ORIGINAL RESEARCH

Clinical expertise, continuity, humanistic care, and trust: The value of nurse practitioners

Vanessa Wright*[1,2,3], Ravit Edelman[4], Ingryd Cunha Ventura Felipe[1], Lianne Jeffs[1,5]

[1] Science of Care Institute, Lunenfeld-Tanenbaum Research Institute, Sinai Health, Toronto, Ontario, Canada
[2] Women's College Hospital, Toronto, Ontario, Canada
[3] Lawrence Bloomberg Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada
[4] Women's, Maternity and Operating Rooms Division, Rambam Health Care Campus, Haifa, Israel
[5] Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario, Canada

Received: August 26, 2026 **Accepted:** November 17, 2026 **Online Published:** November 25, 2026
DOI: 10.63564/jnep.v16n12p9 **URL:** https://doi.org/10.63564/jnep.v16n12p9

ABSTRACT

This qualitative descriptive study explored the influence of Nurse Practitioners (NPs) on patient experiences and outcomes in a post-pandemic academic hospital. Purposive sampling recruited 11 NPs and 7 patients from a Toronto hospital. Semi-structured interviews conducted between November 2024 and February 2025 were analyzed thematically. Four themes captured the value of NPs: clinical expertise, constant presence, humanistic and holistic care, and trust. Participants described NPs as enhancing patient experiences and care quality through continuity, compassionate care, and therapeutic relationships. Findings highlight the importance of optimizing and expanding NP roles to reduce care fragmentation, and strengthen patient-centred, compassionate, coordinated, high-quality care.

Key Words: Advanced practice nursing, Continuity of care, Humanistic care, Patient-centred care, Patient experience, Patient outcomes, Nurse practitioner

1. INTRODUCTION

Nurse Practitioners (NPs) have a long-standing recognition for their advanced clinical competence and expertise across specializations,[1,2] playing a vital role across diverse healthcare settings.[3] NP delivered care is associated with positive patient health outcomes[4] and cost savings including reduced emergency visits, lower hospitalizations, and improved patient safety and experience outcomes.[5,6] Integral to their role, NPs form a therapeutic and trusting relationship with patients that is foundational to enhancing patient experience and achieving optimal outcomes in complex healthcare environments.[7–10] NPs provide holistic, compassionate care addressing emotional and psychological needs in an integrated way that improves healing and overall patient well-being.[11,12] Patients perceive NP care as comprehensive and attentive to their overall well being[10] and report high levels of satisfaction across primary care[13] and specialty settings.[14]

The COVID 19 pandemic significantly disrupted healthcare delivery and acted as a catalyst for unifying and expanding the NP role, accelerating a shift toward more standardized and autonomous practice across jurisdictions to meet urgent system demands.[15,16] Emergency legislative changes enabled NPs to practice to their full scope, reducing long standing structural barriers and contributing to a more cohesive and flexible workforce across both primary and acute care

*Correspondence: Vanessa Wright; Email: vanessa.wright@wchospital.ca; Address: Women's College Hospital, 76 Grenville St., Toronto, ON, Canada.

settings.[17,18] Understanding how patients and NPs experienced and perceived these changes during the pandemic and post recovery period is paramount. In this context, a study was undertaken to elucidate the characteristics of NPs and their impact on patient care experiences and outcomes.

2. METHODS

2.1 Study design

A qualitative, descriptive design was undertaken to explore how NPs influence patient experience and outcomes in acute care settings in the post-pandemic era.

2.2 Study setting

The study was conducted in a large, academic teaching hospital in Toronto, Ontario, Canada that provides a diverse range of specialties, general internal medicine and surgical, intensive care (e.g., Neonatal Intensive Care Unit) to elective and outpatient services (e.g., hospital-affiliated primary care clinics and fertility clinics).

2.3 Recruitment and data collection

NPs and patients within an urban academic hospital setting were recruited using a purposive sampling strategy. NP recruitment involved an initial presentation at a monthly NP meeting, followed by an invitation email sent to all NPs working across clinical units, with a reminder email issued to non respondents. Of the 41 NPs invited, 13 expressed interest. One NP was excluded as they were employed at the other campus which is a complex continuing care and rehabilitation care hospital and not eligible to participate. Another interview was cancelled due to an urgent clinical event, resulting in a final sample of 11 NPs. The research team obtained written informed consent from these NPs prior to conducting semi-structured interviews. Patients were invited with the support of the enrolled NPs, who introduced eligible patients to the research team. The research team then obtained written informed consent directly from patients, yielding a final sample of 7 patients.

