerged from the four questions asked to the student participants. In conjunctional analysis with the APRN responses, the 27 elements were condensed to the four over-arching concepts identified in the study: patient-centered care, tri-lingual communication, holistic care, and practical critical thinking and judgment. The remainder

of the section provides examples of groupings of narrative statements to form structural elements.

Question 1. How do you define what a nurse practitioner is?

Eight structural elements were identified. First, "Advanced practice nurse who provides high-quality care to various patient populations" (seven incidents) otherwise stated, "a health professional with advanced nursing training enabling them to diagnose illness, prescribe treatment, and care for various health care needs of a population (S2). "Similar to MD/PA but with nursing basis" (five incidents) or "S/he has more autonomy than a PA and a more condensed education than a physician, but a similar skillset to both" (S1). Third, "Provider which holistically provides medical and preventative treatment" (four incidents), described by a student participant as "a health care professional who promotes health and disease prevention and treats patients and their families in a holistic manner" (S12). "Focus in on the individual's health and well-being as a whole and not just the disease process" (three incidents) or "This encompasses care of the whole patient, birth to death, and in health or sickness" (S11). "A nurse who has received additional education and training" (three incidents); an example statement is "a licensed professional that has successfully completed the requirements to practice within the scope of practice as set forth by a given State Board of Nursing" (S7).

"Wide range of roles and specialties" (three incidents) encompassed statements such as, "Nurse practitioners can have a variety of career paths. Family nurse practitioners are primary care practitioners capable of diagnosing and treating chronic and acute conditions and can prescribe most medications. Midwives deliver babies and acute care and specialty NPs, like oncology NPs, work in a hospital setting treating more acute or specialized problems" (S8). "Advocates, leaders and teachers" (three incidents), was expanded on in the statements "The role

of the advanced practice nurse also extends beyond immediate assessment and treatment, incorporating advocacy and procurement of necessary medical, pharmacologic and other therapeutic resources for the benefit of the patient and their families" (S10). Lastly, "Collaborator" (two incidents) or "A nurse practitioner can provide preventative and primary care to the majority of a population, working in collaboration with other healthcare professional including doctors (MDs, DO, chiropractors) and nurses" (S13).

Question 2. Why did you choose to become a Nurse Practitioner?

"Nursing model- treat the patient, not the disease" (10 incidents) encompassed statements such as "NPs provide better, kinder care, and let's be honest- we actually do see the whole patient, and not just their ailment" (S9) and "I enjoy working using the nursing model. We treat the patient, not just the illness" (S1). Second, "Didn't want to go through the time intensive medical school and residency" (seven incidents), otherwise stated as "I also realized that in the end it would be a difference of 7 years of med school and residency vs. 3 years of focused nursing school and that made so much more sense to me" (S2). "The nursing holistic approach to patients and healthcare" (four incidents), included "As a psych-mental health NP, I can provide both therapy and med management. Through past work experience with mentally ill patients, I learned that BOTH are essential in recovery and this discovery helped me to choose psych NP over psychologist or psychiatrist" (S1).

"Greater autonomy" (four incidents) was identified by "to practice my health provider skills with autonomy to deliver care for patients who are marginalized in our regular health care system" (S4). "More logical choice than PA or MD" (three incidents) included statements such as "I was already a nurse and wanted to become a clinician. However, I did not want the hassles of med school and its attending problems. Nor did I want? to be tied to a physician as a PA is"

(S1). “Flexibility and a balanced life” (two incidents) are exemplified by “it’s a profession that provides a great deal of flexibility in terms of hours, geographic location, specialty, etc. I want a family someday and I wanted to be able to do anything from work 8 hours a week as a floor nurse, to running my own practice” (S11). Finally, “I have experienced and seen the power of a good nurse in health crises” (two incidents), which was expanded on in the statement “I had planned to go to medical school but during my interview, when I spoke about wanting to do holistic primary care I was frequently told “but you can’t do that as a doctor! There is no time!” At the time I was working at a federally qualified health care center run entirely by nurse practitioners and I saw that being done every day” (S2).

Question 3. What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

The most frequent response was “Holistic approach to the patient and care” (nine incidents). This included statements such as “An APRN operates as a (fairly) autonomous care provider, and is similar to a physician in that regard. However - and crucially - the APRN approaches health care from the nursing perspective: holistically, approaching the patient as a physical and emotional being existing within a social/cultural context, all of which inform the patient's health and impact diagnosis and treatment” (S10). Second, “Empower patients” (eight incidents), exemplified by the statement:

> “Dr. Shep Nuland, in his book "How We Die" talks about the medical profession as being driven by what he calls "the Riddle," which he defines as "[t]he quest of every doctor in approaching serious disease is to make the diagnosis and design and carry out the specific cure." Nursing, as I see it (in stark contrast) is driven by Virginia Henderson's ethic, where she states the purpose of nursing is "to assist the individual, sick or well, in the

> performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible" (S11).

"Care vs. cure" (eight incidents) was stated explicitly several times, the concept was further developed in statements such as "Treating the patient as a person and not a disease or set of symptoms" (S13).

"Seeing the person as a WHOLE person with a life and responsibilities" (six incidents) was exemplified by "Nurse practitioners prioritize listening and collaborating with the patient to provide appropriate and sustainable medical treatment" (S14). "Relate information to patients in language that is "human" – non-threatening, comprehensible" (five incidents), in its entirety, "By staying true to the foundations of Nursing (caring, ability to establish trust, and clinical competence - the perceptions most often associated with our profession when the populace is polled), the Nurse Practitioner should be able to hold his or her own in understanding the complexities of the human body, while being able to break down and relate this and other information to patients in language that is "human" - non-threatening, comprehensible" (S7). Four incidents relating to "Integration of didactic and clinical training" were identified. Multiple statements were identified that related to other professions including, "Similar to a PA but with specialties and more autonomy" (four incidents) and "Different training and less red tape than MD (three incidents).

Question 4. Provide an example of a situation that you have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

"The Nurse Practitioner treated the patient as a person" (three incidents) encompassed statements such as; "My mother, a former OR nurse, is elderly and suffers from chronic, debilitating illness. She has seen a host of clinicians over her lifetime, mainly MD's and a few PA's. It wasn't until she consulted with an NP, however, that she felt truly listened to and cared for. And she felt the medical care was excellent, on a par, if not above some of the medical residents and harried doctors she had experienced. And that has made all the difference" (S1). "Thorough and willing to spend the time" (three incidents) was exemplified by "When I was trying to decide whether to go to nursing school, I shadowed a women's health NP at an OBGYN practice. I was impressed by the amount of education the NP gave her patients. I was particularly struck by the amount of time she took to teach a 20-year-old woman how to do a self-breast exam. The NP was enabling this woman for a lifetime of self-care and self-efficacy. "The doctor in the practice, who was also a lovely person, simply didn't have the time or inclination to do that type of education. I chose to become an NP" (S11). Finally, participants identified "Practical and creative" (two incidents) and "There is nothing they won't do-no task too menial or lowly" (two incidents). The structural elements from these questions are listed in Table Two.

Table Two: Structural Elements from Student Questionnaire

Question	Structural Element
How do you define what a nurse practitioner is?	• Advanced practice nurse who provides high-quality care to various patient populations • Similar to MD/PA but with nursing basis • Provider which holistically provides medical and preventative treatment • Focus is on the individual's health and well-being as a whole, and not just the disease process • A nurse who has received additional education and training • Wide range of roles and specialties • Collaborator

	• Advocates, leaders and teachers
Why did you choose to become a Nurse Practitioner?	• Nursing model- treat the patient, not the disease • Didn't want to go through time intensive medical school and residency • The nursing holistic approach to patients and healthcare • Greater autonomy • More logical choice than PA or MD • Flexibility and balanced lifestyle • I have experienced and seen the power of a good nurse in health crises
What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?	• Holistic approach to the patient and care • Empower patients • Care vs. cure • Seeing patient as whole PERSON with a life and responsibilities • Relate information to patients in language that is "human" - non-threatening, comprehensible • Integration of didactic and clinical training • Similar to PA but with specialties and more autonomy • Different training and less red tape than MD
Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners	• The Nurse Practitioner treated the patient as a person • Thorough and willing to spend extra time • Practical and creative • Going above and beyond • There is nothing they won't do - no task too menial or lowly

Essential Elements

Essential elements are those statements that articulate a pertinent, essential structural concept that is only identified by a single participant. Fourteen essential elements were identified from the APRN survey and seven from the student survey

Essential Elements- APRN Survey

Two essential elements from the question “What makes nurse practitioners different from other healthcare professions?” emerged. “More independent” (9) and “NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak “patient”, not only their vocabulary, but we speak to their needs. NPs are “tri-lingual!” (2).

Question nine; “In your own words, describe what it means to be a nurse practitioner” resulted in two essential elements, “collaboration with other health care providers” (7) and “Flexible” (6). Additionally, two essential elements were identified for the question “What are some of the intangible qualities that define a nurse practitioner?” The role of being a preceptor, stated as “I teach and precept acute care NP students” (2) and a unique assessment characteristic, “Most of us have honed our five basic senses and rely on technology less than other disciplines” (10).

For question 12 that asked for examples or stories that demonstrated what it meant to be a nurse practitioner, four essential elements were identified. First, the distinct role that a nurse practitioner has, which isn’t always noticed until it is missing; “If there wasn't an NP on call overnight in the ICU the nurses tell me about a situation(s) that they felt needed a NPs' presence” (2). Secondly, a reputation of excellence and competence, “Whenever I step onto my ICU--someone (an RN, resident, attending, or patient/family) says: "I'm so glad you’re here” (2). Thirdly, pride in ones profession, “I will say that I have never regretted becoming a Nurse Practitioner. I feel fortunate every day to be able to do what I love” (6).

The last essential element for this question identified the need for an alternative professional label to the antiquated term “nurse practitioner”.

> “I have always felt that the title "Nurse Practitioner" is a poor choice - it should be more precise and clear, as originally intended by Loretta Ford, the foundress of the movement,

who envisioned the role of the "pediatric public health nurse practitioner". The whole concept has been altered by time and inclusion of acute care specialties vs. the early focus on ambulatory/community settings, so perhaps the future will provide a more comprehensible name for the role. "Physician assistant" requires no explanation - why doesn't nursing do the same?" (3).

Ideally, the title will convey the role of advanced practice nurse without need for clarification or expansion.

Question 13, "What would you like to see change in the future regarding the role of nurse practitioners?" generated four essential elements as well. These included, "educational resources for employers" (6), "more role models" (7), "appreciate nurses for who they are...stop pushing for more and more papers and degrees" (11) and "more national press for what NPs do" (2). Table 3 lists the APRN essential elements.

Table 3 - APRN Essential Elements

Question	**Essential Element(s)**
What makes nurse practitioners different than other healthcare professions?	• "NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak "patient", not only their vocabulary, but we speak to their needs. NPs are "tri-lingual!" (2) • "More independent" (9)
In your own words, describe what it means to be a nurse practitioner.	• "collaboration with other health care providers" (7) • "Flexible" (6)
What are some of the intangible qualities that define a nurse practitioner?	• "I teach and precept acute care NP students" (2) • "Most of us have honed our five basic senses and rely on technology less than some other disciplines."(10)
Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?	• "Whenever I step onto my ICU--someone (an RN, resident, attending, or patient/family) says: "I'm so glad your here." (2) • "If there wasn't an NP on call overnight in the ICU the nurses tell me about a situation(s) that they felt needed a NPs' presence." (2) • "I have always felt that the title "Nurse Practitioner" is a

	poor choice - it should be more precise and clear, as originally intended by Loretta Ford, the foundress of the movement, who envisioned the role of the "pediatric public health nurse practitioner". The whole concept has been altered by time and inclusion of acute care specialties vs. the early focus on ambulatory/community settings, so perhaps the future will provide a more comprehensible name for the role. "Physician assistant" requires no explanation - why doesn't nursing do the same?" (3) • "I will say that I have never regretted becoming a Nurse Practitioner. I feel fortunate every day to be able to do what I love." (6)
What would you like to see change in the future regarding the role of nurse practitioners?	• "Educational resources for employers" (6) • "more role models" (7) • "Appreciate nurses for who they are...stop pushing for more and more papers and degrees" (11) • "more national press for what NPs do" (2)

Essential Elements- Student Survey

When asking for qualities of nurse practitioners or nurse practitioner practice methods that differentiate the profession from others, five essential elements were identified. "Part of it is innate, an instinct really" (S9); "Nursing as a profession is just much an art as it is a science" (S7); "The WISDOM to consider the health needs of the community, town, state and country in the eyes of every single patient" (S4); "The opportunity to teach other nurses with an MSN for credentials" (S1) and "I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD" (S15).

One essential element emerged from the question "Provide an example of a situation that you have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners." That being, "I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly, I like that you can't pin us down as one thing or another - it leaves more opportunity for career

growth when you can define yourself" (S8). Essential elements defined by the students are listed in Table 4.

Table 4. Student Essential Elements

Questions	Essential Element(s)
Why did you choose to become a nurse practitioner?	• "Well, I wanted to be midwife first, and becoming an APRN was a means to that end. However, once I started learning more about the profession, I found there were a number of specialties that appealed to me and had a hard time deciding to stick with midwifery! As an aside, I question your use of "Nurse Practitioner" in this study...is it intentional? There are a number of APRN specialties that are not NPs...CNMs, for example!"(S10)
What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?	• "I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD" (S15) • "part of it is innate, an instinct really" (S9) • "Nursing as a profession is just much an art as it is a science"(S7) • "The WISDOM to consider the health needs of the community, town, state and country in the eyes of every single patient" (S4) • "The opportunity to teach other nurses with an MSN for credentials" (S1)
Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.	• "I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly, I like that you can't pin us down as one thing or another - it leaves more opportunity for career growth when you can define yourself"(S8)

Comparison of APRN and Student Essential Elements

Similarities and differences in content of essential elements are compared in student and APRN responses. Two essential elements identified by students are worth noting as data outliers in that the elements identified were not only uniquely perceived by one participant, but also in opposition to the general trend of responses. The first being, "I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD" (S15).

The study aim was to identify the unique aspects of nurse practitioners; this element offered the unique idea that when it comes to basic tenets of medicine, there is no real difference the different healthcare specialty practices.

The second outlier was "I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly I like that you can't pin us down as one thing or another- it leaves more opportunity for career growth when you can define yourself" (S8). Here introduced the idea that fluidity in defining the nurse practitioner role is an asset to the profession.

Both a student and an APRN identified the preceptor/student relationship as an essential aspect of nursing. "The opportunity to teach other nurses with an MSN for credentials" (S1) and "I teach and precept acute care NP students" (2). Similar to the importance of the patient-provider relationship, the preceptor-student relationship was the cornerstone to the future of the profession. It was a somewhat surprising result that the concept was not identified more universally.

The statements "Nursing as a profession is just as much an art as it is a science" (S7) and "Most of us have honed our five basic senses and rely on technology less than some other disciplines" (10) both identified the crucial concept that nursing is more than science, algorithms, and following best practice. It is a deep and creative level of perception. One that is dependent on establishing a connection to the patient and using knowledge and past experience while still approaching each patient as an "N" of one. All the while remembering to be in-tune with ones senses and instincts.

Comparison of APRN and Student Structural Elements

There is a notable difference in the number of structural elements identified per question in the APRN survey versus the student survey. Questions in the APRN survey averaged 6.4 structural elements per question and the student survey 9 per question.

Structural elements for similar questions were compared for content. Similarities in responses were identified in Stage II, Step nine when the initial definition was created, where as this results section focuses on identifying differences in responses. APRN survey questions nine and 10, "In your own words, describe what it means to be a nurse practitioner" and "How do you respond when people ask you "what is a nurse practitioner?" were compared to question one on the student survey, "How do you define what a nurse practitioner is?"

APRNs identified "Job satisfaction and making a difference" as an essential characteristic of their profession. In the APRN responses, "job satisfaction" was integrated with the idea of "making a difference"; creating a sense that feeling satisfied was directly related to positively impacting patient lives and generating change. This structural element directly links to the global concept of "pride in one's profession" that was identified in the first step of the analysis as an overarching theme in APRN responses. Student responses were similar in that they identified "making a difference" as part of what defines a nurse practitioner, however job satisfaction or pride in one's profession was not identified. Their current standing as a student as opposed to provider could explain this, but the difference is worth noting.

The student identified structural element "Advocates, leaders and teachers" was not shared in the APRN responses. This exemplifies a global difference between APRN and student responses, which is that students tended to respond to questions theoretically where as APRN responses tended to be derived from clinical practice so by virtue were more specific and concrete. The student response "Wide range of roles and specialties", which was not shared in

the APRN responses, again demonstrated the broader self-view that students possessed, as well as where they were in their professional development, which was just recently having decided on their specialty.

"Why did you decide to become an APRN?" was asked to both groups. Structural elements from the student survey that varied from APRN responses emphasized differences that may be inherent in the groups. The majority of students enrolled at YSN are part of the GEPN program, which requires a bachelor degree be completed, but not in nursing or a healthcare related field prior to being accepted. When asked about the decision to become an APRN, it was logical that student responses would reflect a comparison to other similar fields, for example, "Didn't want to go through time intensive medical school and residency" or "More logical choice than PA or MD". Where as APRN elements convey the point of view of someone who has been working as an RN, "Career advancement" and "Become an expert".

The last similar question asked for examples of situations that demonstrated the unique qualities of nurse practitioners. Students identified one varied structural element, "There is nothing they won't do- no task too menial or lowly". For an APRN that has been in practice, this quality may be an ingrained element of practice and one that is more easily identified through the observation of a student.

Additional Findings and Observations

Certified Nurse Midwives did not necessarily identify as Nurse Practitioners. When fielding questions from potential participants, this concept was identified by a CNM who was unable to finishing the survey because "nurse-midwives were not included". Continuing on, "CNMs do not fall under the APRN category" and "have a long standing role as health care providers for women, preceding the category of NP". Again highlighted in the following

Essential Element from a student response to the question “Why did you choose to become a nurse practitioner?”

> “Well, I wanted to be midwife first, and becoming an APRN was a means to that end. However, once I started learning more about the profession, I found there were a number of specialties that appealed to me and had a hard time deciding to stick with midwifery! As an aside, I question your use of "Nurse Practitioner" in this study...is it intentional? There are a number of APRN specialties that are not NPs...CNMs, for example! (S10).

And in the APRN survey in response to the question “How do you respond when people ask you “what is a nurse practitioner?”

> “In my case it is a nurse-midwife. I say a midwife is someone who has the foundations of their education in nursing but who through a program of standardized education has expanded her skills to include management of the medical as well as the health care of women and their newborns up to 28 days. Additionally the midwife can screen for complications and works in collaboration with other practitioners for consultation and acceptance of transfer of care outside the individual midwife's scope of practice” (10).

Defining Nurse Practitioner

After the structural elements and essential elements were identified, a definition was derived from common themes and submitted back to participants and reviewers for validation. The goal being to assess whether or not the definition addresses the original question, “What are the unique and intangible qualities of a nurse practitioners?”

The original definition, prior to integration of critiques from participants and reviewers was as follows:

"The necessary and essential characteristics of a nurse practitioner include development of a patient-centered relationship, provision of care that is holistic and promotes health and wellness, use of practical critical thinking and judgment, and engagement in tri-lingual communication with and between the patient and family, nurse colleagues, and other medical professionals."

Twelve participants (41%) responded with critiques to the definition. Of the 12, five offered support of the definition in its current form. Three participants reported confusion about the term “tri-lingual”. Two of the three distinguishing that they felt the meaning was appropriately identified as an essential characteristic, but the actual term “tri-lingual” was ineffective. One critique questioned use of the word “holistic” and three critiques suggested elements for addition. Detailed responses to the critiques are found in the Discussion section.

