**Table S1. Interview**

| Topic | Question |
|---|---|
| INTRODUCTION OF PALLIATIVE THERAPY, FIRST COMMUNICATION | 1. Will palliative care be introduced at some point in your department for patients who cannot be cured? |
| | 2. When palliative care be introduced in your department? |
| | 3. If you have had an example of palliative care being introduced at the time of initial diagnosis, have you seen any benefits or disadvantages of this in subsequent care? |
| | 4. How is the first communication made? Who is present from the family and staff? |
| | 5. Does the doctor talk to the parents alone, or is the first communication done in a team? Which do you prefer and why (at least three reasons)? |
| | 6. Why might the child's presence at the first communication be justified? Conversely, why might the child's absence be justified? |
| | 7. Talking to the child about the therapy/consequences/outcome, how does it affect the process from the staff's perspective? |
| SYSTEM OF PALLIATIVE CARE | 8. What criteria would you use to decide between home-based and hospital-based palliative care for a patient? Why? |
| | 9. How does the family's attitude towards the place of care influence this decision? |
| | 10. Does the depth of your relationship with a particular child influence your decision about hospital or home palliative care? If you have a more personal relationship with the patient, which care do you prefer? |
| | **11. What is the three most common difficulties in order of frequency in implementing palliative care?** |
| | 12. What organizational steps could be taken to influence this difficulties encountered in the care process? |
| | 13. What do you think are the advantages and disadvantages of home-based hospice care? |
| | 14. What do you think are the advantages and disadvantages of hospital-based hospice care? |
| | 15. Which is more physically/mentally demanding for you? Why? |
| | 16. Do you use an objective scale, or do you make subjective judgments when assessing patients' complaints (pain, itching, nausea, vomiting, etc.) in palliative care? What do you think of the method you use? |
| | 17. Who do you think are the most important medical providers, from the staff, in palliative care (in order of importance)? |

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|---|---|
| | 18. Do you think there is one essential provider from the staff in palliative care? |
| | 19. What is the ideal frequency of contact with the patient's family in palliative care if it is not in the hospital (daily/weekly/monthly)? Why? |
| THE TERMINAL STATE | **20. Are the symptoms of the terminal condition (turning over day and night, skin symptoms, irregular and loud breathing, etc.) discussed whit the family?** |
| | 21. When do you think is the best time to talk about the symptoms of a terminal state? |
| | 22. Could the discussion about the terminal state be early with adverse consequences for the patient, the environment or care? |
| | **23. Could the discussion about the terminal state be late with adverse consequences for the patient, the environment or care?** |
| | 24. What do you think is the most important issue about dying or death for parents? |
| | 25. What do you think is the most important issue about dying or death for the child? |
| | **26. What is the most important issue about the dying or death of a child from your perspective?** |
| | **27. A question about your experience of losing a child, or more specifically, the journey leading up to it: Have there been times when it was a success, have there been times when it was a failure? Give an example of each!** |
| | 28. If a child cared for in the ward dies, and you have not met the parents, do you find it necessary to contact them? If so, when do you consider it ideal to contact the parents? |
| | 29. If you do contact the parents by telephone (or other means) at some point after the child's death, why do you do so? |
| SUMMARY | **30. When do you consider a child's palliative care appropriate?** |
| | **31. When do you consider a child's palliative care inappropriate?** |
| | **32. If you had the opportunity to change three things about how your ward provides palliative care, what would those three things be? Give reasons why!** |
| | 33. What are the things that have made a positive impression on you aboute palliative care so far, and why? |

*Questions, used in content alaysis are marked in bold.

**Table S2. Sample Characteristic – by centers**

**Total 73 interviews**

| Centers | Total Number | Age | Years in ward | Gender (female-male) | Qualification (doctor-nurse) | Hospice participation (yes- |
|---|---|---|---|---|---|---|

