

## Participants' citations related to the identified facilitators and barriers of PCC

Micro Level	
Codings for facilitators and barriers code description	Participants' citations
<b>Responsibilities and characteristics of patients</b> - activities & responsibilities, patients have to take over independently to facilitate and improve their care - patients' behaviours, which facilitate or impede PCC provision)	<ul style="list-style-type: none"> <li>• “So I said to him, “I’m very scared, could you be a bit careful – or talk to me?” Then he knew what was going on and could act accordingly, and that made it much easier in the end”. (17)</li> <li>• “I don’t need to do any injections, take any tablets, or anything. But only as long as I take care of it myself, you know?” (10)</li> <li>• “I move home a lot, so especially when a new GP in a new town asks “So, have you got your records?” Well, eventually I started collecting everything from my past, more or less.” (25)</li> <li>• “I think it was kind of a three-part solution: the operation went well, then I stuck to the rules, and then I did the physiotherapy.” (18)</li> <li>• “I believe you have the best experiences when you take an active interest yourself – so you don’t call the doctor every time you feel a little poorly and you take responsibility for your own health instead. But on the other hand, you need to speak openly about what you want, or what’s wrong with you. And don’t be vague – saying “I don’t feel well,” or whatever. Try to be specific about what the problem is.” (18)</li> <li>• “Yeah, I mean, any fool knows to take their car for a regular MOT, get their tyres changed for the winter and have everything checked over. So above all else, I should do the same for my body. So I think you have to take a lot of responsibility for your own health.” (18)</li> <li>• “As a patient in that kind of situation, you have to remain vigilant, play an active role in the process – think for yourself, be assertive, you know? And you can’t expect that from a patient – you can’t expect them to be able to think about things first and be assertive. That’s not how things work, is it?” (23)</li> <li>• “Or you need to pay quite a lot of money – depending on when you want the space. [Space in a dementia care facility]” (21)</li> <li>• “Because I always have to pay extra for compression socks – but you do notice that actually, when you still constantly pay have to extra.” (25)</li> <li>• “And I mean it’s common that you essentially have to take a lot of responsibility for things yourself. When it comes down to it, it can feel a bit isolating sometimes. Especially with things like when one doctor refers you to another – then you’re expected to more or less trust them immediately, automatically.” (6)</li> <li>• “Because if I don’t like something, I say it. But I don’t mean just whining for the sake of it. I try to express my concerns reasonably and make it clear to him that I don’t agree with it – either because he’s not explained it to me well enough or because I know for myself that you don’t need it.” (18)</li> </ul>

<p><b>Professional skills of clinicians and contact persons</b></p> <ul style="list-style-type: none"> <li>- skills relating to the professional qualification of staff</li> <li>- skill portfolio &amp; diversity</li> <li>- continuous training &amp; breadth of knowledge</li> <li>- professional soft skills (e.g. active listening, explaining, understanding of professional role)</li> <li>- ways in which professional skills facilitate or impede PCC provision</li> </ul>	<ul style="list-style-type: none"> <li>• “Most of all, what I never really experienced for some reason, and still don’t sometimes – I mean, it could be different with this doctor, I don’t know – I’d like them to put a bit more emphasis on natural healing stuff, you know? Instead of always taking the nuclear option, using a sledgehammer to crack a nut, you know?” (16)</li> <li>• “Yes, I mean “experienced” in the sense or “professional,” that was the impression I got. That the people knew what they were doing. I didn’t see anyone who was panicking or looked like they needed help.” (17)</li> <li>• “I mean, I’m getting on, and so my doctors are, too. I don’t get on well with younger ones, because they seem to me like they lean too heavily on medical equipment and appliances. And that wasn’t the case with the older ones – you’d known them for over ten, twenty years, so they know what your issues were and what to do about them, you know?” (18)</li> <li>• “There are also a lot of doctors who don’t have much experience with dementia – I didn’t either until my husband got the condition. I mean, you have to speak really slowly, even if he doesn’t understand everything, so it’s a completely different way of talking. And if you don’t have that experience as a doctor then – well, it’s not great for the patient.” (21)</li> <li>• “She would have treated me like any other patient who doesn’t take blood thinners, which would be – I mean, even my tooth – if she slips, I could start bleeding, and then I’d really start bleeding.” (25)</li> <li>• “And the GP – well, firstly, I’d say he knows me pretty well. And secondly