The reviewers provided feedback and critiques to the preliminary definition. All five reviewers reported that the term “tri-lingual” was difficult to understand, however felt that the meaning of tri-lingual was an accurate representation of a quality of advance practice nurses. Two critiques suggested adding an additional element and one critique questioned use of the word “characteristics” and suggested the term “qualities” as an alternative. Detailed responses to the critiques are found in the Discussion section.

Additionally, based on critiques received via email and within responses regarding use of the term “nurse practitioner” and its exclusion of Certified Nurse Midwives, the term “advance practice nurse” was integrated into the final definition.

After careful consideration of criticisms and integration of appropriate suggestions, the reconstructed definition was submitted back to the reviewers one last time for validation. The definition submitted for validation was:

"The necessary and essential intangible qualities of an advanced practice nurse include development of a patient-centered relationship, provision of care that is holistic and promotes health and wellness, use of practical critical thinking and judgment, and "tri-lingual communication" or the ability to communicate in a comprehensible and effective manner with patients and families, nurse colleagues, and other healthcare professionals."

Chapter V

Discussion

The purpose of this qualitative study was to generate a definition of nurse practitioner that characterized their intangible skill set and to assign words to the palpable, yet undefined, quality that patients, families and colleagues experience when working with a nurse practitioner. The following quote from an APRN participant eloquently validates the importance of the purpose of this study: "I really am having a difficult time giving you the intangibles, but my patients, their families and the ICU nurses, residents and attendings know it when they see it" (2).

Participants in this phenomenological study included experienced APRNs and graduate nursing students. Experience was defined as 10 or more years in practice. Eleven APRNs responded to the survey, nine completing it in its entirety. The average number of years in practice as an APRN was 22.9. Six different specialties were represented including Psychiatric-Mental Health, Family, Adult/Geriatric, Certified Nurse Midwife, Acute Care and Women's Health/Adult. A snowball method was used for recruitment, beginning with the faculty at Yale School of Nursing and disseminating outwards from participant referral.

Graduate students were in the first year of the masters program at Yale School of Nursing. The majority of eligible participants were enrolled in the three-year accelerated RN to MSN program. Of 84 possible participants, 18 responded (21%) and 12 completed the survey in its entirety. Five different specialties were represented including Family, Adult/Geriatric, Pediatric, Certified Nurse Midwife and Psychiatric-Mental Health.

Summary and Interpretation of Results

The intangible qualities of advanced practice nurses can be summarized as having four essential characteristics: Patient-centered relationship; Provision of care that is holistic and promotes health and wellness; Use of practical critical thinking and judgment; and "tri-lingual communication" or the ability to communicate with patients and families, nurse colleagues and other medical professionals.

Patient-Centered Relationship.

There are two elements to the essential characteristic "Patient-centered relationship", "patient-centered" and "relationship". Focusing care completely on the patient is only half of what this speaks to; the other half is the relationship between the provider and the patient. To prescribe a treatment that will cure the presenting condition and do no harm to the patient in the process could be considered "patient-centered". However, the term relationship carries connotations of equality, which is where the intangible qualities of APRNs are exemplified.

The "Patient-centered relationship" consists of not only providing the best care as identified by research, but the best care for the specific patient. If a medication is too expensive for a patient to take, shouldn't another medication be found? And if there is no relationship between the provider and the patient, will he/she feel comfortable talking about financial difficulties?

Based on the study responses, the role of the APRN in the relationship, in addition to providing excellent care, is to educate, empower and advise. The APRN is in partnership with the patient and views he/she as a person who is an active participant in his or her own care.

Provision of Care that is Holistic and Promotes Health and Wellness

The concept of holistic care, as identified by respondents, is treating the whole patient, in sickness and in health, from an integrated biological, psychological and social perspective. Although nurse practitioners specialize, which is a unique aspect of the profession when compared to PAs, care provided is not disease or visit specific, but encompasses all aspects of the patient's health and wellness.

The phrases "care, not cure" and "treat the patient, not the disease" are identified multiple times in the data and considered elements of holistic care. A patient is not a list of symptoms or a diagnosis but a complex human being. An APRN who splints a fractured arm on an eight-year-old boy will address the pain; acknowledge that the patient may be sad and disappointed about not being able to play baseball for six weeks and make sure that he was wearing a helmet while riding his bike.

Holistic care is comprehensive care. It is thorough, as well as flexible and meets the complex needs of a patient.

Use of Practical Critical Thinking and Judgment

Advanced practice nurses use critical thinking and judgment to provide care that is both evidence-based, as well as practical. Drawing from experience, as well as a comprehensive knowledge base, decisions are made after taking the time to thoroughly analyze all aspects of the presenting problem. This includes understanding when a presenting problem is outside the scope of practice and correctly judging to refer the patient to another provider.

Practical treatment goes beyond best practices and includes creativity and the ability to problem solve. This may involve facilitating treatment and collaborating with other health care providers and family, however the patient identifies family. It's also the understanding that life circumstances sometimes take precedent over all else and optimizing health and wellness, within that given set of circumstances.

Tri-lingual Communication

"Tri-lingual communication" is the nurse practitioner's ability to communicate effectively with patients and family, nurse colleagues and other medical professionals. When working with patients and family, an APRN is a translator, providing information in a clear and comprehensible manner and listening to both what is and what is not being said. Nurse colleagues and APRNs share the same theoretical basis and foundational training; from which communication about patients and treatment flows naturally. Finally, nurse practitioners draw on their expertise and passion to collaborate and advocate with other medical providers.

Critiques to Original Definition

Before the definition was considered valid, participants in the survey and independent reviewers submitted critiques, which were considered and when appropriate, integrated into the final definition. The following section details the nature of the critiques and the response to them.

Participant Critiques

The first critique provided the phrase "more encompassing" as an alternative to "holistic" based on negative connotations associating holistic care with care that is not empirically based. Although a valid point, "holistic" is the most commonly used descriptor in the narratives having been identified 15 times in the student survey and 11 in the APRN survey. Therefore, its

inclusion in this definition was necessary.

A second critique noted the absence of statements concerning clinical skills and knowledge of medical care. The initial research question focused on identifying the intangible skillset of advanced practice nurses. This was drawn from the research identified in the literature review that reported advanced practice nurses clinical skills were equal to, and in some cases surpassed that, of other healthcare providers. Therefore, quality healthcare was considered a universal baseline for APRNs in the present study and the focus was on identifying the more subtle skills.

A third critique supported the definition, but identified that the absence of mention that nurse practitioners were nurses first and nursing fundamentals were at the core of their training, missed a critical piece of the professional identity. Based on the methodology, this concept was not explicitly defined, however the identified elements of the advanced practice nurse were congruent with nursing fundamentals and conveyed the nursing foundation, without explicitly stating it.

The fourth critique offered involvement in professional organizations and remaining aware of healthcare concerns and changes on a broader scale as an essential element that should be included. Although this is an important piece of professional development and was mentioned in the data, it did not emerge as a consistent, universal characteristic of advance practice nurses. One could also argue that these are tangible qualities, which due to the nature of the questions asked did not emerge. However, perhaps the absence of a characteristic related to professional advocacy and involvement is almost as important as the identifiable traits in that it offers information regarding future direction.

Of the 12 responses submitted, three voiced concerns about the term “tri-lingual”. One

participant suggested removing the phrase all together due to not understanding the meaning. The other two identified that the concept is sound, but the terminology confusing. This suggests that adhering to the methodology led to identification of essential and necessary elements, however the final lingual structuring does not properly reflect the true meaning of what was identified. Information from these critiques was incorporated in to the final definition, which was confirmed by independent reviewers experienced in the field.

Reviewer Critiques

One critique questioned use of the term "characteristics" and suggested that "qualities" might more accurately describe what the concept being defined. After consideration, this suggestion was integrated in to the final definition. A second critique suggested the addition of "evidence-based practice", however as addressed in the participant critique, research to this point has already established the medical care of advanced practice nurses to be sound, where as this study focuses on "intangible qualities". Additionally, "evidence-based practice" is encompassed in the term "practical critical thinking and judgment".

All five reviewers unanimously identified "tri-lingual" as a concept that is accurate, but needs further clarification in the final definition. This issue is addressed by explaining tri-lingual within the definition.

Final Definition

"The necessary and essential intangible qualities of an advanced practice nurse include development of a patient-centered relationship, provision of care that is holistic and promotes health and wellness, use of practical critical thinking and judgment, and "tri-lingual communication" or the ability to communicate in a comprehensible and effective manner with patients and families, nurse colleagues, and other healthcare professionals."

Limitations of the Study

A sample size of 29 (11 APRNs, 18 students) limits the ability to make generalizations from the results. Additionally, the student population is not necessarily representative of graduate nursing students in that the majority had educational backgrounds or employment histories that were not nursing related. Regarding the APRN sample, those that initiated the snowball recruitment were faculty members at a major university in a geographic area where APRNs are fairly well integrated in to treatment. The results may be different in a state with more restrictions and/or less presence.

Step five of the analysis required that three experts in the field judge the data. One experienced APRN was enlisted, but after several attempts to connect with other APRNs who had not completed the survey failed, two additional judges were selected. The first was a second year specialty student at YSN in the Pediatric specialty. This judge was able to offer expertise from the student perspective as well as the APRN perspective having completed several clinical placements. The second independent judge was an English professor with a Masters in Fine Arts who analyzed the data from an unbiased perspective that focused on connections through language and content.

A third limitation was found in the process used to determine the numerical incidence. As noted in the analysis, each transitional element was a potential incidence under a structural element. However, one participant may have identified several transitional elements that were distinct and separate, but when grouped together conveyed unique facets of a larger structural element. For example, a single narrative may have identified two different aspects of "Holistic care". Therefore, when using numerical incidence as an indicator of importance, it was

important to note that the total number is not “number of participants”, but “number of transitional statements”.

In Stage III of the methodology, van Kaam suggests sending the preliminary definition to independent reviewers first, then participants and then back to the reviewers once all critiques have been integrated. Due to time constraints and the limited ability to contact participants, the preliminary definition was distributed to reviewers and participants at the same time and after integrating the criticism, submitted back to reviewers for final approval.

Lastly, although the methodology was followed carefully with only minimal variability and steps are taken within the methodology to limit bias, it is a risk that is worth noting when analyzing personal narratives.

Conclusion

At the most basic level, Advanced Practice Registered Nurses (APRNs) are clinicians who have received advanced educational and clinical preparation in the form of a Masters degree, post Master’s Certificate and/or Doctorate of Nursing Practice. In addition to a concrete classification such as education, collective features of APRN practice have been identified through analysis of research. These include use of knowledge and practice, critical thinking and analytical skills, judgment and decision-making skills, leadership and inquiry, coaching, mentoring, research and changing practice (Mantzoukas and Watkinson, 2006).

Bringing together the concrete essentials of APRN practice with the more conceptual understanding is a starting point for developing a cohesive and concise definition of the APRN professional identify. Furthermore, to this point no study has used narratives from APRNs and APRN students to capture the nuanced clinical or interpersonal skills that APRNs possess. To answer this question, a psychophenomological inquiry was conducted.

The definition generated from this pilot study provides a clear, concise answer to the question, "What are the intangible qualities of advanced practice nurses?" In putting labels to the palpable, but previously unidentifiable skillset of APRN practice, the profession can continue to assert itself as a unique and integral piece of the healthcare delivery system. Not in opposition to or competition with other medical professions but integrated and accepted in to practice as a valuable asset and colleague.

Implications for Research

The aim of this qualitative study was to generate a list of intangible qualities of advanced practice nurses, and drive additional research in the topic area. These results could lead to identification of a new nursing theory specific to advanced practice nursing.

Regarding future studies, one suggestion is to use fewer questions to hopefully obtain a larger pool of participants. Completing the lengthy survey was a substantial commitment and might have affected the response rate. Support for this is demonstrated by the shorter, four-question student survey that generated a reasonable response rate of 21%. In addition to fewer questions, it is feasible to conduct at multiple sites. As discussed in the results, it would be interesting to gain perspective from areas of the country with more or less autonomy/public acceptance of APRN care as a norm. Additionally, open recruitment would allow face-to-face member checks during data analysis. Finally, it would be interesting to gain insight in to the perception of APRNs in the eyes of non-nursing healthcare professionals.

Implications for Practice

One critique of the definition suggests the addition of participation in professional organizations and awareness of broad healthcare concerns and movements as an essential quality. However, the absence of this essential quality speaks volumes and provides some insight

into how this research can impact practice. Prior studies, as well as the IOM report, establish that the care provided by advanced practice nurses is excellent. According to this pilot study, advanced practice nurses offer much more that just competent care. Moving forward, it is time for advanced practice nurses to use their communication skills, ability to build relationships and promotion of well-being to work toward building a professional identity that is diverse, but unified; patient-focused, but publically acknowledged.

With "patient-centered relationship" the most frequently identified quality in the study, it is not surprising that while advocacy for others is easy, advocacy for self is not. Additionally, the nursing foundation is at the bedside, moving away from which to advocate for self is counter to ones sense of professional integrity. However, for advanced practice nurses to continue to provide care that is competent as well as compassionate, to continue to impact the lives of those around them, recognition for their unique and exceptional care is necessary, and deserved.

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APPENDIX A

Participant Identification by Specialty

APRN Participant Codes

Code	Specialty
1	WHNP/ANP
2	ACNP
3	FNP
4	PMHNP
5	PMHNP
6	FNP
7	PMHNP
8	AGNP
9	PMHNP
10	CNM
11	PMHNP

Student Participant Codes

Code	Specialty
S1	FNP
S2	FNP
S3	FNP
S4	PNP
S5	ANON
S6	ANON
S7	AGNP
S8	FNP
S9	FNP
S10	CNM
S11	FNP
S12	AGNP
S13	CNM
S14	PNP
S15	FNP
S16	PMHNP
S17	ANON
S18	AGNP

APPENDIX B

Differentiate Structural Elements

Table 1. Differentiate Structural Elements- Question 4: When and why did you decide to become an APRN?

PARTICIPANT	TRANSITION STATEMENTS
1	"learned about independence of NP practice"
2	"I wanted to learn more about critical care" "advance my career"
3	"medical missionary work in Malawi from 1969 - 1972 motivated me to further my education" "increase my skills"
4	"teaching med-surg at a diploma school of nursing in the 1970s and it was required to have a master's" "Even though I was teaching I knew I wanted to return to full-time practice"
5	"Came to Yale as a BSN staff nurse. Was promoted to manager in a year" "Nurse mentors pushed me to go to grad school"
6	"after working directly with an APRN after graduating from college" "premed in college but decided against medical school for a variety of reasons"
7	"wanted to practice at a higher and more comprehensive level"
8	"decided as a CNS to obtain DEA and license to practice. I then decided to get post masters as NP"

	"balance of clinical practice and an academic role"
9	"felt like I needed more expertise to deal with the psychological issues that people with chronic illnesses deal with"
10	"Desire to focus on health and wellness rather than pathology" "increase access to healthcare for under and uninsured" "educate clients, nurses, physicians (the world)" "be a change agent" "help to define policy" "contribute to the body of knowledge" "bring childbirth out of the closet and put its control back into the hands of the women and families rather than the hands of the providers"
11	Did not answer this question.

Table 2. Differentiate Structural Elements- Question 5: How has the field changed/progressed in the time you have been in practice?

PARTICIPANT	TRANSITION STATEMENTS
1	"increased acuity of patients in primary care" "expanded role of NP" "greater independence" "increased patient access needs"
2	"When I graduated from my master's program--there wasn't a certification exam for Acute Care NPs. I had to wait one year for an exam--it was such a new field for NPs" "need for skilled critical care practitioners to care for patients in hospitals, esp in ICUs"

	"need for dedicated, educated and expert practitioners has lead to the expansion of hospitalist and intensivist NP positions"
3	"programs have been required to be Graduate School Level" "role has become more accepted and commonplace" "array of specialties and employment sites have expanded" "level of clinical experience required for entrance into NP programs has changed" "the scope of practice and clinical procedures performed by NP's has expanded" "National certification and State licensing regulations have been standardized and recognized"
4	"in 1982 we were not allowed to sit for the certification exam until 5 years post-master's during which we had to obtain 1000 supervised hours" "in 1992 and moved to WA State which at the time was one of only 3 states that allowed for independent practice for Nurse Practitioners- WA, OR, AK" "Psychiatric CNS were considered equivalent" "Nurse Practitioner certification didn't start for psychiatric APRNs until 2001" "Since that time all states have approved prescriptive authority for NPs, 38 states allow prescriptive authority for Psychiatric CNS. 17 states have independent practice"
5	"Less MD-Nurse tension." "More acceptance of nursing leaders."
6	"increase in prescriptive authority" "increased scope of practice" " increased diversity of available work settings some of which used to only employ physicians or PAs"

7	"More credibility for the APRN" "independent practice is almost a reality"
8	"APRN's who work in practices are hired by the practice to generate income. They are not paid well compared to what they generate for the practice" "APRNs' usually don't know what they generate in the practice, but are grateful they are no longer at the bedside with shift work, weekends and holidays. The practice knows this and APRNs are easily exploited"
9	"APRN's are part of the work force where I work" "more independence in my practice and in running a crisis unit."
10	"Greater recognition by insurance providers" "greater autonomy through legislation" " increasing knowledge of our contributions to better outcomes, putting power in the hands of those we serve and somewhat better salaries has attracted more scrutiny by those agents who prefer to keep power (and money) in their own names and pockets." "This has been done in the name of safety despite the evidence that nurse providers have been associated with decreased expenditure of health care dollars without compromising safety." "Individual APRNs and midwives have often forged trusting collaborative relationships, but outside of areas with strong academic influence the distrust of APRNs is still prevalent."
11	Did not answer this question.

Table 3. Differentiate Structural Elements- Question 6: In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.

PARTICIPANT	TRANSITION STATEMENTS
1	"gather subjective and objective data"

	“consider physical exam and diagnostic testing results” “family history” “patient specific considerations” “evidence-based practice” “health promotion that is individualized to the specific patient”
2	“assessing patients' holistically” “critical thinking skills and experience” “Having over 2 decades of critical care bedside experience is important in deciding diagnostic testing, interpretation and prescription” “team-concept”
3	“History, physical exam, +/- diagnostic testing” “treatment recommendations, including medication and behaviors” “follow-up according to urgency/protocol”
4	“First look at the symptoms, ask when they first started, how severe, what makes them worse and what, if anything makes them better.” “co-morbid medical conditions and all medications that may be contributing to the psychiatric symptoms” “psychosocial/developmental/trauma timeline to place symptoms in the context of stressors and significant life events as well as how symptoms could have effected achievement of life events” “Place symptoms in context of 5 major brain functions” “Locate symptoms in specific brain circuits” “Prescribe EBP” “Consider past patient experience, preferences, diet, drug-drug interactions” “supportive psychotherapy until stability then determine most effective psychotherapy modality”

	“Include family and collateral information”
5	“experience and gut” “DSM and internet” “collaborate with peers” “always think the diagnosis will evolve”
6	“try and approach each clinical decision keeping in mind that often the cause is usually something very simple that caused a cascade of other issues” “don't look for the zebra since it is most often not” “Pay attention to what the patient's verbal and nonverbal cues are telling you first, than look at labs, diagnostics etc.”
7	“assessment drives diagnosis and treatment”
8	“I own and manage my own practice. I do not work for anyone by myself.” “I have been well recognized in the community and I have a loyal network” “It's too bad that academic settings do not really know what it is to run your own business and be a role model as a PCP”
9	“I see clients for psychiatric evaluations and complete formulations” “differential diagnoses and treatment planning” “medications evaluations”
10	“thorough and accurate history is critical” “sometimes requires including input from others, identifying hidden agendas or family secrets” “physical examination can provide supportive information” “Sometimes laboratory work is needed before a final assessment can be made

	but often an assessment can be made with just the history and physical examination” “management plan may include a treatment, education, medication or simply allowing the client to express feelings” “difference between medical and nursing care is the medicine seeks to fix things. Sometimes things aren't broken but someone just needs to hear that they are normal or that a condition is self-limiting” “Conversely if something is broken, in addition to fixing the problem, the nurse is going to address the fears and concerns that go along with the problem”
11	Did not answer this question.

