

## Supplemental materials

**Table S1.** Item wordings, Cronbach's alphas, and descriptive statistics for survey measures (where applicable).

Measures	$\alpha$	M	SD	N
<b>BEHAVIORAL BELIEFS</b> ( <i>strongly disagree to strongly agree</i> ):				
If I implement the 'Valanalyse' into routine care I will...				
Have to see my clients more often	-	4.34	1.74	56
Have less time to assess for competing comorbidities	-	4.45	2.00	56
Not enough time to address my clients more immediate demands	-	4.41	2.02	56
Doing something positive for my client's quality of life	-	5.48	1.56	56
<b>OUTCOME EVALUATIONS</b> ( <i>extremely undesirable to extremely desirable</i> ):				
Having to see my clients more often would be (un)desirable	-	4.29	1.55	56
Having less time to assess for competing comorbidities would be (un)desirable	-	2.11	1.19	56
Not having enough time to address my clients more immediate demands would be (un)desirable	-	2.30	1.49	56
Feeling that I'm doing something positive for my client's quality of life is (un)desirable	-	6.16	1.11	56
<b>NORMATIVE BELIEFS</b> ( <i>definitely do not to definitely do</i> ):				
Other healthcare professionals in my discipline implement the 'Valanalyse' into routine care	-	3.21	1.45	56
Other health care professionals outside my discipline implement the 'Valanalyse' into routine care	-	3.36	1.59	56
<b>MOTIVATION TO COMPLY</b> ( <i>not at all to extremely</i> ):				
Doing what other healthcare professionals do in my discipline is important to me	-	4.54	1.55	56
Doing what other healthcare professionals do outside my discipline is important to me	-	3.75	1.74	56
<b>BARRIERS TO BEHAVIORAL CONTROL</b> ( <i>strongly disagree to strongly agree</i> ):				
Lack of knowledge or skills	-	3.50	1.87	54
Too much work	-	4.75	1.97	55

Lack of incentives for performing the ‘Valanalyse’	-	4.75	1.98	53
There is a lack of communication and cooperation between health care professionals	-	4.53	1.81	55
Clients’ lack of openness to fall prevention (e.g., no recognition of the importance of fall prevention, don’t want to talk about their history of falls, etc.)	-	4.09	1.56	54
There is a lack of motivation from clients to make changes that would reduce their fall risk	-	4.13	1.72	55
My clients do not like to be referred to other health care professionals	-	3.83	1.60	53
The complexity associated with performing the ‘Valanalyse’	-	3.64	1.84	53
The ‘Valanalyse’ is not easily accessible	-	3.02	1.85	54
The ‘Valanalyse’ is not adapted to my way of working	-	3.38	1.83	53
The completion time associated with the ‘Valanalyse’	-	4.80	1.96	54

**FREQUENCY OF OCCURRENCE OF BARRIERS** (*never to always*):

Lack of knowledge or skills	-	1.56	0.78	52
Too much work	-	2.38	0.84	53
Lack of incentives for performing the ‘Valanalyse’	-	2.12	1.05	51
There is a lack of communication and cooperation between health care professionals	-	1.79	0.72	53
Clients’ lack of openness to fall prevention (e.g., no recognition of the importance of fall prevention, don’t want to talk about their history of falls, etc.)	-	2.15	0.70	52
There is a lack of motivation from clients to make changes that would reduce their fall risk	-	2.08	0.70	53
My clients do not like to be referred to other health care professionals	-	1.73	0.64	51
The complexity associated with performing the ‘Valanalyse’	-	1.92	0.86	52
The ‘Valanalyse’ is not easily accessible	-	1.58	0.72	52
The ‘Valanalyse’ is not adapted to my way of working	-	1.75	0.82	51
The completion time associated with the ‘Valanalyse’	-	2.52	0.92	52

