Coding (themes and sub-themes):

A-Determining factors for the implementation of PRI actions

A.1
A.1.1
A.1.1.1-motivation to collaborate
A.1.1.2-positive and dynamic attitude
A.1.1.3-abilities for oral communication and exchange
A.1.1.4-ability to integrate into a team

A.1.2
A.1.2.1-being concerned by the pathology
A.1.2.2-long-term experience of the care trajectory reflecting knowledge derived from experience
A.1.2.3-balanced attitude towards the care trajectory with the disease (physical and mental dimensions)

A.1.3
A.1.3.1-distancing of personal experience to reach more universal experience (expert patients)
A.1.3.2-distancing of personal experience so as to avoid excessive vulnerability (expert patients)
A.1.3.3-knowing one's role as a partner, its place and its limits
A.1.3.4-training to adopt the right attitudes

A.2
A.2.1
A.2.1.1
A.2.1.1.1-strong adherence to partnership approach
A.2.1.1.2-values shared with colleagues
A.2.1.1.3-teamwork
A.2.1.1.4-networking
A.2.1.2
A.2.1.2.1-positive experiences of patient involvement
A.2.1.2.2-positive feedback from patients

A.2.2
A.2.2.1
A.2.2.1.1-little awareness of the partnership culture
A.2.2.1.2-undermining of professional practices
A.2.2.1.3-fears linked to the professionalisation of expert patients
A.2.2.1.3.1-appearance of competition between expert patients and HCWs
A.2.2.1.3.2-loss of authenticity of patient discourse
A.2.2.1.4-reluctance towards integrating the associative sector into hospitals
A.3
A.3.1
A.3.1.1
A.3.1.1.1-motivation of the HCWs
A.3.1.1.1.2-dissemination of practices via networks
A.3.1.1.1.3-support by experienced HCWs for their colleagues
A.3.1.1.1.4-methodological back-up by qualified team within the facility
A.3.1.1.2
A.3.1.1.2.1-motivation of the patients and their representatives
A.3.1.1.2.2-partnership with associations: impetus and support from patient associations
A.3.1.1.3
A.3.1.1.3.1-institutional formalisation of the participative approach on national or regional level
A.3.1.1.3.2-strategic support from facility management and the hierarchy
A.3.2
A.3.2.1
A.3.2.1.1-restricted availability
A.3.2.1.2-certain volunteering expert patient profiles are unsuitable
A.3.2.2
A.3.2.2.1-funding absent or short-lived
A.3.2.2.2-lack of methodological support
A.3.2.2.3-professionals lack time
A.3.2.3
A.3.2.3.1-volunteer status restricts participation
A.3.2.3.2-difficulty in accessing training
A.3.2.3.2.1-lack of financial support
A.3.2.3.2.2-inadequate training programs

B-Perceived benefits of PRI
B.1
B.1.1-the expert patient personifies hope by embodying a recovery model
B.1.2-complementary knowledge: contribution of knowledge and tools to complement the medical care approach
B.1.3-psycho-social support via the sharing of experiential knowledge
B.1.4-creation of links to non-medical resources
B.2
  B.2.1-complementary knowledge: orienting care towards a patient-centred model
  B.2.2-a committed individual is a resource to add value to practices
    B.2.2.1-creativity and innovation
    B.2.2.2-support in promoting projects
  B.2.3-changes in the caregiver-patient relationship

B.3
  B.3.1-commitment on behalf of others is a constructive experience in relation to the illness
  B.3.2-recognition and valorisation of experiential knowledge