Table 4. Differentiate Structural Elements- Question 7: What makes nurse practitioners different than other healthcare professions?

PARTICIPANT	TRANSITION STATEMENTS
1	“get to know their patients on a personal level” “seen by patients as more of an advisor than authority figure, more trusted because of this” “individualize care”
2	“expert clinicians who utilize a holistic and broad view of patients and families” “Translating research into the day to day practice” “nursing staff are more comfortable dealing with NPs than with the transient residents” “NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak "patient", not only their vocabulary, but we speak to their needs. NPs are "tri-lingual!"

3	“basic Nursing as the bedrock of the advanced practice role” “concern for the patient(s) and the context in which they live is the focal point” “This is the concern of other healthcare professionals as well, but their focus may be more concentrated on diagnostic clarification, performance of procedures, financial interests or constraints, workload and its implications, inability to relate to or comprehend certain socioeconomic situations which influence decision-making and other behaviors.”
4	“How we listen” “how we place symptoms in historical context” “amount of time we take” “we do case management when a priority for our patients” “don’t instantly treat as if the presenting symptom is the only thing that needs to be diagnosed and treated” “ provide holistic care and check out other body systems that may be involved” “take the time to monitor other body systems and not just refer out” “see resources to treat all that is wrong with the patient and not just a piece.”
5	“Practical and holistic thinking” “thinking beyond what the client is telling me or thinking about practical way to help a client” “I also try to be very genuine and real with clients”
6	“Focusing on the whole person” “recognizing that a patient's social/cultural and financial concerns impact them” “Including patient's in the decision making” “Patient education”

7	"more education" "holistic frame of reference" "lifelong learning!"
8	Did not answer this question.
9	"More independent" "focused on the whole person and their health status in general"
10	" our approachability and the trust people feel in us" "I have had clients from physician practices call me off hours with questions because they didn't want to bother the physician or they felt the physician might think their question stupid" "Surveys have shown that nurses next to the clergy are the most trusted people in society"
11	Did not answer this question.

Table 5. Differentiate Structural Elements- Question 8: What are some challenges you've faced regarding your role as a nurse practitioner?

PARTICIPANT	TRANSITION STATEMENTS
1	"others questioning my orders for diagnostic tests"
2	"first NP in critical care--I had to prove myself to the nurses and the medical/surgical staff (both residents and attendings)" "Once they saw that I was an asset--I was looked at as a very important part of the team"

3	"the pursuit of the knowledge base needed to keep up with clinical information as well as record keeping, paper work, requirements by outside agencies for helping patients get what they need, bureaucratic roadblocks, keeping up with patient requirements and demands"
4	"State regulations that limit portability" "Confusion by the public on our scope of practice" "more confusing in CT than in WA because it's been autonomous practice in WA since 1978 so the public understands what the ARNP can do. Physicians in WA understand the focus of the ARNP and refer freely to us" "There is not a hierarchical relationship between Dr. and nurse in WA that there is in CT. This state is antiquated in that collaboration is mandated." "APRNs here don't have global signature so physicians are required to sign Medicare and Medicaid authorizations." "APRNs here can't always get their own billing numbers so again, the physician is on top of food chain." "I maintain both licensures. I sometimes forget here in CT that I can't do what I can in WA."
5	"have faced very few challenges. I view my MSN degree as the key to an amazing career. One filled with far more opportunities that I would have imagined." "I have been promoted a minimum of every three years since I became a nurse and the quality of my experience is far better than that of my MD peers."
6	"Professional isolation" "lack of ongoing mentoring by physicians and others"

	“Assumption being that because you have been practicing for many years, that you are no longer interested in continuing to learn. I miss my early days as an NP being pulled into a room to see an unusual clinical finding” “Often still being the "first" NP in a practice and having to teach nursing and other medical staff about what I do” “ having to define what my role is within clinic” “Having to remind medical staff to not have the use of NPS be driven by us "being cheaper" to use”
7	“acceptance by other Nurses not at the same level” “reluctant acceptance by physicians in the beginning-more collegiality currently”
8	Did not answer this question.
9	“Insurance issues regarding medication costs and trying to take that into account when prescribing” “Seeing the same people return because the system couldn't support their needs in the community”
10	“The single biggest challenge has been to have our special role be recognized by physicians, insurers, pharmacists and legislators as a profession equal to that of physicians” “Clients recognize our abilities and while that is often enough on a personal level, to achieve the highest level of health in the world and simultaneously decrease the huge cost of healthcare, nurses need to be at the policy making table locally and nationally” “When will Medicare ever decide that the one hour I spend counseling someone on healthy life style choice is at least as valuable as a 10 minute "procedure"?”
11	Did not answer this question.

Table 6. Differentiate Structural Elements- Question 9: In your own words, describe what it means to be a nurse practitioner.

PARTICIPANT	TRANSITION STATEMENTS
1	"to partner with a person and assist them to have the best health they can"
2	"It means the world to me to say to patients and families that I am "the nurse practitioner on call today." "received a plethora of positive feedback from patients and families who have been cared for by myself (and/or my NP colleagues)." "It makes working nights, weekends and holidays worth it" "positive feedback for the nursing and physician staff is priceless" "I feel that I make a difference in the lives of my patients, their families; and the staff I work with"
3	"I have had the opportunities for quality educational preparation and experiential involvement to constitute a solid basis for sound clinical judgment" "full set of tools" to help persons with healthcare problems or issues"
4	"An independent, autonomous health care provider with a full scope of practice to assess, diagnose, treat, monitor, evaluate health care in a holistic framework unencumbered by antiquated state regulations" "A provider that will spend the required time to provide the care that is needed by a patient at the time" "A provider that will seek out resources to learn and expand scope so fewer referrals are required for patients to obtain needed health care."
5	

	"I am humbled to have the opportunity to have clients tell me their stories and trust that I will do my best to help them" "I enjoy the human connection" "I try to look at the whole picture and build a support structure for the client"
6	"Holistic Health Care" "Patient centered" "Flexible"
7	"self confffffffffident" "more control over the direction that treatment will focus" "collaboration with other health care providers"
8	Did not answer this question.
9	"To provide treatment for individuals who are ill and promote health promoting behaviors. To monitor health and teach clients about medications, illness management, self care and resources in the community. To work with a system to get the changes needed to improve the provision of care in whatever setting.
10	"being a midwife means I get to touch and be touched by women at various developmental times in their lives" "I get to help them learn about the power and beauty of the bodies as they enter womanhood, to attend them during birth, watch their children grow and shepherd them through menopause" "In 35 years I have never questioned my career choice"
11	Did not answer this question.

Table 7. Differentiate Structural Elements- Question 10: How do you respond when people ask you "what is a nurse practitioner?"

PARTICIPANT	TRANSITION STATEMENTS
1	"I coordinate, manage and provide primary care from thyroid disease and HTN to colds and flu, from injuries and headaches to heart disease and high cholesterol, from health screening and health advice to weight management and diabetes care ... etc."
2	"a nurse with advanced training and education in caring for acute and critically ill patients and their families" "Every NP has at least a master's degree and some have a doctorate in Nursing" "NPs are skilled in diagnosing diseases and prescribing and evaluating medications and therapies" "Our goal is to provide you will expert care"
3	"an NP is first a Nurse who has had additional education and supervised practice to qualify for independent practice in areas which might have been the perceived domain of physicians"
4	"I do the same thing a doctor does, but I do it differently" "I approach problems with an open mind and with a holistic focus, including the spiritual domain of health" "I listen to the patient and closely watch the non-verbals for cues of concerns that the patient may be feeling anxious and not fully participating in the session." "I do all I can to provide 'one stop shopping' so the patient doesn't get

	referred to multiple providers.” “ “I coordinate care when needed.”
5	“An advanced practice nurse who can prescribe.”
6	“I am a nurse with advanced training” “I am able to examine you, order tests and write prescriptions as needed.”
7	“explain the advanced role /education and experience of the N.P”
8	Did not answer this question.
9	“An advanced practice nurse who has training in health promotion…” “illness management” “can give medications.”
10	“a midwife is someone who has the foundations of their education in nursing but who through a program of standardized education has expanded her skills to include management of the medical as well as the health care of women and their newborns up to 28 days” “the midwife can screen for complications and works in collaboration with other practitioners for consultation and acceptance of transfer of care outside the individual midwife's scope of practice.”
11	Did not answer this question.

Table 8. Differentiate Structural Elements- Question 11: What are some of the intangible qualities that define a nurse practitioner?

PARTICIPANT	TRANSITION STATEMENTS

1	“listening” “partnering” “supporting” “individualizing care”
2	“look at the patient and their family (how ever the patient defines their "family" or support system) in a broad view--I say "holistically" “take into consideration that and the systems that are in place (access to health care and lack of support, working in a medically driven environment)” “I teach and precept acute care NP students” “I really am having a difficult time giving you the intangibles, but my patients, their families, the ICU nurses, residents and attendings know it when they see it.”
3	“the experience and focus of the basic nursing education and clinical experience fosters a context of providing explanations of what is being done, outcomes and possible negative circumstances which could be encountered along the way of the healthcare journey“ “facilitating communication and access to resources are more universal”
4	“Kindness” “patience” “deep concern for others” “selflessness” “ability to listen” “compassion” “sense of humor” “altruism” “scientific inquiry”
5	“Practicality” “ I learned that if a toilet is clogged, people will get irritable and if the clinic

	is out of hand towels and soap, the message is that we don't care. Nursing is the whole piece.”
6	“Patient” “Flexible” “Compassionate”
7	“self confidence” “trust” “competent” “holistic”
8	Did not answer this question.
9	“Independent” “ability to navigate system” “ability to connect with clients”
10	“Connectedness: I feel we find something unique in every person in our care. A person doesn't have to have an exotic disease to feel special.” “Most of us have honed our five basic senses and rely on technology less than some other disciplines.” “know the limits of our expertise and aren't too proud to seek collegial input for the optimal well-being of those in our care.”
11	Did not answer this question.

Table 9. Differentiate Structural Elements- Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

PARTICIPANT	TRANSITION STATEMENTS
1	“I said "I did not convince her, she believed me when I reviewed with her the evidence supporting how it would help her and all of the pros and cons." he said he had done the same thing, I said, "yes, but she did not trust you. She

	thought you were telling her what to do, not supporting her in making her own decision. That is the difference" "But I am her doctor! I did the procedure that saved her life." I said that is not all that matters, it is the ongoing relationship and trust of a caring clinician that she needed at that time."
2	"Whenever I step onto my ICU--someone (an RN, resident, attending, or patient/family) says: "I'm so glad your here." "If there wasn't an NP on call overnight in the ICU the nurses tell me about a situation(s) that they felt needed a NPs' presence."
3	"I have always felt that the title "Nurse Practitioner" is a poor choice - it should be more precise and clear, as originally intended by Loretta Ford, the foundress of the movement, who envisioned the role of the "pediatric public health nurse practitioner". The whole concept has been altered by time and inclusion of acute care specialties vs. the early focus on ambulatory/community settings, so perhaps the future will provide a more comprehensible name for the role. "Physician assistant" requires no explanation - why doesn't nursing do the same?"
4	"She had been hospitalized for psychosis several times at the state hospital and basically given up on. I learned she had been a high-level administrative assistant in a middle-eastern country for a major oil company and had a college degree. I learned that she had a twin sister and they had been severely abused. She was deeply religious." "Over the course of a year I weaned her off the offending medications and stabilized her medication regimen. She engaged in 1:1 therapy and group therapy." "I worked with her husband so he could understand how she had been misdiagnosed and consequently mis-medicated." "Her affect brightened considerably. She was able to resume care of her

	house. Ultimately she became employed and became a productive member of society. She was never hospitalized in the state hospital again.”
5	“I am currently editing a fictional children's book manuscript from a man who just lost his wife. They had an amazing marriage and she was my client. She was diagnosed with bipolar illness then lung cancer. I saw the two of them for the two years that she fought the disease. After she died I arranged to see her husband to check in on him. Then his children called to say they were worried about him because he did not want to go out as much. I asked him to come in for a second visit. He came; he was exactly where he needed to be in the grief cycle and had future plans.” “While visiting, he brought a rough draft of a manuscript and asked that I read it and make comment. First I told him that I am dyslexic, second I told him I would love to do so. He agreed to come and see me once per month to see how I am doing. I also use the time to check in on him.” “I also called his children with his permission and reassured him that he was right where he needed to be. I offered to have them come in to "talk" if they needed and gave voice to the fact that it is very difficult to see their strong father in pain. That is what a nurse practitioner does.”
6	“I will say that I have never regretted becoming a Nurse Practitioner. I feel fortunate every day to be able to do what I love.”
7	Did not answer this question.
8	Did not answer this question.
9	“Going to the home if client is unable to come to us.” “Working with the family and system to assist in the client's care”
10	

	"One saying in my area is that you have done your job when you are invisible to the client, ie when the client can congratulate herself regarding decisions made about her care and feel she has authored her own destiny without noticing your participation, you have achieved your goal."
11	"When I give a patient a diagnosis of dementia or forgetfulness. I let them know I am there for them. I am with them from that point forward. They will never have to face the illness alone. In fact I use these words often: " I am wrapping my wings around you. We are in this together. If you ever need me, call! I'll be here. It may take a few hours for me to call but I will always call you back. I will do my best to help. I am a part of your family now, one you can trust to help"."

Table 10. Differentiate Structural Elements- Question 13: What would you like to see change in the future regarding the role of nurse practitioners?

PARTICIPANT	TRANSITION STATEMENTS
1	"added independence" "less difficulty in being able to provide the expert care we know how to provide - reduced barriers to practice will increase health care access in our country and throughout the world. It is frustrating that some docs find this threatening."
2	"more national press for what NPs do
3	"removal of reimbursement disparities for services provided, so that the payment for a service is not dependent upon the title of the practitioner who provided it."
4	"Autonomy and self-governance in all states—true independent practice as

	stated in the Institute of Medicine report on the future of nursing. When that happens 'we will have arrived. Unless a profession governs itself, it is not a true profession" "When nursing is independent from physician control then we will emerge as the true champions of health care that we are."
5	"Obtaining meaningful payment for the chronically ill population."
6	"More concrete role delineation" "Educational resources for employers" "Better reimbursement"
7	"independent practice" "equal pay -{as M.D.}" "more role models"
8	Did not answer this question.
9	"not bound by a collaborative agreement for medication management"
10	"Truly autonomous but collaborative practice where our discipline is recognized like dentistry or podiatry as an independent practice with the smarts to know when we are outside our scope of practice and without fear that if we consult the patient will be "taken away" from us instead of shared as other independent practices share patients"
11	"Appreciate nurses for who they are...stop pushing for more and more papers and degrees" "Move nurses back to the bedside and away from the desks and offices. Most of the nurses I know have very little patient contact. They are on computers

	and phones, and "documenting" for insurance companies and Medicare. We belong with our patients not pushing a pen or cursor.”

Table 11. Differentiate Structural Elements- Question 14: What is the best professional advice you ever received?

PARTICIPANT	TRANSITION STATEMENTS
1	“listen” “follow evidence-based practice” “individualize to the person you are working with”
2	“best advice was from 2 physicians who hired me as the first NP in the ICU. They both told me that they hired me instead of a PA because I (as a NP) have that "nursing" knowledge--nurses have something Docs can't grasp and doctors can't teach” “Once I was hired the best advice I got was--"hang in there."
3	“when I first started independent practice was: "Have a reason for everything you do, and never skip a step." That way, you know you did your best, rather than having to reproach yourself if there is an unfavorable outcome.”
4	“Get involved in your professional organization” “subscribe to journals and keep up on the literature” “always have a mentor”
5	“Get into your own therapy so you are genuine”
6	“Don't look for the zebra in the room”
7	“stay focused” “persevere” “do your home work!!”

8	Did not answer this question.
9	“Strive for balance in your life”
10	“Keep your focus on the patient (client). If he or she remains the focus it will give you strength to continue to advocate for his/her needs regardless of the political, financial or social environment.”
11	“float medical nursing for a year in a hospital to "lock down" my medical knowledge before I moved to the area of specialty, psychiatry. I have been forever grateful to her. My peers who went directly to psychiatry lost their medical knowledge and confidence within a year or two, and I never have.” “be all you can be and don't settle for second best - my grandmother about life.”

Table S1. Differentiate Structural Elements- Question 1: How do you define what a nurse practitioner is?

PARTICIPANT	TRANSITION STATEMENTS
S1	“is an advanced practice nurse/clinician who sees patients, prescribes meds and uses a holistic approach to medicine” “S/he has more autonomy than a PA and a more condensed education than a physician, but a similar skillset to both”
S2	“a health professional with advanced nursing training enabling them to diagnose illness, prescribe treatment, and care for various health care needs of a population”
S3	“Independent clinician whose focus is on the individual's health and well-

	being as a whole, and not just the disease process.”
S4	“provider of health care who brings the philosophy and skills of nursing to the observation, evaluation and treatment of patients and their families” “a clinician who collaborates with physicians, other advanced practice nurses, nurses, diagnostic and treatment technicians and all manner of therapists who may be involved in a patient's care.” “NPs are partners with their patients and families in assessment and treatment plans as determined by the health care needs of their patients” “The role of the advanced practice nurse also extends beyond immediate assessment and treatment, incorporating advocacy and procurement of necessary medical, pharmacologic and other therapeutic resources for the benefit of the patient and their families.”
S5	“a nurse practitioner should be a front-line provider who combines the better attributes of a nurse with those of an MD”
S6	“someone that provides health care to patients”
S7	“a licensed professional that has successfully completed the requirements to practice within the scope of practice as set forth by a given State Board of Nursing”
S8	“Nurse practitioners can have a variety of career paths. Family nurse practitioners are primary care practitioners capable of diagnosing and treating chronic and acute conditions and can prescribe most medications. Midwives deliver babies and acute care and specialty NPs, like oncology NPs, work in a hospital setting treating more acute or specialized problems”

S9	"an advanced practice nurse who provides high-quality care to various patient populations"
S10	"A nurse who has received additional education and training to provide care independently in preventing and treating a variety of common health conditions"
S11	"an independent practitioner who practices primary care medicine using nursing training, ideals, and theories as the foundation of that practice" "This encompasses care of the whole patient, from birth to death, and in health or sickness"
S12	"a health care professional who promotes health and disease prevention and treats patients and their families in a holistic manner" "They are advocates, leaders and teachers"
S13	"A nurse practitioner can provide preventative and primary care to the majority of a population, working in collaboration with other healthcare professionals including doctors (MDs, DO, chiropractors) and nurses" "Nurse practitioners can also specialize and offer care to a more specific patient population" "Nurse practitioners' scopes of practice vary from state to state"
S14	"a healthcare provider which holistically provides medical and preventative treatment"
S15	"independent medical practitioner who serves patients in various rolls within health care"
S16	"A Psychiatric Nurse Practitioner is a clinician who provides therapy, medication management and education to patients" "care is holistic & the patient's family, community & belief system is taken into consideration" "NPs contribute back to the community through service & education!"
S17	"Somewhere between an MD and a PA, but with a more holistic approach to care"

	"see patients, assess, diagnose, prescribe, care, and listen" "more autonomy than a PA, but less onerous responsibility than an MD"
S18	" somewhere between an RN and MD. Advanced skills, thinking and abilities from the traditional RN but not the full training of an MD."