<b>ATTITUDES:</b>	.81	5.04	1.31	53
Inefficient - Efficient				
Not helpful - Helpful				
Not useful - Useful				
Impractical - Practical				
Not stressful - Stressful (reverse coded)*				
Disadvantage - Advantage*				
<b>PERCEIVED NORMS</b> ( <i>strongly disagree to strongly agree</i> ):	.93	2.62	1.60	53
I feel under pressure to implement the ‘Valanalyse’ into my routine care*				
My colleagues whose opinions I value expect me to implement the ‘Valanalyse’ into my routine care				
It is expected of me that I implement the ‘Valanalyse’ into my routine care				
<b>PERCEIVED BEHAVIORAL CONTROL</b> ( <i>no control to complete control</i> ):				
How much control do you believe you have over implementing the ‘Valanalyse’ into routine care?	-	5.34	1.37	53
<b>BEHAVIORAL INTENTION</b> ( <i>strongly disagree to strongly agree</i> ):	-	4.83	1.41	53
I plan to implement the ‘Valanalyse’ into my routine care				
I will try to implement the ‘Valanalyse’ into my routine care				
<b>IMPLEMENTATION-RELATED NEEDS</b> ( <i>less likely to more likely</i> ):				
I am rewarded for ‘Valanalyse’ related outcomes (e.g., certificates of achievements, performance measure)	-	4.75	1.63	53
I have regular access to training materials and practice guides related to the assessment of fall risk factors (e.g., fictional patient vignettes, instructional videos)	-	4.92	1.57	53
I have regular access to training materials and practice guides related to doctor-patient communication (e.g., strategies for reducing patient denial)	-	4.96	1.52	53
The ‘Valanalyse’ is linked to a more familiar and routinely addressed care outcome (e.g., frailty screening)	-	5.53	1.48	53

I receive reminders during the consultations with my clients to perform the ‘Valanalyse’ (e.g., pop-up)	-	4.09	1.96	53
The clients and/or caregivers fill in some questionnaires in the ‘Valanalyse’ together at home in advance of the consultation	-	4.92	1.52	53
I have the opportunity to collaborate with other healthcare professionals (e.g., support platform for sharing experiences, joint completion of the ‘Valanalyse’)	-	5.00	1.48	53
The ‘Valanalyse’ is adapted to my workflow	-	5.15	1.38	53
The ‘Valanalyse’ has a different layout	-	4.26	1.29	53
The ‘Valanalyse’ is digitalized (e.g., mobile phone application, webpage)	-	5.32	1.76	53
The ‘Valanalyse’ suggests patient-tailored advice or referrals after the assessment of fall risk factors	-	5.38	1.36	53
The ‘Valanalyse’ takes less time to complete	-	5.74	1.38	53

**USER CHARACTERISTICS** (*never to always*):

How often in the past year have you followed the recommended advice based on the results of the ‘Valanalyse’?	-	2.83	0.74	36
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\*Items removed for improved internal consistency ( $\alpha > .80$ )

**Table S2.** Results of cluster comparisons on clustering variables and the QII of barriers.

<b>Characteristics</b>	<b>Test</b>	<b>Test value</b>	<b>p-value</b>	<b>Cluster value</b>	<b>Cluster 1 (N = 8)</b>	<b>Cluster 2 (N = 6)</b>	<b>Cluster 3 (N = 7)</b>	<b>Cluster 4 (N = 2)</b>	<b>Cluster 5 (N = 4)</b>	<b>Cluster 6 (N = 4)</b>
<b>INTRINSIC CHARACTERISTICS</b>										
<b>BEHAVIORAL BELIEFS</b>										
Have to see my clients more often	KW	3.04	.694	-	-	-	-	-	-	-
<b>Have less time to assess for competing comorbidities</b>	<b>KW</b>	<b>19.73</b>	<b>&lt; .05*</b>	<b>z-score</b>	<b>1.04</b>	<b>0.04</b>	<b>-0.91</b>	<b>0.04</b>	<b>0.66</b>	<b>-0.58</b>
<b>Not enough time to address my clients more immediate demands</b>	<b>KW</b>	<b>15.28</b>	<b>&lt; .05*</b>	<b>z-score</b>	<b>1.03</b>	<b>0.44</b>	<b>-0.44</b>	<b>-0.47</b>	<b>0.53</b>	<b>-1.60</b>
Doing something positive for my client's quality of life	KW	7.12	.212	-	-	-	-	-	-	-
<b>OUTCOME EVALUATIONS</b>										
Desirability to see my clients more often	KW	1.27	.938	-	-	-	-	-	-	-
Desirability to have less time to assess for competing comorbidities	KW	8.37	.137	-	-	-	-	-	-	-
Desirability to not have enough time to address my clients more immediate demands	KW	7.15	.210	-	-	-	-	-	-	-
Desirability to feel that I'm doing something positive for my client's quality of life	KW	8.27	.142	-	-	-	-	-	-	-
<b>NORMATIVE BELIEFS</b>										