he seems in good shape. Even if he’s just my GP, of course, whose practice is just around the corner. But that’s the most important thing for me, actually.” (6)</li> <li>• “Maybe that’s one of his characteristics: he’s not just a medical expert – whatever he studied, I’ve no idea what he specialised in – he’s got an additional qualification too, it says it on his sign. A diploma in Psychology. And he doesn’t offer psychological consulting as far as I know; he’s just a general doctor. But I think that’s why he’s maybe better than your average GP – because he’s got that extra qualification in psychology. That means he’s qualified to engage with his patients a bit more on a personal level. Not just, “Hello – here’s your medicine – bye!” He treats his patients like people.” (6)</li> <li>• “Sometimes the best doctors are the ones who know so much that they don’t just give you an injection – they tell you, “In my experience, you don’t actually need this injection.”” (6)</li> <li>• “And she just took one look and said, “Here’s your diagnosis”. And she said she didn’t understand how all the other doctors I’d been to hadn’t recognised it.” (9)</li> <li>• “I just had pains that no one had ever taken seriously. It wasn’t until I was in my early twenties, when I met a consultant at (hospital name) – he saw me come in and said “I know what’s wrong with you.” He prescribed me corrective shoes, took me off all the pills, and then I could walk.” (9)</li> <li>• “As a patient, I can’t keep track of where everything comes from anymore. And no-one seems to care. I’ve always dreamed of finding a doctor who specialised in holistic medicine – someone who would look</li> </ul>
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	<p>at my body as a whole and see how the different issues affect one another.” (9)</p> <ul style="list-style-type: none"> <li>• “That kind of active listening plays an important role, especially in discussions between a patient and their doctor. He didn’t do it.” (23)</li> <li>• “I changed GP recently. I just felt that with this genetic defect and the embolism, my previous doctor – while she was great for me on a personal level – sometimes wasn’t so good on the technical side.” (24)</li> <li>• “Because he was technically good, you know? But most of all, I was able to say to him, “Mind your tone – if you want to tell me something, you shouldn’t say it like that.” And then he said he was really glad I wrote him that letter. And that was such a positive experience: to be able to go in to see a doctor and make yourself understood, and let them know if you’re not happy with something.” (21)</li> <li>• “So I’d like my doctor to actually say to me, “I don’t know,” if it’s not his field or whatever. I mean, it’s only human really, if you can’t do everything. And then he should have sent me straight to the vascular surgeons, but – well, at first he didn’t really want to sign the referral.” (25)</li> <li>• “Then I’d say, for me, good treatment is a combination of mutual respect – a good relationship – and then really high quality on the medical side. Those two components, basically.” (21)</li> <li>• “Well, for me it’s definitely important. If I notice someone has the medical expertise but I don’t really get on with them or whatever – then it’s definitely important for me to be able to express that.” (21)</li> <li>• “Well, firstly the staff here were very competent: starting with the lady at reception, where you sign in when you arrive, and then the kitchen staff, the doctors, psychologists, psychiatrists, sports therapists, occupational therapists, art therapists – there was no-one who really made you think... You could tell they really liked their jobs.” (11)</li> </ul>
<p><b>Personal characteristics of clinicians and contact persons</b></p> <p>- any personal characteristics, which shape the contact persons’ style of interaction and relationship with the patient</p> <p>- ways in which personal characteristics facilitate or impede PCC provision</p>	<ul style="list-style-type: none"> <li>• “He was rushing so much and he wasn’t really listening anymore. And he was already heading for the door, like he was going to leave – and I wasn’t finished talking. I was still sat there, and he was already at the door.” (12)</li> <li>• “They were nice and friendly. They said hello, asked, “How are you doing today?” and so on. They didn’t just bluntly wander in, do something and then rush out again.” (17)</li> <li>• “And next time I was there, I could tell he’d been thinking about it. He said as well, “For some reason I couldn’t stop thinking about it.” And then he explained that he wanted to give me this – what was it now? A probiotic. But because my immune system was already weaker than usual, he couldn’t. It could lead to an exacerbation in my intestines and so on. But at least he’d explained it to me very well again, and I could see that he cared – that my concerns mattered to him, you know?” (16)</li> <li>• “Well, he said that it ran in his family, too. And when I was there for the second time, I think, the results from my lungs were much better, and he was practically jumping for joy because he was so happy about it. And it was infectious – I actually felt really good when I left.” (24)</li> <li>• “I worry, but they don’t leave me alone with my worries. They speak to me. I ask very specific questions and they notice I’m scared, and then we talk about it, too. They don’t try and dismiss it, tell me it’s not that bad or</li> </ul>

