The Consolidated Framework for Implementation Research (Damschroder et al., 2009) was used as the basic framework for structuring the interview themes. The determinants within the category outer setting included in this framework were not relevant for the particular study and are therefore not included in the following table. Moreover, additional determinants were identified through the interviews and are therefore added in this table. Some determinants were rephrased for better aligning with the data collected in this study.

Appendix Table 1: Adaption of the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009)

DETERMINANTS OF PCC IMPLEMENTATION RELATED TO THE ORGANIZATIONAL LEVEL: STRATEGIES, STRUCTURES, PROCESSES, & CULTURE (INNER SETTING)	
Strategies	
Organizational incentives & rewards	Ways in which staff members are motivated and rewarded for implementing patient-centered care (e.g., award for "best idea", notice of termination)
Learning	Ways in which the organization collects information at the level of patient-centeredness. For example, feedback from staff members to team leaders (and vice versa). Includes formal (patient surveys) and informal measures.
Management of innovations & change	Ways in which decision-makers and employees of organizations handle changes and implement innovations
Leadership behavior & engagement	Behaviors and official/unofficial rules that characterize the leadership behavior within the care organization, within departments, and within the team, also in relation to different professional groups
Conflict Management	Ways in which conflicts (e.g., task or emotional conflict) within the organization are addressed or prevented
Process-orientation	The organizations' orientation towards the coordination of standard processes which decision-makers or care providers introduced or propose to provide more patient-centered care, and factors that might foster or impede these processes
Resource-orientation	The organizations' orientation and strategies towards maintaining, accumulating, and preserving their resources, such as human resources (e.g., staff qualification) and information resources (e.g., guideline knowledge)
Employee retention & satisfaction	Ways in which care providers try to encourage and foster the long-term retention of employees and to achieve staff satisfaction. This does not include the well-being of individual staff and how this is related to patient-centered care
Add-on services	Provision of services and equipment above mandatory requirements in reaction to peer pressure (due to financial motivation or altruism) or to provide better or more patient-centered care (e.g., new diagnostic tools, new therapeutic concepts). These offers are not directly reimbursed or covered by any funds such as diagnosis related groups, uniform value scale, or nursing schemes.

Structures	
Staffing & Workload	Specification of quotas on employee per patient, workload, and mandatory standards
Technical infrastructure	
Equipment	Specific equipment (e.g., diagnostic tools) available in the organization. Includes non-medical equipment (e.g., flip-charts)
(Health) Information Technology	Introduction or advances in IT infrastructure that were implemented to provide more patient-centered care (e.g., to save time in relation to documentation duties)
Rooms & buildings	Design and architecture of buildings and rooms within the care organization (e.g., single-bed room, private consultation rooms, accessible for handicapped)
Processes	
Continuity of care	Ways in which care providers try to achieve continuous care for their patients (e.g., primary nursing, care team per department) or factors that impede continuity of care within an organization (e.g., frequent staff turnover)
Timeliness of care	Ways in which care providers try to achieve timely treatment if needed and how this is balanced against
Flexibility	Ways in which individual care providers react to new or unexpected situations in care provision
Formal communication	Mode and frequency of team meetings and formal internal communication (e.g., tumor board), including information on staff who are involved in the particular meeting (e.g., separate meetings for medical staff or, e.g., meeting with all staff members of a department including all professions)
Informal communication	Informal ways in which employees communicate or communication is facilitated (e.g., small kitchen, social media) within the HSCOs
Culture & Climate	Relative priority of patient-centered care expressed through norms, values, and basic assumptions. Aspects of the climate and culture (e.g., social capital)
DETERMINANTS OF PCC IMPLEMENTATION RELATED TO THE INDIVIDUAL LEVEL: CHARACTERISTICS OF INDIVIDUALS (INNER SETTING)	
Coping strategies	Individual strategies to cope with occupational burdens (e.g., working part-time, changing the department, continuous education)

Physical & emotional well-being	Aspects that are important to employee satisfaction, job satisfaction, and well-being at the workplace
Skills & capabilities	
Psychological traits	Aspects of personality (e.g., empathy, recognizing patient needs) and how individuals act upon these. This does not cover particular attitudes
Professional qualifications & development	Specific qualifications related to the job (e.g., further training in palliative care nursing, language barriers)
Communication (verbal)	Communication skills of employees
Attitudes towards PCC	Cognitive, affective, and behavioral intentions towards patient-centered care (e.g., initiatives of employees to advance their skills, behaviors that reflect job motivation)

Appendix Table 2: Interviewees by gender, age, type of care organization, and organizational tenure)

Characteristics	Total (n=24)
Gender	
Male	15
Female	9
Age (years)	
25-34	1
35-44	6
45-54	11
55-64	6
Type of HSCOs	
GPs and private practice specialists	3
Psychotherapy	3
Long-term outpatient care	4
Outpatient rehabilitation services and rehabilitation clinics	4
Long-term inpatient care (including hospices)	5
Hospitals	5
Organizational tenure (years)	
less than 5	5
5-10	5
10-19	10
>20	2

Note: Organizational tenure not available from n=2 interviewees. GP = General Practitioner.