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Author(s): Karvonen, Eira; Laitinen-Väänänen, Sirpa; Paatelma, Markku; Roine, Minna; Heinonen, Ari

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•The first two authors separately made the initial analyzing phase by reading the texts carefully in searching the themes discussed in the text, and to get an overview of the content.

 •Then analyzing focused on the similarities and differences in the text. Each content related theme that were found were marked and then the similar themes were compound into the same sub-category

 •Next, the authors sit together by discussing their categorizing.

Phase 3

 •The extracts that were difficult to categorize or where different interpretations were made, were further assessed together and their final place in sub-category were decided together.

Phase 5

•Then, by analyzing and considering the sub-categories in the line of the research questions, the formulation of the main-category were made together.

Figure 1. The five steps of qualitative content analysis, adapted from Graneheim&Lundman (2014)

DATA CATEGORISATION		
SOME TEXT EXAMPLES	SUBGATEGORIES	MAIN GATEGORY
PtE13 Direct access has worked well, work is suitably challenging, the assurance of experience is important PtE16 Direct access action is meaningful and in a good way challenging PtE17 I feel comfortable in my work PtB10 At first, the action was challenging, education has brought self-confidence, can help clients. The action has brought the desired challenge and change to the image of the job and added the meaningfulness of work PtB11 Training has increased skills, improved professional self-esteem and motivation to study further	WORK PERSPETIVE	
PtE5 Clients` feedback is positive and rewarding PtE7 The client can quickly get examination and instructions - accelerates their return to work PtE11 Patients satisfied, when you get quick instructions on self-care PtB7 Clients feel that they will be consulted and investigated properly PtB11 Patients get the guidance they need quicker and are really satisfied PtB12 Direct access accelerates the client's treatment, and self-care	CLIENTS' PERSPECTIVE	MEANINGFULNESS OF WORK
PtE2 In general, the clients` access is very fluent PtE3 Clients` access via triage nurse is generally functional PtE13Co-operation with the rest of the startant PtB5 Co-operation with colleagues works, PtB15 Physician's consultation worked well PtB16 Although co-operation with colleagues works, there is always a need to brief a new staff PtE= experienced, PtB=beginners Figure 2. Data categorisation of open-ended questions.	WORKING COMMUNITY PERSPECTIVE	

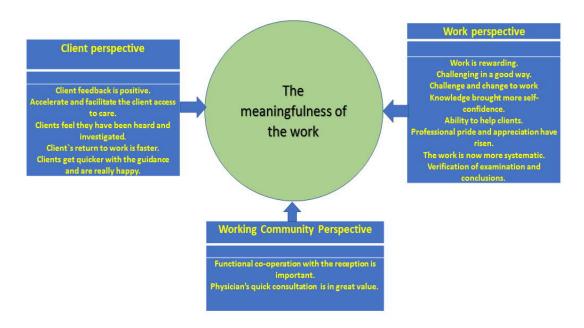


Figure 3. Summarised results about physiotherapists' experiences of their direct access practice

Eira Karvonen 2018