	<p>that it depends on the weather. They say, “These are the risks, these are the dangers. Don’t go on holiday on your own, don’t go hiking in the Norwegian wilderness” – all that kind of thing.” (20)</p> <ul style="list-style-type: none"> <li>• “He just knew, “Okay, (patient name) is done. Done with the world.” And somehow he managed to connect with me, you know? Or I connected with him, in the end.” (16)</li> <li>• “It was the human side, too: you’re not just sitting in front of someone who’s only communicating in writing, who doesn’t even look at you or acknowledge you. And you’ll notice with me – well, let’s just say that if there’s something troubling me, I need to get it off my chest.” (5)</li> <li>• ““And if you’re going to do that, then please tell me, otherwise I won’t be ready. I get scared very easily.” And then she was very dismissive; she said, “Well, I didn’t know you were going to be so sensitive.”” (17)</li> <li>• “Well, I think I would have liked a little empathy. For instance, he could have said, “[...]. And I understand it’s not an easy decision for you to make, but I would advise you do it.” So he could have started off a little differently, and then said, “But based on your symptoms, I really think this is the right thing to do.”” (21)</li> <li>• “And most importantly, he tells me when one type of therapy or other doesn’t make sense for me anymore. “The cartilage is gone, why would I give you a hyaluronic acid injection? That would just be fleecing you. Nothing else is going to build back up there; it won’t work. It’s too late for that, you know?” He could just as easily say, “Okay, I’m going to give you this and this, and it costs this much” – because it’s not covered by the insurance, you know? And I wouldn’t be able to pay for it anyway. But that honesty, I like it, you know? After all, I’m honest with him.” (13)</li> <li>• “And to start with he was just sat in his armchair like a friendly old uncle, just listening to me. And it was really nice, you know? He didn’t just get straight down to business. He didn’t just say, “Okay, let’s have a look,” then start shoving medical instruments in me or whatever. He actually listened to me, then really calmly, he said, “I’ll need to take a quick look.” And he explained everything to me, and that was great.” (17)</li> <li>• “She’s very laid back. She doesn’t speak in medical jargon all the time – she’s very easy to understand. And I really like that; it shows that she cares.” (25)</li> <li>• “Yes, she [the Nursing Director] made time for us. She kept coming back now and then, and she spoke to my husband, too. There were so many things that had gone wrong, and she always showed an interest.” (22)</li> <li>• “The doctor’s attitude towards me, the way he was lounging on his chair...” (10)</li> <li>• “Yes, absolutely. I usually reply, “I may be old, but I’m not stupid!” And that works. It shocks them when you just come out and say it, you know? And sometimes they start apologising: “Oh God, I’m sorry, did I say something wrong?” And I say, “Yes, you did.”” (20)</li> <li>• “Well, firstly the staff here were very competent: starting with the lady at reception, where you sign in when you arrive, and then the kitchen staff, the doctors, psychologists, psychiatrists, sports therapists, occupational</li> </ul>
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	therapists, art therapists – there was no-one who really made you think... You could tell they really liked their jobs.” (11)
<b>Physical and emotional well-being of clinicians and contact persons</b> - situations in which the well-being of staff members facilitated or impeded PCC provision - reasons, why well-being of staff members facilitated or hindered PCC provision	<ul style="list-style-type: none"> <li>• “So you have to wait for a long time. The practice was very full, very busy – overrun, it seemed to me.” (17)</li> <li>• “You need to be patient, I think. You can’t just expect it of others – you need to show a little understanding yourself, you know? The doctors have a lot on their plates, right? And you need to remember that as a patient, I think.” (8)</li> <li>• “Of course, I understand that they’re often overrun, the GPs and their practices. But why should I be the one who suffers for that, you know? I mean, that isn’t right. You know?” (12)</li> <li>• “It is what it is. Looking back, I think, “That poor young woman, I overwhelmed her.” I think that sometimes.” (5)</li> <li>• “And they [staff members] are all stressed out, you notice this.” (21)</li> </ul>
