Supplementary Information S1 (Service Improvement Project)

- S1.1 – Procedure for Analysis
- S1.2 – Visual Process of Developing Superordinate Themes
- S1.3 – Full Themes Overview and Transcript Data

S1.1 – Procedure for Analysis

- *Bracketing interview conducted.*
- *Interview schedule created and interviews conducted.*
- Familiarisation via listening back to interview audio and verbatim transcription.
- Transcripts analysed individually in turn.
    - Further familiarisation achieved via multiple read-throughs.
    - Initial line-by-line coding focusing on descriptive content.
    - Initial line-by-line coding focusing on linguistic and conceptual content.
    - Reflexive comments added in response to generated coding to explore personal interpretation of the participant's interpretation of their experience.
    - All descriptive, linguistic, conceptual and reflexive coding copied below the annotated transcript and reviewed.
    - Sub-themes identified by considering patterns of significance directly stated by participant, indirectly stated by participant through frequency or depth of meaning, or inferred by reflexive engagement, also through frequency or depth of meaning.
    - Master themes identified using the process above to relate sub-themes to one another.
    - Back and forth, exploration of sub- and master themes and the full transcript to aid validity.

    - Discussions with SIP supervisors to consider theme title accuracy, scope and suitability for purpose and making revisions.
    - Repeat process for remaining transcripts, bracketing initial ideas about convergence and divergence across accounts using reflexive journal.
- Sub- and master intra-participant themes were collated into an Excel file.
- Descriptions of what the themes intend to capture were generated, drawing from dialogue with supervisors about how the themes had been derived and justified.
- Theme titles were further refined either to get closer to the intended idea or to avoid potential unintended associations. A row was used to explain rationales for changes made.
- Time was spent considering anything in the data that was not captured in these themes within accounts and whether an additional theme would be warranted (none were added at this stage).
- The above step was repeated considering potential missing ideas across accounts (none were added at this stage).
- The final intra-account sub- and master themes were copied into a Word document for reference.
- The same themes were also copied into a PowerPoint document and transformed into a visual display using larger and smaller connected hexagons to denote the hierarchy of sub- and master themes. Themes were deliberately not labelled by participant to reduce analytic bias in

managing coverage of individual participant themes across newly generated inter-account themes.

- All sub-themes (excluding master themes) were copied into a new slide and the author began to link these around over-arching concepts.
- All master themes (excluding sub-themes) were copied into a new slide and the author began to link these around over-arching concepts, separate to the step above to promote cohesion at varying levels of the analysis and closeness of fit to the raw data.
- Refinement of the emerging themes was conducted, moving between the collated sub- and master themes and the initial codes on the annotated transcripts. An interpretative lens was adopted during the generation of the new linking concepts and as an additional step to connect again with reflexive comments from coding at each iteration.
- The newly created sub and master concepts were then brought together in a final new slide. These were revised and re-structed freely and organised according to emerging ideas about what the author understood the collective narratives to be expressing (see *Supplementary Information S1.2*).
- Final sub- and superordinate themes refined via considering alternative connections, closeness of fit in relation to the raw data and in consultation with SIP supervisors.
- The final superordinate themes and supporting sub-themes were then copied into the Word document with an accompanying description.

- Key quotes from the data were added to the table and consideration was given as to whether or not each individual account connected with the sub- and superordinate themes and produced a separate table denoting presence within accounts (see *Supplementary Information S1.3*).

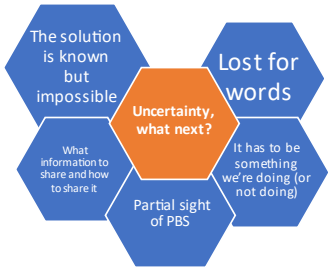
S1.2 – Visual Process of Developing Superordinate Themes

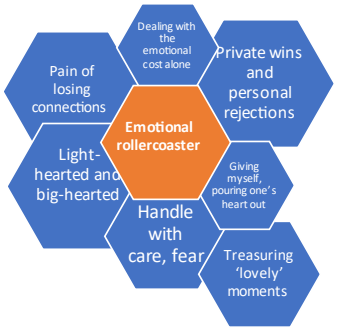
Themes were also copied into a PowerPoint document and transformed into a visual display using larger and smaller connected hexagons to denote the hierarchy of sub- and master themes. Themes were deliberately not labelled by participant to reduce analytic bias in managing coverage of individual participant themes across newly generated inter-account themes.