Data were collected through one-time, in-person semi-structured interviews between November 2024 and February 2025. NP participants were asked question around the daily practice of NPs, patient populations NPs serve, the evolution of the NP role post-COVID-19, interprofessional collaboration, perceived impact on patient experiences and outcomes, and practice challenges/opportunities. Patient interviews focused on their experiences with NP care, comparisons with other providers, involvement in decision making, perceived outcomes, and responsiveness to concerns. All interviews were audio-recorded, transcribed verbatim by the PI, and averaged approximately 30 minutes. Data collection continued until saturation was achieved.[19]

2.4 Data analysis

Thematic analysis was employed with the interview datasets from patients and NP participants.[20,21] This process involved developing a coding schema, first independently and then collectively by consensus. As a first step, the research team members coded the transcripts line-by-line independently and then met to discuss and develop the codebook. Through a series of iterative analytical meetings, a codebook with quotes and categories was developed. The final codebook yielded key themes and sub-themes aimed at gaining insight into the meanings and experiences related to NPs' characteristics and their impact on patient experiences and outcomes.[22]

3. RESULTS

From the 11 NPs enrolled in the study, 10 were identified as female and one male with the age ranging from 30 to 59 years (mean 42 years). The professional experience as an NP was identified from 2 to 16 years (mean 7 years) with all participants holding a master's degree. The NPs' practice settings included a variety of acute and specialized care units, such as ambulatory clinics, emergency department, intensive care unit, and maternal-infant units. From the 7 patients/caregivers enrolled in the study, six were identified females and one male, patients/caregivers' ages ranging from 24 to 57 years (mean 38 years).

The following four themes emerged that captured the value of Nurse Practitioners: 1) being knowledgeable and on the ball; 2) having a constant presence; 3) providing humanistic and holistic care; and 4) establishing trust and credibility with patients. Themes were generated from both patient and NP interviews with quotations attributed to patients (PT) or NPs (NP) to indicate their respective perspectives.

3.1 Being knowledgeable and on the ball

Patients consistently described the NPs as being knowledgeable and having a positive impact on their care. Specifically, they shared NPs as being highly informed and proactive as one patient noted "she's on top with him. . . just with his health." [PT02, 24-26] while another patient shared "I can see she knows a lot" [PT04, 15]. This knowledge was translated into effective, patient-centered care, as reflected in one patient's quote: "She is knowledgeable, and she understands what needs to happen. She's just doing what's in the best interest of my kids, and that's all I can ask for" [PT05, 14-16] ". . . She knows what she is talking about. . . she's been on top of everything" [PT05, 19-21] ". . . when she is here, she is on the ball. She knows exactly what the babies need" [PT05,

56].

Patients also shared that the thoroughness of NP care increased their confidence in NPs, as one noted: "they are very thorough, which gives me confidence that everything is okay" [PT06, 39], leading to a sense of reassurance that patients were in capable hands: "she gives me all the information I need, and it takes a lot of the fear out of that because I know that they are in good hands" [PT05, 57-58]. The NP's expertise and leadership also created a sense of being taken care of by patients: "You can see some more leadership behind when she comes in. There is an aura that it's like, I'm here to take care of him" [PT06, 63-65]. NPs also reported that patients adhered to their care plan as one described: "I think most people are very adherent to the care I provide" [NP07, 298]. NPs also reported that several patients expressed satisfaction and gratitude for the care received: "I see a difference from patients who are under the care of a nurse practitioner. It's they understand what we do. They are grateful for what we do" [NP01, 424-425]. Patients in turn described NPs as responding quickly and sensitively to their concerns, as one patient shared "I had a concern.... she addressed it very quickly" [PT02, 70-74]