<b>Intervention</b> - characteristics of intervention, patients regard as facilitating PCC - valuation of characteristics - expectations towards patient centered interventions	<ul style="list-style-type: none"> <li>• Interviewer: “How did you know that you were getting good medical care?” Participant: “Well, I felt better afterwards, didn’t I?” (3)</li> <li>• “I have to say, I felt well looked after, well cared for, in a purely medical sense. Maybe that’s not the right word, but I kept getting stronger physically, you know?” (10)</li> <li>• “I complained once that the tablets were too big – that they were hard for me to swallow. Once, I almost choked! And since then, I’ve always said, “No, they need to be powdered.”” (1)</li> <li>• “And with me it took less than a week – my situation improved thanks to the therapy with [medication]. And I was really pleased with that – that it went a bit faster, then.” (15)</li> </ul>

Meso Level 1&2	
Codings for facilitators and barriers code description	Participants' citations
Process of care within an organization (and across organizations)	
<b>Coordination of care</b> - experience of coordination of care and explanations whether and how this facilitated or impeded care being experienced as patient centered - aspects of coordination which are perceived as important to receive PCC	<ul style="list-style-type: none"> <li> <p>“On Monday morning they said “Hmm, sorry, but we’ve had to call off [the operation]. There’s been an emergency.” Okay, that kind of thing can happen. I’ll wait another day, it’ll be fine. Then in the morning, I think, they got me ready and made sure everything was in place, then they took me to be prepped – not straight to the operation prep room though. They put me in some kind of waiting room where there were several beds, but I was on my own. They left me lying there for four hours, while [my family] were sat there worrying. My operation was scheduled for twelve or whenever, but nothing happened – no one came to tell me I’d have to wait a bit longer. Then quite a bit later, a cleaning lady turned up with her mop and bucket, and she said, “Oh, you’re still here!” It took quite a long time, I have to say. Of course, they told me there had been another emergency and so on. And then he said, “They might schedule another operation for you, at eight o’clock this evening.””</p> <p>I: “Okay.”</p> <p>B: “I was lying there for quite some time again. And then someone else came in and said, “No, sorry, we won’t be doing it today after all.” Hmm, I mean, it makes you think, of course. It’s all about this, you know?” [Points to heart] (4)</p> </li> <li> <p>“There’s so much needless repetition. You give them the results from your GP, and they say, “Those are from another lab, we’re not interested. We’ll do them all again.”” (23)</p> </li> <li> <p>“If a doctor or whoever says, “We’re going to do this and this and this,” so the next doctor and the nursing staff are all kept in the picture – then I know that everything works hand in hand, and that the communication is good.” (21)</p> </li> <li> <p>“I came in and they examined me, then I was just sitting there and sitting there, and they ended up forgetting me.” (22)</p> </li> <li> <p>“Now and then I feel a bit like it’s a bit of a hassle – when there’s nothing wrong with me at that moment, then I think “Hm, I need to go to the doctor’s again.” It’s not a big thing, it’s no real effort, but it always happens at the wrong time – when you’re just about to leave the house.” (10)</p> </li> <li> <p>“Okay, so we sent them our documents and records, right? Mine and my daughter’s. Recommendations from therapists on both sides – my daughter had a psychiatrist, of course. So we’d sent them a lot of information, and recommendations for this one facility. We sent them to our health insurance company first, but they said, “That’s not our area – you need to speak to your pension insurance company. We’ll pass your documents on to them.” So we waited, and waited, and waited. And after three months, I thought,</p> </li> </ul>



	<p>“I’ll just ask politely and see how things are going, what the status is.” Then they said, “We haven’t received any documents.” I said, “You can’t be serious. That’s confidential information – doctor’s letters for me and my daughter! The health insurance people assured me you’d received them – I have the date they sent them off right here.” “Nope, we don’t have anything.” Okay, so I called the health insurance company again and spoke to them. And at some point they said there was an association I could speak to that helped in situations like this. So I went there...” (11)</p> <ul style="list-style-type: none"> <li>• “But they [the nursing staff] were always paying attention, so if you had any kind of issues, they would pass it on and a doctor would turn up.” (12)</li> <li>• “I think that [medical care units] would be good. I wouldn’t need to keep going back and forth, driving up there and so on. I’ve got a friend whose husband is really ill with cancer, and she said all the driving is a nightmare, you know? Therapy here, another thing there, then back to the urologist. If it was all in one practice it would save so much time, you know? Not to mention stress.” (13)</li> <li>• “Nope, no-one told me anything. I had to find the doctor’s office myself. And sometimes I had to ask, “Er, hold on, what’s going on here? Just one nurse comes in here and tells me I need to go to another hospital – what’s going on?”” (14)</li> </ul>
