

TOPIC GUIDES FOR SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUP DISCUSSIONS

Protocol Title:

Mixed-methods study to validate and refine the 'Strategic Healthcare Implementation Framework for Task Shifting, Sharing and Resource Enhancement' (SHIFT-SHARE)

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SSI Guide 1: For patients receiving care and members of patient interest groups

(Greetings and personal introductions)

Thank you for agreeing to talk to me today. Before we begin the interview, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation / take notes of our discussions.

This interview should last for around an hour. Most questions are open-ended, wherein I will request you to share your perspectives. This is a safe environment. The purpose of this interaction is to conduct research. Your comments will not affect you in any way or will not alter any treatment plans for you. I encourage you to answer all questions, however, at any point if you feel you do not want to answer a particular question, feel free to do so. Or if you need me to repeat the question, feel free to ask.

Theme A: Patient experiences on quality of care

TS/S occurs when care or a specific service is provided by less-specialised staff instead of senior healthcare staff. Since you received such care, I will ask you questions on how you would rate the quality of care.

1. Can you briefly describe what service, care or health intervention did you receive and who provided it?
2. Did the quality of care meet your expectations? – Can you provide examples which made you feel that this care was better or worse than what you would receive from a senior healthcare provider?
3. Did you notice any differences in the level of expertise or knowledge of care in comparison to when it is provided by a senior healthcare provider?
4. Were you satisfied with the level of professionalism, communication and patient-handling in comparison to when it is provided by a senior healthcare provider?
5. How did you find the communication in comparison to a senior healthcare provider? – Did you feel more or less comfortable?
6. Did you feel that your concerns and needs were addressed adequately?
7. How did you feel about the overall experiences of receiving care?
8. What else can be done to make your experience better?

Theme B: Patient experiences on access to care

Now, I will ask you questions on your experiences accessing the care or service.

1. Did you observe any difference in time taken to receive care, for example availability or waiting times, in comparison to when getting care from senior healthcare provider?

2. Was it easier or more difficult to get care in comparison to a senior healthcare provider?
3. In terms of travelling distances to get care, was it easier to seek care today in comparison to reaching out to a senior healthcare provider?
4. If payment was involved, was it cheaper to get care in comparison to a senior healthcare provider?
5. Did you face any unique challenges in accessing care?
6. What else can be done to provide easier access to care?

Theme C: Patient experiences on safety

I will now ask you a few questions on what you thought about its safety.

1. Did you feel that the providers took necessary steps to ensure your safety during care?
2. Did any instance occur which made you feel unsafe or concerned about the care being delivered?
3. Were you informed about the training and qualifications of the providers caring for you?
4. How confident are you in the training and skills of the provider in providing safe care?
– And in comparison to senior providers providing the same service?
5. What else can be done to ensure that care is safer?

Theme D: Involvement of patients

Let me ask you a few questions about what you feel about TS/S and how you would like to partake in it.

1. Prior to this interaction, did you realize that certain care or services you receive are shifted or shared from more-specialised healthcare providers to less-specialised providers?
2. Are you familiar with reasons for shifting and sharing care or services from more-specialised healthcare providers to less-specialised providers?
3. Do healthcare facilities or organisations provide sufficient information to explain benefits or impact of task shifting and sharing?
4. Have you ever been involved in deciding whether and how to delegate certain services or tasks pertaining to your care from more-specialised healthcare providers to less-specialised providers?
5. How would you like to voice your preferences or get involved?

Theme E: Perceived benefits and risks

I'll ask you a few questions on what you think are advantages or risks of TS/S.

1. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
2. Do you think TS/S carry any disadvantages or potential risks or threats with it?

Theme F: Support towards TS/S

In the final section, let me understand whether or not you are in favour of TS/S.

1. Overall, do you support the idea of shifting and sharing certain tasks and services from more-specialised healthcare providers to less-specialised providers?
2. What factors do you think should be important to decide whether or not to engage in TS/S from more-specialised healthcare providers to less-specialised providers?
3. Given your experience, are there certain services which you feel you would be happy to receive from less-specialised staff instead of more specialised providers?
4. Are there specific tasks or services you feel should not be shifted or shared with less-specialised healthcare providers at all?
5. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
6. Do you think TS/S from more-specialised healthcare providers to less-specialised providers carry any potential risks or threats with it?
7. What else can we do to improve the process of TS/S from more-specialised healthcare providers to less-specialised providers?
8. What support can you extend to further the course of TS/S?

Is there anything else that you would like to share or comment on?

We have reached the end of this interview. Thank you for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

SSI Guide 2: For healthcare providers *onto* whom tasks have been shifted or with whom tasks are shared

(Greetings and personal introductions)

Thank you for agreeing to talk to me today. Before we begin the interview, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation / take notes of our discussions.

This interview should last for around an hour. Most questions are open-ended, wherein I will request you to share your perspectives. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. Your comments will not be shared with your managers or supervisors. I encourage you to answer all questions, however, at any point if you feel you do not want to answer a particular question, feel free to do so. Or if you need me to repeat the question, feel free to ask.

Theme A: Role perception and characterisation of TS/S

My first questions will ask you about the services you provide.