Other healthcare professionals in my discipline implement the ‘Valanalyse’ into routine care	KW	7.83	.166	-	-	-	-	-	-	-
<b>Other health care professionals outside my discipline implement the ‘Valanalyse’ into routine care</b>	<b>KW</b>	<b>12.73</b>	<b>&lt; .05*</b>	<b>z-score</b>	<b>-0.54</b>	<b>0.09</b>	<b>0.40</b>	<b>1.66</b>	<b>0.72</b>	<b>-1.01</b>

MOTIVATION TO COMPLY

Doing what other healthcare professionals do in my discipline is important to me	KW	7.68	.175	-	-	-	-	-	-	-
Doing what other healthcare professionals do outside my discipline is important to me	KW	9.13	.104	-	-	-	-	-	-	-

DIRECT MEASURES

Attitudes	KW	9.40	.094	-	-	-	-	-	-	-
Perceived norms	KW	7.74	.171	-	-	-	-	-	-	-
Perceived behavioral control	KW	7.93	.160	-	-	-	-	-	-	-
Behavioral intention	KW	9.61	.087	-	-	-	-	-	-	-

BARRIERS

Lack of knowledge or skills	QII	≥ 1.75	-	0	0.60	0	0	0	0	0
Too much work	QII	≥ 1.75	-	<b>5.25</b>	<b>4.00</b>	0	<b>2.50</b>	<b>6.50</b>	1.19	
Lack of incentives for performing the ‘Valanalyse’	QII	≥ 1.75	-	<b>4.50</b>	<b>2.25</b>	1.55	<b>2.50</b>	<b>4.31</b>	0	

There is a lack of communication and cooperation between health care professionals	QII	≥ 1.75	-	0.63	1.67	0	<b>1.75</b>	<b>3.00</b>	0
Clients' lack of openness to falls prevention (e.g., no recognition of the importance of fall prevention, don't want to talk about their history of falls, etc.)	QII	≥ 1.75	-	1.00	1.44	0	<b>3.00</b>	0.94	1.06
There is a lack of motivation from clients to make changes that would reduce their fall risk	QII	≥ 1.75	-	0.59	1.55	0	0	1.00	1.00
My clients do not like to be referred to other health care professionals	QII	≥ 1.75	-	0	0.80	0	0	0	0
The complexity associated with performing the 'Valanalyse'	QII	≥ 1.75	-	<b>2.31</b>	0.58	0	<b>1.75</b>	0.94	0
The 'Valanalyse' is not easily accessible	QII	≥ 1.75	-	0.39	0	0	<b>2.75</b>	0	0
The 'Valanalyse' is not adapted to my way of working	QII	≥ 1.75	-	0.39	0.80	0	0	<b>1.88</b>	0
The completion time associated with the 'Valanalyse'	QII	≥ 1.75	-	<b>5.80</b>	<b>6.33</b>	0.49	<b>2.00</b>	<b>4.75</b>	0.69

## EXTERNAL CHARACTERISTICS

### SITUATIONS FOR USE

<b>The 'Valanalyse' is part of routine care (65+)</b>	<b>FET</b>	<b>16.13</b>	<b>&lt; .001*</b>	<b>%</b>	<b>0</b>	<b>0</b>	<b>71.4</b>	<b>100</b>	<b>25</b>	<b>0</b>
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Client has a history of falls	FET	4.40	.506	-	-	-	-	-	-	-
<b>Client shows difficult with moving, walking, or balance</b>	<b>FET</b>	<b>9.78</b>	<b>&lt; .05*</b>	<b>%</b>	<b>50</b>	<b>100</b>	<b>100</b>	<b>50</b>	<b>50</b>	
<b>Client presents with one or more (chronic) conditions</b>	<b>FET</b>	<b>19.30</b>	<b>&lt; .001*</b>	<b>%</b>	<b>0</b>	<b>33.3</b>	<b>100</b>	<b>50</b>	<b>0</b>	<b>50</b>
<b>Client complains of dizziness</b>	<b>FET</b>	<b>10.54</b>	<b>&lt; .05*</b>	<b>%</b>	<b>12.5</b>	<b>50</b>	<b>85.7</b>	<b>100</b>	<b>50</b>	<b>25</b>
<b>Fall risk screening and assessment is requested by client</b>	<b>FET</b>	<b>10.26</b>	<b>&lt; .05*</b>	<b>%</b>	<b>87.5</b>	<b>33.3</b>	<b>85.7</b>	<b>100</b>	<b>25</b>	<b>100</b>
Fall risk screening and assessment is requested by caregiver	FET	6.00	.319	-	-	-	-	-	-	-
Client is referred by another health care professional	FET	5.39	.323	-	-	-	-	-	-	-
Other situations for use	FET	7.13	.062	-	-	-	-	-	-	-

