

Table 4. Outcomes of thematic analyses and illustrative data

Theme	Sub-theme	Examples of when this was done well	Quotes
<b>Supporting patient capability</b>	Providing clear and understandable information	<i>Examples of when this was done well</i>	<p><i>[The doctor] was really informative and helpful. He explained things clearly...and told me everything I needed to know (M136 – low participation preference).</i></p> <p><i>The practitioners explain what is happening with you, there are no secrets, not in great detail but they tell you [what] they are giving you...and what it is for (A139 – shared participation preference).</i></p>
		<i>Examples of when this was done poorly</i>	<p><i>The whole ward round is a bit of a foreign country, all the initials that they talk to each other in doesn't mean anything, it's only when they translate it into language I understand (A207 – high participation preference).</i></p> <p><i>Sometimes I understand what they say [but] not when they are using medical terminology (A18 – low participation preference).</i></p>
	Building patient confidence	<i>Examples of when this was done well</i>	<p><i>I was treated with respect, they give me confidence that you are able to speak...they listen to everything you say and answer it, they tell me everything...they don't hide anything from me (M77 – shared participation preference).</i></p> <p><i>[It's] really impressive the way they communicate. The questions were simple and understandable. [It] makes it much easier for me to understand...Now that I am used to talking to</i></p>

		<i>doctors, it makes me more confident (M107 – low participation preference).</i>
	<i>Examples of when this was done poorly</i>	<i>Did they say anything to me?...I don't get a chance to ask questions. I just usually listen to what they say (M31 – low participation preference).</i>
Empowering patients to participate	<i>Examples of when this was done well</i>	<p><i>It was good...they addressed the issues I asked about and answered my questions in ways that made sense...and they asked me...how I saw my problem, so it was a two way thing (A207 – high participation preference).</i></p> <p><i>They seemed to be more informative today and seemed to want to listen to me (M46 – shared participation preference).</i></p> <p><i>I was involved because the doctors listened to what I was saying; they were open to listening and did not shut me off (M49 – high participation preference).</i></p> <p><i>I felt they valued...my opinion, and when they do make up their mind on what they are going to do they will come and tell me...and [see] whether I agree with [them]. I involve myself anyway if they don't involve me (A173 – low participation preference).</i></p> <p><i>Both the senior doctors and myself all seem to be...in agreement [with] what we want to happen (A92 – shared participation preference).</i></p>

	<p><i>Examples of when this was done poorly</i></p>	<p><i>I did not feel involved, they had already made [the decisions] before the meeting (A267 – high participation preference).</i></p> <p><i>They're here for two minutes then gone...They just come in, talk among themselves and then leave. I just don't get a chance and don't bother to ask [questions] (A16 – low participation preference).</i></p> <p><i>They talk to one another, tell one story then jump to another. I still don't know really what they're doing. They may know but they're keeping it to themselves (M24 – high participation preference).</i></p> <p><i>I had to get upset before they would do anything. [I was] not really involved (M48 – high participation preference).</i></p> <p><i>They didn't listen to [my] opinion – we know our bodies – sometimes they should listen (A169 – shared participation preference).</i></p>
<p><b>Facilitating opportunity</b></p>	<p>Intentionally inviting patient participation</p> <p><i>Examples of when this was done well</i></p>	<p><i>They asked me if I had any questions, they gave the opportunity to ask anything I wanted (A267 – high participation preference).</i></p> <p><i>They asked a lot questions. They seemed to be going very in-depth... [I was] very involved. They wanted to know a lot (M105 – low participation preference).</i></p> <p><i>She was easy to talk to...Her tone of voice was friendly, she leant in when she was talking to me; she didn't stand back like</i></p>

		<p><i>the other two guys. She asked me what I thought (M120 – high participation preference).</i></p>
	<p><i>Examples of when this was done poorly</i></p>	<p><i>Most of them don't know me...They know nothing about my problem...[I have] no idea who they were (A14 – shared participation preference).</i></p> <p><i>The first person to talk and obviously in charge did not introduce himself – if he did I didn't catch it (M46 – shared participation preference).</i></p> <p><i>I couldn't hear a thing...The specialist was speaking to me face to face...I don't hear what they say to each other, only what they say to me (A217 – shared participation preference).</i></p> <p><i>They speak very quietly, half the things you can't hear, they talk quietly to each other (A108 – low participation preference).</i></p> <p><i>You can't hear what they are saying, they talk to each other. I never heard a thing (A90 – low participation preference).</i></p>
<p>Creating a participatory environment</p>	<p><i>Examples of when this was done well</i></p>	<p><i>They came into the room and talked to me instead of standing outside the room talking to each other... (M46 – shared participation preference).</i></p>
	<p><i>Examples of when this was done poorly</i></p>	<p><i>The room is noisy; several team members exit and enter during round (Observation, Site 2).</i></p> <p><i>The bedside nurse yells from another room to add input (Observation, Site 1).</i></p>

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*Patient's room is filled with staff members completing another patient's ward round (Observation, Site 1).*

*Pager went off loudly. Two medical staff began inaudibly discussing what they were paged about (Observation, Site 1-108-1).*

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