1. Can you briefly describe what services do you provide or what tasks do you perform?
2. As part of your direct work or as a team member, do you perform any tasks that you believe you have not had academic training for or is typically performed by senior staff with advanced qualifications?
3. Prior to this interaction, did you realize that certain tasks you do or certain services you deliver were in fact shifted or shared from more-specialised healthcare providers onto you?
4. Are you familiar with reasons for such shifting and sharing of tasks or services?

Theme B: Adherence to the SHIFT-SHARE model

Since you perform tasks which are shifted or shared with you, I want to understand how this is achieved.

1. Before delegating tasks onto you, do you know whether the need to do so was examined, in terms of the needs of patients, need of the staff or of the health system? – How were these assessed?
2. Was the readiness of your organisation, in terms of finances, infrastructure, workforce capacity or even will and commitment to change evaluated? – How was this done? – Were you involved?
3. Before beginning the delegating, how did the organisation evaluate the current processes or workflow used to deliver the service? – What was your involvement?

4. How did the organisation finalise that this task was fit to be shifted onto you or shared with you?
5. Were different stakeholders, such as staff and patients, included in the decision-making?
6. Was the need and were the reasons for TS/S communicated to everyone beforehand?
7. Were the risks involved in TS/S identified? – How? – How were these risks addressed?
8. What sort of training did you receive on the job to become skilled to perform these tasks?
9. How are you supervised or given feedback with respect to performing this task?
10. How does management support you in delivering this task?
11. What sort of technological support are you provided with?
12. Are you aware of any indicators that are used to check the quality of the service you provide? – Such as indicators of care coverage, access, patient or staff satisfaction, cost benefits, any indicators?
13. Do you or does your organisation take steps to make sure delegation is maintained or continued for a long time? – What steps are taken to scale this delegation?
14. Do you share your learnings with peers or friends from other organisation in the same field? – Do you know whether they have learnt from you and experimented with TS/S in their organisations?

Theme C: Enablers and barriers in TS/S

Now, let us talk about factors that enable or hinder TS/S.

1. In your opinion, are there any factors that have promoted or sped up the shifting and/or sharing of tasks? – Think about factors within your organisation or broader influences to the health system.
2. Are there guidelines or protocols that outline the scope or responsibility of different staff involved? – Do these documents enable the shifting and/or sharing of tasks?
3. Are there opportunities for continuous professional development and training? – As per your experience, do these enable the shifting and/or sharing of tasks?
4. What are some common challenges that have hindered or stopped the shifting and/or sharing of tasks?
5. How do power dynamics, that is the power differences across professions or push and pull between hierarchies and politics affect the shifting and/or sharing of tasks?
6. Do you think different professional associations would be supportive or critical of TS/S?
7. How do social and cultural norms and practices impact the shifting and/or sharing of tasks?
8. As per your knowledge, how do rules and regulations affect the shifting and/or sharing of tasks?
9. Do communication gaps or misunderstandings that effect the shifting and/or sharing of tasks? – What can be done to avoid these?

Theme D: Feedback in task shifting and sharing

Now, I will be ask you whether you are able to contribute to the whole model of TS/S

1. Is there a medium or way for you to provide suggestions or give feedback on how to improve the overall process of shifting and/or sharing of tasks?
2. How often do you have meetings or discussions sessions with your supervisors or managers? – Can you provide suggestions in these meetings or discussions?
3. Have you ever provided any feedback with respect to the work you do? – Was that taken up? – Did it lead to any improvement or change in the process of shifting and/or sharing of tasks?
4. How do you think your experiences and perspectives could contribute to the overall process of shifting and/or sharing of tasks?
5. What sort of system would you like to see in place to collect and voice your feedback and suggestions?

Theme E: Provider experiences with regards to TS/S

I'll ask a few questions to understand your experiences with TS/S.

1. How do you generally feel about being assigned tasks through TS/S?
2. With the training and mentorship given to you, do you feel you are able and confident to perform your tasks adequately?
3. Can you share an example where you felt that you successfully completed the tasks delegated to you? – What did you learn from these experiences?
4. Now, please can you share an example where you felt the tasks you performed did not meet your expectations? – What did you learn from these experiences?
5. Have you ever felt tense or anxious while performing a task that was shifted or shared with you? – Why do you think you might have experienced these emotions? – How did you address these situations?
6. Has performing a task that was shifted or shared with you, ever made you feel empowered or motivated? – How did this impact your productivity and professional growth?
7. Has TS/S ever led to unexpected opportunities or improved your experiences as a healthcare provider?

Theme F: Reversibility

I'd like to understand from you if in your experience has TS/S has ever been reversed and if so, why.

1. Have there been any cases where TS/S was initially allowed but had to be reversed? – What were the reasons behind reversing the TS/S?
2. Are there specific circumstances where delegation was likely reversed due to dynamics of power or professional authority?

3. What impact did/can the reversing of TS/S have on people involved, team dynamics and patient care?
4. What lessons were learnt from reversing TS/S? – Have these experiences influenced TS/S since?

Theme G: Perceived benefits and risks

I'll ask you a few questions on what you think are advantages or risks of TS/S.

1. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
2. What impact does it have over care quality, care coverage and care access?
3. How would TS/S impact the patient experiences?
4. Do you think engaging TS/S is an effective solution to staff shortages workforce crises?
5. Do you think TS/S can promote professional and economic growth of staff?
6. How would TS/S can impact staff autonomy or decision-making power?
7. Would it impact collaboration, efficiency and satisfaction of staff?
8. Do you think TS/S carry any disadvantages or potential risks or threats with it?
9. Do you think there are concerns about clinical safety? – How can these be addressed?

Theme H: Support towards TS/S

In the final section, let me understand whether or not you are in favour of TS/S.

1. Overall, do you support the idea of shifting and sharing certain tasks and services from more-specialised healthcare providers to less-specialised providers?
2. What factors do you think should be important to decide whether or not to engage in TS/S from more-specialised healthcare providers to less-specialised providers?
3. Are there specific tasks or services you feel should or should not be shifted or shared with less-specialised healthcare providers at all?
4. What else can we do to improve the process of TS/S from more-specialised healthcare providers to less-specialised providers?
5. What support can you extend to further the course of TS/S?

Is there anything else that you would like to share or comment on?

We have reached the end of this interview. Thank you for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

**SSI Guide 3: For healthcare providers *from* whom tasks have been shifted
or shared and trainers**

(Greetings and personal introductions)

Thank you for agreeing to talk to me today. Before we begin the interview, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation / take notes of our discussions.

This interview should last for around an hour. Most questions are open-ended, wherein I will request you to share your perspectives. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. Your comments will not be shared with your managers or supervisors. I encourage you to answer all questions, however, at any point if you feel you do not want to answer a particular question, feel free to do so. Or if you need me to repeat the question, feel free to ask.

Theme A: Role perception and characterisation of TS/S

My first questions will ask you about the services you provide.

1. Can you briefly describe what services do you provide or what tasks do you perform?
2. As part of your direct work or as a team member, have any of your tasks been delegated to junior healthcare providers who you believe have not had academic training to do them or do not generally perform these tasks?
3. Prior to this interaction, did you realize that certain tasks are shifted or shared from more specialised workers such as yourselves onto lesser-specialised providers?
4. Are you familiar with reasons for such shifting and sharing of tasks or services?

Theme B: Adherence to the SHIFT-SHARE model

I would now ask you questions to understand how tasks are shifted or shared normally and how you are involved in the processes.

1. Before delegating tasks onto others, do you know whether the need to do so was examined, in terms of the needs of patients, need of the staff or of the health system? – How were these assessed?
2. Was the readiness of your organisation, in terms of finances, infrastructure, workforce capacity or even will and commitment to change evaluated? – How was this done? – Were you involved in this process?
3. Before delegating, how did the organisation evaluate the current processes or workflow used to deliver the service? – How were you involved in this process?
4. How did the organisation finalise that this task was fit to be shifted onto you or shared with you? – How were you involved in this process?

5. Were different stakeholders, such as staff and patients, included in the decision-making?
6. Was the need and were the reasons for TS/S communicated to everyone beforehand?
7. Were the risks involved in TS/S identified? – How? – How were these risks addressed?
8. What sort of training was provided to skill the staff in order for them to perform these tasks? – Did you participate in these trainings?
9. How are staff supervised or given feedback with respect to performing tasks? – How are you involved?
10. How does management support the staff in delivering this task? – What role do you play?
11. What sort of technological support are they provided with?
12. Are you aware of any indicators that are used to check the quality of the service? – Such as indicators of care coverage, access, patient or staff satisfaction, cost benefits, any indicators?
13. Do you or does your organisation take steps to make sure delegation is maintained or continued for a long time? – What steps are taken to scale this delegation?
14. Do you share your learnings with peers or friends from other organisation in the same field? – Do you know whether they have learnt from you and experimented with TS/S in their organisations?

Theme C: Enablers and barriers in TS/S

Now, let us talk about factors that enable or hinder TS/S.

1. In your opinion, are there any factors that have promoted or sped up the shifting and/or sharing of tasks? – Think about factors within your organisation or broader influences to the health system.
2. Are there guidelines or protocols that outline the scope or responsibility of different staff involved? – Do these documents enable the shifting and/or sharing of tasks?
3. Are there opportunities for continuous professional development and training? – As per your experience, do these enable the shifting and/or sharing of tasks?
4. What are some common challenges that have hindered or stopped the shifting and/or sharing of tasks?
5. How do power dynamics, that is the power differences across professions or push and pull between hierarchies and politics affect the shifting and/or sharing of tasks?
6. Do you think different professional associations would be supportive or critical of TS/S?
7. How do social and cultural norms and practices impact the shifting and/or sharing of tasks?
8. As per your knowledge, how do rules and regulations affect the shifting and/or sharing of tasks?
9. Do communication gaps or misunderstandings that effect the shifting and/or sharing of tasks? – What can be done to avoid these?

Theme D: Feedback in task shifting and sharing

Now I will be ask you whether you are able to contribute to the whole model of TS/S

1. Is there a medium or way for you to provide suggestions or give feedback on how to improve the overall process of shifting and/or sharing of tasks?
2. How often do you have meetings or discussions sessions with your supervisors or managers? – Can you provide suggestions in these meetings or discussions?
3. Have you ever provided any feedback with respect to the work you do? – Was that taken up? – Did it lead to any improvement or change in the process of shifting and/or sharing of tasks?
4. How do you think your experiences and perspectives could contribute to the overall process of shifting and/or sharing of tasks?
5. What sort of system would you like to see in place to collect and voice your feedback and suggestions?