<p><b>Continuity of care</b> - experience of continuity of care and explanations whether and how this facilitated or impeded to care being experienced as patient centered - aspects of continuity which are perceived as important to receive PCC</p>	<ul style="list-style-type: none"> <li>• “Well, personally I find it a bit difficult to get used to someone new – or if I’m expecting someone else it confuses me for a second, and I need to readjust. And then I might have to start from the beginning and explain everything yet again; it’s a bit difficult.” (17)</li> <li>• “I’m meant to be receiving continuous treatment at the Breast Centre, but every time I’m there it’s a different doctor. You don’t get chance to establish a rapport with anyone. They can’t go, “Oh, she was dealing with that last year, let’s see how it’s developed.” And I miss that.” (9)</li> <li>• “Well, I’m getting continuous check-ups [in the Disease Management programme] again, too. I feel well looked after.” (8)</li> <li>• “Patient-centred”, they call it. Everything’s provided for the patient – if they can’t look after themselves, you know? If there are no family or friends looking after them. People should be paying a lot more attention to the patient’s interests and personal situation – making sure they understand what’s going to happen with them, you know? If they ask whether they can go back home and don’t know what’s going on. I’m not going to go home and lie around unable to do anything, you know?” (23)</li> <li>• “Basically, it comes down to the doctor [GP]. I’ve been to other doctors occasionally, but you hardly know them, so you don’t have that same relationship and trust. And the GP – first and foremost, I think he knows me quite well.” (6)</li> <li>• “But then you get a phone call at home: “What’s wrong with you?” I’ve noticed that before. “Are you going to keep coming in or not? How are you doing?” That’s great.” (22)</li> <li>• “But when I really need to see a doctor, so for example when there I have a really urgent problem and need to see the doctor that day, I just go to see any doctor for treatment, but if it not really urgent, I make sure to see the doctor I trust in, the one who knows me.” (12)</li> </ul>
<p><b>Flexibility of care</b></p>	<ul style="list-style-type: none"> <li>• “And he’s also flexible with his time. I mean, he has his fixed hours, you know? And his consulting hours are fixed too, but he sticks to his schedule</li> </ul>

<p>- experience of flexibility in care and explanations whether and how this facilitated or impeded to care being experienced as patient centered</p> <p>- aspects of flexibility which are perceived as important to receive PCC</p>	<p>really well, and it's really easy to alter your appointment with him if you need to. So he's flexible, and I can decide when my appointment will be." (15)</p> <ul style="list-style-type: none"> <li>• "But then they also gave me the option straight away: "If we can't get the child to calm down here, then you can stay here." Then I'd get a bed in the room, too. That was great." (8)</li> <li>• "And I thought it was really good that they decided on a case-by-case basis to keep me there." (15)</li> </ul>
<p><b>Timeliness of care</b></p> <p>- situations in which timeliness of care influenced PCC provision</p> <p>- when is timely care necessary to meet the patient's needs and preferences</p> <p>- situations in which timely care is more/less relevant for experiencing care as patient centered</p>	<ul style="list-style-type: none"> <li>• "You need to make an appointment to speak to the specialist. And I can't say I've really had a positive experience outside of this rehab facility, you know? You're a patient – they do the bare minimum for you, and if that's not enough you need to come back, or you're sent away. You often feel like you're just in the way." (11)</li> <li>• "But in a lot of cases where you're really in pain, you just have to wait, and you're sent away." (11)</li> <li>• "So I went to two dermatologists, and the first one said, "We don't have any appointments free, you'll have to come back in six months." So I say, "But I don't know if I'll even still have the rash in six months. Don't you have special consulting hours for acute cases?" Apparently they didn't. So I went to the next dermatologist: "Five months." So I said, "I don't know if I'll still have it in five months." (13)</li> <li>• "If I've got an acute illness, I want to be given an appointment or taken on straight away, you know?" (13)</li> <li>• "I came to the outpatient's department there, and they decided straight away that it was an emergency, and that they wanted to operate on the same day. The whole procedure was organised perfectly; the anaesthetist came straight away and they slotted the operation in in the evening, so to speak. They let me stay overnight and looked after me really well. You could tell that it was actually an outpatient case, but I didn't have anyone to look after me, because I'm on my own." (15)</li> <li>• "And then the fact that everything had to be sorted out so quickly with a place in a hospice, which we hadn't been able to get... That's the problem. And then in the end they put you back in the ward, you know? Like they're saying, "If we can't find a space then the ward will just have to keep the patient. We can't exactly shoot him in the head," you know? Pretty crazy, right? We couldn't take him home with us either, and you can't put a 52-year-old in a home for the elderly – and they're all full to the brim, anyway, the hospices too. You know? He needed his medication, he needed round-the-clock care – we wouldn't have been able to afford that at all." (16)</li> <li>• "I find it incredibly difficult to get an appointment with a specialist in the city." (24)</li> </ul>
