Appendix 2. Extract of the Story table

Data was captured into the SenseMaker® Collector software, from where self-interpretated data was exported into R studio version 1.1.463 (2009-2017) for statistical exploration of the quantitative data. The micro-narratives (story prompts), title and metaphors were exported as a story table into a Microsoft excel spreadsheet.

NarrID	StoryTitle	Story	Metaphor
18	Overcrowded	The biggest issue in our EC is overcrowding especially the boarders - patients that are admitted to the wards but remain in the EC waiting for a bed often for 2-3 days. We have 17 trolleys and regularly have 30-40 patients physically in the EC. This means that sick patients have to sit on chairs - making it difficult to nurse them or examine them - and of course it is extremely unpleasant to sit on a chair when one is ill. It also means that we are unable to offload patients from ambulances when they arrive leading to delay in ambulance offload and the consequence that EMS is unable to respond to the next calls waiting. My biggest issue is the toll that the boarding patients have on the EC nursing staff. They require cleaning regular medication and observations. This renders the EC staff unavailable to perform their core duties which is triage and management of the acutely unwell EC patient. Because they have to do regular medication and observation rounds for the admitted patients they end up delaying triage for the newly arrived EC patients. We know that triage saves lives and delayed triage means that staff may be unaware of how ill a patient is for an extended time after they arrive in the EC. There is a set ratio for nurses:patients in the wards however our nurse:patient ratio is way above what is tolerated in the wards because nursing ratios are calculated on bed numbers (17) not the actual number of patients in the EC (30-40). The second big concern is the interruptions our staff are subjected to - from tasks needed to be done or queries from admitted patients or their relatives. Constant interruptions interfere with tasks	Being a fish in a glass bowl waiting for someone to clean the water because there is no system that does so constantly to maintain cleanliness and oxygen.

		they are required to do for the EC patients and distract critical thought processes in a high-density decision-making environment. Finally the sheer numbers of people in the EC makes it hard to move and work in. the EC. In my experience the inpatient teams have done very little to address their bed pressures by improving patient flow - there are poor discharge planning processes and very little active bed management. This leaves the burden on EC staff - both clinical and managerial.	
63	Nightmare in EC	1) Motivated as I participate in resuscitation2) Threatened by community - family3) Life is unpredictable4) Shouted at5) Discriminated of race6) Being reminded that I'm from the [redacted]7) Hero as I save the life of patients8) Looking forward to next day	...
19	The normal crazy	Psychiatric patients attempting to absconded and injure staff whilst another stab chest arrives	A warzone
10	EC war zone	Being in the EC is about being constantly aware. It's similar to a war zone and you need to be on your toes - always vigilant for the distraction that is going to break the flow of the team. The leader needs to be situationally aware and take on the threats when they arrive to protect their juniors	playing 20 speed chess games at once
69	Resus room	I work in the resus area and there is no time to orient new people you must know what's going on to work here and must be clear about what you are doing. When the doctors are around you work easy progress is smooth. If there is no doctors we are not going anywhere don't have beds can't move. You must count the time when patients are in resus for more than four hours you must tell the doctors to decide. Visitors - you must restrict them. If you allow visitors they cause chaos and it takes time. Not even relatives they come here and they are a friend just here to find out what is happening and go tell others. Illness of patient is a secret. Confidentiality is important. When you are in the emergency don't run go slow don't run but be fast. Else you cause another injury like the trolley can	learning opportunity all the time

		swing out and hit another one or a patient. We allocate the same people to same place nurses in resus need to know the unit. If you are keen to learn this is a nice place it's nice to work here we don't nurse patients fro long in and out. You learn a lot	
22	No orientation	Firstly in our unit you arrive and you must fall in there is not much of an orientation. We are told to just ask the nurses if we have any issues or need to know anything	each day is a surprise
26	Interruptions	Multiple people (staff patients and family members) interrupt you while you are showing your colleague aroundAt least 1-2 times every 30 minutesOne way to avoid it is to make notes at the patients bed or dedicate one person for enquiries	Interruptive
27	Frequent Flyers	The patient had seizures this happens all of the time. Patients are on chronic medication but they are non-compliant and then when they have seizures it is an emergency. Or this specific patient won't stop drinking he is here all of the time. And then he tells us that he doesn't drink. It is such a waste of our time and resources to manage these patients that should be looked after at the CHC's and should take their medication. We explain and explain and explain until we are blue and they just keep coming back.	being a safety net for other's
7	Get the job done	EC is always challenging. Always be alert and mentally prepared and get the job done	Like going to war