ENVIRONMENTS FOR USE

<b>Conducting the ‘Valanalyse’ alone in practice</b>	<b>FET</b>	<b>15.51</b>	<b>&lt; .05*</b>	<b>%</b>	<b>50</b>	<b>0</b>	<b>100</b>	<b>50</b>	<b>75</b>	<b>25</b>
Conducting the ‘Valanalyse’ alone at client’s home	FET	7.27	.127	-	-	-	-	-	-	-
Conducting the ‘Valanalyse’ in collaboration with health care professionals	FET	5.11	.298	-	-	-	-	-	-	-
Conducting the ‘Valanalyse’ in collaboration with caregivers	FET	2.34	1.00	-	-	-	-	-	-	-
<b>Other environments for use</b>	<b>FET</b>	<b>9.23</b>	<b>&lt; .05*</b>	<b>%</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>0</b>



## USABILITY PROBLEMS

Problems with the ‘Valrisicotest’ to estimate whether the client needs the ‘Valanalyse’	FET	7.77	.065	-	-	-	-	-	-	-
<b>Problems with inquiring about all the different fall risk factors</b>	<b>FET</b>	<b>12.62</b>	<b>&lt;.05*</b>	<b>%</b>	<b>50</b>	<b>0</b>	<b>14.3</b>	<b>100</b>	<b>75</b>	<b>0</b>
Problems with applying the different functional tests in the ‘Valanalyse’ in practice	FET	6.44	.267	-	-	-	-	-	-	-
Problems with the layout of the different forms (e.g., advice form)	FET	4.66	.443	-	-	-	-	-	-	-
Problems with referring clients to other health care professionals	FET	3.58	.716	-	-	-	-	-	-	-
<b>Problems with recommending appropriate fall prevention interventions</b>	<b>FET</b>	<b>10.39</b>	<b>&lt;.05*</b>	<b>%</b>	<b>0</b>	<b>16.7</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>
Problems with the general structure of the ‘Valanalyse’	FET	6.34	.155	-	-	-	-	-	-	-
<b>Problems with the time needed to administer the ‘Valanalyse’</b>	<b>FET</b>	<b>14.42</b>	<b>&lt;.05*</b>	<b>%</b>	<b>100</b>	<b>83.3</b>	<b>57.1</b>	<b>50</b>	<b>100</b>	<b>0</b>
<b>Other usability problems</b>	<b>FET</b>	<b>15.56</b>	<b>&lt;.05*</b>	<b>%</b>	<b>0</b>	<b>33.3</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>75</b>
No usability problems with the ‘Valanalyse’	FET	5.11	.298	-	-	-	-	-	-	-

## SOLUTIONS TO USE

Stop using the ‘Valanalyse’ during the consultation and draw own conclusions	FET	7.95	.092	-	-	-	-	-	-	-
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<b>Skip a section of the ‘Valanalyse’ and continue with another section</b>	<b>FET</b>	<b>14.08</b>	<b>&lt;.05*</b>	<b>%</b>	<b>100</b>	<b>16.7</b>	<b>42.9</b>	<b>100</b>	<b>75</b>	<b>75</b>
Use a different fall risk screening and assessment tool or method	FET	4.28	.530	-	-	-	-	-	-	-
Contact VeiligheidNL and ask for help	FET <sup>1</sup>	-	-	-	-	-	-	-	-	-
Ask colleagues for help	FET	5.45	.383	-	-	-	-	-	-	-
Other solutions to use	FET	8.75	.066	-	-	-	-	-	-	-
<b>IMPLEMENTATION-RELATED NEEDS</b>										
Rewarded for ‘Valanalyse’ related outcomes (e.g., certificates of achievements, performance measure)	KW	10.45	.063	-	-	-	-	-	-	-
Regular access to training materials and practice guides related to the assessment of fall risk factors (e.g., fictional patient vignettes, instructional videos)	KW	7.50	.186	-	-	-	-	-	-	-
Regular access to training materials and practice guides related to doctor-patient communication (e.g., strategies for reducing patient denial)	KW	8.96	.111	-	-	-	-	-	-	-
The ‘Valanalyse’ is linked to a more familiar and routinely addressed care outcome (e.g., frailty screening)	KW	8.10	.151	-	-	-	-	-	-	-