3.2 Having constant presence

Another theme that emerged was the constant presence of the NPs and being viewed as attentive by patients and their families. Their constant presence created a unique bond and ensured continuous oversight, which was crucial for optimal care. For example, a patient noted: "one person that I see the most of... she seems to be the most familiar, the most constant, which is great to have" [PT05, 65-75]. This continuity offered patients a steady point of contact and a sense of reassurance. As one patient shared: "I see my nurse practitioner daily, not the doctor daily" [PT02, 18] and "The NPs see him every day" [PT02, 97-102]. NPs observed that this consistent presence translated into greater patient and family comfort over time, particularly when compared with experiences of rotating providers, as one NP reflected: "I do see a difference in the happiness of those parents whom we follow regularly versus the ones who are shifted from provider to provider every day. We just develop a relationship over time. They just feel more comfortable talking to you" [NP05, 331-338].

This consistent presence also enabled NPs to identify subtle yet clinically significant changes in patients' conditions that might otherwise be overlooked. By being "there every day" NPs were able to "pick up more things, [and] are able to react more" to emerging concerns [NP05, 327-330]. One NP illustrated this vigilance through an example of identifying an undiagnosed cardiac condition, noting, "I encounter ... cardiac issues. You know, coarctation of the aorta, a couple of years ago that was, completely was undiagnosed. The baby was fine, except for blood pressure. Had to go to XX hospital and had to do emergency surgery within 24 hours" [NP10, 163-166]. Patients similarly emphasized the value of this continuity and close monitoring, explaining that,"... she knows my baby the best because she has followed him from the very beginning... one day he was off, the nurse practitioner is going to know that he looks off. Because she follows him very closely" [PT02, 6-10].

3.3 Providing humanistic and holistic care

Humanistic and holistic care emerged as a defining feature of NP practice, with patients describing NPs' consistent focus on the whole person rather than solely on disease processes. Patients frequently emphasized the ways NPs humanized care through their approach and bedside manner. For example, one patient described: "she is just consistent with how she delivers care..., in terms of bedside manners, and how she approaches the person like humanizes the person, more than anything else" [PT03, 45-48]. Core to providing humanistic care was NPs listening to and supporting patients, as reflected in patient experiences: "I feel like a nursing background really emphasizes holistic care and looking at the whole person rather than just the disease process..., it made me feel more listened to and get the support that I need" [PT07, 43-48]. Even during demanding and chaotic periods, NPs dedicated time to understand and genuinely care for patients, as noted "Even when it can get busy, and it can be chaotic (she will ask) ... 'Are you O.K.? What's going on? This is what's going on'. She makes you feel like, O.K., I care, and I think that's a huge difference when it comes to any type of care" [PT03, 51-54]. NPs provided a "caring peace" [PT06, 61-63] by calming patients and offering peace of mind thorough and understandable explanations of complex situations, as one patient noted "She calmed me down and she explained things differently so I could understand... she gave me a little peace of mind" [PT05, 36-46]. Another patient shared "She saved my life... she really fought for me to get the access to the treatment that I needed, and she really went above and beyond" [PT07, 6-9].

Patients described feeling cared for, heard, and meaningfully engaged in their care, highlighting the relational continuity fostered by NPs. As one patient explained, "it just feels home now... we just feel like we are cared and we are listened to here... It's not like a revolving door" [PT03, 134-139]. NPs actively involved patients in shared decision-making and treatment planning in their own health journey: "it's more like being a part of the decision, being a part of the treatment planning, to ensure that you are making the correct decision about your health" [PT03, 98-104]. Patients also described

the sensitivity of the NPs when sharing difficult information with them as noted by one patient "... very positive, always, even when he was giving me very bad news, he was really sensitive about this" [PT01, 32-33]. From the NP perspective, this relational approach was associated with a greater sense of professional impact, as one NP reflected, "I feel I have, my ideas have more of an impact I'm able to do more for the patient" [NP06, 305-307].

3.4 Establishing trust and credibility with patients

The trust and credibility that NPs established with patients emerged as patients frequently shared that they developed a trusting relationship with their NPs, one patient shared: "I really love my NP. I truly do, so we have a good relationship. It's good to know that you can come with a very hard situation, a life-threatening situation, and you have a good relationship with your NP; this experience would have been totally different if I didn't have what I have. My trust, my everything, she knows him almost better than me" [PT02, 80-84]. Other patients expressed similar sentiments, noting, "I feel safe, I feel cared for" [PT04, 6-7] and describing increased confidence in care decisions when supported by an NP, even when alternative services were geographically closer, "I'm more confident of coming here instead of going literally 2 minutes away... an hour and a half versus two minutes... the outcome here is so much better" [PT03, 142-147].