All sub-themes (excluding master themes) were copied into a new slide and the author began to link these around over-arching concepts.









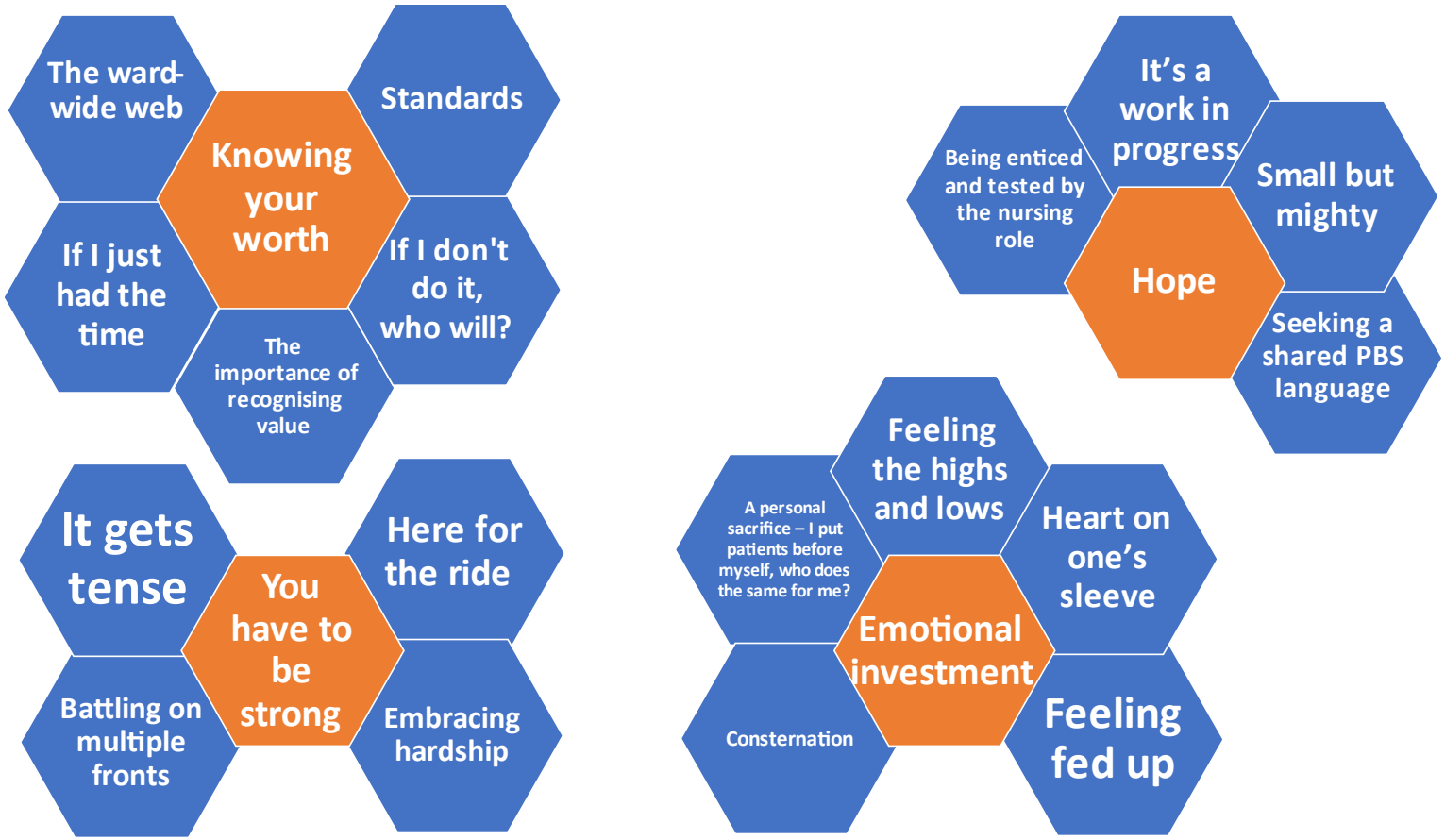








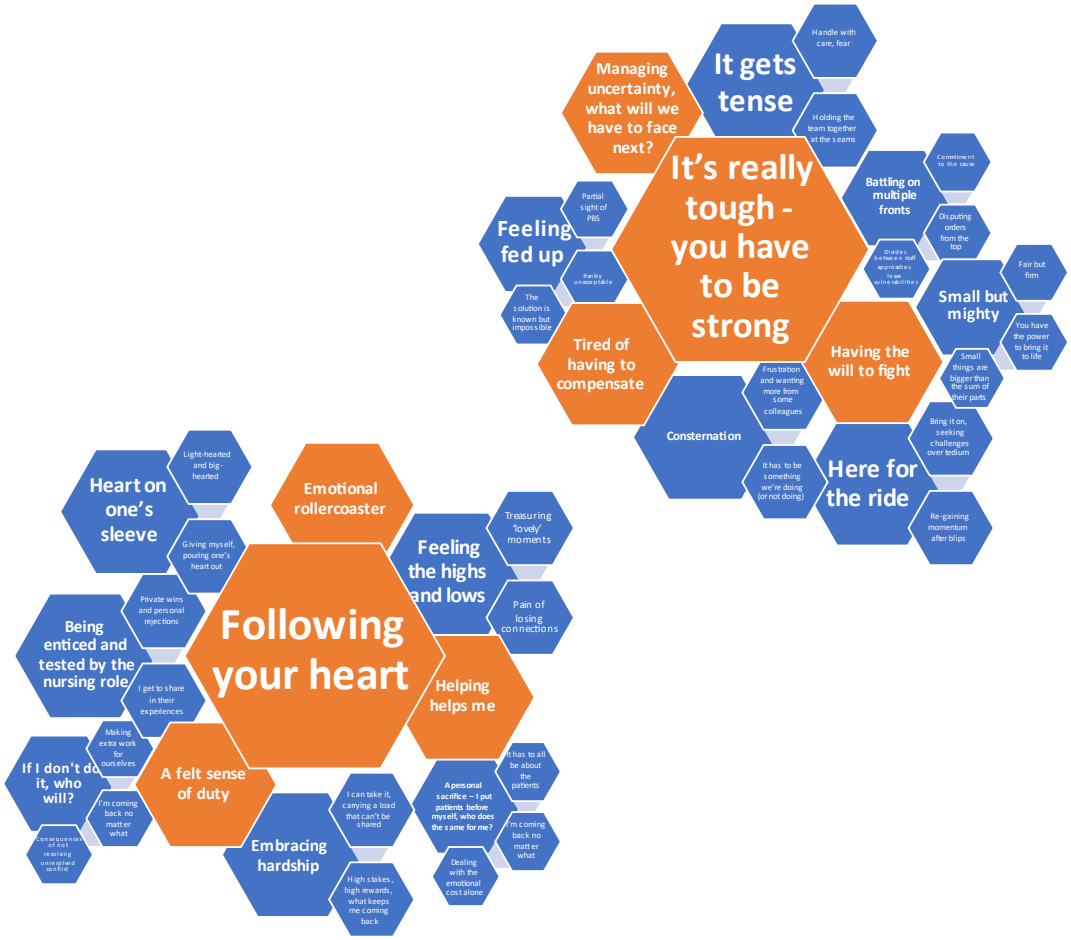
All master themes (excluding sub-themes) were copied into a new slide and the author began to link these around over-arching concepts, separate to the step above to promote cohesion at varying levels of the analysis and closeness of fit to the raw data.



Refinement of the emerging themes was conducted, moving between the collated sub- and master themes and the initial codes on the annotated transcripts. An interpretative lens was adopted during the generation of the new linking concepts and as an additional step to connect again with reflexive comments from coding at each iteration.