<p><b>Culture and Climate</b></p>	
<p><b>Atmosphere, special services</b></p> <p>- situations in which the atmosphere/special</p>	<ul style="list-style-type: none"> <li>• "In outpatient oncology too, it's more like a conveyor belt – not really somewhere you can feel comfortable, you know? They don't offer you anything, like a cup of tea or coffee, or biscuits, or a newspaper." (22)</li> </ul>



<p>services facilitate or impede PCC provision - which behaviours/ atmosphere/extra services create a patient centered environment</p>	<ul style="list-style-type: none"> <li>• “I was just an inconvenience for him, it felt like – I really wasn’t welcome as a patient at that moment in time. That’s how it seemed to me, I’ve got to say.” (10)</li> <li>• “He was the heart and soul of that department. And the doctors were very friendly with one another, I always thought – you notice that as a patient, too.” (10)</li> <li>• “There was all this fuss, you know? You could see from how they acted that the nurses weren’t happy. And that really affects the atmosphere and sense of comfort.” (16)</li> <li>• “And then they [the staff] were more or less screaming at each other on the ward. Well, it was just awful.” (11)</li> <li>• “And it was so great there, I found out – in East Germany. At the polyclinic, they had everyone: internists, dentists, surgeons, dermatologists. They had the minor skin operations, then the place where they put a plaster cast on you, and do minor surgery. So if they couldn’t get to the bottom of some kind of specialist issue, the GP could send the patient next door to see the internist. And if the internist couldn’t solve it... So all the preliminary examinations were done at the polyclinic.” (12)</li> <li>• “So if my GP has less and less time for me, and I feel like they’re not looking after me properly anymore, then I find a new GP. That’s always an option. I want to be looked after properly – as a patient, I want someone who listens to me and takes me seriously, you know? Instead of just sending you to the next room.” (12)</li> <li>• “Well, I imagine that’s something doctors don’t hear often enough. Of course, all the pressure falls on them if something doesn’t go right – if they screw up (pardon my French). On all the ratings websites, too. So if things go well, that needs to be said as well – preferably to their face.” (17)</li> </ul>
<p><b>Communication and Cohesion among staff members</b> - situations in which patients experienced the communication and level cohesion as facilitating or hindering PCC - situations in which cohesion can be observed</p>	<ul style="list-style-type: none"> <li>• “He was the heart and soul of that department. And the doctors were very friendly with one another, I always thought – you notice that as a patient, too.” (10)</li> <li>• “And then they [the staff] were more or less screaming at each other on the ward. Well, it was just awful.” (11)</li> </ul>
<p><b>Feedback and reactions</b> - situations &amp; ways in which patients can express feedback and how it facilitates PCC provision</p>	<ul style="list-style-type: none"> <li>• “Well, for me it’s definitely important. If I notice someone has the medical expertise but I don’t really get on with them or whatever – then it’s definitely important for me to be able to express that.” (21)</li> <li>• “And since I don’t know the first thing about care homes, I asked a lot of questions about why things were done a certain way – lots of things. And at first they took that as criticism.” (21)</li> <li>• “But I’d say by now that if something’s bothering me, I go straight to the manager at the home and tell her. We have a really good relationship now, where we can speak to one another openly.” (21)</li> </ul>

<p>- relevance of expressing feedback to facilitate PCC</p>	<ul style="list-style-type: none"> <li>• “Then I thought, “No, it’s not worth the stress.” I’ll tell anyone who’ll listen about it [inappropriate behaviour on the part of a doctor].” (13)</li> <li>• “But the thing is, it’s not that easy to say to a doctor, “What you’re doing here is nonsense – you need to do something different.” You don’t really feel you can do that as a patient. So it’s not great with these gastroenterologists. And I’ve wondered about going to a different one, but I don’t know – that’s a hassle as well.” (6)</li> </ul>
<b>Staffing and Workload</b>	
