

Supplementary File B

Theme	Sub-theme	
Theme 1: Discussing Health Behavior To Support Self-Management	Benefit to long-term health	<p><i>I think it's about changing the conversation we have with them. It's not just about let's get through this, it's about let's get your treatment started, but we need to look at the long-term and make sure that your health choices for the future we've put in from day one how important it is (P7)</i></p> <p><i>It's as crucial as everything else. Because I really think it has a massive impact on quality of life and the ability to remain independent.... It's preventing their early onset cardiovascular and cerebrovascular disease, and it's also the camaraderie, the social aspects of it... (P3)</i></p> <p><i>I guess the value is if patients are willing to take up and change their lifestyle, then they are going to have fewer long-term side effects and a healthier life. I imagine it is a huge area to deliver it to everybody. (P5)</i></p> <p><i>So we know that the cohorts of survivors are at an increased risk of many chronic health conditions because of the treatment that we have given them, so actually maximising our contact with patients and making sure that they are aware of and that we encourage and empower them to make any changes to their daily routines that are going to support and lower their risk of other conditions into adulthood. So I think actually our role is really important in trying to prevent those issues from happening in the first place. (P13)</i></p>
	Personal interest	<p><i>I only know of it because I am interested in it personally and it's what I want to move into, and that's been in the last couple of years that I've looked more at it... (P23)</i></p> <p><i>I tend to enquire about the whole of it and then pick up whatever seems to be either the most interesting, the most relevant, or the easiest fruit for that particular person at that particular time. (P3)</i></p>
	Fear of disengaging the patient	<p><i>I think for me the benefits are that you are giving them the options, so we are quite clear about the fact that if somebody smokes or they are a drug user or they quite like drinking, it's not our place to stop them from doing that and taking away their one comfort during treatment isn't always the right thing to do. (P5)</i></p>
	Family present	<p><i>Me of the things that has helped me is the fact that I'm starting to really know my patients, and I'm familiar with them and their history and their family and we can engage on a level where I can capture them like that (P3)</i></p>

		<p><i>I think if a patient was particularly hostile or had parents with them who they particularly did not wish to discuss in front of a parent. If I was picking up cues from a patient that they really did not want to discuss it then I wouldn't go there on the first meeting (P7)</i></p>
<p>Theme 2. Health Promotion Within TYA Cancer Care</p>	<p>Low confidence to provide specific advice</p>	<p><i>I'm particularly struggling with the TYA group. As inpatients, the TYAs do have a gym, so if they are TYA patients who have been admitted, there's a very nice gym at The Christie for them. Most of my patients are outpatients so they don't have access to that. We do have a very good smoking cessation service that you can be referred to, who are very motivated, so they will come and see the patient that day. we do have good TYA and good occupational therapy, so there are some services for occupational therapists helping with fatigue and things like that.(P3)</i></p> <p><i>There's pockets of it, but it's not consistent and there aren't a lot of resources (P17)</i></p> <p><i>And I don't often ask about illicit drug use if I'm honest, but I think the lead nurse sometimes does go into that. But that's definitely something I should probably think about, actually. And sun safety, the lead nurse I know has those discussions but I don't, necessarily (P18)</i></p> <p><i>I'm not an expert in this, I've got an interest in it and I would happily have an initial conversation, but to actually work with some young people who have got significant problems or are in the middle of their cancer treatment I'd want an expert (P23)</i></p> <p><i>In my clinic I'm still learning a lot with the CNSs. I think the evidence, the knowledge is there, it's just imparting it. But in the general pediatric reg and definitely the general oncology registrar cohort, I think it's having the confidence and the knowledge to say actually maybe we should be starting to talk about this and to say actually it's not a bad thing for a child who was recovering from cancer to be running around (P16)</i></p>
	<p>Multidisciplinary team support</p>	<p><i>I think it is something that you can treat as a whole because it is about having that confidence to know that it's our job, why it's our job and how we might go about it within our practice and that it doesn't have to be... a physio doesn't need to do mobility, every healthcare professional has an opportunity often. (P9)</i></p> <p><i>If lots of different people – specialist nurse, allied health professionals, consultant, nurses on the ward or nurses in the day unit – are all saying the same thing, people are more likely</i></p>