The newly created sub and master concepts were then brought together in a final slide. These were revised and re-structed freely and organised according to emerging ideas about what the author understood the collective narratives to be expressing.

Final sub- and superordinate themes refined via considering alternative connections, closeness of fit in relation to the raw data and in consultation with SIP supervisors.


Following your heart
Heart on one's sleeve
Light-hearted and big-hearted
Giving myself, pouring one's heart out
Emotional rollercoaster
Feeling the highs and lows
Treasuring 'lovely' moments
Pain of losing connections
Helping helps me
Being enticed and tested by the nursing role
Private wins and personal rejections
I get to share in their experiences
A felt sense of duty
If I don't do it, who will?
Making extra work for ourselves
I'm coming back no matter what
Consequences of not resolving unresolved conflict
Embracing hardship
I can take it, carrying a load that can't be shared
High stakes, high rewards, what keeps me coming back
A personal sacrifice – I put patients before myself, who does the same for me?
It has to all be about the patients
I'm coming back no matter what
Dealing with the emotional cost alone
It's really tough - you have to be strong
Managing uncertainty, what will we have to face next?
It gets tense
Handle with care, fear
Holding the team together at the seams
Feeling fed up
Partial sight of PBS
Frankly unacceptable
The solution is known but impossible
Tired of having to compensate
Battling on multiple fronts
Commitment to the cause
Disputing orders from the top
Divides between staff approaches to our vulnerabilities
Small but mighty
Fair but firm
You have the power to bring it to life
Small things are bigger than the sum of their parts
Having the will to fight
Consternation
Frustration and wanting more from some colleagues
It has to be something we're doing (or not doing)
Here for the ride
Bring it on, seeking challenges over tedium
Re-gaining momentum after blips
Just out of reach – the small things that make a big difference
Seeking a shared PBS language
Lost for words
Understanding takes work
Delicate but determined seeds of hope
It's a work in progress
Getting comfortable, from feeling weird to feeling right
Natural progression
Standards
Setting the bar high
I'm working on it
Wanting small recognition of all the hard work
If I just had the time
Readiness to act
I don't have time to explain
Stuck in a moment
There just isn't time
The importance of recognising value
Diminished worth
Fleeting opportunities for making it all pay off
The ward-wide web
Thirst for knowledge
What information to share and how to share it

S1.3 – Full Themes Overview and Transcript Data

Intra-account master and sub-themes:

P1

Battling on multiple fronts			**The importance of recognising value**		**Feeling the highs and lows**	
Commitment to the cause	Disputing orders from the top	Divides between staff approaches leave vulnerabilities	Diminished worth	Fleeting opportunities for making it all pay off	Treasuring 'lovely' moments	Pain of losing connections

P2

Seeking a shared PBS language		**It gets tense**		**Small but mighty**		
Lost for words	Understanding takes work	Handle with care, fear	Holding the team together at the seams	Fair but firm	Small things are bigger than the sum of their parts	You have the power to bring it to life

P3

Being enticed and tested by the nursing role		**Feeling fed up**		
Private wins and personal rejections	I get to share in their experiences	Partial sight of PBS	Frankly unacceptable	The solution is known but impossible

P4

If I don't do it, who will?			**A personal sacrifice – I put patients before myself, who does the same for me?**		**It's a work in progress**	
Making extra work for ourselves	Consequences of not resolving unresolved conflict	I'm coming back no matter what	It has to all be about the patients	Dealing with the emotional cost alone	Getting comfortable, from feeling weird to feeling right	Natural progression

P5

If I just had the time			**Heart on one's sleeve**		**Here for the ride**	
Readiness to act	Stuck in a moment	I don't have time to explain	Light-hearted and big-hearted	Giving myself, pouring one's heart out	Bring it on, seeking challenges over tedium	Re-gaining momentum after blips

P6

The ward-wide web		**Consternation**		**Standards**		**Embracing hardship**	
Thirst for knowledge	What information to share and how to share it	Frustration and wanting more from some colleagues	It has to be something we're doing (or not doing)	Setting the bar high	I'm working on it	High stakes, high rewards, what keeps me coming back	I can take it, carrying a load that can't be shared