Table S2. Differentiate Structural Elements- Question 2: Why did you choose to become a Nurse Practitioner?

PARTICIPANT	TRANSITION STATEMENTS
S1	"I was already a nurse and wanted to become a clinician. However, I did not want the hassles of med school and it's attending problems. Nor did I want to be tied to a physician as a PA is" "I enjoy working using the nursing model. We treat the patient, not just the illness"
S2	"I had planned to go to medical school but during my interviews, when I spoke about wanting to do holistic primary care I was frequently told "but you can't do that as a doctor! There is no time!" At the time I was working at a federally qualified health care center run entirely by nurse practitioners and I saw that being done every day" "I also realized that in the end it would be a difference of 7 years of med school and residency vs 3 years of focused nursing school and that made so much more sense to me"
S3	"Similar scope of practice as MDs but without the ultramarathon that is med school + residency plus less debt so I can practice in settings for less pay after graduation" "I want to have a family, and starting med school in late 20s (and single) doesn't present a viable option to have kids"
S4	"to practice my health provider skills with autonomy to deliver care for patients who are marginalized in our regular health care system"

S5	“as a second-career student I could not justify the time-costs of medical school” “I felt the PA role would be too subservient”
S6	“i wanted to provide health care to patients with a holistic approach”
S7	“to expand my knowledge, skill set, autonomy, and thus ability to provide exceptional healthcare to the older adult population”
S8	“the nursing approach is more holistic and human” “We are taught to treat the patient not the disease” “I wanted to practice medicine but I didn't want to go to medical school and residency when I knew I would probably do primary care. It seemed like overkill, a time waste, and a pain in the ass”
S9	“Medical school wouldn't have been fulfilling” “NPs provide better, kinder care, and let's be honest- we actually do see the whole patient, and not just their ailment”
S10	“Well, I wanted to be midwife first, and becoming an APRN was a means to that end. However, once I started learning more about the profession, I found there were a number of specialties that appealed to me and had a hard time deciding to stick with midwifery! As an aside, I question your use of "Nurse Practitioner" in this study...is it intentional? There are a number of APRN specialties that are not NPs...CNMs, for example!”
S11	“I wanted to work in human rights but I couldn't convince myself to sit at a desk long enough to be a lawyer, and because I wanted to actually interact with people face-to-face” “it's a profession that's both collaborative and provides a great deal of autonomy (depending on the state you want to work in)” “I didn't want to be a doctor. I didn't want to specialize, I didn't want to treat disease. I wanted to treat people, and I wanted to be a generalist. Market

	pressures are such that it's hard to make a living as a family doctor, and if you make it work it's because you see 40 patients a day. I wanted to be able to have time and take time, know my patients, and stay a general practitioner" "it's a profession that provides a great deal of flexibility in terms of hours, geographic location, specialty, etc. I want a family someday and I wanted to be able to do anything from work 8 hrs a week as a floor nurse, to running my own practice" "I liked the skill set. I knew I would never regret this training, both mental and physical"
S12	"because I have experienced and seen the power of a good nurse in health crises" "Nurse practitioners are usually more down to earth and very competent to provide quality care" "I also didn't want to be a MD. MDs tend to treat the symptoms, NPs treat the patient/family" "MDs zip in and out of the room and don't always pay attention to the big picture, full scope of the patient"
S13	"I chose this profession because I believe in the nursing holistic approach to patients and healthcare" "I also believe in the midwifery model of care, which I believe fits more closely with the nursing approach than the medical doctor's approach to pregnancy and childbirth"
S14	"I wanted a balanced lifestyle in both my career, during my education, and in the ideology of nursing"
S15	"I hoped it would be more rewarding and less saturated with cynicism and bullying than being a RN. As an RN seeking to change my profession NP was a more logical choice than PA or MD"
S16	"As a psych-mental health NP, I can provide both therapy & med management. Through past work experience with mentally ill patients, I

	learned that BOTH are essential in recovery and this discovery helped me to choose psych NP over psychologist or psychiatrist"
S17	"I really wanted to be an old-fashioned country GP (in the Irish sense), but time and age are against me. So this is the closest thing in this country to my ideal career. And I'm very happy with my choice"
S18	"I was thrilled at the prospect of having greater autonomy and the opportunity to have an independent practice"

Table S3. Differentiate Structural Elements- Question: What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

PARTICIPANT	TRANSITION STATEMENTS
S1	"Autonomy" "Care vs. cure" "The chance to become a great clinician without excessive schooling" "opportunity to teach other nurses with an MSN for credentials" "Sharing" "Caring" "Concerned" "Holistic"
S2	"much more holistic, with more of a focus on the interdisciplinary and personal needs and lifestyle factors of patients" "the training is very integrated with both clinical and didactic material at the same time, enabling us to apply what we are learning right away" "it also allows for more help-seeking of preceptors, as we are not expected to have it all figured out right away. We are able to have guidance and knowledge resources to help us adjust to the new situations and to increased responsibility. In other medical professions I feel that you are expected to know everything about everything and are thrown into a clinical situation for the first time with little preparation"

S3	“Seeing patient as whole PERSON with a life and responsibilities” “Emphasis on education” “Empowering patient to take active role in health & well-being”
S4	“The ability to SEE, beyond observation and to anticipate health needs” “The fortitude to DO BATTLE with people and systems that present barriers to care” “The PERSEVERENCE to help patients get what they need to remain healthy or to heal” “The ability to SENSE what individuals need when patients are too shy, broken, or ashamed to ask for what they need” “The CAPACITY to appreciate the value of the patient and reflect that value back to them” “The WISDOM to consider the health needs of the community, town, state and country in the eyes of every single patient”
S5	“the combination of at-the-bedside knowledge and didactic knowledge”
S6	“nurse practitioners like to take the patient as a whole into consideration when providing care to the patients. sometimes other specialties treat the disease as an isolated incident”
S7	“Nursing as a profession is just much an art as it is a science” “By staying true to the foundations of Nursing (caring, ability to establish trust, and clinical competence - the perceptions most often associated with our profession when the populace is polled), the Nurse Practitioner should be able to hold his or her own in understanding the complexities of the human body, while being able to break down and relate this and other information to patients in language that is "human" - non-threatening, comprehensible” “A Nurse Practitioner works WITH his or her patients, not AT them. "Compliance" is less the focus, while "adherence, and this is why..." is at the forefront of all interactions”

S8	“we look at the whole patient not just the disease” “generally better communicators - not necessarily because that is what we are taught but because the type of people who pursue the NP path tend to value communication and patient education” “we can be very different than PAs but we can also be completely interchangeable with them - it just depends on the circumstances of the practice and the individual training a person has”
S9	“part of it is innate, an instinct really” “Compassion” “social skills” “patience” “use of synonyms to explain procedures, diagnoses etc.”
S10	“An APRN operates as a (fairly) autonomous care provider, and is similar to a physician in that regard. However - and crucially - the APRN approaches health care from the nursing perspective: holistically, approaching the patient as a physical and emotional being existing within a social/cultural context, all of which inform the patient's health and impact diagnosis and treatment”
S11	“Doctors treat disease. PA's are like doctors but with less training. Nurses help people.” “Dr. Shep Nuland, in his book "How We Die" talks about the medical profession as being driven by what he calls "the Riddle," which he defines as "[t]he quest of every doctor in approaching serious disease is to make the diagnosis and design and carry out the specific cure." Nursing, as I see it (in stark contrast) is driven by Virginia Henderson's ethic, where she states the purpose of nursing is "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible."

S12	“NPs can spend more time with patients, get to know them as a person and provide care and guidance for all aspects of health (biopsychosocial)”
S13	“Holistic approach to the patient and care” “Treating the patient as a person and not a disease or set of symptoms” “Identifying all possible causes and aspects of a person's health and how they are interconnected” “More active collaboration with other healthcare professionals”
S14	“Nurse practitioners prioritize listening and collaborating with the patient to provide appropriate and sustainable medical treatment”
S15	“It's dependent on the specialty. Yet that In itself is a difference since PAs do not have specialties” “I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD”
S16	“You always hear "they're holistic" which I think is true” “I think NPs are more likely to utilize patient-centered care & more likely to spend the time educating and empowering the patient”
S17	“The holistic approach” “Care vs. cure” “Different schooling requirements. Lack of a residency (unfortunately. I think it would be a very helpful aspect of the NP training process)” “More autonomy than a PA or RN” “Less red tape than an MD”
S18	“Nurse practitioner take into account not only the physical aspects of health care but also look at the patient as a whole, someone who is influenced and a part of many systems”

Table S4. Differentiate Structural Elements- Question 4: Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

PARTICIPANT	TRANSITION STATEMENTS
S1	"My mother, a former OR nurse, is elderly and suffers from chronic, debilitating illness. She has seen a host of clinicians over her lifetime, mainly MD's and a few PA's. It wasn't until she consulted with an NP, however, that she felt truly listened to and cared for. And she felt the medical care was excellent, on a par, if not above some of the medical residents and harried doctors she had experienced. And that has made all the difference"
S2	Did not provide an example.
S3	Did not provide an example.
S4	"I worked in a multicultural inner city school in Manhattan as a primary care provider. A large number of the children were overweight. Because the school was so multicultural (African American, Hispanic, middle eastern, Slavic and Asian) it was difficult to communicate with the parents on an individual basis about health promotion issues including healthy eating and exercise, etc. I conducted a family-fun night for all families that included a cross-cultural pot luck of foods that families considered "healthful", cooking demonstrations with local chefs, a farmer-green-grocer who displayed fresh vegetables with tasting portions, exercise demos and family games that were exercised-based. This activity opened the door for me to conduct a monthly "Parent Health Chat" series on topics that varied from healthful eating, to common rashes, bedbugs, family disaster planning....and more. Although I've been gone from that job since 2007, this program still exists. It has brought a community of families together to learn more about health and issues that are

	important to them”
S5	“the NP role has a better sense of what needs to be done at various stages from a practical standpoint - eg, an FNP I know makes sure that her postpartum patients get an interpreter-led Spanish Birth Control class instead of a pamphlet and a promise to followup”
S6	“nurse practitioner took special time to look at a node rather than discarding it as benign. turned out it was cancer”
S7	Did not provide an example
S8	“I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly, I like that you can't pin us down as one thing or another - it leaves more opportunity for career growth when you can define yourself”
S9	“A patient asked what all the possible outcomes of his condition are. The surgeon told him all of his options, ending with amputation. The NP and myself stayed behind to ensure the patient that it would be a long way before that would happen, and how to avoid getting to that point. NPs are often damage control”
S10	“APRNs, for the most part, exhibit what I've observed as the defining characteristic of a nurse: there is nothing they won't do - no task too menial or lowly - in the care of their patients! Because APRNs have been trained as nurses, they have had the experience, even if just briefly, of feeding and bathing patients, of wiping butts and cleaning up puke. They have found their boundaries of personal space and comfort stretched and then transcended on multiple occasions in the service to their patients, until finally there is nothing that will surprise them, nothing too gross or too crude.”
S11	“When I was trying to decide whether to go to nursing school, I shadowed a women's health NP at an OBGYN practice. I was impressed by the amount of

	education the NP gave her patients. I was particularly struck by the amount of time she took to teach a 20 year old woman how to do a self breast exam. The NP was enabling this woman for a lifetime of self care and self efficacy. The doctor in the practice, who was also a lovely person, simply didn't have the time or inclination to do that type of education. I chose to become an NP."
S12	"NPs handing out their cell phone numbers to patients and telling them to call anytime with questions or concerns. That's dedication."
S13	"I have very often heard of patients stating they enjoyed the care better that they received from a nurse practitioner versus a doctor in the same setting and for the same encounter visit because the Nurse Practitioner treated the patient as a person and had a more personable approach"
S14	Did not provide an example.
S15	"Nurse practitioners in the hospital setting are much more likely to do direct patient care (starting nebs, IVs etc) compared to MD colleagues who seem to see these actions as beneath them or "not their job"
S16	"At my clinical site most of the patients are undocumented people who are uninsured--obviously for these patients a brand name drug is not a reasonable option. My preceptor always knows which medications are generic & if a patient needs a medication that is cost-prohibitive, she puts forth a massive effort to get the drug company to grant them the medication for free. I've seen a lot of people flourish in her care"
S17	Did not provide an example.
S18	"I used to work in a HTN clinic at a VA and had total autonomy with patients. Rarely did anyone miss an appointment. Patients came, shared themselves and their family stories and we were often invited to family events. One patient insisted I come to his 50th wedding anniversary party"

APPENDIX C

List Compatible Statements

Table 1a. List Compatible Statements- Question 4: When and why did you decide to become an APRN?

COMPATIBLE STATEMENTS	INCIDENCE
• "learned about independence of NP practice" • "I wanted to learn more about critical care" • "advance my career" • "medical missionary work in Malawi from 1969 - 1972 motivated me to further my education" • "increase my skills" • "teaching med-surg at a diploma school of nursing in the 1970s and it was required to have a master's" • "Came to Yale as a BSN staff nurse. Was promoted to manager in a year" • "wanted to practice at a higher and more comprehensive level" • "decided as a CNS to obtain DEA and license to practice. I then decided to get post masters as NP" • "felt like I needed more expertise "to deal with the psychological issues that people with chronic illnesses deal with"	Incidence: 10
• "premed in college but decided against medical school for a variety of reasons" • "Desire to focus on health and wellness rather than pathology"	Incidence: 2
• "balance of clinical practice and an academic role" • "Even though I was teaching I knew I wanted to return to full-time practice"	Incidence: 2
• "Nurse mentors pushed me to go to grad school" • "after working directly with an APRN after graduating from college"	Incidence: 2
• "increase access to healthcare for under and uninsured" • "bring childbirth out of the closet and put its control back into the hands of the women and families rather than the hands of the providers"	Incidence: 2
• "be a change agent" • "help to define policy" • "contribute to the body of knowledge" • "educate clients, nurses, physicians (the world)"	Incidence: 4

Table 2a. List Compatible Statements - Question 5: How has the field changed/progressed in the time you have been in practice?

COMPATIBLE STATEMENTS	INCIDENCE

• "increased acuity of patients in primary care" • "increased patient access needs" • "need for skilled critical care practitioners to care for patients in hospitals, esp in ICUs" • "need for dedicated, educated and expert practitioners has lead to the expansion of hospitalist and intensivist NP positions"	Incidence: 4
• "expanded role of NP" • "greater independence" • "the scope of practice and clinical procedures performed by NP's has expanded" • "increase in prescriptive authority" • "increased scope of practice" • "independent practice is almost a reality" • "more independence in my practice and in running a crisis unit." • "Greater recognition by insurance providers" • "greater autonomy through legislation"	Incidence: 9
• "When I graduated from my master's program, there wasn't a certification exam for Acute Care NPs. I had to wait one year for an exam" • "programs have been required to be Graduate School Level" • "level of clinical experience required for entrance into NP programs has changed" • "National certification and State licensing regulations have been standardized and recognized" • "in 1982 we were not allowed to sit for the certification exam until 5 years post-master's during which we had to obtain 1000 supervised hours" • "Psychiatric CNS were considered equivalent" • "Nurse Practitioner certification didn't start for psychiatric APRNs until 2001" • "Since that time all states have approved prescriptive authority for NPs, 38 states allow prescriptive authority for Psychiatric CNS. 17 states have independent practice" • "in 1992 and moved to WA State which at the time was one of only 3 states that allowed for independent practice for Nurse Practitioners- WA, OR, AK"	Incidence: 9
• "role has become more accepted and commonplace" • "More acceptance of nursing leaders." • "array of specialties and employment sites have expanded" • "increased diversity of available work settings some of which used to only employ physicians or PAs" • "More credibility for the APRN" • "APRN's are part of the work force where I work" • "Less MD-Nurse tension."	Incidence: 7
• "APRN's who work in practices are hired by the practice to generate income. They are not paid well compared to what they generate for the practice" • "APRNs' usually don't know what they generate in the practice, but are	Incidence: 5

grateful they are no longer at the bedside with shift work, weekends and holidays. The practice knows this and APRNs are easily exploited" • "increasing knowledge of our contributions to better outcomes, putting power in the hands of those we serve and somewhat better salaries has attracted more scrutiny by those agents who prefer to keep power (and money) in their own names and pockets." • "This has been done in the name of safety despite the evidence that nurse providers have been associated with decreased expenditure of health care dollars without compromising safety." • "Individual APRNs and midwives have often forged trusting collaborative relationships, but outside of areas with strong academic influence the distrust of APRNs is still prevalent.	

Table 3a. List Compatible Statements - Question 6: In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.

COMPATBLE STATEMENTS	INCIDENCE
• "consider physical exam and diagnostic testing results" • "History, physical exam, +/- diagnostic testing" • "follow-up according to urgency/protocol" • "First look at the symptoms, ask when they first started, how severe, what makes them worse and what, if anything makes them better." • "assessment drives diagnosis and treatment" • "I see clients for psychiatric evaluations and complete formulations" • "physical examination can provide supportive information" • "Place symptoms in context of 5 major brain functions" • "Locate symptoms in specific brain circuits" • "Sometimes laboratory work is needed before a final assessment can be made but often an assessment can be made with just the history and physical examination" • "co-morbid medical conditions and all medications that may be contributing to the psychiatric symptoms"	Incidence: 11
• "patient specific considerations" • "assessing patients' holistically" • "treatment recommendations, including medication and behaviors" • "psychosocial/developmental/trauma timeline to place symptoms in the context of stressors and significant life events as well as how symptoms could have effected achievement of life events" • "Consider past patient experience, preferences, diet, drug-drug interactions" • "Pay attention to what the patient's verbal and nonverbal cues are telling you first, than look at labs, diagnostics etc." • "management plan may include a treatment, education, medication or simply allowing the client to express feelings"	Incidence: 10

• "difference between medical and nursing care is the medicine seeks to fix things. Sometimes things aren't broken but someone just needs to hear that they are normal or that a condition is self-limiting" • "Conversely if something is broken, in addition to fixing the problem, the nurse is going to address the fears and concerns that go along with the problem" • "health promotion that is individualized to the specific patient"	
• "evidence-based practice" • "Prescribe EBP" • "DSM and internet" • "supportive psychotherapy until stabile then determine most effective psychotherapy modality"	Incidence: 4
• "always think the diagnosis will evolve" • "try and approach each clinical decision keeping in mind that often the cause is usually something very simple that caused a cascade of other issues" • "differential diagnoses and treatment planning" • "don't look for the zebra since it is most often not" •	Incidence: 4
• "critical thinking skills and experience" • "Having over 2 decades of critical care bedside experience is important in deciding diagnostic testing, interpretation and prescription" • "experience and gut"	Incidence: 3
• "team-concept" • "collaborate with peers"	Incidence: 2
• "Include family and collateral information" • "gather subjective and objective data" • "family history" • "thorough and accurate history is critical" • "sometimes requires including input from others, identifying hidden agendas or family secrets"	Incidence: 5

Table 4a. List Compatible Statements - Question 7: What makes nurse practitioners different than other healthcare professions?