Patients trusted the NP's decisions and the expertise behind their actions: "Almost all of the decisions they made were based on their experience... I'm really giving them the benefit of the doubt that they know exactly what needs to be done" [PT05, 95-98]. Even in difficult situations, patients provided positive feedback, affirming their trust and appreciation: "when there has been some difficult situation and you still kind of get positive feedback from the patients? So, I consider that a win" [NP11, 175-176] "... I had positive feedback personally from patients, and sometimes they get to you through other people, so they really valued you or really appreciated you" [NP11, 192-194].

4. Discussion

The findings of this qualitative study underscore the humanistic and multifaceted value of NPs in a post-pandemic academic hospital system that both patients and NPs described. The four themes that were identified—being knowledgeable and on the ball; having a constant presence; providing humanistic and holistic care; and establishing trust and credibility with patients collectively elucidate a comprehensive picture of the valuable impact of NPs in patients' experiences and outcomes. The competence, situational awareness, presence, and vigilance of NPs underpinned their humanistic and holistic approach to providing safe, quality care. The integration of both NP and patient perspectives provided a rich description of how patients described their experiences with NP care, while NPs described the clinical vigilance and relationship-building behind their care provided.

Our findings that NPs are perceived as highly knowledgeable and clinically competent align with existing literature on advanced practice nursing.[3,8,10] The narrative from patients reflects the confidence patients place in the NP's expertise. This competence is not merely about performing clinical tasks safely and effectively; it is viewed as a source of reassurance by patients, which is especially critical in the anxiety-inducing environment of a hospital setting. This finding supports the notion that the knowledge that NPs possess underpins patient trust and a sense of being in "good hands"[10,23] which is echoed in other research on the pivotal role NPs have in managing and ensuring safety.[1]

The theme of constant presence highlights a distinctive and powerful aspect of the NP role. NPs offer relational continuity that fosters patients' sense of security, reliability, and trust.[5] This finding around the constant presence of NPs is particularly salient in the post COVID-19 context given the pre-existing and pandemic-exacerbated issues of fragmented care and missed nursing care.[24,25] Beyond the relational benefits, NPs' daily presence enabled the early identification of subtle clinical changes, demonstrating that continuity is not merely comforting but a critical contributor to patient safety and quality of care. This aligns with established evidence linking continuity of care to improved outcomes.[5,24] Further, a recent umbrella review demonstrated that NP-led consultations achieve patient and organizational outcomes that are at least equivalent – and often superior – to physician-led or usual care models, including improvements in quality of life, health behavior, mortality, patient satisfaction, and medication adherence.[26]

The emergence of humanistic and holistic care as a central theme within this study reinforces core tenets of the nursing profession that are integral dimensions of the NP role. Patients' descriptions of NPs as providers that "humanize the person" and actively listen to their needs align closely with the literature on compassionate care in suggesting that NPs provide compassionate care, which emphasizes care that extends beyond empathy to encompass a holistic approach addressing emotional and psychological dimensions of health.[11,12,27] Such compassionate care involves recognizing and understanding patients' suffering and responding in ways that foster a strong therapeutic alliance, thereby supporting healing and overall well being.[28]

These findings are further supported by established frame-

works, including the International Learning Collaborative's Fundamentals of Care Framework, which emphasizes the integration of physical, psychosocial, and relational dimensions within the nurse-patient relationship as essential to achieving person centred outcomes and experiences.[29] Consistent with this evidence base, NPs in this study were described as dedicating time to patients—even in chaotic clinical environments—and providing "caring peace" through clear explanations and presence, directly countering the dehumanizing effects of high pressure, post pandemic healthcare systems.[30] This holistic and relational approach emerged as a key differentiator of NP care, with patients' experiences of feeling "listened to" and "cared for" demonstrating the tangible impact of compassionate, person centred practice on well being.[7,31,32]