Inter-account superordinate themes overview

Superordinate theme	**Component sub-themes**	**Key data**
Following your heart	• A felt sense of duty • Emotional rollercoaster • Helping helps me	P1 • (706-707) we do want the best for them and I hope and I think they can- and I hope that they know that • (116-117) I love that they're happy to see you • (119-120) or that they [patients] say 'oh I missed you [P1]', I'm fine- it's really nice to think 'oh I make a difference' • (763-764) they're the heart of our service the patients • (280) that one-on-one time that's… really precious • (327) he's going to be transferred which I'm really sad about P2 • (418) You know it just melts your heart and you think.. huh that's all you miss him.. • (598-600) and also attitude is really a big factor we have unfortunately within nursing it's more than just the money you're paid it seems to be that passion you have to be compassionate because without patience without that heart some things they are not academic it's you your attitude and your personal attributes which makes a huge difference • (321-323) if you had seen him the way he reacted and the way he appreciated, the gratitude, he said and he have such little was simple things and as a team you know we feel proud and we were happy and such little things like that and the effort that we put [patients] see they observe P3 • (37-38) like it's trying to explain to your friends oh we had a good day because someone's blood glucose level is within the normal range (laughing) • (200-202) you get annoyed when you try and give someone a level of support and then they go to another nurse and say that oh I haven't had a level of support- I want a one-on-one with a specific staff member and you feel not hurt but you think well actually I tried really hard today • (23-24) a good day is you're able to give people person centred care and talk to everyone individually and sort of see where people are at • (159-160) I match his level of grumpiness sometimes and he kind of respects that (laughs)

		• (107-109) I've got to go on leave with people because we've had more nurses on shift or something or you know and that's been really nice just see that patient on their own P4 • (122-123) you want to make them feel like they're important and it's about them because it is about them at the end of the day • (10-11) so pretty much whatever they do I'll be there (laughs) to support them and help them they can also come to me if they need • (180-183) I feel like it has made me as an individual sort of know even with my career what I want to do what my passion is what I love doing and I think that's the one thing that I love about it it's made me know what I want to do and I definitely want to continue working in a field like this because I love my job • (236-238) it is challenging especially if you're not at a point where like they sort of come to you for support.. they may go to somebody else so it's- you sort of see it like yeah.. because then it's like okay what do I do now (laughs) how do I how do I sort of go into this • (23-24) then they're upset and then obviously it makes us upset because we haven't been able to do that for them P5 • (213-215) he just makes me laugh like it- sometimes doesn't feel like work with him it just feels like we'll go out to the pub and.. he'll just chat and he's just so funny he loves football I love football it's just like.. it doesn't feel like work (laughs) • (194-195) I know a lot of us are all like what're we going to do when he goes because we've all worked with him for such a long time.. so… it's a… it's one of my favourite relationships • (223-224) I'm not saying he never has a go at me or never- or when he's really struggling hit out at me because he has but I know I've heard him sometimes shout he'll need me and that- so I'll go • (108-111) we sort of do.. not cross the line but you do get attached to the people that you're working with so I think we're all going to struggle with.. and we all- we all want them to move on but they've been with us such a long time… and we got big buzz from our guy that was two to one gone down to one P6

