PREDOCS INTERVIEW CODING MANUAL

Complete Coding Guide v2.0

Background

This manual is used to code interview transcripts from a PhD study on the implementation of the PREDOCS consultation (a nursing intervention) in 12 Dutch cardiothoracic centres (2016–2019). The study analyses barriers and facilitating factors of implementation according to the COM-B model.

Research Context

Setting: 12 cardiothoracic centres in the Netherlands

Period: 2016–2019, interviews every six months

Respondents: 2–4 healthcare professionals per interview round per hospital

Clusters: 3 implementation clusters based on implementation success

Total: ~250 transcribed interviews

REFINED COM-B CODEBOOK WITH DEFINITIONS

CAPABILITY — 14 codes

Barriers (8 codes):

b_Lack of required skills (PREDOCS nurse consultation techniques)
Definition: PREDOCS nurses lack sufficient consultation techniques to conduct the consultation correctly. Respondent indicates insufficient skills to perform the consultation.

b_Lack of required skills (project leader)
Definition: Project leader has insufficient skills to implement the PREDOCS consultation.

b_Insufficient knowledge about the intervention
Definition: Lack of knowledge about the PREDOCS intervention.

b_Patient not capable (e.g. low literacy)
Definition: Patient cannot adequately understand or perform the intervention.

b_Project leader is invisible
Definition: Project leader is not visible or available.

b_Lack of training
Definition: General lack of training (training has been insufficient).

b_Need for more/better training
Definition: Explicit desire for more or better training.

b_Need for more guidance during implementation
Definition: Need for more supervision during execution.

Facilitators (6 codes):

f_Sufficient training and education available

Definition: Sufficient training is available.

f_Sufficient knowledge and experience of staff with the intervention
Definition: Staff have sufficient knowledge and experience.

f_Sufficient knowledge and skills as project leader
Definition: Project leader has sufficient competencies.

f_Stakeholders are regularly kept informed (knowledge)
Definition: Good information provision to stakeholders.

f_Learning from each other / observing each other (knowledge of intervention content)
Definition: Colleagues learn from each other through observation and exchange.

f_Sufficient skills / competencies of PREDOCS nurses (consultation techniques)
Definition: PREDOCS nurses have good consultation techniques.

OPPORTUNITY — 29 codes

Barriers (20 codes):

b_Insufficient physical space for conducting the intervention
Definition: Insufficient physical space available to conduct the PREDOCS consultation, e.g. lack of outpatient clinic space.

b_Limited access to required resources (e.g. materials, technology)
Definition: Materials or technology are not available.

b_Lack of organisational support or involvement
Definition: Organisation/management provides insufficient support.

b_Insufficient social support from colleagues
Definition: Colleagues provide insufficient support.

b_Insufficient time available
Definition: There is too little time available.

b_Insufficient staffing (staff shortage)
Definition: There is a shortage of staff.

b_Short patient waiting list (not feasible to schedule patients)
Definition: Waiting list too short to schedule PREDOCS.

b_Possible burden for the patient (including extra travel)
Definition: PREDOCS places additional burden on the patient.

b_Adding to existing workload
Definition: Additional work/tasks for nurses.

b_Insufficient budget
Definition: Insufficient financial resources.

b_Scheduling problems (secretariat)
Definition: Secretariat/scheduling has difficulties with planning.

b_Small patient population
Definition: Too few suitable patients available.

b_Staff turnover
Definition: High turnover of personnel.

b_Insufficient integration into hospital structure

Definition: PREDOCS is not well integrated into hospital processes.

b_Staff not rostered
Definition: Staff are not rostered for PREDOCS.

b_No follow-up on the ward (e.g. measurements)
Definition: Ward does not follow up on PREDOCS recommendations.

b_Insufficient Hospital Information System support
Definition: IT systems insufficiently support PREDOCS.

b_Process efficiency vs PREDOCS
Definition: PREDOCS conflicts with efficiency demands (e.g. operating theatre utilisation).

b_Communication dose from project management does not match
Definition: Communication from project management is not appropriate.

b_Expected investment does not match actual burden/execution
Definition: Expectations about workload do not match reality.

Facilitators (9 codes):

f_Sufficient physical space available
Definition: Sufficient physical space available.

f_Sufficient access to required resources (materials, technology)
Definition: Materials and technology are available.

f_Strong support from management and leadership (organisational support and involvement)
Definition: Management strongly supports PREDOCS.

f_Support from colleagues including other disciplines
Definition: Colleagues from various disciplines provide support.

f_Sufficient time available
Definition: Sufficient time is available.

f_Sufficient staffing
Definition: Sufficient staff available.

f_Integration into existing hospital structure and work processes
Definition: PREDOCS is well integrated into existing processes.

f_Sufficient support from national project management
Definition: National project management provides sufficient support.

f_Support from responsible surgeon
Definition: Responsible surgeon supports PREDOCS.

MOTIVATION — 21 codes

Barriers (11 codes):

b_Lack of belief in the effectiveness of the intervention
Definition: No belief in the effectiveness of PREDOCS.

b_Insufficient personal motivation to perform the intervention (including colleagues)
Definition: Low motivation to perform PREDOCS.

b_Negative experiences with previous implementations
Definition: Poor experiences with previous implementation projects.

b_Resistance to change
Definition: General resistance to change.

b_Enthusiasm will come with time (after feedback of results)
Definition: Enthusiasm is lacking, may come later.

b_Not taken seriously
Definition: PREDOCS is not taken seriously.

b_No results seen yet
Definition: No clear results are yet visible.

b_No hard figures
Definition: No hard figures/evidence available.

b_Patient does not see added value
Definition: Patient does not see the benefit of PREDOCS.

b_Other priorities
Definition: Other priorities take precedence.

b_Insufficient added value relative to registration burden
Definition: Added value does not outweigh administrative burden.