In this study, patients' trust in NPs was grounded in a combination of clinical expertise, consistent presence, attentiveness, and a deeply relational approach to care. This convergence of competencies fostered confidence and engagement of patients in their own care (or care for their baby), echoing existing evidence that posits trust is central to patients' adherence to treatment and confidence in care decisions.[33] Consistent with prior literature, NPs cultivated trust through clear communication, transparency, and a reliable presence—attributes that are particularly critical in helping patients navigate the uncertainty and vulnerability associated with illness and treatment.[9,10] Across healthcare settings, professional competence coupled with effective communication has been shown to be foundational to trust, reinforcing the central role of NPs in delivering care that is not only clinically sound, but relationally anchored and patient centred.[9]

4.1 Study limitations and strengths

Our study findings need to be interpreted in the context of the following limitations: 1) the transferability of study findings to other healthcare settings or populations may be limited due involving one organization; 2) limited sample size; 3) one-time interviews capture perspectives at a specific moment; and 4) purposive sampling strategy may have introduced selection bias and participants may not fully represent the wider population. To mitigate these limitations, the qualitative descriptive design allowed for an in-depth and rich exploration of the unique roles and experiences of NPs and their patients that were drawn from a diverse range of clinical units across a large academic hospital strengthened the findings by capturing a broad spectrum of experiences within the urban healthcare ecosystem. Patient perspectives were also more prominent than NP perspectives in the illustrative quotations in this manuscript.

4.2 Implications for practice and future research

Implications from study findings include providing a deeper understanding of the patient experience and outcomes and the value they ascribe to NPs. Health systems should recognize and intentionally leverage the unique strengths of the NP role and NPs impact on enhancing patient experience, outcomes and system performance. This includes advancing care models that prioritize continuity and position NPs as consistent points of contact, while empowering them to lead patient centred, humanistic care. Promoting the NP role as a leader in patient-centered, humanistic care can also serve as a strategy to combat the depersonalizing effects of a high-pressure and uncertain clinical environments. This study serves as a foundation for further exploration into how the specific themes of NP care, knowledge, constant presence, humanistic care, and trust can be measured and correlated with patient outcomes in various clinical contexts. Additionally, exploring these themes across different cultural contexts and a wider variety of hospital settings could provide a more generalizable understanding of the NP role's value.

5. Conclusion

This study addresses a critical gap in understanding the holistic impact of NPs on patient experiences in a post-pandemic hospital system. The COVID-19 pandemic exposed and intensified existing system vulnerabilities, including fragmented care, missed nursing care, and patient satisfaction. Our findings demonstrate that NPs, through their unique combination of clinical competence, consistent presence, and compassionate and humanistic care, are uniquely positioned to mitigate these challenges. The four themes identified in this study collectively articulate the profound and multidimensional impact of NP practice on patient experience, care quality outcomes, and functioning of the healthcare system. Study findings call for health system leaders and policymakers to recognize and leverage the unique role of NPs and their contribution to providing integrated, compassionate care. Future research should further explore how these themes interact across diverse clinical and organizational contexts to inform workforce design, policy, and sustainable models of integrated care within hospital systems.

Acknowledgements

The authors would like to thank all participants for their time and valuable contributions to this study.

Authors contributions

Authors have contributed equally to this publication. Study conception and design – RE Dr. LJ. Study execution, recruitment and data collection – RE and Dr. ICVF. Data analyses and manuscript writing – RE, Dr. LJ, Dr. VW and Dr. ICVF.

All authors read and approved the final manuscript.

FUNDING

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors in Canada. One of the authors (RE) received funding as part of a research fellowship from the Azrielli Foundation for the conduct of the study by the Centre for Nursing Excellence, Science of Care Institute, Sinai Health, Toronto, Canada.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

ETHICS APPROVAL

The Publication Ethics Committee of the Association for Health Sciences and Education.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

PROVENANCE AND PEER REVIEW

Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

OPEN ACCESS

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (http://creativecommons.org/licenses/by/4.0/).