COMPATIBLE STATEMENTS	INCIDENCE
• "more education" • "lifelong learning!" • "Translating research into the day to day practice"	Incidence: 3
• "seen by patients as more of an advisor than authority figure, more trusted because of this" • "How we listen" • "I also try to be very genuine and real with clients" • "Including patient's in the decision making" • "our approachability and the trust people feel in us" • "Patient education"	Incidence: 6

• "individualize care" • "how we place symptoms in historical context" • "get to know their patients on a personal level" • "amount of time we take" • "we do case management when a priority for our patients" • "take the time to monitor other body systems and not just refer out" • "thinking beyond what the client is telling me or thinking about practical way to help a client" • "This is the concern of other healthcare professionals as well, but their focus may be more concentrated on diagnostic clarification, performance of procedures, financial interests or constraints, workload and its implications, inability to relate to or comprehend certain socioeconomic situations which influence decision-making and other behaviors." • "I have had clients from physician practices call me off hours with questions because they didn't want to bother the physician or they felt the physician might think their question stupid. Surveys have shown that nurses next to the clergy are the most trusted people in society"	Incidence: 9
• "expert clinicians who utilize a holistic and broad view of patients and families" • "concern for the patient(s) and the context in which they live is the focal point" • "provide holistic care and check out other body systems that may be involved" • "Practical and holistic thinking" • "Focusing on the whole person" • "recognizing that a patient's social/cultural and financial concerns impact them" • "holistic frame of reference" • "focused on the whole person and their health status in general" • "don't instantly treat as if the presenting symptom is the only thing that needs to be diagnosed and treated"	Incidence: 9
• "nursing staff are more comfortable dealing with NPs than with the transient residents" • "basic Nursing as the bedrock of the advanced practice role"	Incidence: 2

Table 5a. List Compatible Statements - Question 8: What are some challenges you've faced regarding your role as a nurse practitioner?

COMPATIBLE STATEMENTS	INCIDENCE
• "There is not a hierarchical relationship between Dr. and nurse in WA that there is in CT. This state is antiquated in that collaboration is mandated." • "others questioning my orders for diagnostic tests" • "Having to remind medical staff to not have the use of NPS be driven by us	Incidence: 8

"being cheaper" to use" • "acceptance by other Nurses not at the same level" • "reluctant acceptance by physicians in the beginning-more collegiality currently" • "The single biggest challenge has been to have our special role be recognized by physicians, insurers, pharmacists and legislators as a profession equal to that of physicians" • "Professional isolation" • "lack of ongoing mentoring by physicians and others"	
• "first NP in critical care--I had to prove myself to the nurses and the medical/surgical staff (both residents and attendings)" • "Often still being the "first" NP in a practice and having to teach nursing and other medical staff about what I do" • "having to define what my role is within clinic" • "Confusion by the public on our scope of practice" • "more confusing in CT than in WA because it's been autonomous practice in WA since 1978 so the public understands what the ARNP can do. Physicians in WA understand the focus of the ARNP and refer freely to us"	Incidence: 5
• "the pursuit of the knowledge base needed to keep up with clinical information as well as record keeping, paper work, requirements by outside agencies for helping patients get what they need, bureaucratic roadblocks, keeping up with patient requirements and demands" • "Assumption being that because you have been practicing for many years, that you are no longer interested in continuing to learn. I miss my early days as an NP being pulled into a room to see an unusual clinical finding" • "Insurance issues regarding medication costs and trying to take that into account when prescribing" • "Seeing the same people return because the system couldn't support their needs in the community"	Incidence: 4
• "State regulations that limit portability" • "I maintain both licensures. I sometimes forget here in CT that I can't do what I can in WA." • "Clients recognize our abilities and while that is often enough on a personal level, to achieve the highest level of health in the world and simultaneously decrease the huge cost of healthcare, nurses need to be at the policy making table locally and nationally" • "APRNs here don't have global signature so physicians are required to sign Medicare and Medicaid authorizations." • "APRNs here can't always get their own billing numbers so again, the physician is on top of food chain." • "When will Medicare ever decide that the one hour I spend counseling someone on healthy life style choice is at least as valuable as a 10 minute "procedure"?"	Incidence: 6
• "Once they saw that I was an asset--I was looked at as a very important part	Incidence: 3

of the team" • "have faced very few challenges. I view my MSN degree as the key to an amazing career. One filled with far more opportunities that I would have imagined." • "I have been promoted a minimum of every three years since I became a nurse and the quality of my experience is far better than that of my MD peers."	

Table 6a. List Compatible Statements- Question 9: In your own words, describe what it means to be a nurse practitioner.

COMPATIBLE STATEMENTS	INCIDENCE
• "to partner with a person and assist them to have the best health they can" • "A provider that will spend the required time to provide the care that is needed by a patient at the time" • "I try to look at the whole picture and build a support structure for the client" • "Patient centered" • "A provider that will seek out resources to learn and expand scope so fewer referrals are required for patients to obtain needed health care." • "I get to help them learn about the power and beauty of the bodies as they enter womanhood, to attend them during birth, watch their children grow and shepherd them through menopause"	Incidence: 6
• "An independent, autonomous health care provider with a full scope of practice to assess, diagnose, treat, monitor, evaluate health care in a holistic framework unencumbered by antiquated state regulations" • "Holistic Health Care" • "To provide treatment for individuals who are ill and promote health promoting behaviors. To monitor health and teach clients about medications, illness management, self-care and resources in the community. To work with a system to get the changes needed to improve the provision of care in whatever setting."	Incidence: 3
• "I feel that I make a difference in the lives of my patients, their families; and the staff I work with" • "I am humbled to have the opportunity to have clients tell me their stories and trust that I will do my best to help them" • "I enjoy the human connection" • "being a midwife means I get to touch and be touched by women at various developmental times in their lives"	Incidence: 4
• "I have had the opportunities for quality educational preparation and experiential involvement to constitute a solid basis for sound clinical judgment" • "full set of tools" to help persons with healthcare problems or issues" • "more control over the direction that treatment will focus"	Incidence: 3

• "In 35 years I have never questioned my career choice" • "received a plethora of positive feedback from patients and families who have been cared for by myself (and/or my NP colleagues)." • "It makes working nights, weekends and holidays worth it" • "positive feedback for the nursing and physician staff is priceless" • "It means the world to me to say to patients and families that I am "the nurse practitioner on call today." • "self confffffffffident"	Incidence: 6

Table 7a. List Compatible Statements - Question 10: How do you respond when people ask you "what is a nurse practitioner?"

COMPATIBLE STATEMENTS	INCIDENCE
• "NPs are skilled in diagnosing diseases and prescribing and evaluating medications and therapies" • "An advanced practice nurse who can prescribe." • "I am able to examine you, order tests and write prescriptions as needed." • "can give medications."	Incidence: 4
• "I coordinate care when needed." • "the midwife can screen for complications and works in collaboration with other practitioners for consultation and acceptance of transfer of care outside the individual midwife's scope of practice." • "I coordinate, manage and provide primary care from thyroid disease and HTN to colds and flu, from injuries and headaches to heart disease and high cholesterol, from health screening and health advice to weight management and diabetes care ... etc." • "I do all I can to provide 'one stop shopping' so the patient doesn't get referred to multiple providers." • "I approach problems with an open mind and with a holistic focus, including the spiritual domain of health" • "illness management" • "Our goal is to provide you will expert care"	Incidence: 7
• "Every NP has at least a master's degree and some have a doctorate in Nursing" • "a nurse with advanced training and education in caring for acute and critically ill patients and their families" • "I am a nurse with advanced training" • "explain the advanced role /education and experience of the N.P" • "An advanced practice nurse who has training in health promotion…" • "a midwife is someone who has the foundations of their education in nursing but who through a program of standardized education has expanded her skills to include management of the medical as well as the health care of women and their newborns up to 28 days"	Incidence: 6
• "I do the same thing a doctor does, but I do it differently"	Incidence: 2

• "an NP is first a Nurse who has had additional education and supervised practice to qualify for independent practice in areas which might have been the perceived domain of physicians"	

Table 8a. List Compatible Statements - Question 11: What are some of the intangible qualities that define a nurse practitioner?

COMPATIBLE STATEMENTS	INCIDENCE
• "Connectedness: I feel we find something unique in every person in our care. A person doesn't have to have an exotic disease to feel special." • "ability to connect with clients"	Incidence: 2
• "partnering" • "the experience and focus of the basic nursing education and clinical experience fosters a context of providing explanations of what is being done, outcomes and possible negative circumstances which could be encountered along the way of the healthcare journey" • "trust"	Incidence: 3
• "facilitating communication and access to resources are more universal" • "ability to navigate system" • "supporting"	Incidence: 3
• "patience" • "selflessness" • "altruism" • "individualizing care" • "deep concern for others" • "Patient" • "Flexible" • "know the limits of our expertise and aren't too proud to seek collegial input for the optimal well-being of those in our care." • "Practicality"	Incidence: 9
• "look at the patient and their family (how ever the patient defines their "family" or support system) in a broad view--I say "holistically" • "take into consideration that and the systems that are in place (access to health care and lack of support, working in a medically driven environment)" • "I learned that if a toilet is clogged, people will get irritable and if the clinic is out of hand towels and soap, the message is that we don't care. Nursing is the whole piece." • "holistic"	Incidence: 4
• "listening" • "ability to listen"	Incidence: 2
• "compassion" • "Kindness" • "sense of humor" • "Compassionate"	Incidence: 4

• "competent" • "Independent" • "self confidence"	Incidence: 3

Table 9a. List Compatible Statements - Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

COMPATIBLE STATEMENTS	INCIDENCE
• "I said "I did not convince her, she believed me when I reviewed with her the evidence supporting how it would help her and all of the pros and cons." he said he had done the same thing, I said, "yes, but she did not trust you. She thought you were telling her what to do, not supporting her in making her own decision. That is the difference" • "Over the course of a year I weaned her off the offending medications and stabilized her medication regimen. She engaged in 1:1 therapy and group therapy." • "Her affect brightened considerably. She was able to resume care of her house. Ultimately she became employed and became a productive member of society. She was never hospitalized in the state hospital again." • "One saying in my area is that you have done your job when you are invisible to the client, ie when the client can congratulate herself regarding decisions made about her care and feel she has authored her own destiny without noticing your participation, you have achieved your goal."	Incidence: 4
• "But I am her doctor! I did the procedure that saved her life." I said that is not all that matters, it is the ongoing relationship and trust of a caring clinician that she needed at that time." • "She had been hospitalized for psychosis several times at the state hospital and basically given up on. I learned she had been a high-level administrative assistant in a middle-eastern country for a major oil company and had a college degree. I learned that she had a twin sister and they had been severely abused. She was deeply religious." • "I am currently editing a fictional children's book manuscript from a man who just lost his wife. They had an amazing marriage and she was my client. She was diagnosed with bipolar illness then lung cancer. I saw the two of them for the two years that she fought the disease. After she died I arranged to see her husband to check in on him. Then his children called to say they were worried about him because he did not want to go out as much. I asked him to come in for a second visit. He came; he was exactly where he needed to be in the grief cycle and had future plans." • "Going to the home if client is unable to come to us." • "When I give a patient a diagnosis of dementia or forgetfulness. I let them know I am there for them. I am with them from that point forward. They will never have to face the illness alone. In fact I use these words often: " I am wrapping my wings around you. We are in this together. If you ever need me, call! I'll be here. It may take a few hours for me to call but I will always call	Incidence: 5

you back. I will do my best to help. I am a part of your family now, one you can trust to help".”	
• “I worked with her husband so he could understand how she had been misdiagnosed and consequently mis-medicated.” • “I also called his children with his permission and reassured him that he was right where he needed to be. I offered to have them come in to "talk" if they needed and gave voice to the fact that it is very difficult to see their strong father in pain. That is what a nurse practitioner does.” • “Working with the family and system to assist in the client's care”	Incidence: 3

Table 10a. List Compatible Statements - Question 13: What would you like to see change in the future regarding the role of nurse practitioners?

COMPATIBLE STATEMENTS	INCIDENCE
• “added independence” • “Autonomy and self-governance in all states—true independent practice as stated in the Institute of Medicine report on the future of nursing. When that happens ‘we will have arrived. Unless a profession governs itself, it is not a true profession” • “independent practice” • “not bound by a collaborative agreement for medication management” • “Truly autonomous but collaborative practice where our discipline is recognized like dentistry or podiatry as an independent practice with the smarts to know when we are outside our scope of practice and without fear that if we consult the patient will be taken away" from us instead of shared as other independent practices share patients” • “More concrete role delineation	Incidence: 6
• “less difficulty in being able to provide the expert care we know how to provide - reduced barriers to practice will increase health care access in our country and throughout the world. It is frustrating that some docs find this threatening.” • “When nursing is independent from physician control then we will emerge as the true champions of health care that we are.” • “Move nurses back to the bedside and away from the desks and offices. Most of the nurses I know have very little patient contact. They are on computers and phones, and "documenting" for insurance companies and Medicare. We belong with our patients not pushing a pen or cursor.”	Incidence: 3
• “removal of reimbursement disparities for services provided, so that the payment for a service is not dependent upon the title of the practitioner who provided it.” • “Obtaining meaningful payment for the chronically ill population.” • “Better reimbursement” • “equal pay -{as M.D.}”	Incidence: 4

Table 11a. List Compatible Statements - Question 14: What is the best professional advice you've ever received?

COMPATIBLE STATEMENTS	INCIDENCE
• "follow evidence-based practice" • "when I first started independent practice was: "Have a reason for everything you do, and never skip a step." That way, you know you did your best, rather than having to reproach yourself if there is an unfavorable outcome." • "subscribe to journals and keep up on the literature" • "Don't look for the zebra in the room" • "do your home work!!" • "Get involved in your professional organization"	Incidence: 6
• "individualize to the person you are working with" • "Keep your focus on the patient (client). If he or she remains the focus it will give you strength to continue to advocate for his/her needs regardless of the political, financial or social environment." • "listen"	Incidence: 3
• "best advice was from 2 physicians who hired me as the first NP in the ICU. They both told me that they hired me instead of a PA because I (as a NP) have that "nursing" knowledge--nurses have something Docs can't grasp and doctors can't teach" • "float medical nursing for a year in a hospital to "lock down" my medical knowledge before I moved to the area of specialty, psychiatry. I have been forever grateful to her. My peers who went directly to psychiatry lost their medical knowledge and confidence within a year or two, and I never have."	Incidence: 2
• "Get into your own therapy so you are genuine" • "Strive for balance in your life" • "always have a mentor"	Incidence: 3
• "persevere" • "Once I was hired the best advice I got was--"hang in there." • "be all you can be and don't settle for second best - my grandmother about life." • "stay focused"	Incidence: 4

Table S1a. List Compatible Statements- Question 1: How do you define what a nurse practitioner is?

COMPATIBLE STATEMENTS	INCIDENCE
• "is an advanced practice nurse/clinician who sees patients, prescribes meds, and uses a holistic approach to medicine" • "a health care professional who promotes health and disease prevention and treats patients and their families in a holistic manner" • "a healthcare provider which holistically provides medical and preventative treatment"	Incidence: 4

• "care is holistic & the patient's family, community & belief system is taken into consideration"	
• "S/he has more autonomy than a PA and a more condensed education than a physician, but a similar skillset to both" • "a nurse practitioner should be a front-line provider who combines the better attributes of a nurse with those of an MD" • "Somewhere between an MD and a PA, but with a more holistic approach to care" • "more autonomy than a PA, but less onerous responsibility than an MD" • "somewhere between an RN and MD. Advanced skills, thinking and abilities from the traditional RN but not the full training of an MD."	Incidence: 5
• "a health professional with advanced nursing training enabling them to diagnose illness, prescribe treatment, and care for various health care needs of a population" • "provider of health care who brings the philosophy and skills of nursing to the observation, evaluation and treatment of patients and their families" • "someone that provides health care to patients" • "an advanced practice nurse who provides quality care to various patient populations" • "an independent practitioner who practices primary care medicine using nursing training, ideals, and theories as the foundation of that practice" • "A Psychiatric Nurse Practitioner is a clinician who provides therapy, medication management and education to patients" • "see patients, assess, diagnose, prescribe, care, and listen"	Incidence: 7
• "Independent clinician whose focus is on the individual's health and well-being as a whole, and not just the disease process." • "This encompasses care of the whole patient, birth to death, and in health or sickness" • "NPs are partners with their patients and families in assessment and treatment plans as determined by the health care needs of their patients"	Incidence: 3
• "a clinician who collaborates with physicians, other advanced practice nurses, nurses, diagnostic and treatment technicians and all manner of therapists who may be involved in a patient's care." • "A nurse practitioner can provide preventative and primary care to the majority of a population, working in collaboration with other healthcare professionals including doctors (MDs, DO, chiropractors) and nurses"	Incidence: 2
• "a licensed professional that has successfully completed the requirements to practice within the scope of practice as set forth by a given State Board of Nursing" • "A nurse who has received additional education and training to provide care independently in preventing and treating a variety of common health conditions" • "Nurse practitioners' scopes of practice vary from state to state"	Incidence: 3
• "They are advocates, leaders and teachers"	Incidence: 3

• "NPs contribute back to the community through service & education!" • "The role of the advanced practice nurse also extends beyond immediate assessment and treatment, incorporating advocacy and procurement of necessary medical, pharmacologic and other therapeutic resources for the benefit of the patient and their families"	
• "Nurse practitioners can specialize and offer care to a specific patient population" • "Nurse practitioners can have a variety of career paths. Family nurse practitioners are primary care practitioners capable of diagnosing and treating chronic and acute conditions and can prescribe most medications. Midwives deliver babies and acute care and specialty NPs, like oncology NPs, work in a hospital setting treating more acute or specialized problems" • "independent medical practitioner who serves pts in various rolls within health care"	Incidence: 3

Table S2a. List Compatible Statements- Question 2: Why did you chose to become a Nurse Practitioner?