Theme E: Provider experiences with regards to TS/S

I'll ask a few questions to understand your experiences with TS/S.

1. How do you generally feel about your tasks or services being moved to other healthcare providers?
2. With the training and mentorship given, do you feel that less-specialised workers become able and confident to perform their tasks adequately?
3. Can you share an example where you felt that they successfully completed the tasks moves from you? – What did you learn from these experiences?
4. Now, please can you share an example where you felt the tasks they performed did not meet your expectations? – What did you learn from these experiences?
5. Has TS/S ever made you feel worried or uncertain? – How did you address these situations?
6. Does TS/S give you more space and time to undertake other roles and activities? – How did this impact your productivity, motivation and professional growth?
7. Has TS/S ever led to unexpected opportunities or improved your experiences as a healthcare provider?

Theme F: Reversibility

I'd like to understand from you if in your experience has TS/S has ever been reversed and if so, why.

1. Have there been any cases where TS/S was initially allowed but had to be reversed? – What were the reasons behind reversing the TS/S?
2. Are there specific circumstances where delegation was likely reversed due to dynamics of power or professional authority?
3. What impact did/can the reversing of TS/S have on people involved, team dynamics and patient care?

4. What lessons were learnt from reversing TS/S? – Have these experiences influenced TS/S since?

Theme G: Perceived benefits and risks

I'll ask you a few questions on what you think are advantages or risks of TS/S.

1. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
2. What impact does it have over care quality, care coverage and care access?
3. How would TS/S impact the patient experiences?
4. Do you think engaging TS/S is an effective solution to staff shortages workforce crises?
5. Do you think TS/S can promote professional and economic growth of staff?
6. How would TS/S can impact staff autonomy or decision-making power?
7. Would it impact collaboration, efficiency and satisfaction of staff?
8. Do you think TS/S carry any disadvantages or potential risks or threats with it?
9. Do you think there are concerns about clinical safety? – How can these be addressed?

Theme H: Support towards TS/S

In the final section, let me understand whether or not you are in favour of TS/S.

1. Overall, do you support the idea of shifting and sharing certain tasks and services from more-specialised healthcare providers to less-specialised providers?
2. What factors do you think should be important to decide whether or not to engage in TS/S from more-specialised healthcare providers to less-specialised providers?
3. Are there specific tasks or services you feel should or should not be shifted or shared with less-specialised healthcare providers at all?
4. What else can we do to improve the process of TS/S from more-specialised healthcare providers to less-specialised providers?
5. What support can you extend to further the course of TS/S?

Is there anything else that you would like to share or comment on?

We have reached the end of this interview. Thank you for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

SSI Guide 4: For leadership of the organisation, service managers and other auditors

(Greetings and personal introductions)

Thank you for agreeing to talk to me today. Before we begin the interview, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation / take notes of our discussions.

This interview should last for around an hour. Most questions are open-ended, wherein I will request you to share your perspectives. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. Your comments will not be shared with your managers or supervisors. I encourage you to answer all questions, however, at any point if you feel you do not want to answer a particular question, feel free to do so. Or if you need me to repeat the question, feel free to ask.

Theme A: Role perception and characterisation of TS/S

My first questions will ask you about the services you provide.

1. Can you briefly describe what your role is?
2. Have you led, managed or audited any service that involves tasks being shifted and/or shared from more-specialised healthcare providers to less-specialised providers, who originally did not have the academic training to perform these tasks? – Can you briefly describe these tasks?
3. Prior to this interaction, did you realize that certain tasks are indeed shifted or shared as such from more specialised workers onto lesser-specialised providers?
4. Are you familiar with reasons for such shifting and sharing of tasks or services?

Theme B: Adherence to the SHIFT-SHARE model

I will now ask you questions to understand how tasks are shifted or shared normally and how you are involved in the processes.

1. Before delegating tasks from one professional cadre to the other, did you or your team examine the need to do so, in terms of the needs of patients, need of the staff or of the health system? – How did you examine these?
2. Did you examine the readiness of your organisation, in terms of finances, infrastructure, workforce capacity or even will and commitment to change evaluated? – How did you do this?
3. Before TS/S, how did your team evaluate the current processes or workflow used to deliver the service? – How were you involved in this process?
4. How did you finalise that this task was fit to be shifted or shared?

5. Were different stakeholders, such as staff and patients, included in the decision-making?
6. Was the need and were the reasons for TS/S communicated to everyone beforehand?
7. Were the risks involved in TS/S identified? – How? – How were these risks addressed?
8. What sort of training was provided to skill the staff in order for them to perform tasks? – How did you identify the need for these?
9. How are staff supervised or given feedback with respect to performing tasks? – How are you involved?
10. How do you and the rest of the management support the staff in delivering this task?
11. What sort of technological support are they provided with?
12. What indicators have you chosen to check the quality of the service? – Such as indicators of care coverage, access, patient or staff satisfaction, cost benefits, any indicators?
13. Do you take steps to make sure delegation is maintained or continued for a long time? – What steps are taken to scale this delegation?
14. Do you share your learnings with peers or friends from other organisation in the same field? – Do you know whether they have learnt from you and experimented with TS/S in their organisations?