COPYRIGHTS

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

REFERENCES

[1] Fowler LH, Landry J, Nunn MF. Nurse Practitioners Improving Emergency Department Quality and Patient Outcomes. Crit Care Nurs Clin North Am. 2019; 31(2): 237-247. PMid:31047096 https://doi.org/10.1016/j.cnc.2019.02.010

[2] Ben Natan M, Revach M, Sade O, et al. Patient perspectives on the role of orthopedic nurse practitioners: a cross-sectional study. BMC Nurs. 2024; 23(1): 383. PMid:38840109 https://doi.org/10.1186/s12912-024-02014-8

[3] Kilpatrick K, Savard I, Audet LA, et al. A global perspective of advanced practice nursing research: A review of systematic reviews protocol. PLoS One. 2023; 18(1): e0280726. PMid:36693061 https://doi.org/10.1371/journal.pone.0280726

[4] McMenamin A, Turi E, Schlak A, et al. A Systematic Review of Outcomes Related to Nurse Practitioner-Delivered Primary Care for Multiple Chronic Conditions. Med Care Res Rev. 2023; 80(6): 563-581. PMid:37438917 https://doi.org/10.1177/10775587231186720

[5] Jackson J, MacKean G, Cooke T, et al. Patient and provider experiences with relationship, information, and management continuity. Patient Experience Journal. 2017; 4(3):38-47. https://doi.org/10.35680/2372-0247.1192

[6] Razavi M, O'Reilly-Jacob M, Perloff J, et al. Drivers of Cost Differences Between Nurse Practitioner and Physician Attributed Medicare Beneficiaries. Med Care. 2021; 59(2): 177-184. PMid:33273295 https://doi.org/10.1097/MLR.0000000000001477

[7] Kinchen E. Holistic Nurse Practitioner Care Including Promotion of Shared Decision-Making. J Holist Nurs. 2022; 40(4): 326-335. PMid:34894839 https://doi.org/10.1177/08980101211062704

[8] Al-Suwait FR, Aldhafeeri DD, Al Shammari HA, et al. Nurse-Patient Relationship Dynamics: A Systematic Review of Factors Influencing Treatment Compliance and Health Outcomes in Chronic Disease Management. Journal of International Crisis and Risk Communication Research. 2024; 871–882. https://doi.org/10.63278/jicrcr.vi.550

[9] Bahari Z, Vosoghi N, Ramazanzadeh N, et al. Patient trust in nurses: exploring the relationship with care quality and communication skills in emergency departments. BMC Nurs. 2024; 23(1): 595. PMid:39183274 https://doi.org/10.1186/s12912-024-02241-z

[10] van Dusseldorp L, Groot M, Adriaansen M, et al. What does the nurse practitioner mean to you? A patient-oriented qualitative study in oncological/palliative care. Journal of Clinical Nursing. 2019; 28(3-4): 589–602. PMid:30129072 https://doi.org/10.1111/jocn.14653

[11] Varghese A, Khakha DC. Attributes of compassionate care in clinical nursing practice from the perspectives of patients and nurses-A systematic review. J Educ Health Promot. 2025; 14: 110. https://doi.org/10.4103/jehp.jehp_1872_23

[12] Khaleghi AA, Mohammadi M. The concept of compassionate care in nursing: a meta-synthesis. Nursing and Midwifery Studies. 2024; 13(3): 174-181.

[13] Heale R, Pilon R. An exploration of patient satisfaction in a nurse practitioner-led clinic. Nurs Leadersh (Tor Ont). 2012; 25(3): 43-55. PMid:23010919 https://doi.org/10.12927/cjnl.2012.23056

[14] Haas D, Pozehl B, Alonso WW, et al. Patient satisfaction with a nurse practitioner–led heart failure clinic. The Journal for Nurse Practi-

tioners. 2023; 19(4): 104496. https://doi.org/10.1016/j.nurpra.2022.11.006

[15] Ahmed SK. The Impact of COVID-19 on Nursing Practice: Lessons Learned and Future Trends. Cureus. 2023; 15(12): e50098.