| | | | | | | no) |
|---|---|---|---|---|---|---|
| **I.** | 12 | 38.92 ± 10.47 | 9.13 ± 5.53 | 91.7 – 8.3 % | 25 – 75 % | 58.3 – 41.7 % |
| **II.** | 14 | 37.14 ± 10.37 | 9.21 ± 10.86 | 78.6 – 21.4 % | 57.1 – 42.9 % | 14.3 – 85.7 % |
| **III.** | 11 | 38.10 ± 10.82 | 13.01 ± 11.86 | 90.9 – 9.1 % | 45.5 – 54.5 % | 0 – 100 % |
| **IV.** | 11 | 39.82 ± 9.52 | 11.00 ± 9.45 | 81.8 – 18.2 % | 45.5 – 54.5 % | 18.2 – 81.8 % |
| **V.** | 9 | 45.0 ± 7.02 | 19.33 ± 13.30 | 100 – 0 % | 22.2 – 77.8 % | 0 – 100% |
| **VI.** | 6 | 35.33 ± 11.36 | 8.68 ± 10.93 | 66.7 – 33.3 % | 50 – 50 % | 0 – 100% |
| **VII.** | 10 | 44.00 ± 10.07 | 17.60 ± 13.47 | 100 – 0 % | 40 – 60 % | 10 – 90 % |
| **"p"-value** | - | p=0.35 | p=0.184 | p=0.35 | p= 0.628 | **p= 0.003** |

**Table S3. Results of narrative analysis, complete data set**

| Grouping | Result Median (IQR) | "p"-value |
|---|---|---|
| Whole cohort | active verb 2.32 (0.94) > passive verb 0.53 (0.29) | p < 0.001 |
| | constraint 0.58 (0.32) > intention 0.37 80.27) | p < 0.001 |
| | total emotion 1.04 (0.37) > total evaluation 0.93 (80.35) | p= 0.025 |
| | evaluation: positive 0.69 (0.31) > negative 0.21 (0.14) | p < 0.003 |
| | emotion: negative 0.58 (0.32) > positive 0.45 (0.26) | p = 0.005 |
| | positive evaluation 0.69 (0.31) > positive emotion 0.45 (0.26) | p < 0.001 |
| | negative emotion 0.58 (0.32) > negative evaluation 0.21 (0.14) | p < 0.001 |
| | experiential form 16.17 (2.82) > metanarrative and retrospective form 3.43 (2.04) | p < 0.001 |
| Correlations | constraint and Self-reference, weak negative correlation R = -0.247 | p=0.035 |
| | positive emotion and We-reference, weak positive correlation R = 0.255 | p = 0.029 |
| **Dependent** | Active verb: Nurse 2.36 (1.03) > Doctor 2.18 (0.98) | p=0,360 |

| | | |
|---|---|---|
| **on qualification** | Passive verb: Doctor 0.51 (0.22) > Nurse 0.53 (0.33) | p=0,827 |
| | Constraint: Doctor 0.63 (0.34) > Nurse 0.58 (0.35) | p=0,686 |
| | Intention: Doctor 0.39 (0.20) > Nurse 0.36 (0.35) | p=0,439 |
| | **Self-reference: Nurse 3.32 (2.07) >Doctor 2.89 (1.76)** | **p=0,019** |
| | We-reference: Doctor 2.76 (0.81) > Nurse 2.56 (4.79) | p=0,973 |
| | Psychological perspective: Nurse 2.39 (1.05) > Doctor 2.23 (0.82) | p=0,262 |
| | Cognition: Nurse 1.28 (0.67) > Doctor 1.21 (0.57) | p=0,797 |
| | Emotion (all): Nurse 1.08 (0.38) > Doctor 0.95 (0.31) | p=0,099 |
| | Emotion positive: Nurse 0.48 (0.28) > Doctor 0.41 (0.28) | p=0,119 |
| | Emotion negative: Nurse 0.59 (0.38) > Doctor 0.56 (0.28) | p=0,508 |
| | Evaulation (all): Nurse 0.95 (0.38) > Doctor 0.85 (0.27) | p=0,186 |
| | Evaulation positive: Nurse 0.71 (0.36) > Doctor 0.66 (0.28) | p=0,073 |
| | Evaulation negative Doctor 0.22 (0.14)> Nurse 0.19 (0.14) | p=0,560 |
| | Experiential perspective form: Nurse 16.32 (2.08) > Doctor 15.29 (3.30) | p=0,125 |
| | **Metanarrative perspective form: Nurse 3.64 (2.42) >Doctor 3.14 (1.71)** | **p=0,041** |
| | Retrospective perspective form: Nurse 3.67 (1.08) > Doctor 3.19 (1.00) | p=0,072 |
| | **Negation: Nurse 4.44 (1.63) > Doctor 3.69 (1.29)** | **p<0,001** |
| **Dependent on hospice education** | Active verb: Provider 2.45 (0.99) > Non provider 2.32 (0.99) | p=0,405 |
| | **Passive verb: Provider 0.68 (0.56) > Non provider 0.50 (0.27)** | **p=0,022** |
| | Constraint: Provider 0.70 (0.30) > Non provider 0.58 (0.34) | p=0,582 |
| | Intention: Provider 0.41 (0.26) > Non provider 0.36 (0.27) | p=0,552 |
| | **Self-reference: Non provider 3.23 81.67) > Provider 2.05 (3.01)** | **p=0,033** |
| | We-reference: Provider 2.76 (0.91) > Non provider 2.61 (0.89) | p=0,645 |
| | Psychological perspective: Provider 2.81 (0.99)> Non provider 2.27 (0.89) | p=0,190 |
| | Cognition: Provider 1.35 (0.57) > Non provider 1.19 (0.62) | p=0,422 |
| | Emotion (all): Provider 1.16 (0.43) > Non provider 1.02 (0.41) | p=0,222 |
| | Emotion positive: Provider 0.48 (0.18) > Non provider 0.44 (0.29) | p=0,284 |
| | Emotion negative: Provider 0.62 (0.43) > Non provider0.59 (0.36) | p=0,613 |
| | Evaulation (all): Non provider 0.94 (0.34) > Provider 0.90 (0.55) | p=0,755 |
| | Evaulation positive: Provider 0.71 (0.34) > Non provider 0.68 (0.33) | p=0,562 |
| | Evaulation negative: Provider 0.21 (0.16) > Non provider 0.19 (0.13) | p=0,304 |
| | Experiential perspective form: Non provider 3.43 (1.00) > Provider 3.14 (1.16) | p=0,311 |
| | Metanarrative perspecitve form: Non provider 3.50(2.24) > Provider 2.81(1.80) | p=0,176 |
| | Retrospective perspective form: Non provider 3.04(0.89) > Provider 2.75(1.10) | p=0,841 |
| | Negation: Provider 4.03(1.90) > Non provider 3.94(1.60) | p=0,823 |

