Interview Guide "Dignity in the Palliative Care Setting from the Perspectives of Healthcare Professionals and Relatives"

- Welcome / Opening / Thank you for your time

Section 0 – Before starting the audio recording

What do I need to know about you as a person to establish a good basis for our conversation during the interview? (Adapted from the Patient Dignity Question, Chochinov et al., 2015.)

Introduction of the interviewer

Research question

Brief summary of the study:
Background and Aim of the study:

Quality and legal issues
- Review and reconfirmation of the written informed consent form, which must be signed before the interview begins.
- Explanation of anonymisation, and data protection.
- Where appropriate, the findings will be discussed with participants as part of a member check.

Interview arrangements:
Audio recording.
Duration: approximately 30–60 minutes.
The interview is divided into two parts:
1. Open-ended part (participants speak freely); Section 1
- Focus on personal experiences and views regarding dignity in the palliative care setting (narrative, as open-ended as possible)
2. Semi-structured part (more structured questions); Sections 2-6

Do you have any questions before we start?

- Start the audio recording
- Obtain verbal confirmation of consent to audio recording of the interview

Section 1 – Personal experiences and views

Guiding question/Stimuli/ Narrative prompt

Guiding questions	Allow time	Follow-up prompts	General prompts to keep the conversation going
Please tell me about your experiences with patient dignity in palliative care.		*Does a particular patient example come to mind …, when you think about …? …, that illustrates this? *How do you do this in practice?	*Could you tell me more about the example involving [Ms/Mr …]. that you mentioned? *What do you mean by that? *How did it come about that … ? *What happened next? *Is there anything else that comes to mind?
What does (patient) dignity mean to you? *Please tell me about it.*		*What do you understand by (patient) dignity in the context of palliative care? *Please tell me about situations you have experienced in palliative care in which patient dignity played a particularly important role.	
Next, I would like to explore the following: **What particular challenges do you see in preserving patient dignity specifically in the context of palliative care?**			
Please tell me about the specific challenges you face as a nurse [physician / relative] when it comes to patient dignity.	Think about working together with others to care for patients receiving palliative care. In your role as a [nurse / palliative care physician / relative], which situations do you find particularly challenging when it comes to preserving patient dignity?	* Does a particular patient situation come to mind when you	*Could you tell me more about the example involving [Ms/Mr …]. that you mentioned? *What do you mean by that? *How did it come about that … ?

	think about …? that illustrates this? *How do you do this in practice?		*What happened next? *Is there anything else that comes to mind?

Section 2 – Implicit comparison with Franco et al.'s (2021) synthesis of concept analyses of dignity			
Guiding questions	**Allow time**	**Follow-up prompts**	**General prompts to keep the conversation going**
What conditions do you think could potentially compromise patient dignity in palliative care?	Can you think of any situations or conditions that posed a threat to patient dignity? Please tell me about experiences in which you felt that patient dignity was potentially threatened. *How do you do this in practice?		*Could you tell me more about the example involving [Ms/Mr …]. that you mentioned? *What do you mean by that? *How did it come about that … ? *What happened next? *Is there anything else that comes to mind?
What conditions do you think could help preserve patient dignity in palliative care?	Can you think of any situations or conditions that help preserve patient dignity? Please tell me about experiences in which you felt that patient dignity was promoted. * How do you do this in practice?		***Could you tell me more about the example involving [Ms/Mr …]. that you mentioned?** *What do you mean by that? *How did it come about that … ? *What happened next? *Is there anything else that comes to mind?
What do you think characterises patient dignity in palliative	Can you think of any attributes, key terms, or characteristics		***Could you tell me more about**

care?	associated with patient dignity? …, that illustrates this? *How do you do this in practice?	**the example involving [Ms/Mr …]. that you mentioned?** *What do you mean by that? *How did it come about that … ? *What happened next? *Is there anything else that comes to mind?
What do you think happens to patients receiving palliative care when their dignity is violated?	What do you observe in patients when their dignity is violated? Can you think of situations that illustrate how patients reacted when their dignity was violated or threatened? *How do you do this in practice? Could you describe this in more detail?	
What do you think happens to patients receiving palliative care when their dignity is preserved?	What do you observe in patients when their dignity is preserved? Can you think of situations that illustrate how patients reacted when their dignity was preserved or promoted? *How do you do this in practice? Could you describe this in more detail?	
Which aspects of dignity do you consider specific to the palliative care setting compared with other areas of nursing and medical care?		

Section 3 – Concept

Are you familiar with a specific conceptualisation of dignity in palliative care?

Which one?

Do you think there is a need for a clear and consistent conceptualisation of **dignity** in palliative care in country x? Please share your thoughts on this.

Section 4 – Explicit comparison with Franco et al.'s (2021) synthesis of concept analyses of dignity

The diagram is explained **To finish, I have a few specific questions about the diagram**

Guiding questions	**Allow time** **Follow-up prompts**	**General prompts to keep the conversation going**
Please share your thoughts on this diagram in relation to your own experiences in palliative care. What comes to mind?	Do you see your own terminology reflected in this conceptualisation? Why or why not?	*Could you tell me more about the example involving [Ms/Mr …] that you mentioned? *What do you mean by that? *How did it come about that…? *What happened next? *Is there anything else that comes to mind?
From your perspective as a palliative care expert [as a relative of a patient receiving palliative care], where do you see similarities between this conceptualisation and your experiences in the palliative care setting?		
From your perspective as a palliative care expert [as a relative of a patient receiving palliative care], where do you see	Are there any aspects of dignity in palliative care that you consider particularly important in your day-to-day work or in	

differences or gaps in this conceptualisation in relation to the palliative care setting? **How would you adapt or expand Franco et al.'s conceptualisation of dignity to better reflect the needs and realities of palliative care?** **Do you think this conceptualisation is helpful in making the vague concept of dignity in palliative care more concrete in this way?**	your experience as a relative but that are not addressed, or are only inadequately addressed, in Franco et al.'s conceptualisation?		
Section 5 – Clinical relevance			
Guiding questions	**Allow time**	**Follow-up prompts**	**General prompts to keep the conversation going**
How would you assess the applicability of this concept of dignity to everyday clinical practice in Swiss palliative care? **Could a shared concept of dignity improve collaboration among different professional groups and family members in palliative care?**			*Could you tell me more about the example involving [Ms/Mr …] that you mentioned? *What do you mean by that? *How did it come about that…? *What happened next? *Is there anything else that comes to mind?
The following question was added after the third interview (D2): To conclude, I would like to hear your views on a controversial topic: the concept of dignity in palliative care.			

Some argue that “dignity” is often used as a vague term or even as a political platitude, without any concrete meaning. For example, public debates frequently refer to “dignified care” or “dying with dignity” without defining these concepts more precisely.

Critics suggest that the term could also be misused as a rhetorical device to influence discussions without addressing specific problems or needs.

- What are your thoughts on this?
- Why, in your opinion, do different stakeholders (nurses, physicians, family members, patients) use the term “dignity” rather than express their specific concerns directly?

Section 6 – Closing question and closing

Is there anything else you would like to share that has not yet been addressed?

Thank you very much for the interview!

General follow-up prompts:

What do you mean by that?

How did it come about that …?

And then?

Is there a particular situation or example that illustrates this?

Does anything else come to mind?