COMPATIBLE STATEMENTS	INCIDENCE
• "I was already a nurse and wanted to become a clinician. However, I did not want the hassles of med school and it's attending problems. Nor did I want to be tied to a physician as a PA is" • "I felt the PA role would be too subservient" • "I hoped it would be more rewarding and less saturated with cynicism and bullying than being a RN. As an RN seeking to change my profession NP was a more logical choice than PA or MD"	Incidence: 3
• "I enjoy working using the nursing model. We treat the patient, not just the illness" • "We are taught to treat the patient not the disease" • "NPs provide better, kinder care, and let's be honest- we actually do see the whole patient, and not just their ailment" • "I didn't want to be a doctor. I didn't want to specialize, I didn't want to treat disease. I wanted to treat people, and I wanted to be a generalist. Market pressures are such that it's hard to make a living as a family doctor, and if you make it work it's because you see 40 patients a day. I wanted to be able to have time and take time, know my patients, and stay a general practitioner" • "I liked the skill set. I knew I would never regret this training, both mental and physical" • "I also didn't want to be a MD. MDs tend to treat the symptoms, NPs treat the patient/family" • "I wanted to work in human rights but I couldn't convince myself to sit at a desk long enough to be a lawyer, and because I wanted to actually interact with people face-to-face"	Incidence: 10

• "I also believe in the midwifery model of care, which I believe fits more closely with the nursing approach than the medical doctor's approach to pregnancy and childbirth" • "Nurse practitioners are usually more down to earth and very competent to provide quality care" • "MDs zip in and out of the room and don't always pay attention to the big picture, full scope of the patient"	
• "i wanted to provide health care to patients with a holistic approach" • "the nursing approach is more holistic and human" • "I chose this profession because I believe in the nursing holistic approach to patients and healthcare" • "As a psych-mental health NP, I can provide both therapy & med management. Through past work experience with mentally ill patients, I learned that BOTH are essential in recovery and this discovery helped me to choose psych NP over psychologist or psychiatrist"	Incidence: 4
• "I also realized that in the end it would be a difference of 7 years of med school and residency vs 3 years of focused nursing school and that made so much more sense to me" • "Similar scope of practice as MDs but without the ultramarathon that is med school + residency plus less debt so I can practice in settings for less pay after graduation" • "I want to have a family, and starting med school in late 20s (and single) doesn't present a viable option to have kids" • "as a second-career student I could not justify the time-costs of medical school" • "I wanted to practice medicine but I didn't want to go to medical school and residency when I knew I would probably do primary care. It seemed like overkill, a time waste, and a pain in the ass" • "Medical school wouldn't have been fulfilling" • "I really wanted to be an old-fashioned country GP (in the Irish sense), but time and age are against me. So this is the closest thing in this country to my ideal career. And I'm very happy with my choice"	Incidence: 7
• "to practice my health provider skills with autonomy to deliver care for patients who are marginalized in our regular health care system" • "to expand my knowledge, skill set, autonomy, and thus ability to provide exceptional healthcare to the older adult population" • "I was thrilled at the prospect of having greater autonomy and the opportunity to have an independent practice" • "it's a profession that's both collaborative and provides a great deal of autonomy (depending on the state you want to work in)"	Incidence: 4
• "it's a profession that provides a great deal of flexibility in terms of hours, geographic location, specialty, etc. I want a family someday and I wanted to be able to do anything from work 8 hrs a week as a floor nurse, to running my own practice"	Incidence: 2

• "I wanted a balanced lifestyle in both my career, during my education, and in the ideology of nursing"	
• "because I have experienced and seen the power of a good nurse in health crises" • "I had planned to go to medical school but during my interviews, when I spoke about wanting to do holistic primary care I was frequently told "but you can't do that as a doctor! There is no time!" At the time I was working at a federally qualified health care center run entirely by nurse practitioners and I saw that being done every day"	Incidence: 2

Table S3a. List Compatible Statements- Question 3: What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

COMPATIBLE STATEMENTS	INCIDENCE
• "Less red tape than an MD" • "Different schooling requirements. Lack of a residency (unfortunately. I think it would be a very helpful aspect of the NP training process)" • "The chance to become a great clinician without excessive schooling"	Incidence: 3
• "the training is very integrated with both clinical and didactic material at the same time, enabling us to apply what we are learning right away" • "Emphasis on education" • "the combination of at-the-bedside knowledge and didactic knowledge" • "it also allows for more help-seeking of preceptors, as we are not expected to have it all figured out right away. We are able to have guidance and knowledge resources to help us adjust to the new situations and to increased responsibility. In other medical professions I feel that you are expected to know everything about everything and are thrown into a clinical situation for the first time with little preparation"	Incidence: 4

• "Care vs. cure" • "Treating the patient as a person and not a disease or set of symptoms" • "Caring" • "we look at the whole patient not just the disease" • "nurse practitioners like to take the patient as a whole into consideration when providing care to the patients. sometimes other specialties treat the disease as an isolated incident" • "Care vs. cure" • "Compassion" • "Doctors treat disease. PA's are like doctors but with less training. Nurses help people."	Incidence: 8
• "The holistic approach" • "You always hear "they're holistic" which I think is true" • "Holistic approach to the patient and care" • "Identifying all possible causes and aspects of a person's health and how they are interconnected" • "An APRN operates as a (fairly) autonomous care provider, and is similar to a physician in that regard. However - and crucially - the APRN approaches health care from the nursing perspective: holistically, approaching the patient as a physical and emotional being existing within a social/cultural context, all of which inform the patient's health and impact diagnosis and treatment" • "Nurse practitioner take into account not only the physical aspects of health care but also look at the patient as a whole, someone who is influenced and a part of many systems" • "much more holistic, with more of a focus on the interdisciplinary and personal needs and lifestyle factors of patients" • "Holistic" • "More active collaboration with other healthcare professionals"	Incidence: 9
• "I think NPs are more likely to utilize patient-centered care & more likely to spend the time educating and empowering the patient" • "Dr. Shep Nuland, in his book "How We Die" talks about the medical profession as being driven by what he calls "the Riddle," which he defines as "[t]he quest of every doctor in approaching serious disease is to make the diagnosis and design and carry out the specific cure." Nursing, as I see it (in stark contrast) is driven by Virginia Henderson's ethic, where she states the purpose of nursing is "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible." • "A Nurse Practitioner works WITH his or her patients, not AT them. "Compliance" is less the focus, while "adherence, and this is why..." is at the	Incidence: 8

forefront of all interactions • "The PERSEVERENCE to help patients get what they need to remain healthy or to heal" • "Empowering patient to take active role in health & well-being" • "The CAPACITY to appreciate the value of the patient and reflect that value back to them" • "patience" • "The fortitude to DO BATTLE with people and systems that present barriers to care	
• "Nurse practitioners prioritize listening and collaborating with the patient to provide appropriate and sustainable medical treatment" • "NPs can spend more time with patients, get to know them as a person and provide care and guidance for all aspects of health (biopsychosocial)" • "The ability to SENSE what individuals need when patients are too shy, broken, or ashamed to ask for what they need" • "Seeing patient as whole PERSON with a life and responsibilities" • "The ability to SEE, beyond observation and to anticipate health needs" • "Concerned"	Incidence: 6
• "use of synonyms to explain procedures, diagnoses etc." • "social skills" • "generally better communicators - not necessarily because that is what we are taught but because the type of people who pursue the NP path tend to value communication and patient education" • "By staying true to the foundations of Nursing (caring, ability to establish trust, and clinical competence - the perceptions most often associated with our profession when the populace is polled), the Nurse Practitioner should be able to hold his or her own in understanding the complexities of the human body, while being able to break down and relate this and other information to patients in language that is "human" - non-threatening, comprehensible" • "Sharing"	Incidence: 5
• "More autonomy than a PA or RN" • "It's dependent on the specialty. Yet that In itself is a difference since PAs do not have specialties" • "we can be very different than PAs but we can also be completely interchangeable with them - it just depends on the circumstances of the practice and the individual training a person has" • "Autonomy"	Incidence: 4

Table 4Sa. List Compatible Statements- Question 4: Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

COMPATIBLE STATEMENTS	INCIDENCE
• "My mother, a former OR nurse, is elderly and suffers from chronic, debilitating illness. She has seen a host of clinicians over her lifetime, mainly MD's and a few PA's. It wasn't until she consulted with an NP, however, that she felt truly listened to and cared for. And she felt the medical care was excellent, on a par, if not above some of the medical residents and harried doctors she had experienced. And that has made all the difference" • "I have very often heard of patients stating they enjoyed the care better that they received from a nurse practitioner versus a doctor in the same setting and for the same encounter visit because the Nurse Practitioner treated the patient as a person and had a more personable approach" • "I used to work in a HTN clinic at a VA and had total autonomy with patients. Rarely did anyone miss an appointment. Patients came, shared themselves and their family stories and we were often invited to family events. One patient insisted I come to his 50th wedding anniversary party"	Incidence: 3
• "I worked in a multicultural inner city school in Manhattan as a primary care provider. A large number of the children were overweight. Because the school was so multicultural (African American, Hispanic, middle eastern, Slavic and Asian) it was difficult to communicate with the parents on an individual basis about health promotion issues including healthy eating and exercise, etc. I conducted a family-fun night for all families that included a cross-cultural pot luck of foods that families considered "healthful", cooking demonstrations with local chefs, a farmer-green-grocer who displayed fresh vegetables with tasting portions, exercise demos and family games that were exercised-based. This activity opened the door for me to conduct a monthly "Parent Health Chat" series on topics that varied from healthful eating, to common rashes, bedbugs, family disaster planning....and more. Although I've been gone from that job since 2007, this program still exists. It has brought a community of families together to learn more about health and issues that are important to them" • "the NP role has a better sense of what needs to be done at various stages from a practical standpoint - eg, an FNP I know makes sure that her postpartum patients get an interpreter-led Spanish Birth Control class instead of a pamphlet and a promise to followup"	Incidence: 2
• "nurse practitioner took special time to look at a node rather than discarding it as benign. turned out it was cancer" • "When I was trying to decide whether to go to nursing school, I shadowed a women's health NP at an OBGYN practice. I was impressed by the amount of education the NP gave her patients. I was particularly struck by the amount of time she took to teach a 20 year old woman how to do a self breast exam. The NP was enabling this woman for a lifetime of self care and self efficacy. "The doctor in the practice, who was also a lovely person, simply didn't have the time or inclination to do that type of education. I chose to become an NP." • "A patient asked what all the possible outcomes of his condition are. The surgeon told him all of his options, ending with amputation. The NP and	Incidence: 3

myself stayed behind to ensure the patient that it would be a long way before that would happen, and how to avoid getting to that point. NPs are often damage control"	
• "At my clinical site most of the patients are undocumented people who are uninsured--obviously for these patients a brand name drug is not a reasonable option. My preceptor always knows which medications are generic & if a patient needs a medication that is cost-prohibitive, she puts forth a massive effort to get the drug company to grant them the medication for free. I've seen a lot of people flourish in her care" • "NPs handing out their cell phone numbers to patients and telling them to call anytime with questions or concerns. That's dedication."	Incidence: 2
• "APRNs, for the most part, exhibit what I've observed as the defining characteristic of a nurse: there is nothing they won't do - no task too menial or lowly - in the care of their patients! Because APRNs have been trained as nurses, they have had the experience, even if just briefly, of feeding and bathing patients, of wiping butts and cleaning up puke. They have found their boundaries of personal space and comfort stretched and then transcended on multiple occasions in the service to their patients, until finally there is nothing that will surprise them, nothing too gross or too crude." • "Nurse practitioners in the hospital setting are much more likely to do direct patient care (starting nebs, IVs etc) compared to MD colleagues who seem to see these actions as beneath them or "not their job"	Incidence: 2

APPENDIX D

Incompatible Statements

APRN Incompatible Statements

Table 3a. Question 6: In practice, what is your process of clinical decision making? Regarding diagnosis, treatment etc.

"I own and manage my own practice. I do not work for anyone by myself."

"I have been well recognized in the community and I have a loyal network"

"It's too bad that academic settings do not really know what it is to run your own business and be a role model as a PCP"

Table 7a Question 10: How do you respond when people ask you "what is a nurse practitioner?"

"I listen to the patient and closely watch the non-verbals for cues of concerns that the patient may be feeling anxious and not fully participating in the session."

Table 8a Question 11: What are some of the intangible qualities that define a nurse practitioner?

"scientific inquiry"

"I really am having a difficult time giving you the intangibles, but my patients, their families, the ICU nurses, residents and attendings know it when they see it."

Incompatible Statements: 6

APPENDIX E

Essential Statements

APRN Essential Statements

Table 4a Question 7: What makes nurse practitioners different than other healthcare professions?

“NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak "patient", not only their vocabulary, but we speak to their needs. NPs are "tri-lingual!" - ACNP1

“More independent” - PMHNP4

Table 6a Question 9: In your own words, describe what it means to be a nurse practitioner.

“collaboration with other health care providers” - PMHNP3

“Flexible”- FNP2

Table 8a Question 11: What are some of the intangible qualities that define a nurse practitioner?

“I teach and precept acute care NP students” - ACNP1

“Most of us have honed our five basic senses and rely on technology less than some other disciplines.” - CNM1

Table 9a Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

“Whenever I step onto my ICU--someone (an RN, resident, attending, or patient/family) says: "I'm so glad your here." - ACNP1

“If there wasn't an NP on call overnight in the ICU the nurses tell me about a situation(s) that they felt needed a NPs' presence.” - ACNP1

“I have always felt that the title "Nurse Practitioner" is a poor choice - it should be more precise and clear, as originally intended by Loretta Ford, the foundress of the movement, who envisioned the role of the "pediatric public health nurse practitioner". The whole concept has been altered by time and inclusion of acute care specialties vs. the early focus on ambulatory/community settings, so perhaps the future will provide a more comprehensible name for the role. "Physician assistant" requires no explanation - why doesn't nursing do the same?” - FNP1

“I will say that I have never regretted becoming a Nurse Practitioner. I feel fortunate every day to be able to do what I love.” - FNP2

Table 10a Question 13: What would you like to see change in the future regarding the role of nurse practitioners?

“Educational resources for employers” - FNP2

“more role models” - PMHNP3

“Appreciate nurses for who they are...stop pushing for more and more papers and degrees” - PMHNP5

“more national press for what NPs do” - ACNP1

Student Essential Statements

Table S2a. Why did you choose to become a nurse practitioner?

“Well, I wanted to be midwife first, and becoming an APRN was a means to that end. However, once I started learning more about the profession, I found there were a number of specialties that appealed to me and had a hard time deciding to stick with midwifery! As an aside, I question your use of "Nurse Practitioner" in this study...is it intentional? There are a number of APRN specialties that are not NPs...CNMs, for example!” - CNMS1

Table S3a. What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

“I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD” - FNPS8

“part of it is innate, an instinct really” - FNPS6

“Nursing as a profession is just much an art as it is a science” - AGNPS1

“The WISDOM to consider the health needs of the community, town, state and country in the eyes of every single patient” - PNPS1

“The opportunity to teach other nurses with an MSN for credentials” - FNPS1

Table S4a. Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

“I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly, I like that you can't pin us down as one thing or another - it leaves more opportunity for career growth when you can define yourself” - FNPS5

APPENDIX F

Identify Structural Elements

Table 1b. Identify Structural Elements- Question 4: When and why did you decide to become an APRN?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "I wanted to learn more about critical care" • "medical missionary work in Malawi from 1969 - 1972 motivated me to further my education" • "increase my skills" • "wanted to practice at a higher and more comprehensive level" • "felt like I needed more expertise "to deal with the psychological issues that people with chronic illnesses deal with"	Become an expert
• "learned about independence of NP practice" • "advance my career" • "teaching med-surg at a diploma school of nursing in the 1970s and it was required to have a master's" • "Came to Yale as a BSN staff nurse. Was promoted to manager in a year" • "decided as a CNS to obtain DEA and license to practice. I then decided to get post masters as NP"	Career advancement
• "premed in college but decided against medical school for a variety of reasons" • "Desire to focus on health and wellness rather than pathology"	Wellness rather than pathology
• "balance of clinical practice and an academic role" • "Even though I was teaching I knew I wanted to return to full-time practice"	Balance of clinical practice and academia
• "Nurse mentors pushed me to go to grad school" • "after working directly with an APRN after graduating from college"	Mentor influence
• "be a change agent" • "help to define policy" • "contribute to the body of knowledge" • "educate clients, nurses, physicians (the world)" • "increase access to healthcare for under and uninsured" • "bring childbirth out of the closet and put its control back into the hands of the women and families rather than the hands of the providers"	Be a change agent

Table 2b. Identify Structural Elements - Question 5: How has the field changed/progressed in the time you have been in practice?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "increased acuity of patients in primary care" • "increased patient access needs" • "need for skilled critical care practitioners to care for patients in hospitals, esp in ICUs" • "need for dedicated, educated and expert practitioners has lead to the expansion of hospitalist and intensivist NP positions"	Increased need for skilled practitioners
• "expanded role of NP" • "greater independence" • "the scope of practice and clinical procedures performed by NP's has expanded" • "increase in prescriptive authority" • "increased scope of practice" • "independent practice is almost a reality" • "more independence in my practice and in running a crisis unit." • "Greater recognition by insurance providers" • "greater autonomy through legislation"	Increased autonomy and scope
• "When I graduated from my master's program, there wasn't a certification exam for Acute Care NPs. I had to wait one year for an exam" • "programs have been required to be Graduate School Level" • "level of clinical experience required for entrance into NP programs has changed" • "National certification and State licensing regulations have been standardized and recognized" • "in 1982 we were not allowed to sit for the certification exam until 5 years post-master's during which we had to obtain 1000 supervised hours" • "Psychiatric CNS were considered equivalent" • "Nurse Practitioner certification didn't start for psychiatric APRNs until 2001" • "Since that time all states have approved prescriptive authority for NPs, 38 states allow prescriptive authority for Psychiatric CNS. 17 states have independent practice" • "in 1992 and moved to WA State which at the time was one of only 3 states that allowed for independent practice for Nurse Practitioners- WA, OR, AK"	Education and licensure regulations
• "role has become more accepted and commonplace" • "More acceptance of nursing leaders." • "array of specialties and employment sites have expanded" • "increased diversity of available work settings some of which used to only employ physicians or PAs"	Increased acceptance and opportunity

• "More credibility for the APRN" • "APRN's are part of the work force where I work" • "Less MD-Nurse tension."	
• "APRN's who work in practices are hired by the practice to generate income. They are not paid well compared to what they generate for the practice" • "APRNs' usually don't know what they generate in the practice, but are grateful they are no longer at the bedside with shift work, weekends and holidays. The practice knows this and APRNs are easily exploited" • "increasing knowledge of our contributions to better outcomes, putting power in the hands of those we serve and somewhat better salaries has attracted more scrutiny by those agents who prefer to keep power (and money) in their own names and pockets." • "This has been done in the name of safety despite the evidence that nurse providers have been associated with decreased expenditure of health care dollars without compromising safety." • "Individual APRNs and midwives have often forged trusting collaborative relationships, but outside of areas with strong academic influence the distrust of APRNs is still prevalent.	Lack recognition

Table 3b. Identify Structural Elements - Question 6: In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.

