

## Appendix 11: Data analysis: Example of operational definitions for raw data codes

The screenshot displays a software interface for data analysis. A 'Node Properties' dialog box is open, showing details for a node named 'Nursing challenges to care'. The dialog box has the following fields:

- Name:** Nursing challenges to care
- Description:** Nursing challenges to care for the obese patient that are not perceived to be challenging in non-obese patients
- Nickname:** (empty)
- Hierarchical name:** Nodes \ Nursing challenges to care
- Created On:** 23/06/2011 3:23 pm
- Modified On:** 26/06/2011 12:56 pm
- Coder:** C
- By:** C

The background shows a list of nodes with the following items:

- Language
- Medical challenges to care and managing
- Memorable accounts of caring for obese
- Miscellaneous staff
- No difference in care
- Nurse directed care
- Nursing challenges to care
- Adaptive cases
- Allocation
- Human resources
- Inspect of obesity related co-morbid
- Inner hospital transfers
- Making patients comfortable
- Night staff resources
- Patient safety
- Physical sites
- Psychological support
- Staff mapping and round management
- Staff safety
- Vulnerability to help
- Obesity as the last socially accepted
- Obese patients
- Patient Agnes
- Patient and family appreciation and satisfaction
- Patient B Rawlin
- Patient centered nursing
- Patient Chris
- Patient co-operation
- Patient directed care

The text document in the background contains the following text:

Reference 1 - 4.12% Coverage

Reference 2 - 0.61% Coverage

Really difficult to catheterise, technically and physically. And bowel cares you know to actually feel satisfied that you've left someone in a clean state is quite difficult, yeah.

Reference 3 - 1.47% Coverage

Reference 4 - 1.72% Coverage

Reference 5 - 1.44% Coverage

Reference 6 - 2.07% Coverage

Reference 7 - 1.44% Coverage

Reference 8 - 1.44% Coverage

Reference 9 - 1.44% Coverage

Reference 10 - 1.44% Coverage

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Reference 100 - 1.44% Coverage

## Appendix 12: Data analysis: Example of raw data coding

The screenshot displays a software interface for data analysis and coding. The interface is organized into several key sections:

- Menu Bar:** Includes File, Home, Create, External Data, Analyze, Explore, Layout, and View.
- Toolbar:** Contains icons for Navigation View, Detail, Quick Coding, Workspace, Dock-All, Undock-All, Layout, Close, Window, Zoom, List View, Search In, Find Now, Clear, and Advanced Find.
- Nodes Pane (Left):** A tree view showing a hierarchy of categories: Sources, Nodes, Classifications, Collections, Queries, Reports, Models, and Folders.
- Nodes Pane (Middle):** A list of nodes with checkboxes, including:
  - Language
  - Medical challenges to care and management
  - Memorable accounts of caring for obese patients
  - Miscellaneous stuff
  - No difference in care
  - Nurse directed care
  - Nursing challenges to care
  - Adaptic care
  - Allocation
  - Human resource
  - Impact of obesity related comorbidities
  - Inter hospital transfers
  - Making patients comfortable
  - Night shift resources
  - Patient safety
  - Physical size
  - Psychological support
  - Skin integrity and wound management and care
  - Staff safety
  - Willingness to help
  - Obese as the last socially accepted prejudice
  - Patient Apnea
  - Patient and family appreciation and satisfaction
  - Patient B Rawiri
  - Patient centred nursing
  - Patient Chris
  - Patient co-operation
  - Patient directed care
  - Patient Don
- Advanced Find Pane (Right):** Shows search results for 'Physical size' (4.23% coverage). It lists references with their coverage percentages:
  - Reference 1 - 144% Coverage
  - Reference 1 - 147% Coverage
  - Reference 2 - 0.61% Coverage
  - Reference 1 - 4.12% Coverage

The text of Reference 1 is visible in the bottom pane, discussing catheterising someone who is very morbidly obese. The text reads: "Catheterising someone who's very morbidly obese. A gentleman and he was quite young, he was 28. He had a huge apron that that went past his knees and we had to catheterise him and it took two people to hold up his apron and catheterising him was very technically difficult to find the area and make sure the areas were clean and yep."