		<p><i>to follow the advice. TYA-specific resources that we as professionals can give out or signpost to so that we are not discussing these behaviors with no backup and now follow-up, we have got somebody saying, 'This is my advice,' then the doctor saying the same thing and the dietitian saying the same thing or the specialist nurse saying the same thing, then we have also got some physical resource that is also saying the same thing. (P4)</i></p> <p><i>Also I think all professionals involved in that patient saying the same thing. Then if other professionals are less informed or have different opinions and aren't reinforcing the message that I am giving, that can be hard if it is just me saying to a patient, 'It would be really helpful if you could be physically active. It will really help your well-being and your outcomes and all that sort of stuff.' If that is only coming from me then I think it is less effective.(P4)</i></p> <p><i>With a multidisciplinary team, because even though we all have a knowledge and an understanding and an appreciation of the importance of all of these, the job that the physiotherapist does I couldn't do. The job that the dietician does, I couldn't do. So, no, I think it's important that the right people are providing the right information (P19)</i></p>
<p>Theme 3. Lack of Evidence and Resources To Support Health Behavior Promotion In Practice</p>	<p>Lack of evidence linking health behavior to TYA cancer outcomes</p>	<p><i>My understanding is that there is very little evidence specifically for this age group. There have certainly been studies in the past for the older population but I am not aware of very much that is specific to this age group. (P20)</i></p> <p><i>I mean, I am broadly aware of it and I have heard people speak on the benefits of exercise. I guess I'm not so familiar with the hard data... (P18)</i></p> <p><i>I don't know that much as in I don't know of any evidence that shows how effective it is, for example. There was that drive a few years ago, NHS-wide. I can't remember the term, but it was about the importance in anything from primary care to tertiary care about any opportunity to mention lifestyle behaviors is a good thing. I don't know if there is any evidence to show what the effect of that was. I have got a bit of anecdotal evidence. (P4)</i></p>
	<p>Limited information resources</p>	<p><i>There's a bunch of leaflets that float around the place from a variety of people. Some are in-house, some as CCLG, some are specific cancer things. I tend not to be a resource giver-outer (P1)</i></p> <p><i>More and more I am seeing that we need information because we are often being told or taught to say they are on chemo, eat anything. You just need calories in you. But actually when it comes to the end of treatment and you are trying to get back to a 'normal' life, then we are suddenly saying, 'You need to healthy.' That is these days – I think – seven portions</i></p>

		<p><i>of fruit and veg a day. I don't think the information is there for us to say what they should be doing and I think we probably give the wrong information during chemo by saying, 'Eat anything.'</i> (P4)</p> <p><i>Oh God. I am not too sure that there are really that many, to be honest. I know that there are a good number and a wide range of Macmillan information booklets, leaflets, talking about life after cancer or life during cancer so you can healthily exercise. So, you can certainly get hold of some of those. I am not convinced that they are teenage or young adult designed, or TYA friendly. Would one of our young people pick them up and go, 'That is obviously for me.'</i> I am not convinced. (P10)</p> <p><i>So we use NHS Choices resources quite a lot and also Macmillan resources and any public health resources. Public Health England have so many leaflets, etc., on their website that we make use of as well, so obviously leaflets that are out there, but also we do try and signpost to other professionals that can help as well. This, however, is very difficult because it does become a bit of a postcode lottery. Because we cover the South West region, we can have some patients, because of their postcode, that get a really comprehensive package, whereas others don't get anything, so we actually have to work with what's out there. But if we do have, say, for instance, community weight management strategies that we can refer people to, that they can attend with their families, then we do make use of that as well.</i> (P12)</p> <p><i>There's the Department of Health scheme. I've forgotten the name of it now but it was a summer scheme last summer and it was with some of the Olympians and they were doing kind of a Star Wars theme, like a theatrics thing, so they could access that online and have a look. So we pointed some of the younger people to that. It was really good, actually. I really liked that. But I don't think there is that much. I think we are quite limited in what we have.</i> (P14)</p> <p><i>I tend to use the Exercise Referral Scheme, or the GP referral scheme, it can also be called. I use a lot of Macmillan information, although some of it, the content is appropriate, but maybe the graphics and so on it's not targeted to young people, to young adults, but you can sort of get away with it with over 18s, it's the gap between maybe the 13, 14, to 17-year-old age group. The Macmillan booklet is quite a good resource</i> (P21)</p>
<p>Theme 4. Requirements for Implementation And Change In Practice</p>	<p>Multi-format evidence-based</p>	<p><i>I think being given information either via a study day using some really good evidence-based research to show this is what we should be using because this is how we have trailed it and this is what works, this is what doesn't.</i> (P4)</p>