COMPATBLE STATEMENTS	STRUCTURAL ELEMENT
• "consider physical exam and diagnostic testing results" • "History, physical exam, +/- diagnostic testing" • "follow-up according to urgency/protocol" • "First look at the symptoms, ask when they first started, how severe, what makes them worse and what, if anything makes them better." • "assessment drives diagnosis and treatment" • "I see clients for psychiatric evaluations and complete formulations" • "physical examination can provide supportive information" • "Place symptoms in context of 5 major brain functions" • "Locate symptoms in specific brain circuits" • "Sometimes laboratory work is needed before a final assessment can be made but often an assessment can be made with just the history and physical examination" • "co-morbid medical conditions and all medications that may be contributing to the psychiatric symptoms"	Assessment drives diagnosis and treatment
• "patient specific considerations" • "assessing patients' holistically" • "treatment recommendations, including medication and behaviors"	Patient specific consideration

• "psychosocial/developmental/trauma timeline to place symptoms in the context of stressors and significant life events as well as how symptoms could have effected achievement of life events" • "Consider past patient experience, preferences, diet, drug-drug interactions" • "Pay attention to what the patient's verbal and nonverbal cues are telling you first, than look at labs, diagnostics etc." • "management plan may include a treatment, education, medication or simply allowing the client to express feelings" • "difference between medical and nursing care is the medicine seeks to fix things. Sometimes things aren't broken but someone just needs to hear that they are normal or that a condition is self-limiting" • "Conversely if something is broken, in addition to fixing the problem, the nurse is going to address the fears and concerns that go along with the problem" • "health promotion that is individualized to the specific patient"	s
• "evidence-based practice" • "Prescribe EBP" • "DSM and internet" • "supportive psychotherapy until stabile then determine most effective psychotherapy modality"	Evidence-based practice
• "always think the diagnosis will evolve" • "try and approach each clinical decision keeping in mind that often the cause is usually something very simple that caused a cascade of other issues" • "differential diagnoses and treatment planning" • "don't look for the zebra since it is most often not"	Differential diagnosis
• "critical thinking skills and experience" • "Having over 2 decades of critical care bedside experience is important in deciding diagnostic testing, interpretation and prescription" • "experience and gut"	Critical thinking skills and experience
• "team-concept" • "collaborate with peers"	Team-concept
• "Include family and collateral information" • "gather subjective and objective data" • "family history" • "thorough and accurate history is critical" • "sometimes requires including input from others, identifying hidden agendas or family secrets"	Comprehensive data gathering

Table 4b. Identify Structural Elements - Question 7: What makes nurse practitioners different than other healthcare professions?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "more education" • "lifelong learning!" • "Translating research into the day to day practice"	Emphasis on knowledge base
• "seen by patients as more of an advisor than authority figure, more trusted because of this" • "How we listen" • "I also try to be very genuine and real with clients" • "Including patient's in the decision making" • "our approachability and the trust people feel in us" • "Patient education"	More of an advisor than authority figure
• "individualize care" • "how we place symptoms in historical context" • "get to know their patients on a personal level" • "amount of time we take" • "we do case management when a priority for our patients" • "take the time to monitor other body systems and not just refer out" • "thinking beyond what the client is telling me or thinking about practical way to help a client" • "This is the concern of other healthcare professionals as well, but their focus may be more concentrated on diagnostic clarification, performance of procedures, financial interests or constraints, workload and its implications, inability to relate to or comprehend certain socioeconomic situations which influence decision-making and other behaviors." • "I have had clients from physician practices call me off hours with questions because they didn't want to bother the physician or they felt the physician might think their question stupid. Surveys have shown that nurses next to the clergy are the most trusted people in society"	Personal and practical care
• "expert clinicians who utilize a holistic and broad view of patients and families" • "concern for the patient(s) and the context in which they live is the focal point" • "provide holistic care and check out other body systems that may be involved" • "Practical and holistic thinking" • "Focusing on the whole person" • "recognizing that a patient's social/cultural and financial concerns impact them" • "holistic frame of reference" • "focused on the whole person and their health status in general"	Holistic frame of reference

• "don't instantly treat as if the presenting symptom is the only thing that needs to be diagnosed and treated"	
• "nursing staff are more comfortable dealing with NPs than with the transient residents" • "basic Nursing as the bedrock of the advanced practice role"	Basic Nursing as the bedrock of the advanced practice role

Table 5b. Identify Structural Statements - Question 8: What are some challenges you've faced regarding your role as a nurse practitioner?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "There is not a hierarchical relationship between Dr. and nurse in WA that there is in CT. This state is antiquated in that collaboration is mandated." • "others questioning my orders for diagnostic tests" • "Having to remind medical staff to not have the use of NPS be driven by us "being cheaper" to use" • "acceptance by other Nurses not at the same level" • "reluctant acceptance by physicians in the beginning-more collegiality currently" • "The single biggest challenge has been to have our special role be recognized by physicians, insurers, pharmacists and legislators as a profession equal to that of physicians" • "Professional isolation" • "lack of ongoing mentoring by physicians and others"	Professional Relationships/ Acceptance
• "first NP in critical care--I had to prove myself to the nurses and the medical/surgical staff (both residents and attendings)" • "Often still being the "first" NP in a practice and having to teach nursing and other medical staff about what I do" • "having to define what my role is within clinic" • "Confusion by the public on our scope of practice" • "more confusing in CT than in WA because it's been autonomous practice in WA since 1978 so the public understands what the ARNP can do. Physicians in WA understand the focus of the ARNP and refer freely to us"	Defining the role to others
• "the pursuit of the knowledge base needed to keep up with clinical information as well as record keeping, paper work, requirements by outside agencies for helping patients get what they need, bureaucratic roadblocks, keeping up with patient requirements and demands" • "Assumption being that because you have been practicing for many years, that you are no longer interested in continuing to learn. I miss my early days as an NP being pulled into a room to see an unusual clinical finding" • "Insurance issues regarding medication costs and trying to take that into account when prescribing"	External hurdles and pressures

• "Seeing the same people return because the system couldn't support their needs in the community"	
• "State regulations that limit portability" • "I maintain both licensures. I sometimes forget here in CT that I can't do what I can in WA." • "Clients recognize our abilities and while that is often enough on a personal level, to achieve the highest level of health in the world and simultaneously decrease the huge cost of healthcare, nurses need to be at the policy making table locally and nationally" • "APRNs here don't have global signature so physicians are required to sign Medicare and Medicaid authorizations." • "APRNs here can't always get their own billing numbers so again, the physician is on top of food chain." • "When will Medicare ever decide that the one hour I spend counseling someone on healthy life style choice is at least as valuable as a 10 minute "procedure"?"	Policy that limits practice
• "Once they saw that I was an asset--I was looked at as a very important part of the team" • "have faced very few challenges. I view my MSN degree as the key to an amazing career. One filled with far more opportunities that I would have imagined." • "I have been promoted a minimum of every three years since I became a nurse and the quality of my experience is far better than that of my MD peers."	Minimal challenges

Table 6b. Identify Structural Elements- Question 9: In your own words, describe what it means to be a nurse practitioner.

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "to partner with a person and assist them to have the best health they can" • "A provider that will spend the required time to provide the care that is needed by a patient at the time" • "I try to look at the whole picture and build a support structure for the client" • "Patient centered" • "A provider that will seek out resources to learn and expand scope so fewer referrals are required for patients to obtain needed health care." • "I get to help them learn about the power and beauty of the bodies as they enter womanhood, to attend them during birth, watch their children grow and shepherd them through menopause"	Patient centered
• "An independent, autonomous health care provider with a full scope of practice to assess, diagnose, treat, monitor, evaluate health care in a	Holistic health

holistic framework unencumbered by antiquated state regulations” • “Holistic Health Care” • “To provide treatment for individuals who are ill and promote health promoting behaviors. To monitor health and teach clients about medications, illness management, self-care and resources in the community. To work with a system to get the changes needed to improve the provision of care in whatever setting.”	care and health promotion
• “I feel that I make a difference in the lives of my patients, their families; and the staff I work with” • “I am humbled to have the opportunity to have clients tell me their stories and trust that I will do my best to help them” • “I enjoy the human connection” • “being a midwife means I get to touch and be touched by women at various developmental times in their lives”	Human connection
• “I have had the opportunities for quality educational preparation and experiential involvement to constitute a solid basis for sound clinical judgment” • "full set of tools" to help persons with healthcare problems or issues” • “more control over the direction that treatment will focus”	Sound clinical judgment
• “In 35 years I have never questioned my career choice” • “received a plethora of positive feedback from patients and families who have been cared for by myself (and/or my NP colleagues).” • “It makes working nights, weekends and holidays worth it” • “positive feedback for the nursing and physician staff is priceless” • “It means the world to me to say to patients and families that I am "the nurse practitioner on call today." • “self confffffffffffident”	Job satisfaction

Table 7b. Identify Structural Elements- Question 10: How do you respond when people ask you “what is a nurse practitioner?”

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• “NPs are skilled in diagnosing diseases and prescribing and evaluating medications and therapies” • “An advanced practice nurse who can prescribe.” • “I am able to examine you, order tests and write prescriptions as needed.” • “can give medications.”	An advanced practice nurse who can prescribe
• “I coordinate care when needed.” • “the midwife can screen for complications and works in collaboration with other practitioners for consultation and acceptance of transfer of care outside the individual midwife's scope of practice.” • “I coordinate, manage and provide primary care from thyroid disease and	Comprehensive care, coordination and

HTN to colds and flu, from injuries and headaches to heart disease and high cholesterol, from health screening and health advice to weight management and diabetes care ... etc." • "I do all I can to provide 'one stop shopping' so the patient doesn't get referred to multiple providers." • "I approach problems with an open mind and with a holistic focus, including the spiritual domain of health" • "illness management" • "Our goal is to provide you will expert care"	collaboration
• "Every NP has at least a master's degree and some have a doctorate in Nursing" • "a nurse with advanced training and education in caring for acute and critically ill patients and their families" • "I am a nurse with advanced training" • "explain the advanced role /education and experience of the N.P" • "An advanced practice nurse who has training in health promotion…" • "a midwife is someone who has the foundations of their education in nursing but who through a program of standardized education has expanded her skills to include management of the medical as well as the health care of women and their newborns up to 28 days"	A nurse with advanced training and education
• "I do the same thing a doctor does, but I do it differently" • "an NP is first a Nurse who has had additional education and supervised practice to qualify for independent practice in areas which might have been the perceived domain of physicians"	I do the same thing a doctor does, but I do it differently

Table 8b. Identify Structural Elements- Question 11: What are some of the intangible qualities that define a nurse practitioner?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "Connectedness: I feel we find something unique in every person in our care. A person doesn't have to have an exotic disease to feel special." • "ability to connect with clients"	Connectedness
• "partnering" • "the experience and focus of the basic nursing education and clinical experience fosters a context of providing explanations of what is being done, outcomes and possible negative circumstances which could be encountered along the way of the healthcare journey" • "trust"	Partnering
• "facilitating communication and access to resources are more universal" • "ability to navigate system" • "supporting"	Facilitator

• "patience" • "selflessness" • "altruism" • "individualizing care" • "deep concern for others" • "Patient" • "Flexible" • "know the limits of our expertise and aren't too proud to seek collegial input for the optimal well-being of those in our care." • "Practicality"	Patient first
• "look at the patient and their family (how ever the patient defines their "family" or support system) in a broad view--I say "holistically" • "take into consideration that and the systems that are in place (access to health care and lack of support, working in a medically driven environment)" • "I learned that if a toilet is clogged, people will get irritable and if the clinic is out of hand towels and soap, the message is that we don't care. Nursing is the whole piece." • "holistic"	Holistic care
• "listening" • "ability to listen"	Listening
• "compassion" • "Kindness" • "sense of humor" • "Compassionate"	Compassion
• "competent" • "Independent" • "self confidence"	Self-confidence

Table 9b. Identify Structural Elements - Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "I said "I did not convince her, she believed me when I reviewed with her the evidence supporting how it would help her and all of the pros and cons." he said he had done the same thing, I said, "yes, but she did not trust you. She thought you were telling her what to do, not supporting her in making her own decision. That is the difference" • "Over the course of a year I weaned her off the offending medications and	To empower patients

stabilized her medication regimen. She engaged in 1:1 therapy and group therapy." • "Her affect brightened considerably. She was able to resume care of her house. Ultimately she became employed and became a productive member of society. She was never hospitalized in the state hospital again." • "One saying in my area is that you have done your job when you are invisible to the client, ie when the client can congratulate herself regarding decisions made about her care and feel she has authored her own destiny without noticing your participation, you have achieved your goal."	
• "But I am her doctor! I did the procedure that saved her life." I said that is not all that matters, it is the ongoing relationship and trust of a caring clinician that she needed at that time." • "She had been hospitalized for psychosis several times at the state hospital and basically given up on. I learned she had been a high-level administrative assistant in a middle-eastern country for a major oil company and had a college degree. I learned that she had a twin sister and they had been severely abused. She was deeply religious." • "I am currently editing a fictional children's book manuscript from a man who just lost his wife. They had an amazing marriage and she was my client. She was diagnosed with bipolar illness then lung cancer. I saw the two of them for the two years that she fought the disease. After she died I arranged to see her husband to check in on him. Then his children called to say they were worried about him because he did not want to go out as much. I asked him to come in for a second visit. He came; he was exactly where he needed to be in the grief cycle and had future plans." • "Going to the home if client is unable to come to us." • "When I give a patient a diagnosis of dementia or forgetfulness. I let them know I am there for them. I am with them from that point forward. They will never have to face the illness alone. In fact I use these words often: " I am wrapping my wings around you. We are in this together. If you ever need me, call! I'll be here. It may take a few hours for me to call but I will always call you back. I will do my best to help. I am a part of your family now, one you can trust to help"."	Ongoing relationship and trust of a caring clinician
• "I worked with her husband so he could understand how she had been misdiagnosed and consequently mis-medicated." • "I also called his children with his permission and reassured him that he was right where he needed to be. I offered to have them come in to "talk" if they needed and gave voice to the fact that it is very difficult to see their strong father in pain. That is what a nurse practitioner does." • "Working with the family and system to assist in the client's care"	Working with the family and system to assist in the client's care

Table 10b. Identify Structural Elements - Question 13: What would you like to see change in the future regarding the role of nurse practitioners?

COMPATIBLE STATEMENTS	STRUCTURAL

	ELEMENT
• "added independence" • "Autonomy and self-governance in all states—true independent practice as stated in the Institute of Medicine report on the future of nursing. When that happens 'we will have arrived. Unless a profession governs itself, it is not a true profession" • "independent practice" • "not bound by a collaborative agreement for medication management" • "Truly autonomous but collaborative practice where our discipline is recognized like dentistry or podiatry as an independent practice with the smarts to know when we are outside our scope of practice and without fear that if we consult the patient will be taken away" from us instead of shared as other independent practices share patients" • "More concrete role delineation	Increased independence and autonomy
• "less difficulty in being able to provide the expert care we know how to provide - reduced barriers to practice will increase health care access in our country and throughout the world. It is frustrating that some docs find this threatening." • "When nursing is independent from physician control then we will emerge as the true champions of health care that we are." • "Move nurses back to the bedside and away from the desks and offices. Most of the nurses I know have very little patient contact. They are on computers and phones, and "documenting" for insurance companies and Medicare. We belong with our patients not pushing a pen or cursor."	Reduced barriers to practice
• "removal of reimbursement disparities for services provided, so that the payment for a service is not dependent upon the title of the practitioner who provided it." • "Obtaining meaningful payment for the chronically ill population." • "Better reimbursement" • "equal pay -{as M.D.}"	Better reimbursement

Table 11b. Identify Structural Elements - Question 14: What is the best professional advice you've ever received?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "follow evidence-based practice" • "when I first started independent practice was: "Have a reason for everything you do, and never skip a step." That way, you know you did your best, rather than having to reproach yourself if there is an unfavorable outcome." • "subscribe to journals and keep up on the literature" • "Don't look for the zebra in the room" • "do your home work!!" • "Get involved in your professional organization"	Follow evidence-based practice

• "individualize to the person you are working with" • "Keep your focus on the patient (client). If he or she remains the focus it will give you strength to continue to advocate for his/her needs regardless of the political, financial or social environment." • "listen"	Keep your focus on the patient
• "best advice was from 2 physicians who hired me as the first NP in the ICU. They both told me that they hired me instead of a PA because I (as a NP) have that "nursing" knowledge--nurses have something Docs can't grasp and doctors can't teach" • "float medical nursing for a year in a hospital to "lock down" my medical knowledge before I moved to the area of specialty, psychiatry. I have been forever grateful to her. My peers who went directly to psychiatry lost their medical knowledge and confidence within a year or two, and I never have."	Remember your nursing roots
• "Get into your own therapy so you are genuine" • "Strive for balance in your life" • "always have a mentor"	Strive for balance in your life
• "persevere" • "Once I was hired the best advice I got was--"hang in there." • "be all you can be and don't settle for second best - my grandmother about life." • "stay focused"	Persevere

Table S1b. Identify Structural Elements- Question 1: How do you define what a nurse practitioner is?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "is an advanced practice nurse/clinician who sees patients, prescribes meds, and uses a holistic approach to medicine" • "a health care professional who promotes health and disease prevention and treats patients and their families in a holistic manner" • "a healthcare provider which holistically provides medical and preventative treatment" • "care is holistic & the patient's family, community & belief system is taken into consideration"	Provider which holistically provides medical and preventative treatment
• "S/he has more autonomy than a PA and a more condensed education than a physician, but a similar skillset to both" • "a nurse practitioner should be a front-line provider who combines the better attributes of a nurse with those of an MD" • "Somewhere between an MD and a PA, but with a more holistic approach to care" • "more autonomy than a PA, but less onerous responsibility than an MD"	Similar to MD/PA but with nursing basis

• "somewhere between an RN and MD. Advanced skills, thinking and abilities from the traditional RN but not the full training of an MD."	
• "a health professional with advanced nursing training enabling them to diagnose illness, prescribe treatment, and care for various health care needs of a population" • "provider of health care who brings the philosophy and skills of nursing to the observation, evaluation and treatment of patients and their families" • "someone that provides health care to patients" • "an advanced practice nurse who provides quality care to various patient populations" • "an independent practitioner who practices primary care medicine using nursing training, ideals, and theories as the foundation of that practice" • "A Psychiatric Nurse Practitioner is a clinician who provides therapy, medication management and education to patients" • "see patients, assess, diagnose, prescribe, care, and listen"	Advanced practice nurse who provides high-quality care to various patient populations
• "Independent clinician whose focus is on the individual's health and well-being as a whole, and not just the disease process." • "This encompasses care of the whole patient, birth to death, and in health or sickness" • "NPs are partners with their patients and families in assessment and treatment plans as determined by the health care needs of their patients"	Focus is on the individual's health and well-being as a whole, and not just the disease process
• "a clinician who collaborates with physicians, other advanced practice nurses, nurses, diagnostic and treatment technicians and all manner of therapists who may be involved in a patient's care." • "A nurse practitioner can provide preventative and primary care to the majority of a population, working in collaboration with other healthcare professionals including doctors (MDs, DO, chiropractors) and nurses"	Collaborator
• "a licensed professional that has successfully completed the requirements to practice within the scope of practice as set forth by a given State Board of Nursing" • "A nurse who has received additional education and training to provide care independently in preventing and treating a variety of common health conditions" • "Nurse practitioners' scopes of practice vary from state to state"	A nurse who has received additional education and training
• "They are advocates, leaders and teachers" • "NPs contribute back to the community through service & education!" • The role of the advanced practice nurse also extends beyond immediate assessment and treatment, incorporating advocacy and procurement of necessary medical, pharmacologic and other therapeutic resources for the benefit of the patient and their families"	Advocates, leaders and teachers
• "Nurse practitioners can specialize and offer care to a specific patient population"	Wide range of roles and

• "Nurse practitioners can have a variety of career paths. Family nurse practitioners are primary care practitioners capable of diagnosing and treating chronic and acute conditions and can prescribe most medications. Midwives deliver babies and acute care and specialty NPs, like oncology NPs, work in a hospital setting treating more acute or specialized problems" • "independent medical practitioner who serves pts in various rolls within health care"	specialties

Table S2b. Identify Structural Elements- Question 2: Why did you choose to become a Nurse Practitioner?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "I was already a nurse and wanted to become a clinician. However, I did not want the hassles of med school and it's attending problems. Nor did I want to be tied to a physician as a PA is" • "I felt the PA role would be too subservient" • "I hoped it would be more rewarding and less saturated with cynicism and bullying than being a RN. As an RN seeking to change my profession NP was a more logical choice than PA or MD"	More logical choice than PA or MD
• "I enjoy working using the nursing model. We treat the patient, not just the illness" • "We are taught to treat the patient not the disease" • "NPs provide better, kinder care, and let's be honest- we actually do see the whole patient, and not just their ailment" • "I didn't want to be a doctor. I didn't want to specialize, I didn't want to treat disease. I wanted to treat people, and I wanted to be a generalist. Market pressures are such that it's hard to make a living as a family doctor, and if you make it work it's because you see 40 patients a day. I wanted to be able to have time and take time, know my patients, and stay a general practitioner" • "I liked the skill set. I knew I would never regret this training, both mental and physical" • "I also didn't want to be a MD. MDs tend to treat the symptoms, NPs treat the patient/family" • "I wanted to work in human rights but I couldn't convince myself to sit at a desk long enough to be a lawyer, and because I wanted to actually interact with people face-to-face" • "I also believe in the midwifery model of care, which I believe fits more closely with the nursing approach than the medical doctor's approach to pregnancy and childbirth" • "Nurse practitioners are usually more down to earth and very competent to provide quality care" • "MDs zip in and out of the room and don't always pay attention to the big	Nursing model- treat the patient, not the disease

picture, full scope of the patient”	
• “i wanted to provide health care to patients with a holistic approach” • “the nursing approach is more holistic and human” • “I chose this profession because I believe in the nursing holistic approach to patients and healthcare” • “As a psych-mental health NP, I can provide both therapy & med management. Through past work experience with mentally ill patients, I learned that BOTH are essential in recovery and this discovery helped me to choose psych NP over psychologist or psychiatrist”	The nursing holistic approach to patients and healthcare
• “I also realized that in the end it would be a difference of 7 years of med school and residency vs 3 years of focused nursing school and that made so much more sense to me” • “Similar scope of practice as MDs but without the ultramarathon that is med school + residency plus less debt so I can practice in settings for less pay after graduation” • “I want to have a family, and starting med school in late 20s (and single) doesn't present a viable option to have kids” • “as a second-career student I could not justify the time-costs of medical school” • “I wanted to practice medicine but I didn't want to go to medical school and residency when I knew I would probably do primary care. It seemed like overkill, a time waste, and a pain in the ass” • “Medical school wouldn't have been fulfilling” • “I really wanted to be an old-fashioned country GP (in the Irish sense), but time and age are against me. So this is the closest thing in this country to my ideal career. And I'm very happy with my choice”	Didn't want to go through time intensive medical school and residency
• “to practice my health provider skills with autonomy to deliver care for patients who are marginalized in our regular health care system” • “to expand my knowledge, skill set, autonomy, and thus ability to provide exceptional healthcare to the older adult population” • “I was thrilled at the prospect of having greater autonomy and the opportunity to have an independent practice” • “it's a profession that's both collaborative and provides a great deal of autonomy (depending on the state you want to work in)”	Greater autonomy
• “it's a profession that provides a great deal of flexibility in terms of hours, geographic location, specialty, etc. I want a family someday and I wanted to be able to do anything from work 8 hrs a week as a floor nurse, to running my own practice” • “I wanted a balanced lifestyle in both my career, during my education, and in the ideology of nursing”	Flexibility and balanced lifestyle
• “because I have experienced and seen the power of a good nurse in health crises” • “I had planned to go to medical school but during my interviews, when I spoke about wanting to do holistic primary care I was frequently told "but	I have experienced and seen the power of a

you can't do that as a doctor! There is no time!" At the time I was working at a federally qualified health care center run entirely by nurse practitioners and I saw that being done every day"	good nurse in health crises