		• (270-273) I have a patient here who is the most difficult patient on the ward, always an incident but when I'm around he never has an incident because I've got to- I think I have a PhD in him (laughs) I've got to learn about this condition I've spent hours- I can't even tell you how many hours I've spent to learn about his condition • (262-264) we have something in common you know- they like music I love music, I love- so we get to listen- I bring the tablet or listen to music in the lounge sometimes a dance you know so we'll get to find out things that we have in common you know in that way they they feel like you know • (32-33) I personally I want to leave the ward knowing that I did the best, so I would do what I have to do to feel- make sure the professional self- I've done my best and to also make sure I keep my heart • (196-197) so it's for me it's the patients.. if I'm not feeling- I'm stressed I want to- I want to help a patient it makes me.. my stress it just disappears • (276-277) he will be with me I will be doing everything- he's not telling me thank you or whatever but I know he appreciates that I know what he needs • (318-321) or when I can see him because he he- head bangs, he self-harms, when I come and then he stops.. I don't know I can't describe that feeling I have with me (laughs) you know I just feel like yes, it's working, everything you're doing- can't stop, you have to continue doing it you know • (192-196) like today they were doing the handover of what has happened on the weekend- I didn't work on the weekend- I was already feeling like oh they have done it again the staff didn't do- so as soon as handover ended I told the nurse I want to go to this patient as soon as I went there and he saw me he was happy I was happy I kind of helped him for the morning chores and everything I forgot about the whole- and I'm happy again (laughs)
It's really tough - you have to be strong	• Managing uncertainty, what will we have to face next? • Tired of having to compensate • Having the will to fight	P1 • (98-99) some people aren't suited to work on our ward that's okay but don't come back (laughs) • (558-559) we manage them and then we still come back the next day with a smile on our face and we still want to give good care to our patients they do awful things to us on the next day we're ready to do good things for them again • (480-481) some people were really cross with me and didn't talk to me for half the shift because they really didn't want him to go out • (586) oh you're just pink and fluffy oh and I hate that • (549-550) And I like I hate- If I hear someone saying 'oh they kicked off' I'm like 'no! we don't use that word!' • (516-517) I'm fighting for the kitchen door to be open but that's a big hooh-hah

		P2 • (502-503) sometimes even when you talk PBS language approach you know nobody really understands you- you're actually sort of like dividing the team • (279-280) so half of the team is saying it's fine then half of the team say it's not • (24-26) shifts like that you are doing everything, though you are a team of seven but you find out that you are.. doing everything just trying to maintain um a safe environment • (453-455) I'm telling you he'd be shouting and say 'I will smash you and I'll break all your teeth' oh my God I remember one incident where we had to hide in another patient's um uh bedroom that's how that's the only way you could do it you people were so frightened • (468) But you still have to do your job • (70-72) Well it looks like there's no difference but to them there is a difference so you try to explain to your nurse colleague please just follow what's on the care plan okay • (211-212) it does not mean that you know if you're soft you are not firm okay being gentle and kind does not mean that you are not doing your job properly. • (520) so PBS is already kicking • (206-208) we are all learning all the time no one is 100% perfect but now when you sit there and [colleagues are] telling you like [P2] you've done this you know you've done that you've done that you know it's just it just um it just takes your confidence really P3 • (184-185) as a human I just really despise that I think it's really narcissistic because [the patient] think they can get away with it • (188) it could be triggered or [the patient] could just be in a bad mood • (305-306) everyone's alive, eaten and got their meds and like I'm like fed up with that being a good day (laughs) • (41-42) it's not helpful if.. staff and don't come up with a proper plan but I think also I don't know it's hard to tell there's a lot of unpredictable things happen P4 • (351-353) like even on night shifts on the door they have like whether they'd like their blind open or their lights on or off but some staff will still go and turn the light on even though the individual would like it off

		• (35-36) and then it's just left in a like we're just not working together and it's just- it's already hard as it is you know so it makes it even harder • (209) obviously there's been a lot of.. racial- like abusive comments • (219-220) but then you obviously go back into work the next day and you have a great shift so it's very up and down • (220-222) you have to deal with your emotions and sometimes you don't even get time to deal with your emotions you're sort of just thrown into deep end (laughs) • (217-219) you sort of have to be emotionally strong I feel like which is not always easy because there's times where I've like gone home and just like urgh I'm so like drained mentally this is so frustrating it's so difficult • (276-278) it's about them we should you know- they're the priority here not saying staff aren't um but it makes a difference to them and I think that's that's the best thing if you're going to get a good day out of it why not like you know what I mean it's going to help them at the end of the day P5 • (39-40) sometimes the ones that- the quiet ones are just- they disappear in the room and you know it but you can't go and do anything about it because you're stuck with that person that's on obs • (128-130) we've got a couple that will just want to shut that door and that's what they want but then I'm frustrated because I want to be off doing- I can see people that need something but I can't do anything because I'm not allowed to move • (203-206) a couple of times I've come in and sort of observed for a couple of minutes and then said right can I have a go and I've been able to walk down the corridor with him and people have been really really cross because it's took three or four people to hold him and so I was putting myself in in danger • (62-64) if we've got through that day and kept that person safe and kept staff safe I don't see it as a bad day so I think sometimes the challenging days that comes with the job • (93-94) I get a buzz if I've had a good day so it sounds really bizarre but if it's been a really tough day but it's gone really well I then go out with that buzz but it isn't a bad day anymore it's been a successful day • (80-83) if new staff come in and they haven't read the care plan quickly or in detail then they'll just do anything for an easy shift but that doesn't always work because like it might be easy for that that short period of time but then when the next person comes in and does it the way it's meant to be done yeah then it becomes a challenge then P6