## Appendix 13: Data analysis/ conceptualisation

PhD Analysis diagram: Misfits

First order or open coding (Raw data codes/ categories)	Second order or axial coding (Themes /Concepts)	Themes	Confirmation or selective coding (Theoretical/conceptualisation)
<p>Physical challenges to care</p> <ul style="list-style-type: none"> <li>• Equipment: too small, ill-fitting, too narrow, inappropriate, failures, limitations</li> <li>• Positioning: extra space needed, unable to be positioned correctly, stomachs too large</li> <li>• Mobilisation: more staff needed for safety, not enough space</li> <li>• Patient size: unable to be gathered up enough to fit</li> </ul> <p>Physical Fat bodies</p> <ul style="list-style-type: none"> <li>• Overhanging chairs and mattresses, bulging, sagging skin, loose overflowing, excess skin folds and crevices, stomachs pressed up into their lungs, large aprons, limbs hanging down</li> </ul> <p>Patient experience:</p> <ul style="list-style-type: none"> <li>• Discomfort, pain, damage, skin markings, struggling to breathe</li> <li>• Emotions: embarrassment, loss of dignity</li> <li>• Staff injury</li> <li>• Concern for colleagues</li> <li>• Increased risk of personal injury, hurting yourself, back injuries</li> <li>• Personal indemnity risk</li> <li>• Reluctance to care</li> </ul> <p>Patient injury/ harm</p> <ul style="list-style-type: none"> <li>• Falling or being dropped by staff</li> <li>• Being dragged out of bed by the momentum of the patients stomach</li> <li>• Further damage to body from pre-existing injury</li> </ul> <p>Improvisation</p> <ul style="list-style-type: none"> <li>• Tables used as ledges</li> <li>• Hoists used to lift limbs</li> <li>• Forcing patients to fit</li> <li>• Squeezing into spaces</li> <li>• Squashing against safety rails</li> <li>• Lifting up armrest to accommodate the body</li> <li>• Push things in a bit</li> </ul> <p>Decision-making</p> <ul style="list-style-type: none"> <li>• Practical</li> <li>• Identification of co-morbidities</li> <li>• Specific management strategies</li> </ul>	<p>Do not fit physically into the space of the ICU</p> <p>Not fitting in physically</p> <p>Consequences of not physically fitting</p> <p>Making patients fit</p>	<p>Misfits in ICU</p> <p>Front stage story of care</p> <p>What was observed by others</p>	<p>Managing the mis-fitted fat body through professional and private face activities</p> <p>Seeping/merging of backstage and front stage</p> <p>(Behavioural regions)</p> <p>(Face-work)</p> <p>(Emotional labour)</p>

PhD Analysis diagram: Mifflin

<p>Medical challenges:</p> <ul style="list-style-type: none"> <li>• Altered physiology;</li> <li>• Increased technicality;</li> <li>• Increased co-morbidities;</li> <li>• Difficult to assessment, missed diagnose,</li> <li>• Increased of complications,</li> <li>• Proactive management</li> </ul> <p>Nursing challenges:</p> <ul style="list-style-type: none"> <li>• Unable to perform effective CPR,</li> <li>• Increased intervention technicalities ie catheterisation</li> </ul>	<p><b>Medically do not fit normal ways to practice</b></p> <p>Issues of anatomy, physiology, and intervention techniques</p> <p>‘Fat as risk’</p>		
<p>Staff attitudes</p> <ul style="list-style-type: none"> <li>• Strive for normal weight</li> <li>• Fat patient attributes</li> <li>• Beliefs about why patients are fat/ ability to lose weight/ cause of obesity epidemic</li> <li>• Feelings about caring for fat patients</li> <li>• Financial burden</li> <li>• Taking responsibility for own health (normative expectations)</li> <li>• Work place humour and fat jokes</li> <li>• Moral dialogue</li> <li>• Personal failings</li> <li>• Sarcasm and irony</li> </ul> <p>Derogative physical descriptions</p>	<p><b>Socially do not fit</b></p> <p>Prejudice</p> <p>‘Them and us’</p> <p>Moral judging</p> <p>Contempt</p>	<p><b>Non-professional behaviour</b></p> <p>Private feelings</p> <p>Private expressions amongst other staff</p> <p>Back stage story of care</p>	
<p>Social vulnerability</p> <p>Awkwardness</p> <ul style="list-style-type: none"> <li>• Social awkwardness (behaviour) <ul style="list-style-type: none"> <li>◦ Avoidance: not acknowledging or mentioning a patients obesity/ pretense</li> <li>◦ Secret codes</li> </ul> </li> <li>• Emotional awkwardness (feelings) <ul style="list-style-type: none"> <li>◦ Concealing emotions</li> <li>◦ Fencing emotions</li> </ul> </li> </ul> <p>Language usage:</p> <ul style="list-style-type: none"> <li>• Bedside language</li> <li>• Staff room language</li> </ul>	<p><b>Responding to the stigma</b></p> <p>Conscious masking of private feelings</p>	<p><b>Managing feelings</b></p> <p>Conscious behavior modifications during patient care</p> <p>Act or performance</p> <p>Professional behaviour</p>	

