Supplementary material E. Components of the Standard Hamric MDS-R and the MMD-HP

Dyssynchrony/ Disharmony	Items
MDS-R	
Individual-societal ring dyssynchrony	Individual-societal ring conflict in relation to patient care • "Provide less than optimal care due to pressures from administrators or insurers to reduce costs." • "Follow the family's wishes to continue life support even though I believe it is not in the best interest of the patient" • "Follow the family's request not to discuss death with a dying patient who asks about dying" • "Feel pressure from others to order what I consider to be unnecessary tests and treatments" • "Continue to participate in care for a hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support" • "Ignore situations in which patients have not been given adequate information to insure informed consent" • "Watch patient care suffer because of a lack of provider continuity" • "Be required to care for patients I do not feel qualified to care for"

Supplemental material

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- "Follow the family's wishes of the patient's care when I do not agree with them, but do so because of fears of a lawsuit"

Individual-societal ring conflict in relation to intra-team dynamics

- "Assist physician or other health care providers who in my opinion are not as competent as the patient care requires"

- "Avoid taking action when I learn that a physician or nurse colleague has made a medical error and does not report it"

- "Witness healthcare providers giving "false hope" to the patient or family"

- "Witness diminished patient care quality due to poor team communication"

- "Take no action about an observed ethical issue because the involved staff member or someone in a position of authority requested that I do nothing"

- "Let medical students perform painful procedures on patients solely to improve their skill"

Individual-societal ring conflict due to societal constraints

- "Because of insufficient time, I cannot admit patient and provide complete and appropriate treatment"

	• "Because of shortage of drugs and medical equipment, I could not provide the appropriate treatment for the patient" • "I do not give the right treatment to the patient because he cannot pay the hospital costs"
Individual ring disharmony	• "Initiate extensive life-saving actions when I think they only prolong death" • "Provide care that does not relieve the patient's suffering because I fear that increasing the dose of pain medication will cause death" • "Request nurses or others not to discuss the patient's prognosis with the patient or family" • "Increase the dose of sedatives/opiates for an unconscious patient that I believe could hasten the patient's death"
MMD-HP	
Individual-societal dyssynchrony	Individual-societal ring conflict in relation to patient care • "Be required to care for more patients than I can safely care for." • "Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care" • "Be required to care for patients whom I do not feel qualified to care for."

	"Be required to work with abusive patients/family members who are compromising quality of care." "Follow the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient." "Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it." "Feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments." "Follow a physician's or family member's request not to discuss the patient's prognosis with the patient/family." "Be required to work with other healthcare team members who are not as competent as patient care requires." "Be required to care for patients who have unclear or inconsistent treatment plans or who lack goals of care" "Feel pressured to ignore situations in which patients have not been given adequate information to ensure informed consent" "Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms."

	• "Watch patient care suffer because of a lack of provider continuity."
	Individual-societal ring conflict in relation to intra-team dynamics
	• "Witness healthcare providers giving "false hope" to a patient or family."
	• "Feel unsafe/bullied amongst my own colleagues."
	• "Fear retribution if I speak up."
	• "Be pressured to avoid taking action when I learn that a physician, nurse, or other team colleague has made a medical error and does not report it."
	• "Participate on a team that gives inconsistent messages to a patient/family"
	• "Witness a violation of a standard of practice or a code of ethics and not feel sufficiently supported to report the violation."
	• "Witness low quality of patient care due to poor team communication."
	• "Work with team members who do not treat vulnerable or stigmatized patients with dignity and respect."
	• "Work within power hierarchies in teams, units, and my institution that compromise patient care."
	Individual-societal ring conflict due to societal constraints

	"Experience compromised patient care due to lack of resources/equipment/bed capacity." "Have excessive documentation requirements that compromise patient care." 'Be unable to provide optimal care due to pressures from administrators or insurers to reduce costs." "Experience lack of administrative action or support for a problem that is compromising patient care." "Participate in care that I do not agree with, but do so because of fears of litigation."