		• (59-61) I've come to the ward- I'm asking the people who have been there I'm like where's this patient, they don't know I know- I don't buy that- how are you working with someone you don't even know?! • (108-110) if I have a staff member just.. standing there doing nothing when a patient needs help, I'm gonna have a chat with them, sometimes I'll not do it I don't do it quite well because sometimes you need to bring them aside and maybe provide and say *come on guys* • (28-29) it's kind of difficult because not every staff understands that not every staff has the same levels of empathy so there's like a bit of division on the ward • (509-513) oh this is one thing that I think is disrespectful that I'm with the patient for an hour, somebody has to come and swap.. I said in one hour- and they don't turn up (exhales) they're in the office- I don't know what they're doing on the computer and then they'll be like oh I forgot. How- you're at work how do you forget? That you had to come- I think it's disrespectful you know and then it lowers the morales in the team- people have been thinking like what are you doing, it is it's just plain disrespectful • (289-291) if he leaves this ward maybe I might not have enough challenge on this ward, I might want to go somewhere, but again I will always find some some- someone- he makes- he's the reason why I want to come to work • (311-314) if I hear his voice go up, I'm rushing there that's that's that's the kind of powerful- if I hear him raising his voice then I'm thinking an incident is about to happen I'm gonna tell someone can we- if I'm on an observation with someone else I'm gonna quickly tell someone to swap please can you swap I need to go over there or he sees me whoever is taking the lead will step back and I'll be, I'll be taking the lead • (454-457) but I'm thinking that it puts pressure and other staff members because if we attend and then four people cannot work with him and then he- he- he- I don't get exhausted with him I don't get burned out with him but other people do because his needs are quite- they're demanding • (457-458) so people cannot sustain being able to do that but my- my mindset is sustained I can sustain it for the whole shift- 24 hours- no sorry 14 hours I can do that but I can understand that not everyone can do that
Just out of reach – the small things that make a big difference	• There just isn't time • Delicate but determined seeds of hope	P1 • (755-757) [want senior management to see] the good that we do. Rather than what we haven't done. They should be more PBS themselves • (749-751) when you read an incident form or you read a patient note or you see a care plan and you think oh not very detailed but then you go and see the extra work we do on the ward, little bits that you can't capture that aren't well described in those things