Receive reminders during the consultations with clients to perform the ‘Valanalyse’ (e.g., pop-up)	KW	7.79	.168	-	-	-	-	-	-	-
The clients and/or caregivers fill in some questionnaires in the ‘Valanalyse’ together at home in advance of the consultation	KW	5.17	.395	-	-	-	-	-	-	-
Opportunity to collaborate with other healthcare professionals (e.g., support platform for sharing experiences, joint completion of the ‘Valanalyse’)	KW	7.22	.205	-	-	-	-	-	-	-
The ‘Valanalyse’ is adapted to workflow	KW	8.12	.150	-	-	-	-	-	-	-
The ‘Valanalyse’ has a different layout	KW	5.23	.388	-	-	-	-	-	-	-
The ‘Valanalyse’ is digitalized (e.g., mobile phone application, webpage)	KW	5.74	.332	-	-	-	-	-	-	-
The ‘Valanalyse’ suggests patient-tailored advice or referrals after the assessment of fall risk factors	KW	4.75	.448	-	-	-	-	-	-	-
The ‘Valanalyse’ takes less time to complete	KW	10.04	.074	-	-	-	-	-	-	-

**OTHER CHARACTERISTICS**

Profession	FET	24.22	.411	-	-	-	-	-	-	-
Number of years worked	WX	3.85	.061	-	-	-	-	-	-	-
Percentage of older client base	WX	0.10	.988	-	-	-	-	-	-	-

Time per client consultation (in minutes)	WX	1.74	.243	-	-	-	-	-	-	-
Followed the recommended advice based on the results of the 'Valanalyse'	KW	3.86	5.71	-	-	-	-	-	-	-
<b>Use paper and pencil</b>	<b>FET</b>	<b>12.56</b>	<b>&lt; .05*</b>	<b>%</b>	<b>75</b>	<b>66.7</b>	<b>28.6</b>	<b>100</b>	<b>0</b>	<b>0</b>
<b>Use Electronic</b>	<b>FET</b>	<b>10.45</b>	<b>&lt; .05*</b>	<b>%</b>	<b>37.5</b>	<b>16.7</b>	<b>71.4</b>	<b>0</b>	<b>100</b>	<b>75</b>
<b>Other entry method</b>	<b>FET</b>	<b>9.19</b>	<b>&lt; .05*</b>	<b>%</b>	<b>0</b>	<b>33.3</b>	<b>14.3</b>	<b>0</b>	<b>0</b>	<b>75</b>
<b>Age (in years)</b>	<b>WX</b>	<b>12.92</b>	<b>&lt; .05*</b>	<b>Mean</b>	<b>50</b>	<b>50.17</b>	<b>49.14</b>	<b>50.50</b>	<b>28.50</b>	<b>44.50</b>
<b>Gender<sup>2</sup></b>	<b>FET</b>	<b>10.25</b>	<b>&lt; .05*</b>	<b>%</b>	<b>100</b>	<b>83.3</b>	<b>100</b>	<b>0</b>	<b>75</b>	<b>100</b>

Abbreviations: KW = Kruskal-Wallis Analysis of Variance, QII = Quality Impact Indices, FET = Fisher's Exact Test, WX = Welch's Analysis of Variance; \*Statistically significant difference observed between clusters; <sup>1</sup>Variable was a constant; <sup>2</sup>Dummy variable with female as reference category.