<p><b>Patient provider ratio</b> - situations in which the number of staff facilitated or hindered PCC provision</p>	<ul style="list-style-type: none"> <li>• “I know a lot of them have a lot of patients, and not much time either. Less and less time, in fact, because a lot of carers and nurses are under pressure from so many different facilities, insurance companies and doctors, of course. I know that. But it’s still important to keep good medical records.” (7)</li> <li>• “The nurses really did everything, in spite of how busy the hospital was.” (11)</li> <li>• “And there was no one left to help, you know? I mean, I could walk a bit, but there was an elderly woman next to me who was getting no care. She was lying there, wet, with no-one. So I always fed her, this lady. She needed some fluids, something to eat. And everyone there was ill, and there was one nurse on the ward, and of course she couldn’t keep up. It was a really unpleasant experience.” (12)</li> <li>• “I mean, I never once had the feeling she had no time for me. Even if she didn’t, you know? That’s always the trick of course: not to let it show when you’re under stress. That’s part of providing a good service, really, and I think it’s really good.” (17)</li> <li>• “Well, I don’t know if it’s the shortage of staff everyone’s always talking about – I read about it in the paper, you know? The nursing crisis. I couldn’t say. But if there is one, they didn’t let on, you know? And that’s something, at least.” (17)</li> </ul>
<p><b>Mix of experience and skills</b> - situations in which patients perceive the experience and skill mix of providers as facilitating or hindering PCC provision</p>	<ul style="list-style-type: none"> <li>• “It is what it is. Looking back, I think, “That poor young woman, I overwhelmed her.” I think that sometimes.” (5)</li> <li>• “And it was so great there, I found out – in East Germany. At the polyclinic, they had everyone: internists, dentists, surgeons, dermatologists. They had the minor skin operations, then the place where they put a plaster cast on you, and do minor surgery. So if they couldn’t get to the bottom of some kind of specialist issue, the GP could send the patient next door to see the internist. And if the internist couldn’t solve it... So all the preliminary examinations were done at the polyclinic.” (12)</li> <li>• “And then the more experienced nurse in the team explained to her (nursing student), you cannot talk to someone in this way.” (21)</li> </ul>
<b>Infrastructure</b>	
<p><b>Rooms and buildings</b> - characteristics of rooms and building, which facilitate or impede PCC provision - suggestions for improved rooms and buildings</p>	<ul style="list-style-type: none"> <li>• “So there was one bath for a whole maternity ward. That’s really not enough. You wouldn’t believe it if you saw that today.” (8)</li> <li>• “I think it’s really nice. Really, they tell you everything you need: if you’re a young family they say they have rooms for families, tell you where they are, and where you can rest from your journey. I think it’s really, really nice.” (8)</li> <li>• “I was really shocked that you didn’t have to go right to the end of the hall [to come to isolation rooms], or past all the guests and the care staff – that they actually do consolidate things a little, and then maybe there’s an annex or something.” (8)</li> </ul>

<b>IT resources</b> - examples of IT resources or lack thereof which patients perceive as facilitating or impeding PCC provision	<ul style="list-style-type: none"> <li>• “Yes, yes, this [electronic health record], sounds very reasonable to me. The main point is that I do not have to check which physician is informed about particular data, whether something is missing.” (24)</li> <li>• “But they [social health insurance company] have this nice app for example. [...]. This is brilliant. You have to agree to data protection regulations. [...] it contains such basic things, but as I said before, I cannot remember the names of all diseases and anyway, this App, [...] has an overview of my medications.” (6)</li> </ul>
<b>Equipment</b> - situations in which equipment facilitated or impeded PCC provision - type of equipment that is addressed	<ul style="list-style-type: none"> <li>• “It [the examination and treatment equipment] is a bit more rounded, a bit softer, a bit quieter. And of course it’s nice to meet doctors who are open to that, you know? Instead of saying, “The equipment in my practice has lasted a hundred years – it’ll last another hundred too.”” (17)</li> <li>• “The device was broken. And now, once you experienced this, at doctors’ offices, you check whether the device is TÜV-certified (TÜV, German Association for Technical Inspection).” (9)</li> </ul>

Macro Level	
Codings for facilitators and barriers code description	Participants' citations