	• Wanting small recognition of all the hard work	• (155-157) it just seems like you're a number or you're a name on their list and you're not recognized for what you are on the ward • (101) people feeling valued and supported and thanked at the end of the day is quite nice • (217) sometimes we don't even have time to go to the toilet or to have a drink • (494-496) people would smile and laugh in handovers it was so- and I think it made people go back on the ward and have a better day, a better shift and maybe the patients have a better day • (526-527) Like they are PBS because they don't get it, they don't see that they're doing it but actually they are P2 • (222-225) we have to accommodate it and by doing that it does not mean I am disrespecting everyone or I'm being soft but I'm just meeting a need which needs urgent support so when you explain that everyone will be like okay okay but it's little things like that which can really um (laughs) be reflected in a wrong way • (578-579) I think if it becomes like a mandatory training where it it will give us that same knowledge and will be at at least the same level we've got we have the same language and when I say PBS people can have rough idea of what I mean • (321-323) if you had seen him the way he reacted and the way he appreciated, the gratitude, he said and he have such little was simple things and as a team you know we feel proud and we were happy and such little things like that and the effort that we put [patients] see they observe • (132-134) to be less reactive and to look for the solution together so sometimes it works you can get beans and toast cheese sandwich you can have a tuna sandwich and there you've actually prevented a huge incident P3 • (289) just we need more staff and a better pay • (303-304) I mean if we can magically have more staff I think it'd be good because we'd be able to talk to more about their hygiene and just those things which you might think are smaller but actually make a big difference • (30-32) I think that's with life as well but some patients are unfortunately more ill or they're more at risk to hurting others at different periods and that can- for that period it takes up a certain amount of time away from other patients and I think that's a bit unfair but it's the way wards are I suppose • (51-55) I think it's very tempting to on a really busy day just to not take your break and just get everything done with but I think if you know that you're gonna finish the day about an hour late you choose to not take your break and I

		think that impacts you and I think people don't realize as well they're like I don't think I need a break and you think in your head ooh I think you might (laughs) you're going a bit too fast P4 • (368-370) I feel like there'd be less like incidents or situations that would happen because sometimes things can be easily resolved but they're made so much more complicated because there's just like.. not like a clear plan of what it is when there like literally could be and it'd just like make life easier but you know.. • (401-402) I know everybody's trying but I feel like we could all do better.. as a team.. • (214-215) like I said it's a work in progress um but it's taking every day at a time because it's just time and yeah yeah it's been tricky yeah.. • (375-379) there would be less conflict between staff and I feel like if you just like you could just easily approach someone and be like oh I don't really appreciate you you know the way you went about things or just a simple like you know I'm having a bad day it's just they're like little things like that it sort of it makes a big difference especially when you work somewhere where like I feel like you sort of have to be kind of emotionally mentally ready for the day because you don't know what's going to happen • (82-84) sometimes I forget to drink water drinking water (laughs) you'll be on a like 14 hour shift and you forget to drink water it's so bad (laughs) • (98-101) it's helpful because then when it comes from different places or somebody that's come into it's all it's a bit more reality check for what you're actually doing because obviously I mean I can have a good day and somebody can say I've had a good work but we work in the same place you we see each other all the time so it's nice hearing it from somebody that's come from outside so yeah. P5 • (442-443) we tell [colleagues] what it means and try and break it down as much as we want but actually and then you hear them say oh but there's no consequence I just wish there was more time to explain it to them • (173-175) I think sometimes we give in a little bit easy we try one or two things so it doesn't work straightaway then we give in but I think we've just got to keep going and eventually you'll find something that they enjoy • (209-211) I've tried to explain the reason why that it's not about punishment it's about changing that chain of thought in his head.. it slowly.. staff are understanding it better but it's taking a little while so… yeah… we'll get there..

		• (105-106) a while back we were a bit of a broken team but we've come over those hurdles now and we are picking up the right way so that's good • (307-309) few of the people on it was the management but they've all left now so it's just like sort of like stopped and I was hoping a lot more would come from it P6 • (459-462) if- in a way as well this member of staff can actually find time to- I don't think they have that's my assumption to get to really know him well it will change his mindset and his method of approach to him • (281-283) I want to be able to have the time to spend with staff, I know most staff have spent a year or two with him but I don't think they know him enough and that's why they're having incidents with him • (247-250) but I think I've not made- I think personally I've not made enough effort to get to build that relationship with them and it started with the fact that when I started working here I didn't- I was told about the person that they get- they get- they need time to get to know someone and trust them but I think I didn't- I didn't (laughs) I didn't find that time • (434) you know that's I think that's a way of winning a balance which I have to work out • (471) We'd have low incidents, we would leave here like a family where nobody has any problems • (359-361) I was brought in, I was the only a person that works direct with them, senior nurses, managers, I was the only person which I'd consider as the low- lowest person in terms of position but I I did have- put a lot of feedback because we spend more time with the patients-