Facilitators (10 codes):

f_Positive experiences with previous implementations
Definition: Good experiences with previous implementation projects.

f_Belief in the usefulness and effectiveness of the intervention
Definition: Belief in the usefulness and effectiveness of PREDOCS.

f_High intrinsic motivation of staff to improve
Definition: Staff are intrinsically motivated to improve.

f_Belief in the importance of the intervention for patient care
Definition: Belief that PREDOCS is important for patient care.

f_Interesting
Definition: PREDOCS is experienced as interesting.

f_Commitment
Definition: Strong involvement and dedication to PREDOCS.

f_Enthusiastic
Definition: Enthusiasm for PREDOCS.

f_Motivated
Definition: High motivation for PREDOCS.

f_Patients are satisfied
Definition: Patients are satisfied with PREDOCS.

f_Pragmatic attitude of project leader / openness to pragmatism
Definition: Project leader has a pragmatic, flexible attitude.

CRITICAL CODING PRINCIPLES

1. DISTINGUISH NEUTRAL DESCRIPTIONS FROM EVALUATIVE STATEMENTS

DO NOT CODE:

Factual descriptions: 'We will start next week'

Procedural statements: 'We have scheduled four patients'
Neutral process descriptions: 'We practise conversations'

DO CODE:

Value judgements: 'It is a lot of work', 'We are enthusiastic'
Evaluations: 'It is going well', 'It is a problem'
Attitudes: 'We will see', 'I think it is important'

2. USE SPECIFIC CODES WHERE POSSIBLE

f_Support from responsible surgeon (not general support)
b_Process efficiency vs PREDOCS (not general time)
b_Possible burden for the patient (not general 'adding to workload')

3. CODE BROADER FRAGMENTS FOR COHERENT PROBLEMS

Example: Communication + expectations problem — code as one coherent fragment rather than each sentence separately.

4. DISTINGUISH SUBTLE DIFFERENCES

Training:

b_Lack of training = training was insufficient
b_Need for more training = explicit wish for more

Workload:

b_Adding to existing workload = extra work for nurses
b_Possible burden for the patient = extra burden for patients

Support:

f_Support from colleagues = general collegial support
f_Support from responsible surgeon = specifically surgeon support

5. DO NOT OVER-INTERPRET

Stay with what is literally stated. Do not add meaning that is not explicitly present. When in doubt: do not code.

STEP-BY-STEP APPROACH

STEP 1: Read the complete transcript thoroughly

- Identify all statements about implementation of PREDOCS
- Note hospital code and year from transcript
- Note respondent's role

STEP 2: Select relevant statements

- Focus on statements containing evaluative language (good/bad, easy/difficult, enthusiastic/concerned)
- Describing problems or success factors
- Expressing attitudes or beliefs
- Naming barriers or facilitators
- Skip: neutral factual descriptions, procedural statements, interview questions and responses

STEP 3: Code according to the refined COM-B codebook

- Use the most specific code that fits
- With multiple aspects: assign multiple codes
- With coherent fragments: broader coding

- When in doubt between codes: choose most specific
- Use definitions to code consistently

STEP 4: Quality control

- Check that all codes are genuinely evaluative/attitude-related
- Verify that specific codes have been used where possible
- Ensure coherent narratives are not fragmented
- Check definitions to ensure consistency

OUTPUT FORMAT

Hospital | Year+period | Quote | Speaker | Code(s) | Alternative codes | Clarification

> Example: Z03 | 2017-spring | '[exact text]' | [role] | [main code(s)] | [if unclear] | [brief explanation if needed]

COMMON PITFALLS

- Coding neutral planning as a time barrier: 'We are scheduling 4 consultations' ≠ time problem
- Coding factual training as training deficit: 'We practise exercises' ≠ lack of training
- Using general codes where specific ones are available: surgeon-specific situations deserve surgeon-specific codes
- Fragmenting coherent problems: code complex problems as a whole

EXAMPLES OF GOOD CODING

Evaluative statement:

"We are really enthusiastic about PREDOCS" → f_Enthusiastic

> Rationale: Direct positive attitude, matches definition of enthusiasm for PREDOCS.

Specific barrier:

"Surgeons do not want to leave the operating theatre empty" → b_Process efficiency vs PREDOCS

> Rationale: Specific conflict between efficiency demands and PREDOCS, matches definition exactly.

Broad fragment:

[Entire passage about communication problems] → b_Communication dose from project management does not match

> Rationale: Coherent problem about communication from project management.

Neutral description (do not code):

"We are starting next week" → No code

> Rationale: Factual statement without evaluative element.

CODEBOOK SUMMARY

Statistics:

CAPABILITY: 14 codes (8 barriers, 6 facilitators)

OPPORTUNITY: 29 codes (20 barriers, 9 facilitators)

MOTIVATION: 21 codes (11 barriers, 10 facilitators)

TOTAL: 64 codes (39 barriers, 25 facilitators)