

1 **Appendix 1** Definitions of the eight main categories (two factual categories and six thematic
2 categories)

3 1. Current fields of activity (fact category)

4 Definition: Coded are (current) pharmaceutical and nursing activities concerning drug therapy including
5 structural/organizational implementation, mutual influence and delimitation of each other.

6 2. Cooperation partners (fact category)

7 Definition: Coded are the mentioned cooperation partners of the clinical pharmacist.

8 3. Differences in collaboration with various cooperation partners (thematic category)

9 Definition: Coded are differences in the collaboration of various cooperation partners. These can be described as
10 dependent on the professional group, individual or even ward-specific. Aspects of mutual appreciation influence the
11 establishment of collaboration and are therefore also included, as well as remarks relating to external
12 circumstances, such as the scope of activity on the ward, which influence the establishment of a collaboration.

13 4. Preconditions for exercising clinical-pharmaceutical activities on a ward (thematic category)

14 Definition: Coded are preconditions/requirements of the pharmacist as well as factors independent of the
15 pharmacist, which are necessary for the exercise of the pharmacist's (current/potential) activity. Furthermore, advice
16 that would be given to a pharmacist starting a clinical-pharmaceutical activity on a ward is also included.

17 5. Barriers (thematic category)

18 Definition: Coded are initial concerns on the part of the nursing staff or pharmacist regarding (collaboration with)
19 the respective other professional group as well as (further) difficulties at the beginning and in the course of the
20 collaboration. These can also be of a general nature. Fundamentally existing problems with the pharmacy are
21 included, as they can be associated with initial expectations.

22 6. Tested solution strategies in dealing with barriers (thematic category)

23 Definition: Coded are measures/solution strategies that were used to remedy (/attempted to remedy) the difficulties
24 encountered. Potential solution strategies which are to be considered as potential for optimization are not coded.

25 7. Added value for/from the point of view of nursing staff by the clinical pharmacist on the ward (thematic category)

26 Definition: Coded are advantages that are mentioned in relation to (/a potential) collaboration between nursing staff
27 and clinical pharmacists, respectively, from the perspective of the nursing staff.

28 8. Potential for optimization (thematic category)

29 Definition: Coded is/are potential for optimization/potential solution strategies (not tested in the current case)
30 concerning the work of the clinical pharmacist, if applicable also general activities in the field of the patient's drug
31 therapy (especially concerning the collaboration between pharmacists and nursing staff). Due to the potential
32 character, both positive and negative considerations are coded.

Appendix 2 Differences^a in the frequency of mentions by interviewees considering their respective professional group. (n(Pharmacists)_{total} = 12; n(Nurses)_{total} = 12)

Category	nNurse with mention	nPharmacist with mention
Differences in collaboration with various cooperation partners		
Level of collaboration – Technical, content-related "prescription level" of physicians	1	9
Level of collaboration – Executive "process and application level" of nursing staff	2	10
Patient orientation	5	1
Preconditions for exercising clinical-pharmaceutical activities on a ward		
Support of management level	2	6
Organization – Prioritizing, stepwise implementation	0	4
Interprofessionality – Acceptance by cooperating professional groups	2	6
Experience of pharmacist – Logistical experience	0	5
<i>Clinical-pharmaceutical experience</i>	1	4
<i>Knowledge of general procedures in a hospital and hospital pharmacy</i>	1	4
Experience of pharmacist – Hospitation	2	6
Soft Skills of pharmacist – Readiness for discussion	1	6
Hard Skills of pharmacist – Continuing education	2	6
Hard Skills of pharmacist – Specialist in clinical pharmacy	0	5
Barriers		
Missing reward	1	7
Perception of pharmacist – Skepticism due to perception as controller	3	10
Perception of pharmacist – Pharmacist first needs to prove his expertise to physicians and nursing staff	0	4
Tested solution strategies in dealing with barriers		
Thematical aspects of the communication of clinical-pharmaceutical activities – Explaining added value	2	6
Prioritizing stepwise introduction of clinical-pharmaceutical activities –Patience	2	8
Exemplifying interprofessionality – Communication methods – Optimized communication of errors	3	8
Added value for/from the point of view of nursing staff by the clinical pharmacist on the ward		
Reducing workload in tasks "distant from the patient" – Research tasks are undertaken	5	1
Complement by additional perspective – Contact person for nursing staff – Gaining background knowledge	7	1
Complement by additional perspective – ...at prescription level – Additional control, especially by medication review	12	2
Potential for optimization		
"Increased service provided by pharmacy" (Focusing of nursing staff on core competencies given a lack of nursing care) – Integration of pharmacy technicians and pharmacy commercial clerks	2	6
Expansion of technical conditions – Establishment of electronic patient record/integration of medication data in electronic patient records	1	8
Support of general conditions for interprofessionality	2	8

^aDifferences were defined as a minimum deviation in the number of interviewees with a mention of at least four. In addition, in the professional group with the lower number of interviewees with a mention, a maximum of three persons (25%) were allowed to mention the respective sub-category.