* From the numbers obtained by Narrkat, we created ratios concerning the total number of words. These ratios were used and compared by Mann-Whitney U-test. The results of the comparisons are given as median (IQR) values. Significant results are marked in bold.

**Table S4. Results of the thematic analysis – whole cohort**

| Question | Response | Result |
|---|---|---|
| What is the three most common difficulties in order of frequency in implementing palliative care? | lack of infrastructure | 28% |
| | lack of definition | 34% |
| | psychological burden | 73% |
| | pain relief | 24% |
| If you had the opportunity to change three things about how your ward provides palliative care, what would those three things be? | developing infrastructure | 67% |
| | increasing psychological support | 34% |
| | earlier introduction of palliation | 16% |
| | developing protocols, definitions | 26% |
| How do you experience the loss of a child, or more specifically, the journey leading up to it? Have there been times when it was a success, have there been times when it was a failure? | it can be a success | 64% |
| | it cannot be a success | 16% |
| | Undecided | 19% |
| Are the symptoms of the terminal condition discussed whit the family? | Yes | 72,6% |
| | No | 17,8% |
| | Undecided | 9,6% |
| Could the discussion about the terminal state be late? Does this have any damaging consequences for the patient, environment, or care? | Yes | 86% |
| | No | 7% |
| | Undecided | 7% |
| When do you consider a child's palliative care appropriate? | support of the child needs | 65,7% |
| | preparation of the parents, communication | 50,7% |
| | timely introduction of palliation | 12,3% |
| | team/ professional aspects | 19,1% |
| | Undecided | 8,2% |
| When do you consider a child's palliative care inappropriate? | lack of needs of the child | 45,2% |
| | lack of communication | 46,5% |
| | the belated introduction of palliative care | 15% |
| | team/ professional aspects | 17,8% |
| | Undecided | 5,5% |
| | there is no such thing as inappropriate | 6,8% |
| What is the most important issue about the dying or death of a child from your perspective? | support of the parents needs | 23,3% |
| | support of the child needs | 61,6% |
| | team/ professional aspects | 12,3% |
| | clear communication | 10,9% |

| | |
|---|---|
| Loss/ Grief | 17,8% |

** For question groups 2, 3, 7, 8, and 9, the % value indicates the percentage of people who answered "yes" to the aspect. For individual responses, yes/no gives 100%.