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

|  |  |  |
| --- | --- | --- |
| **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 |