<b>Structures of the health care system</b> - structures within the health care system which facilitate or impede the patients' experience of PCC - examples of situations where patients experienced structures facilitating or impeding PCC provision	<ul style="list-style-type: none"> <li>• "I'd like it if private patients could get more information on how your whole system works. Because they need to pay a lot up front, but they can also use the benefits and so on. Maybe there could be a platform so they could find out more about how the system looks after them." (15)</li> <li>• "Well, in my opinion it should all be more under state control, instead of the doctors trying to compete with one another." (19)</li> <li>• "Really, they send you from A to B, then from B to A, and then it's: "Oh, I think you need to go back there..." (11)</li> <li>• "Almost every district has an emergency doctor who's open outside normal GP operating hours, right? There needs to be more information about that in the papers, or the citizens need to be told about it some other way – so they know about it, you know?" (12)</li> <li>• "The health insurance companies just send you where you're meant to go. They don't care what happens after that. Even the advice centres don't ask anymore. They used to ask you to fill in a survey at least, then they'd ask how it went, but now they don't care about any of that." (7)</li> </ul>
<b>Financing and Reimbursement</b> -financial structures and conditions within the health care system which facilitate or impede the patients' experience of PCC - examples of situations where patients experienced financing and reimbursement mechanisms facilitating or impeding PCC provision	<ul style="list-style-type: none"> <li>• "Because it really is a lot of money, what I pay for my health insurance very month. And I understand that it's a good system, but it's not always fair in terms of your income. And if you're self-employed and not earning much but you still have to pay that much health insurance, it really puts a strain on you." (6)</li> <li>• "Well, it seems to me that it's harder to get an appointment with a specialist if you're publicly insured. How often do you get asked, "What insurance do you have, what company are you with?" That's not a good feeling. And on top of that, while I'm still on a public insurance scheme, I actually pay the maximum rate there – and if you're paying over 700 euros a month in a country like Germany, you should be able to expect a decent level of care." (15)</li> <li>• "And I'd love to see homeopathy or natural medicine given more of a chance when it comes to patient care. A natural medicine practitioner needs two or three hours to draw up a medical history – no health insurer's going to pay for that." (9)</li> <li>• "Well, I had a breakdown, basically. I couldn't keep going to work. And I submitted an application for a rehab facility or health resort. Then I got a rejection from Medical Services at the health insurance company – they said I was just a little overworked, and I should have a weekend away with my husband." (11)</li> <li>• "Let me tell you, everything was easier a few years ago. But now there's so much streamlining, you know? The doctors can't get the funds for these things; they have a limited allocation for each patient. And that's not</li> </ul>

	<p>the doctors' fault – that comes from somewhere else, you know? So I'd like to see things made easier for patients again." (11)</p> <ul style="list-style-type: none"> <li>• "We pay our health insurance, right? Then you have to pay all the prescription fees on top of that. For example, I've got these special insoles; apparently they cost around 150 euros. And I have to pay 38 euros on top of that, and that really hurts." (11)</li> <li>• "You fall out of the system, of course. I'm just costing money, not bringing any more in. I'm just costing them money. And that really brought me down, that legal dispute with my pension insurance company, you know? To be just dismissed like that: "She's just causing a fuss."" (11)</li> <li>• "My physiotherapist is great – I've got a really good one, I get on with him really well. But the downside is that I only get a prescription for physiotherapy every three months – six sessions. It's not enough at all. But you know, no-one can do anything about it; that's the way the system works. The insurance companies are overrun." (13)</li> </ul>
<p><b>Laws and regulations</b> - laws and regulations which patients perceive to facilitate or hinder PCC provision - examples of situations where patients experienced laws and regulations facilitating or impeding PCC provision</p>	<ul style="list-style-type: none"> <li>• "I'd like it if the doctors had more time. That would mean they'd need to employ more doctors – the Associations of Statutory Health Insurance Physicians would need to issue more approvals for the individual specialist fields. Especially in the country – they need more doctors there, especially specialists." (15)</li> <li>• "Because there's doctors who have a calling – that's how they see it. And maybe it's not that great if they're struggling to make a living off it because they have a budget and they have to pay out of their own pockets if they go over it." (13)</li> <li>• "So I look to see who can offer me an MRT, you know? Where can I go? Then I need to call them all up and see who can give me an appointment the soonest. And that can sometimes take two, three, even four weeks." (11)</li> <li>• "But now there's so much streamlining, you know? The doctors can't get the funds for these things; they have a limited allocation for each patient. Sometimes I wonder why everything's always getting more complicated." (11)</li> </ul>