**Additional file 2:** Themes and corresponding quotes relating to surgeons’ attitudes and beliefs towards the management of lifestyle risk factors

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| **Codes** | **Categories** | **Themes** |
| * Time required to do preventive health.
* Time available for surgical consultations.
* Not trained in this speciality.
* The best use of surgeon time.
* Opportunity cost.
* It is important, but is it my job?
* Not why people become surgeons.
* Address risk when it has direct influence on surgery/outcomes.
* Need to deliver in black and white.
* Self-fulfilment.
* Role of primary care to manage behaviour.
* No follow-up visit to question/reinforce change.
* All clinicians have responsibility.
 | * Is it my role?
* Does it fit within my role?
* Clinical barriers to preventive health.
* Should I do this?
* Capacity- how can I do this?
 | The role of the surgeon in preventive health  |
| * Difficult to change behaviours.
* Entrained behaviours.
* Lots of public health messages out there.
* Mass media.
* People already know.
* Personal choice.
* Patient ownership of their issues.
* What motivates patients?
* Patients want specialist advice- not general advice.
* Some things (e.g. smoking) are their only enjoyment.
* Maintain behaviours despite advice.
* They all claim to do the right things.
* Frustrating.
* Those who want to change will ask for help.
 | * Patient behaviours.
* Patient understanding (of risk and reward).
* Patient beliefs.
* Patient preferences.
* Will they change?
 | The motivation of the patients |
| * Time required to do preventive health.
* Time pressure per patient in clinic.
* Clinic pressures- management.
* Answer to management for clinic throughput.
* Is it effective- and is it worth my time?
* Disconnect between preventive health and surgical outcomes.
* Limited/no hospital referral pathways.
* Pressure for hospital resources.
* Don’t know what’s available in community.
* No information to give to patients.
 | * Institutional practice/ way of working.
* Institutional pressures.
* Cost effectiveness of adding preventive health.
* Trade-off between clinic throughput and optimal practice.
* Hospital resource and capacity.
* External resources.
 | The hospital structure |
| * Patients like something tangible.
* Give information to patients.
* Easy to read handouts.
* Information needs to be specific to problem.
* Surgeon can sell importance of change.
* Links to a specialist clinic/program.
* Referrals into specialist change programs.
* Short timeframe required.
* Efficient use of time.
 | * Educational material.
* Internal referral pathways/capacity.
* External referral pathways/capacity.
* Time efficient pathways.
 | Facilitators experienced by surgeons |