Theme C: Enablers and barriers in TS/S

Now, let us talk about factors that enable or hinder TS/S.

1. In your opinion, are there any factors that have promoted or sped up the shifting and/or sharing of tasks? – Think about factors within your organisation or broader influences to the health system.
2. Are there guidelines or protocols that outline the scope or responsibility of different staff involved? – Do these documents enable the shifting and/or sharing of tasks?
3. Are there opportunities for continuous professional development and training? – As per your experience, do these enable the shifting and/or sharing of tasks?
4. What are some common challenges that have hindered or stopped the shifting and/or sharing of tasks?
5. What other management-based or organisational challenges do you face with respect to TS/S?
6. How do power dynamics, that is the power differences across professions or push and pull between hierarchies and politics affect the shifting and/or sharing of tasks?
7. Do you think different professional associations would be supportive or critical of TS/S?
8. How do social and cultural norms and practices impact the shifting and/or sharing of tasks?
9. How do rules and regulations affect the shifting and/or sharing of tasks?
10. Do communication gaps or misunderstandings that effect the shifting and/or sharing of tasks? – What can be done to avoid these?

Theme D: Feedback in task shifting and sharing

Now I will be ask you whether you are able to contribute to the whole model of TS/S

1. Is there a medium for staff to provide suggestions or give feedback on how to improve the overall process of shifting and/or sharing of tasks?
2. How often do you have meetings or discussions sessions with staff?
3. Have staff ever provided any feedback with respect to TS/S? – Did you consider it? – Did it lead to any improvement or change in the process of shifting and/or sharing of tasks?
4. How do you think their experiences and perspectives could contribute to the overall process of shifting and/or sharing of tasks?
5. Do you get opportunities to provide feedback and suggestions about TS/S to your seniors?
6. Have you ever provided any feedback that taken up? – Did it lead to any improvement or change?
7. How do you think your perspectives could contribute to overall process of TS/S?

Theme E: Provider experiences with regards to TS/S

I'll ask a few questions to understand your experiences with TS/S.

1. How do you generally feel about the overall idea of TS/S? – Do you feel that less-specialised workers become able and confident to perform their tasks adequately?
2. Can you share an example where you felt that TS/S worked successfully? – Do you have any management-based insights to share about these experiences?
3. Now, please can you share an example where you felt TS/S did not work as you expected – Do you have any management-based insights to share about these experiences?
4. Does leading, managing or auditing TS/S based services ever concerned you or caused you to worry? – How did you address these situations?
5. Has TS/S ever led to unexpected opportunities or improved your experiences as a leader of a healthcare organisation or healthcare manager?

Theme F: Reversibility

I'd like to understand from you if in your experience has TS/S has ever been reversed and if so, why.

1. Have there been any cases where TS/S was initially allowed but had to be reversed? – What were the reasons behind reversing the TS/S?
2. Are there specific circumstances where delegation was likely reversed due to dynamics of power or professional authority?
3. What impact did/can the reversing of TS/S have on people involved, team dynamics and patient care?

4. What lessons were learnt from reversing TS/S? – Have these experiences influenced TS/S since?

Theme G: Perceived benefits and risks

I'll ask you a few questions on what you think are advantages or risks of TS/S.

1. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
2. What impact does it have over care quality, care coverage and care access?
3. How would TS/S impact the patient experiences?
4. Do you think engaging TS/S is an effective solution to staff shortages workforce crises?
5. Do you think TS/S can promote professional and economic growth of staff?
6. How would TS/S can impact staff autonomy or decision-making power?
7. Would it impact collaboration, efficiency and satisfaction of staff?
8. Do you think TS/S carry any disadvantages or potential risks or threats with it?
9. Do you think there are concerns about clinical safety? – How can these be addressed?

Theme H: Support towards TS/S

In the final section, let me understand whether or not you are in favour of TS/S.

1. Overall, do you support the idea of shifting and sharing certain tasks and services from more-specialised healthcare providers to less-specialised providers?
2. What factors do you think should be important to decide whether or not to engage in TS/S from more-specialised healthcare providers to less-specialised providers?
3. Are there specific tasks or services you feel should or should not be shifted or shared with less-specialised healthcare providers at all?
4. What else can we do to improve the process of TS/S from more-specialised healthcare providers to less-specialised providers?
5. What support can you extend to further the course of TS/S?

Is there anything else that you would like to share or comment on?

We have reached the end of this interview. Thank you for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

SSI Guide 5: For decision makers, members of professional associations, researchers, subject matter experts and funders

(Greetings and personal introductions)

Thank you for agreeing to talk to me today. Before we begin the interview, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation / take notes of our discussions.

This interview should last for around an hour. Most questions are open-ended, wherein I will request you to share your perspectives. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. Your comments will not be shared with your managers or supervisors. I encourage you to answer all questions, however, at any point if you feel you do not want to answer a particular question, feel free to do so. Or if you need me to repeat the question, feel free to ask.

Theme A: Role perception and characterisation of TS/S

My first questions will ask you about the services you provide.

