| **Codes** | **Descriptions** | **Sub codes** | **Use** | **Non-use** |
| --- | --- | --- | --- | --- |
| Role |  | NephrologistNurseNurse managerCoordinatorDietitianSocial worker |  |  |
| Knowledge/familiarity | HP knowledge and familiarity with LDKT, patients, donors and chronic kidney care more generally | -LDKT-Kidney transplantation-Chronic kidney care-Patients-Donors-Resources | Excerpts in which interviewee discusses aspects of LDKT, kidney transplantation or chronic kidney care, reflecting his or her knowledge and familiarity with the latter; also, excerpts that reflect extent to which HPs know the patient and the donor | Excerpts that pertain to discussions or conversations with patients and/or donors |
| Experiences | Experiences (prior or current) with LDKT; if not, with kidney transplantation more generally, as well as experience with chronic kidney care or with CKD clinics | -LDKT-Kidney transplantation (DDKT)-Chronic kidney care-Dialysis | Excerpts in which the interviewee relates situations surrounding LDKT, kidney transplantation or chronic kidney care that are said to have shaped their view of LDKT | Excerpts in which interviewee discusses experiences but these are not put in relation to shaping their view of LDKT |
| Bias | Excerpts in which HP base their views, decisions and/or perspectives regarding LDKT on association/conflation of patient characteristics and/or prior experiences with patients with a particular set of characteristics; or situations having led to negative outcomes in the past avoided, thus affecting decisions’ regarding LDKT, patient eligibility as well as the donors  | -Racial-Cultural-Hindsight-Treatment bias (regret/outcome; framing; number of alternatives (cf. Bornstein & Emler 2001))-Gathering evidence (cf. Bornstein & Emler 2001)-Interpretation of evidence (cf. Bornstein & Emler 2001)-Personal -Professional | Excerpts in which the interviewee relates or attaches certain patient characteristics as the basis for their decision to consider the patient as suitable for transplantation, or LDKT; similarly, with regards to donors, if certain characteristics are underlined or pointed out as a basis for accepting the or not as potential donors; or if prior experiences with patients, donors and/or LDKT are raised as a basis for not resorting to LDKT or for refusing a patient a recipient or a potential donor | Excerpts in which the interviewee discusses patient characteristics (whether they are being considered as potential recipients or donors) are raised but are not considered as a basis for refusing a patient as a potential recipient or a donor |
| Rules and procedures (process) | Rules and procedures that participants mention they must follow when undertaking steps to have a patient undergo LDKT | -LDKT-Kidney transplantation-Transplant suitability-Donor suitability/eligibility-Consent-Sharing of info-Barriers | Excerpts in which interviewees relate to rules and procedures that pertain to LDKT or kidney transplantation more generally, even chronic kidney care, to the extent that it relates to LDKT in that it may present a barrier or facilitator to the latter | Excerpts in which interviewees relate rules and procedures that pertain to the organisation in which they work or the wider system (even if they are seen to inhibit or facilitate LDKT) |
| Involvement | Extent to which healthcare professionals consider themselves to be involved in living donor kidney transplantation; or how involved they feel that they should be | RolesResponsibilities |  |  |
| Communication/Discussions | Discussions the HP has with patients with renal disease and/or who are considered for LDKT (potential recipient); accounts of discussions between HP and potential donor; as well as the issues that are raised by patients and /or donors; reluctance to raise certain issues on the part of HP or patients or donors | -Patient/recipient-doctor-Other healthcare professionals-Among healthcare professionals-LDKT-Donor-recipient-Consent-Information sharing; disclosure (exchange of health info between donor and recipient by the doctor-Reluctance-Trust | Excerpts in which interviewees mentions discussions/conversations regarding LDKT with patients, potential donors or other healthcare professionals | Excerpts relating conversations and discussions that are not LDKT-related |
| Resources (donations) | Relates to issues surrounding the scarcity or resources (particularly in terms of donations (deceased or living);  | -Scarcity-Distribution-approach-Maximization of outcomes/benefit of donation | Excerpts in which interviewees speak of the scarcity of resources, situate it and discuss how they attempt to reconcile the scarcity of donors as opposed to the need for donations | Does not include excerpts pertaining to resources apart from kidney donations; |
| Instruments/tools/guidelines | Instruments and tools used for assessing evidence and the manner in which they are interpreted, as well as commonalities/differences among tools, instruments and guidelines used by healthcare professionals | -Patient (transplant suitability)-Donor (estimation of donor potential)-LDKT-Ethics-Assessment (physical, behaviour, compliance, psychosocial, donor, recipient) | Excerpts in which interviewees mention which instruments, tools and guidelines they use to assess patients’ transplant suitability/eligibility and/or donors | Does not include excerpts in which interviewees mention rules and procedures that pertain to organisational barriers or facilitators to LDKT, that is outside of assessment of patients or donors |
| Evidence | Participants’ understanding of evidence and with regards to what (LDKT, kidney transplantation, patients, donors, other) | -Source of evidence-Types of evidence-Subject matter (LDKT, kidney transplantation, condition, patient, donor, ethical issues, transplant suitability) | Interviewee’s accounts of how they go about gathering and interpreting evidence; which evidence they say they are most likely to use; how they go about deciding that a patient is suitable for LDKT or deciding on the donor | Does not include excerpts in which the interviewee is relating their views and perspectives regarding LDKT overall |
| Institutional/organisational characteristics | Aspects surrounding institution/organization/center that are mentioned as facilitating or hindering LDKT | -Finding a donor-CKD clinics (chronic kidney care more generally)-Barriers-centre-Facilitators-centre-Resources | Excerpts in which interviewees discuss organisational and/or institutional dimensions or characteristics, starting with the centre in which they work, that they consider to be facilitators and/or barriers to LDKT | Excerpts in which interviewees discuss their relationships with other healthcare professionals as well as with patients and/or donors |
| Comfort | Extent to which healthcare professionals are comfortable proposing LDKT to their patients |  | Excerpts in which participants express their level of comfort with LDKT as a treatment or not or express reluctance in terms of comfort level or lack of comfort |  |