

Table SI. Final code

#	Code	Description
1	The consequences of a stroke	Participants document the severity of clients' motor, cognitive, or other impairments in order to assess their ability to handle and transfer them.
2	Stroke rehabilitation	Participants discussed how the method of rehabilitation and the environment in which it is conducted have a significant impact on the rehabilitation process.
3	Practicing transfers	The participants in the study indicated that transfer training plays a significant role in the practice of nursing and physiotherapy in the context of stroke rehabilitation.
4	Characteristics of the transfers	Therapists highlight the potential psychological and physiological effects associated with the transfer and handling techniques employed while treating individuals who have experienced a stroke.
5	Stressing the importance of handling and transfers in stroke rehabilitation.	The participants argue that the act of moving or transferring individuals would contribute to their ongoing rehabilitation efforts. This includes benefits such as preserving joint range of motion, preventing the development of contractures, facilitating progress in sit-to-stand training, and helping in the re-education of gait.
6	Risks of therapists transferring people with stroke.	Participants described the physical risks therapists face when handling people with stroke.
7	Work related musculoskeletal disorders (WRMDs).	The participants provided descriptions of the long-term effects, specifically in respect to work-related musculoskeletal disorders (WRMDs).
8	Increasing awareness of low back pain (LBP).	The participants expressed their awareness and comprehension of Workplace Related Musculoskeletal Disorders (WRDMs), with a specific focus on Lower Back Pain (LBP). This awareness was particularly emphasized in situations involving unforeseen circumstances, such as while providing assistance to individuals who

		have experienced a stroke, particularly in tasks involving handling or transferring.
9	Considering organisational factors.	The participants engaged in a discussion regarding the potential impact of several organizational factors on the increased risk of work-related musculoskeletal disorders (WRMDs). These factors include time limits, limited availability of support, inadequate staffing levels, and a decrease in skill development and training opportunities.
10	Working with other healthcare professionals	The participants provided accounts of the varying perspectives regarding the optimal method for transferring people with stroke among healthcare practitioners.
11	Using supported equipment	The participants engaged in a discussion regarding the various methods of substituting manual handling tasks with the utilization of handling aids. The individuals perceive that hoists, sliding mechanisms, assistive devices, and other specialized equipment serve as alternatives to physical handling.
12	Debating the usefulness of equipment in the handling process.	Participants were discussing whether using equipment at all would be useful in the handling of a person with a stroke.
13	Conflict of views	Participants commonly delineate the drawbacks associated with equipment utilization and the benefits associated with physical handling in the context of stroke recovery. The presence of disagreement and divergent perspectives was evident.
14	Taking into account patient considerations when utilising equipment	The participants engaged in a discussion regarding the importance of preserving the rehabilitation requirements of individuals with stroke during the utilization of rehabilitation equipment.
15	Manual handling guidelines	The participants engaged in a discussion regarding their adherence to the manual handling guidelines within their respective professions, as well as the ways in which these guidelines have affected their practice.
16	No lift policies	Several participants engaged in discussions regarding the implementation and evaluation of "no lift policies" within their

		respective work settings. They expressed their desire for these policies to be universally adopted by healthcare professionals involved in stroke rehabilitation.
17	Conflict with others	The participants explained their experiences with multidisciplinary conflict in the context of handling in stroke rehabilitation, as well as identified the healthcare profession that they most commonly clashed with.
18	Caseload	describing the make-up of the caseload
19	Clarifying question	Clarification on a certain issue in question.
20	Unrelated discussion	The discussion presented is not directly relevant to the research questions at hand.