1. Can you briefly describe what your role is?
2. Prior to this interaction, did you realize that certain tasks are indeed shifted or shared as such from more specialised workers such as yourselves onto lesser-specialised providers?
3. What according to you are reasons for such shifting and sharing of tasks or services?
4. Have you ever been involved, studied, funded or supported an intervention wherein health services or tasks were shifted or shared from more specialised workers onto lesser-specialised providers? – Can you briefly describe these interventions and tasks?

Theme B: Enablers and barriers in TS/S

Now, let us talk about factors that enable or hinder TS/S.

1. In your opinion, are there any factors that have promoted or sped up the shifting and/or sharing of tasks? – Think about organisational factors or broader influences to the health system
2. What common challenges could hinder or stop the shifting and/or sharing of tasks?
3. How do power dynamics, that is the power differences across professions or push and pull between hierarchies and politics affect the shifting and/or sharing of tasks?
4. Do you think different professional associations would be supportive or critical of TS/S?

5. How do social and cultural norms and practices impact the shifting and/or sharing of tasks?
6. How do rules and regulations affect the shifting and/or sharing of tasks?

Theme C: Feedback in task shifting and sharing

Now I will be ask you whether you are able to contribute to the whole model of TS/S

1. Is there a medium for you to provide suggestions or give feedback on how to improve the overall process of shifting and/or sharing of tasks?
2. Has your feedback taken up by organisations? – Did it lead to improvements or change?
3. How do you think your experiences and perspectives could contribute to the overall process of shifting and/or sharing of tasks?

Theme D: Experiences with regards to TS/S

I'll ask a few questions to understand your experiences with TS/S.

1. How do you generally feel about the overall idea of TS/S? – Do you feel that less-specialised workers become able and confident to perform their tasks adequately?
2. Can you share an example you know where you felt that TS/S worked successfully? – Do you have any academic insights to share about these experiences?
3. Now, please can you share an example where you felt TS/S did not work as you expected – Do you have any management-based insights to share about these experiences?
4. Do TS/S based services ever concerned ever cause you to worry? – How do you address these situations?
5. Has supporting TS/S ever led to unexpected opportunities or improved your experiences as a leader of a healthcare organisation or healthcare manager?

Theme E: Reversibility

I'd like to understand from you if in your experience has TS/S has ever been reversed and if so, why.

1. Have there been any cases where TS/S was initially allowed but had to be reversed? – What were the reasons behind reversing the TS/S?
2. Are there specific circumstances where delegation was likely reversed due to dynamics of power or professional authority?
3. What impact can the reversing of TS/S have on people involved, team dynamics and patient care?
4. What lessons were learnt from reversing TS/S? – Have these experiences influenced TS/S since?

Theme F: Perceived benefits and risks

I'll ask you a few questions on what you think are advantages or risks of TS/S.

1. Based on your experience, what benefits do you think TS/S from more-specialised healthcare providers to less-specialised providers can offer?
2. What impact does it have over care quality, care coverage and care access?
3. How would TS/S impact the patient experiences?
4. Do you think engaging TS/S is an effective solution to staff shortages workforce crises?
5. Do you think TS/S can promote professional and economic growth of staff?
6. How would TS/S can impact staff autonomy or decision-making power?
7. Would it impact collaboration, efficiency and satisfaction of staff?
8. Do you think TS/S carry any disadvantages or potential risks or threats with it?
9. Do you think there are concerns about clinical safety? – How can these be addressed?

Theme G: Support towards TS/S

In the final section, let me understand whether or not you are in favour of TS/S.

1. Overall, do you support the idea of shifting and sharing certain tasks and services from more-specialised healthcare providers to less-specialised providers?
2. What factors do you think should be important to decide whether or not to engage in TS/S from more-specialised healthcare providers to less-specialised providers?
3. Are there specific tasks or services you feel should or should not be shifted or shared with less-specialised healthcare providers at all?
4. What else can we do to improve the process of TS/S from more-specialised healthcare providers to less-specialised providers?
5. What support can you extend to further the course of TS/S?

Is there anything else that you would like to share or comment on?

We have reached the end of this interview. Thank you for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

FGD Guide 1: For service managers, organisational leadership, trainers, auditors, healthcare providers *from whom* tasks have been transferred and healthcare providers *onto whom* tasks have been transferred

(Greetings and personal introductions)

Thank you for participating in this focus group discussion. Before we begin, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation and/or take notes of our discussions.

Earlier on, I had shared with you a note on the latest version of SHIFT-SHARE model. Kindly confirm that you have reviewed this. Today, I will ask you about your thoughts and feedback on the model. Our discussion will last for an hour to hour and a half. I will ask open-ended questions and encourage you to discuss. I request everyone's active participation. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. While expressing opinions, be respectful of your colleagues. I will moderate the discussions and bring conversations back towards key questions whenever necessary. If you feel you do not want to answer a specific questions, please feel free to do so. Or if you need me to repeat the question, please feel free to ask.

Theme A: Readability and clarity of SHIFT-SHARE

Let us first discuss whether you felt that the model is easy to read and understand.

1. How would you rate the overall readability of the model? – Is it easy to follow or understand?
2. Do you think the language or terminology used in the model is clear? – Are there any words that you find ambiguous, confusing or need more clarity on?
3. Do you think the visual representation of the model supports your understanding of the different stages of TS/S and their interconnections? – If not, what improvements would you suggest?
4. How confident would you be to explain the model to others based on the structure provided?