	<p>training on health behavior promotion</p>	<p><i>Factual information that I can go to where there are maybe figures that I can take back to patients and say these are the risks but also these are the places you can go to if you need your own information or your own support. (P26)</i></p> <p><i>And then it would be brilliant to have a bit of motivational interviewing-type skills in that context of how you can actually [...] engage patients and get maximum bang for your buck, as it were, for your ten minutes. (P2)</i></p> <p><i>I think the whole idea of how to start these conversations, how to promote effective change, almost Motivational Interviewing type of stuff, so that the patient is onboard with the idea, rather than you telling them that they need to change, and them saying, 'Okay'. (P12)</i></p> <p><i>In an ideal world, yes, us being able to go to a workshop and interact with people that are doing similar roles and learning together and role playing and listening to experts, etc., that would be the best way to learn, of course, but I think in this environment within the NHS where everyone is feeling quite pressured time wise, resource wise, online learning may be the best way to take it forwards (P13)</i></p> <p><i>E-resources and online learning: 'We will set our computers to run these videos that we're supposed to attend to, and then get on with something else. So, is this materially different from that? If it is, then great. (P1)</i></p> <p><i>I think being given information either via a study day using some really good evidence-based research to show this is what we should be using because this is how we have trailed it and this is what works, this is what doesn't. (P4)</i></p> <p><i>Factual information that I can go to where there are maybe figures that I can take back to patients and say these are the risks but also these are the places you can go to if you need your own information or your own support. (P26)</i></p>
	<p>Professional standard/competency</p>	<p><i>You need to have some kind of buy-in from myself and colleagues and those around me that, 'This is what we do. Part of our nursing responsibility is to provide lifestyle advice,' and that is something that will then need to be embedded post-education and training, but that's something that takes time and that's not an easy thing. (P22)</i></p>

		<p><i>I think you have to be fundamental. I don't know what the curriculums of undergraduate healthcare professionals is but there should be something in there. If you don't put it in the undergraduate programme... I think you should start it then. (P23)</i></p> <p><i>Whether things are mandatory or not will influence whether people go on them, then if it is a choice thing, who goes on it? I don't think it necessarily should be down to personal choice if we are delivering a service. (P5)</i></p>
	<p>Financial support to attend CPD</p>	<p><i>But I'm still considered a Macmillan professional [and] you can get allocated funding for study and CPD each year. That's largely where money came from, but there were some other charitable sources as well. So it wasn't just a case of when I could fit in my CPD based on my work and personal life, etc., it was actually largely based on whether I had the finances to do any extra training that was available. (P13)</i></p>
	<p>Input from young people with cancer</p>	<p><i>I think it is up there at the moment because our young people are asking so many more questions about it and I think the way to keep it up there is [...] using the voice of the young person to sell it [...] a flyer that had a young person on it saying, 'I need advice... or 'I needed advice about this, but my professional did not know it.' To me, that would be my responsibility as a professional to go and learn that (P26)</i></p>