[16] Thomas CD, Feyereisen S, McConnell WR, et al. COVID-19 and nurse practitioner autonomy: a quantitative analysis and analytic narrative of nurse practitioner professionalisation amid physician dominance. Health Sociol Rev. 2025; 34(3): 245-261. PMid:40383526 https://doi.org/10.1080/14461242.2025.2504896

[17] O'Reilly-Jacob M, Perloff J, Sherafat-Kazemzadeh R, et al. Nurse practitioners' perception of temporary full practice authority during a COVID-19 surge: A qualitative study. Int J Nurs Stud. 2022; 126: 104141. PMid:34923317 https://doi.org/10.1016/j.ijnurstu.2021.104141

[18] Stucky CH, Brown WJ, Stucky MG. COVID 19: An unprecedented opportunity for nurse practitioners to reform healthcare and advocate for permanent full practice authority. Nurs Forum. 2021; 56(1): 222-227. PMid:33047352 https://doi.org/10.1111/nuf.12515

[19] Morse JM. The significance of saturation. Qualitative Health Research. 1995; 5(2): 147–49. https://doi.org/10.1177/104973239500500201

[20] Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. International Journal of Qualitative Methods. 2006; 5(1): 80–92. https://doi.org/10.1177/160940690600500107

[21] Braun V, Clarke V. One size fits all? What counts as quality practice in (reflexive) thematic analysis? Qualitative research in psychology. 2021; 18(3): 328-52. https://doi.org/10.1080/14780887.2020.1769238

[22] Ryan GW, Bernard HR. Techniques to identify themes. Field Methods. 2003; 15(1): 85–109. https://doi.org/10.1177/1525822X02239569

[23] Lemire F. Continuity of care: A thing of the past?. Can Fam Physician. 2021; 67(6): 470. PMid:34127474 https://doi.org/10.46747/cfp.6706470

[24] Kim EJ, Koo YR, Nam IC. Patients and Healthcare Providers' Perspectives on Patient Experience Factors and a Model of Patient-Centered Care Communication: A Systematic Review. Healthcare (Basel). 2024; 12(11): 1090. PMid:38891165 https://doi.org/10.3390/healthcare12111090

[25] Squire CM, Giombi KC, Rupert DJ, et al. Determining an Appropriate Sample Size for Qualitative Interviews to Achieve True and Near Code Saturation: Secondary Analysis of Data. J Med Internet Res. 2024; 26: e52998. PMid:38980711 https://doi.org/10.2196/52998

[26] Deschodt M, Heeren P, Cerulus M, et al. The effect of consultations performed by specialised nurses or advanced nurse practitioners on patient and organisational outcomes in patients with complex health conditions: An umbrella review. Int J Nurs Stud. 2024; 158: 104840. PMid:38945063 https://doi.org/10.1016/j.ijnurstu.2024.104840

[27] Flowers SD, Guillén-Solà M, Sansó N, et al. Compassionate Care: A Qualitative Exploration of Nurses' Inner Resources in the Face of Burnout. Nurs Rep. 2024; 14(1): 66-77. PMid:38251184 https://doi.org/10.3390/nursrep14010006

[28] Kondaguli SV, Rana S, Balagar N. Compassionate nursing care: A refined approach to facilitate healing – An expository perspective review. International Journal of Health Sciences and Research. 2023; 13(9): 68–78. https://doi.org/10.52403/ijhsr.20230912

[29] Kitson AL. The Fundamentals of Care Framework as a Point-of-Care Nursing Theory. Nurs Res. 2018; 67(2): 99-107. PMid:29489631 https://doi.org/10.1097/NNR.0000000000000271

[30] Doyle L, McCabe C, Keogh B, et al. An overview of the qualitative descriptive design within nursing research. J Res Nurs. 2020; 25(5): 443-455. PMid:34394658 https://doi.org/10.1177/1744987119880234

[31] Ghafourifard M, Zamanzadeh V, Valizadeh L, et al. Compassionate Nursing Care Model: Results from a grounded theory study. Nurs Ethics. 2022; 29(3): 621-635. PMid:35100909 https://doi.org/10.1177/09697330211051005

[32] Cowley A, Cooper J, Goldberg S. Experiences of the advanced nurse practitioner role in acute care. Nurs Older People. 2016; 28(4): 31-36. PMid:27125941 https://doi.org/10.7748/nop.28.4.31.s23

[33] Htay M, Whitehead D. The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review. Int J Nurs Stud Adv. 2021; 3: 100034. PMid:38746729 https://doi.org/10.1016/j.ijnsa.2021.100034