Theme B: Relevance and applicability of SHIFT-SHARE

Let us now discuss your thoughts on the relevance and applicability of the model to your area of work.

1. In your opinion, how relevant is the model to the work you do or your organisation does?

2. I'll name the different stages of the model, for each stage, please discuss whether you undertake any activities corresponding to it and if so how consistently are they undertaken (Checklist to be used here)
3. Which stages of the model do you think would be most critical to effective TS/S?
4. Are there any aspects of the model that you feel may not align with the scope of your work or the structure or culture of your organisation? – Why?
5. Are there any stages that you feel are important and should be implemented, but are currently not being practiced in your organisation? – What are some reasons for not implementing these stages?
6. Is there any other stage or process the model has missed out on and should include?

Theme C: Underpinning features of SHIFT-SHARE

Now we will talk about features that underpin the overall SHIFT-SHARE model.

1. Clinical safety is an underpinning characteristic of this model on TS/S. What are your thoughts on this?
2. How might we practically bring in patient-centredness to this model?
3. What sort of ethical considerations should we make while implementing different stages of the model?
4. Do you think feedback of stakeholders, such as different staff and patients, is required? – If so, at which stages do you suggest that feedback is collected and how?
5. What are your thoughts on the model being represented as a cycle?
6. In addition to clinical safety, patient centredness, ethical consideration and regular feedback, is there any other consideration that you think the model must make?

Theme D: Implementing SHIFT-SHARE

Let's discuss how would you go about implementing TS/S as per the SHIFT-SHARE model

1. If you were to implement TS/S as per the SHIFT-SHARE, how do you envision this to happen? – Can you outline steps you may take to introduce and integrate it with your work effectively?
2. I'll name the different stages of the model again, for each stage, please discuss how you would undertake it while implementing TS/S as per SHIFT-SHARE (Checklist to be used here)
3. Would it be possible for you to run small pilots first? – If so, how could you evaluate these pilots?
4. What resources, infrastructure and support would you need to implement the model?
5. Do any of these exist already? – What additional support would you need to implement the model?
6. What adjustments or adaptations would you expect your organisation will have to make at different organisational levels to apply the different stages of the model?
7. SHIFT-SHARE lays down a practical roadmap for TS/S. What other tools or practical aides would you like the model to develop and offer you?

8. How can we get SHIFT-SHARE endorsed or advocated at regional, or state or even national levels?

Theme E: Enablers and barriers

Now, let's identify factors which could act as enablers or barriers for SHIFT-SHARE

1. From your previous experiences with TS/S or while implementing a new change, what factors could help implement TS/S as per SHIFT-SHARE?
2. How would existing social and cultural practices affect the adoption of TS/S?
3. How would professional hierarchies, professional dynamics and influence of people affect TS/S?
4. Do you foresee any laws, rules or regulatory affect the implementation of SHIFT-SHARE model for TS/S?
5. Are there any other potential factors or challenges that can hinder the adoption of SHIFT-SHARE model at an organisations such as yours? – What can be done to overcome these challenges?

Theme F: Perceived merits and impact

We will now discuss what you foresee as strengths of the model.

1. What do you think could be potential direct benefits of implementing the model within your organisation? – Think about specific impacts it could have on ongoing and proposed services.
2. Could developing TS/S-based interventions as per the model
 - a. Increase efficiency or effectiveness of TS/S?
 - b. Influence the overall culture and workflow in your organisation?
 - c. Affect autonomy, decision-making power and power dynamics of staff?
 - d. Affect collaboration among staff, staff efficiency and satisfaction?
 - e. Lead to professional and economic growth?
 - f. Impact the quality of patient care?
 - g. Impact patient safety and patient experience? Why?
3. Are there any measures that need to be taken to ensure well-being of patients during implementation?

Theme G: Demerits and concerns

We will now discuss what you foresee as weaknesses and threats of the model.

1. Do you foresee any drawbacks or threats of applying the model?
2. Are there any other risks associated with implementing this model?
3. How might the model impact hierarchies or power dynamics within the healthcare setting?
4. Do you foresee any potential negative consequences or unintended effects from applying the model?

Theme H: Endorsement of SHIFT-SHARE

In the final question, I just want to ask:

1. How can we get SHIFT-SHARE endorsed or advocated at regional, or state or even national levels?

Is there anything else you would like to add or comment?

We have reached the end of this discussion. Thank you all for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.

FGD Guide 2: For Subject experts, policy makers and academicians with expertise on healthcare services and policies and understanding of TS/S

(Greetings and personal introductions)

Thank you for participating in this focus group discussion. Before we begin, let me confirm with you that you have gone through the *Participation Information Sheet* and have addressed all your questions. If you still have any concern, please feel free to ask me now before we start our interview. Thank you also for providing your consent for this study and allowing me to record our conversation and/or take notes of our discussions.