Table S3b. Identify Structural Elements- Question 3: What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• "Less red tape than an MD" • "Different schooling requirements. Lack of a residency (unfortunately. I think it would be a very helpful aspect of the NP training process)" • "The chance to become a great clinician without excessive schooling"	Different training and less red tape than MD
• "the training is very integrated with both clinical and didactic material at the same time, enabling us to apply what we are learning right away" • "Emphasis on education" • "the combination of at-the-bedside knowledge and didactic knowledge" • "it also allows for more help-seeking of preceptors, as we are not expected to have it all figured out right away. We are able to have guidance and knowledge resources to help us adjust to the new situations and to increased responsibility. In other medical professions I feel that you are expected to know everything about everything and are thrown into a clinical situation for the first time with little preparation"	Integration of didactic and clinical training
• "Care vs. cure" • "Treating the patient as a person and not a disease or set of symptoms" • "Caring" • "we look at the whole patient not just the disease" • "nurse practitioners like to take the patient as a whole into consideration when providing care to the patients. sometimes other specialties treat the disease as an isolated incident" • "Care vs. cure" • "Compassion" • "Doctors treat disease. PA's are like doctors but with less training. Nurses help people."	Care vs. cure
• "The holistic approach" • "You always hear "they're holistic" which I think is true" • "Holistic approach to the patient and care" • "Identifying all possible causes and aspects of a person's health and how they are interconnected" • "An APRN operates as a (fairly) autonomous care provider, and is similar to a physician in that regard. However - and crucially - the APRN approaches health care from the nursing perspective: holistically, approaching the patient as a physical and emotional being existing within	Holistic approach to the patient and care

a social/cultural context, all of which inform the patient's health and impact diagnosis and treatment” • “Nurse practitioner take into account not only the physical aspects of health care but also look at the patient as a whole, someone who is influenced and a part of many systems” • “much more holistic, with more of a focus on the interdisciplinary and personal needs and lifestyle factors of patients” • “Holistic” • “More active collaboration with other healthcare professionals”	
• “I think NPs are more likely to utilize patient-centered care & more likely to spend the time educating and empowering the patient” • “Dr. Shep Nuland, in his book "How We Die" talks about the medical profession as being driven by what he calls "the Riddle," which he defines as "[t]he quest of every doctor in approaching serious disease is to make the diagnosis and design and carry out the specific cure." Nursing, as I see it (in stark contrast) is driven by Virginia Henderson's ethic, where she states the purpose of nursing is "to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.” • “A Nurse Practitioner works WITH his or her patients, not AT them. "Compliance" is less the focus, while "adherence, and this is why..." is at the forefront of all interactions • “The PERSEVERENCE to help patients get what they need to remain healthy or to heal” • “Empowering patient to take active role in health & well-being” • “The CAPACITY to appreciate the value of the patient and reflect that value back to them” • “patience” • “The fortitude to DO BATTLE with people and systems that present barriers to care	Empower patients
• “Nurse practitioners prioritize listening and collaborating with the patient to provide appropriate and sustainable medical treatment” • “NPs can spend more time with patients, get to know them as a person and provide care and guidance for all aspects of health (biopsychosocial)” • “The ability to SENSE what individuals need when patients are too shy, broken, or ashamed to ask for what they need” • “Seeing patient as whole PERSON with a life and responsibilities” • “The ability to SEE, beyond observation and to anticipate health needs” • “Concerned”	Seeing patient as whole PERSON with a life and responsibilities
• “use of synonyms to explain procedures, diagnoses etc.” • “social skills” • “generally better communicators - not necessarily because that is what we are taught but because the type of people who pursue the NP path tend to	Relate information to patients in language that is

value communication and patient education” • “By staying true to the foundations of Nursing (caring, ability to establish trust, and clinical competence - the perceptions most often associated with our profession when the populace is polled), the Nurse Practitioner should be able to hold his or her own in understanding the complexities of the human body, while being able to break down and relate this and other information to patients in language that is "human" - non-threatening, comprehensible” • “Sharing”	"human" - non-threatening, comprehensible
• “More autonomy than a PA or RN” • “It's dependent on the specialty. Yet that In itself is a difference since PAs do not have specialties” • “we can be very different than PAs but we can also be completely interchangeable with them - it just depends on the circumstances of the practice and the individual training a person has” • “Autonomy”	Similar to PA but with specialties and more autonomy

Table 4Sb. Identify Structural Elements- Question 4: Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners.

COMPATIBLE STATEMENTS	STRUCTURAL ELEMENT
• “My mother, a former OR nurse, is elderly and suffers from chronic, debilitating illness. She has seen a host of clinicians over her lifetime, mainly MD's and a few PA's. It wasn't until she consulted with an NP, however, that she felt truly listened to and cared for. And she felt the medical care was excellent, on a par, if not above some of the medical residents and harried doctors she had experienced. And that has made all the difference” • “I have very often heard of patients stating they enjoyed the care better that they received from a nurse practitioner versus a doctor in the same setting and for the same encounter visit because the Nurse Practitioner treated the patient as a person and had a more personable approach” • “I used to work in a HTN clinic at a VA and had total autonomy with patients. Rarely did anyone miss an appointment. Patients came, shared themselves and their family stories and we were often invited to family events. One patient insisted I come to his 50th wedding anniversary party”	The Nurse Practitioner treated the patient as a person
• “I worked in a multicultural inner city school in Manhattan as a primary care provider. A large number of the children were overweight. Because the school was so multicultural (African American, Hispanic, middle eastern, Slavic and Asian) it was difficult to communicate with the parents on an individual basis about health promotion issues including healthy eating and exercise, etc. I conducted a family-fun night for all families that included a cross-cultural pot luck of foods that families considered	Practical and creative

"healthful", cooking demonstrations with local chefs, a farmer-green-grocer who displayed fresh vegetables with tasting portions, exercise demos and family games that were exercised-based. This activity opened the door for me to conduct a monthly "Parent Health Chat" series on topics that varied from healthful eating, to common rashes, bedbugs, family disaster planning....and more. Although I've been gone from that job since 2007, this program still exists. It has brought a community of families together to learn more about health and issues that are important to them" • "the NP role has a better sense of what needs to be done at various stages from a practical standpoint - eg, an FNP I know makes sure that her postpartum patients get an interpreter-led Spanish Birth Control class instead of a pamphlet and a promise to followup"	
• "nurse practitioner took special time to look at a node rather than discarding it as benign. turned out it was cancer" • "When I was trying to decide whether to go to nursing school, I shadowed a women's health NP at an OBGYN practice. I was impressed by the amount of education the NP gave her patients. I was particularly struck by the amount of time she took to teach a 20 year old woman how to do a self breast exam. The NP was enabling this woman for a lifetime of self care and self efficacy. "The doctor in the practice, who was also a lovely person, simply didn't have the time or inclination to do that type of education. I chose to become an NP." • "A patient asked what all the possible outcomes of his condition are. The surgeon told him all of his options, ending with amputation. The NP and myself stayed behind to ensure the patient that it would be a long way before that would happen, and how to avoid getting to that point. NPs are often damage control"	Thorough and willing to spend extra time
• "At my clinical site most of the patients are undocumented people who are uninsured--obviously for these patients a brand name drug is not a reasonable option. My preceptor always knows which medications are generic & if a patient needs a medication that is cost-prohibitive, she puts forth a massive effort to get the drug company to grant them the medication for free. I've seen a lot of people flourish in her care" • "NPs handing out their cell phone numbers to patients and telling them to call anytime with questions or concerns. That's dedication."	Going above and beyond
• "APRNs, for the most part, exhibit what I've observed as the defining characteristic of a nurse: there is nothing they won't do - no task too menial or lowly - in the care of their patients! Because APRNs have been trained as nurses, they have had the experience, even if just briefly, of feeding and bathing patients, of wiping butts and cleaning up puke. They have found their boundaries of personal space and comfort stretched and then transcended on multiple occasions in the service to their patients, until finally there is nothing that will surprise them, nothing too gross or too crude." • "Nurse practitioners in the hospital setting are much more likely to do	There is nothing they won't do - no task too menial or lowly

direct patient care (starting nebs, IVs etc) compared to MD colleagues who seem to see these actions as beneath them or "not their job"	

APPENDIX G

Preliminary Labels of the Structural Elements Lists

QUESTION	PRELIMINARY LABELS OF STRUCTURAL ELEMENTS
Question 4: When and why did you decide to become an APRN?	Be a change agent* Career advancement Wellness rather than pathology Become an expert Balance of clinical practice and academia Mentor influence
Question 5: How has the field changed/progressed in the time you have been in practice?	Increased need for skilled practitioners Increased autonomy and scope* Education and licensure regulations* Increased acceptance and opportunity Lack recognition
Question 6: In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.	Assessment drives diagnosis and treatment* Patient specific considerations Evidence-based practice Differential diagnosis Critical thinking skills and experience Team-concept Comprehensive data gathering
Question 7: What makes nurse practitioners different than other healthcare professions?	Emphasis on knowledge base More of an advisor than authority figure Personal and practical care* Holistic frame of reference* Basic Nursing as the bedrock of the advanced practice role
Question 8: What are some challenges you've faced regarding your role as a nurse practitioner?	Professional relationships/acceptance* Policy that limits practice Defining the role to others External hurdles and pressures Minimal challenges
Question 9: In your own words, describe what it means to be a nurse practitioner.	Patient centered* Holistic health care and health promotion Human connection Sound clinical judgment Job satisfaction*
Question 10: How do you respond when people ask you "what is a nurse practitioner?"	An advanced practice nurse who can prescribe Comprehensive care, coordination and collaboration* A nurse with advanced training and education I do the same thing a doctor does, but I do it differently

Question 11: What are some of the intangible qualities that define a nurse practitioner?	Connectedness Partnering Facilitator Patient first* Holistic care Listening Compassion Self-confidence
Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?	To empower patients Ongoing relationship and trust of a caring clinician* Working with the family and system to assist in the client's care
Question 13: What would you like to see change in the future regarding the role of nurse practitioners?	Increased independence and autonomy* Reduced barriers to practice Better reimbursement
Question 14: What is the best professional advice you've ever received?	Follow evidence-based practice* Keep your focus on the patient Remember your nursing roots Strive for balance in your life Persevere

Table 13- Preliminary Labels of the Structural Elements Lists

QUESTION	PRELIMINARY LABELS OF STRUCTURAL ELEMENTS
Question 1: How do you define what a nurse practitioner is?	Provider which holistically provides medical and preventative treatment Similar to MD/PA but with nursing basis Advanced practice nurse who provides high-quality care to various patient populations* Focus is on the individual's health and well-being as a whole, and not just the disease process Collaborator A nurse who has received additional education and training Advocates, leaders and teachers Wide range of roles and specialties
Question 2: Why did you choose to become a Nurse Practitioner?	More logical choice than PA or MD Nursing model- treat the patient, not the disease* The nursing holistic approach to patients and healthcare Didn't want to go through time intensive medical school and residency

	Greater autonomy Flexibility and balanced lifestyle I have experienced and seen the power of a good nurse in health crises
Question 3: What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?	Different training and less red tape than MD Integration of didactic and clinical training Care vs. cure Holistic approach to the patient and care* Empower patients Seeing patient as whole PERSON with a life and responsibilities Relate information to patients in language that is "human" - non-threatening, comprehensible Similar to PA but with specialties and more autonomy
Question 4: Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners	The Nurse Practitioner treated the patient as a person Practical and creative Thorough and willing to spend extra time* Going above and beyond There is nothing they won't do - no task too menial or lowly

* Highest numerical incidence

APPENDIX H

Preliminary Definitions

APRN Preliminary Definition(s)

Question 4: When and why did you decide to become an APRN?

- Be a change agent
- Career advancement
- Become an expert
- Wellness rather than pathology
- Mentor influence
- Balance of clinical practice and academia

Question 5: How has the field changed/progressed in the time you have been in practice?

- Education and licensure regulations
- Increased autonomy and scope
- Increased acceptance and opportunity
- Lack recognition
- Increased need for skilled practitioners

Question 6: In practice, what is your process of clinical decision-making? Regarding diagnosis, treatment, etc.

- Assessment drives diagnosis and treatment
- Patient specific considerations
- Comprehensive data gathering
- Evidence-based practice
- Differential diagnosis
- Critical thinking skills and experience
- Team-concept

Question 7: What makes nurse practitioners different than other healthcare professions?

- Personal and practical care
- Holistic frame of reference
- More of an advisor than authority figure
- Emphasis on knowledge base
- Basic Nursing as the bedrock of the advanced practice role
- “NPs speak the language that nurses speak, as well as the language that physicians speak. We also speak "patient", not only their vocabulary, but we speak to their needs. NPs are "tri-lingual!”** - ACNP1

- "More independent"** - PMHNP4

Question 8: What are some challenges you've faced regarding your role as a nurse practitioner?

- Professional relationships/acceptance
- Policy that limits practice
- Defining the role to others
- External hurdles and pressures
- Minimal challenges

Question 9: In your own words, describe what it means to be a nurse practitioner.

- Patient centered
- Job satisfaction
- Human connection
- Holistic health care and health promotion
- Sound clinical judgment
- "Collaboration with other health care providers"** - PMHNP3
- "Flexible"**- FNP2

Question 10: How do you respond when people ask you "what is a nurse practitioner?"

- Comprehensive care, coordination and collaboration
- A nurse with advanced training and education
- An advanced practice nurse who can prescribe
- I do the same thing a doctor does, but I do it differently

Question 11: What are some of the intangible qualities that define a nurse practitioner?

- Patient first
- Holistic care
- Compassion
- Self-confidence
- Facilitator
- Partnering
- Connectedness
- Listening
- "I teach and precept acute care NP students"** - ACNP1
- "Most of us have honed our five basic senses and rely on technology less than some other disciplines."** - CNM1

Question 12: Are there any stories or examples you have that you feel demonstrate what it means to be a nurse practitioner?

- Ongoing relationship and trust of a caring clinician
- To empower patients
- Working with the family and system to assist in the client's care
- “Whenever I step onto my ICU--someone (an RN, resident, attending, or patient/family) says: "I'm so glad your here."** - ACNP1
- “If there wasn't an NP on call overnight in the ICU the nurses tell me about a situation(s) that they felt needed a NPs' presence.”** - ACNP1
- “I have always felt that the title "Nurse Practitioner" is a poor choice - it should be more precise and clear, as originally intended by Loretta Ford, the foundress of the movement, who envisioned the role of the "pediatric public health nurse practitioner". The whole concept has been altered by time and inclusion of acute care specialties vs. the early focus on ambulatory/community settings, so perhaps the future will provide a more comprehensible name for the role. "Physician assistant" requires no explanation - why doesn't nursing do the same?”** - FNP1
- “I will say that I have never regretted becoming a Nurse Practitioner. I feel fortunate every day to be able to do what I love.”** - FNP2

Question 13: What would you like to see change in the future regarding the role of nurse practitioners?

- Increased independence and autonomy
- Better reimbursement
- Reduced barriers to practice
- “Educational resources for employers”**- FNP2
- “More role models”**- PMHNP3
- “Appreciate nurses for who they are...stop pushing for more and more papers and degrees”**- PMHNP5
- “More national press for what NPs do”**- ACNP1

Question 14: What is the best professional advice you’ve ever received?

- Follow evidence-based practice
- Persevere
- Strive for balance in your life
- Keep your focus on the patient
- Remember your nursing roots

Students Preliminary Definition(s)

Question 1: How do you define what a nurse practitioner is?

- Advanced practice nurse who provides high-quality care to various patient populations
- Similar to MD/PA but with nursing basis
- Provider which holistically provides medical and preventative treatment
- Focus is on the individual's health and well-being as a whole, and not just the disease process

- A nurse who has received additional education and training
- Wide range of roles and specialties
- Collaborator
- Advocates, leaders and teachers

Question 2: Why did you choose to become a Nurse Practitioner?

- Nursing model- treat the patient, not the disease
- Didn't want to go through time intensive medical school and residency
- The nursing holistic approach to patients and healthcare
- Greater autonomy
- More logical choice than PA or MD
- Flexibility and balanced lifestyle
- I have experienced and seen the power of a good nurse in health crises
- "Well, I wanted to be midwife first, and becoming an APRN was a means to that end. However, once I started learning more about the profession, I found there were a number of specialties that appealed to me and had a hard time deciding to stick with midwifery! As an aside, I question your use of "Nurse Practitioner" in this study...is it intentional? There are a number of APRN specialties that are not NPs...CNMs, for example!"** - CNMS1

Question 3: What are some of the qualities of Nurse Practitioners and/or Nurse Practitioner practice methods that make them different from other medical professions?

- Holistic approach to the patient and care
- Empower patients
- Care vs. cure
- Seeing patient as whole PERSON with a life and responsibilities
- Relate information to patients in language that is "human" - non-threatening, comprehensible
- Integration of didactic and clinical training
- Similar to PA but with specialties and more autonomy
- Different training and less red tape than MD
- "I do not believe that the average FNP is practicing medicine in a way that is dramatically different than the PA or MD" - FNPS8
- "part of it is innate, an instinct really"** - FNPS6
- "Nursing as a profession is just much an art as it is a science"** - AGNPS1
- "The WISDOM to consider the health needs of the community, town, state and country in the eyes of every single patient"** - PNPS1
- "The opportunity to teach other nurses with an MSN for credentials"** - FNPS1

Question 4: Provide an example of a situation that you may have experienced, witnessed or heard that demonstrates the unique characteristics of Nurse Practitioners

- The Nurse Practitioner treated the patient as a person
- Thorough and willing to spend extra time
- Practical and creative
- Going above and beyond
- There is nothing they won't do - no task too menial or lowly
- “I can only say that I tend to see more NPs in community settings and I tend to see more PAs in surgical settings, but I have seen exceptions to both rules. Honestly, I like that you can't pin us down as one thing or another - it leaves more opportunity for career growth when you can define yourself”** - FNPS5