**Table S3.** Distinct characteristics of the six personas

<b>Characteristic</b>	<b>Anne (N = 8 in C1)</b>	<b>Bethany (N = 6 in C2)</b>	<b>Carmen (N = 7 in C3)</b>	<b>Dennis (N = 2 in C4)</b>	<b>Eva (N = 4 in C5)</b>	<b>Francis (N = 4 in C6)</b>
Age	50	50	49	51	29	45
Sex	Female	Likely female	Female	Male	Likely female	Female
Have less time to assess for competing comorbidities	Most likely to believe		Least likely to believe		More likely to believe	Less likely to believe
Not enough time to address my clients more immediate demands	Most likely to believe	More likely to believe	Less likely to believe	Less likely to believe	More likely to believe	Least likely to believe
Other health care professionals outside my discipline implement the ‘Valanalyse’ into routine care	Less likely to believe			Most likely to believe	More likely to believe	Least likely to believe
Use of other entry methods	No other methods	Not likely other methods	Not likely other methods	No other methods	No other methods	Likely other methods
Use paper and pencil	Likely paper and pencil	Likely paper and pencil	Not likely paper and pencil	Paper and pencil	No paper and pencil	No paper and pencil

Electronic use	Not likely electronic	Not likely electronic	Likely electronic	Not electronic <sup>a</sup>	Electronic	Likely electronic
The ‘Valanalyse’ is part of routine care for older clients (65+)	Not part of routine care <sup>a</sup>	Not part of routine care <sup>a</sup>	Likely part of routine care	Part of routine care	Not likely part of routine care	Not part of routine care
When the client shows difficulties with moving, walking, or balance	Possibly when showing difficulties	When showing difficulties	When showing difficulties	Possibly when showing difficulties	Possibly when showing difficulties	When showing difficulties
When the client presents with one or more (chronic) conditions (comorbidity)	Not when comorbidities present	Not likely when comorbidities present	When comorbidities present	Possibly when comorbidities present	Not when comorbidities present	Possibly when comorbidities present
When the client complains of dizziness	Not likely when dizzy	Possibly when dizzy	Likely when dizzy	When dizzy	Possibly when dizzy	Not likely when dizzy
When a fall risk screening and assessment is requested by the client	Likely when requested by client	Not likely when requested by client	Likely when requested by client	When requested by client	Not likely when requested by client	When requested by client
Conducting the ‘Valanalyse’ alone in practice	Possibly alone	Not alone	Alone	Possibly alone	Likely alone	Not likely alone

Other environments for use	No other environments	Possibly other environments	No other environments	Possibly other environments	No other environments	No other environments
Problems with inquiring about all the different fall risk factors	Possibly problems with risk factors	No problems with risk factors	Likely no problems with risk factors	Problems with risk factors	Likely problems with risk factors	No problems with risk factors
Problems with recommending appropriate fall prevention interventions	No problems with recommending interventions	Likely no problems with recommending interventions	No problems with recommending interventions	Problems with recommending interventions	No problems with recommending interventions	No problems with recommending interventions
Problems with the time needed to administer the 'Valanalyse'	Problems with administration time	Likely problems with administration time	Likely problems with administration time	Possibly problems with administration time	Problems with administration time	No problems with administration time
Other usability problems	No other problems	Likely no other problems	No other problems	Possibly other usability problems	No other problems	Likely no other problems
I skip a section of the 'Valanalyse' and continue with another section	Skips a section	Not likely to skip a section	Not likely to skip a section	Skips a section	Likely to skip a section	Likely to skip a section
Influential barriers	The completion time associated with the 'Valanalyse'	The completion time associated with the 'Valanalyse'		Client's lack of openness to falls prevention	Too much work	

Too much work	Too much work	The 'Valanalyse' is not easily accessible	The completion time associated with the 'Valanalyse'
Lack of incentives for performing the 'Valanalyse'	Lack of incentives for performing the 'Valanalyse'	Too much work	Lack of incentives for performing the 'Valanalyse'
The complexity associated with performing the 'Valanalyse'		Lack of incentives for performing the 'Valanalyse'	There is a lack of communication and cooperation between health care professionals
		The completion time associated with the 'Valanalyse'	The 'Valanalyse' is not adapted to my way of working
		There is a lack of communication and cooperation between health care professionals	
		The complexity associated with performing the 'Valanalyse'	

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An empty cell indicates the variable was not salient for that cluster (see Table S2).