Earlier on, I had shared with you a note on the latest version of SHIFT-SHARE model. Kindly confirm that you have reviewed this. Today, I will ask you about your thoughts and feedback on the model. Our discussion will last for an hour to hour and a half. I will ask open-ended questions and encourage you to discuss. I request everyone's active participation. This is a safe environment. I assure you that the purpose of this session is not to evaluate performances; its only for research. While expressing opinions, be respectful of your colleagues. I will moderate the discussions and bring conversations back towards key questions whenever necessary. If you feel you do not want to answer a specific questions, please feel free to do so. Or if you need me to repeat the question, please feel free to ask.

Theme A: Readability and clarity of SHIFT-SHARE

Let us first discuss whether you felt that the model is easy to read and understand.

1. How would you rate the overall readability of the model? – Is it easy to follow or understand?
2. Do you think the language or terminology used in the model is clear? – Are there any words that you find ambiguous, confusing or need more clarity on?
3. Do you think the visual representation of the model supports your understanding of the different stages of TS/S and their interconnections? – If not, what improvements would you suggest?
4. How confident would you be to explain the model to others based on the structure provided?

Theme B: Relevance and applicability of SHIFT-SHARE

Let us now discuss your thoughts on the relevance and applicably of the model to your area of work.

1. In your opinion, how relevant is the model to healthcare organisations?
2. Which stages of the model do you think would be most critical to effective TS/S?
3. Are there any aspects of the model that you feel may not align with the scope of work of healthcare organisations you know or the structure or culture of these organisation? – Can you give an example.

4. Are there any stages that you feel are important and should be implemented, but are currently not being practiced in few or several organisations you are aware about? – What could be some reasons for not implementing these stages?
5. Is there any other stage or process the model has missed out on and should include?

Theme C: Underpinning features of SHIFT-SHARE

Now we will talk about features that underpin the overall SHIFT-SHARE model.

1. Clinical safety is an underpinning characteristic of this model on TS/S. What are your thoughts on this?
2. How might we practically bring in patient-centredness to this model?
3. What sort of ethical considerations should we make while implementing different stages of the model?
4. Do you think feedback of stakeholders, such as different staff and patients, is required? – If so, at which stages do you suggest that feedback is collected and how?
5. What are your thoughts on the model being represented as a cycle?
6. In addition to clinical safety, patient centredness, ethical consideration and regular feedback, is there any other consideration that you think the model must make?

Theme D: Implementing SHIFT-SHARE

Let's discuss how would you go about implementing TS/S as per the SHIFT-SHARE model

1. If an organisation were to implement TS/S as per the SHIFT-SHARE, how do you envision this to happen? – Can you outline steps you may take to introduce and integrate it effectively?
2. I'll name the different stages of the model again, for each stage, please discuss how you suggest organisations undertake its implementation (Checklist to be used here)
3. Would it be possible for you to run small pilots first? – If so, how could you evaluate these pilots?
4. What sort of policy changes would be required at local or even national levels to implement TS/S as per the SHIFT-SHARE model?
5. What systemic changes or adaptations would be needed to help implement TS/S as per SHIFT-SHARE?
6. What sort of research would you recommend is needed to help implement TS/S as per SHIFT-SHARE?
7. SHIFT-SHARE lays down a roadmap for TS/S. What other tools or practical aides would you like the model to develop and offer you?
8. How can we get SHIFT-SHARE endorsed or advocated at regional, or state or even national levels?

Theme E: Enablers and barriers

Now, let's identify factors which could act as enablers or barriers for SHIFT-SHARE

1. From your experiences with TS/S or while implementing a new change, what factors could help implement TS/S as per SHIFT-SHARE?
2. How would existing social and cultural practices affect the adoption of TS/S?
3. How would professional hierarchies, professional dynamics and influence of people affect TS/S?
4. Do you foresee any laws, rules or regulatory affect the implementation of SHIFT-SHARE model for TS/S?
5. Are there any other potential factors or challenges that can hinder the adoption of SHIFT-SHARE model at an organisations such as yours? – What can be done to overcome these challenges?

Theme F: Perceived merits and impact

We will now discuss what you foresee as strengths of the model.

1. What do you think could be potential direct benefits of implementing the model to organisations or broader health systems and services?
2. Could developing TS/S-based interventions as per the model
 - a. Increase efficiency or effectiveness of TS/S?
 - b. Influence the overall culture and workflow in your organisation?
 - c. Affect autonomy, decision-making power and power dynamics of staff?
 - d. Affect collaboration among staff, staff efficiency and satisfaction?
 - e. Lead to professional and economic growth?
 - f. Impact the quality of patient care?
 - g. Impact patient safety and patient experience? Why?
3. Are there any measures that need to be taken to ensure well-being of patients during implementation?

Theme G: Demerits and concerns

We will now discuss what you foresee as weaknesses and threats of the model.

1. Do you foresee any drawbacks or threats of applying the model?
2. Are there any other risks associated with implementing this model?
3. How might the model impact hierarchies or power dynamics within the healthcare setting?
4. Do you foresee any potential negative consequences or unintended effects from applying the model?

Theme H: Endorsement of SHIFT-SHARE

In the final question, I just want to ask:

1. How can we get SHIFT-SHARE endorsed or advocated at regional, or state or even national levels?

Is there anything else you would like to add or comment?

We have reached the end of this discussion. Thank you all for speaking to me today. If you have any other questions, I can answer them now or please feel free to reach me on my phone later on as well. Thank you.