

**Supplementary Table 1: Registered Dietitian (RD) salient beliefs associated with a Nutrition Counselling Approach (NCA)**

<b>Salient Beliefs</b>	<b>Additional Comments About Belief</b>	<b>Rank*</b>
<b>Behavioural Beliefs: – Perceived Advantages</b>		
Improved outcomes and sustained behaviour change	<ul style="list-style-type: none"> <li>• Better nutrition goal achievement, increased compliance, modifying disease outcomes</li> <li>• Increased sustainability of change and relapse prevention</li> </ul>	1
Empowers the client and improves self-management		2
Strengthens the collaborative relationship between the RD and the client		3
Benefits for the RD	<ul style="list-style-type: none"> <li>• Being able to focus our efforts to increase impact, tailoring the intervention and developing individualized care plans</li> </ul>	4
<b>Behavioural Beliefs – Perceived Disadvantages</b>		
Inadequate time	<ul style="list-style-type: none"> <li>• For counselling appointment</li> <li>• For training and practice</li> <li>• Charting</li> <li>• Follow-up is needed with this approach</li> </ul>	1
Inadequate training	<ul style="list-style-type: none"> <li>• Difficulty integrating this approach into current charts</li> <li>• Low skill level</li> </ul>	2
Patient related barriers	<ul style="list-style-type: none"> <li>• Not ready/willing to change <ul style="list-style-type: none"> <li>• Too ill, not appropriate for all patients</li> </ul> </li> <li>• Unclear patient expectations (want info. only)</li> <li>• Patient inability to change due to situation (children, low cognition, time to travel to appointments)</li> <li>• Lack of resources to facilitate self-management</li> </ul>	3
RD related barriers	<ul style="list-style-type: none"> <li>• Belief that a counselling approach is not effective <ul style="list-style-type: none"> <li>• In an inpatient setting</li> <li>• Feeling you are not doing your job or being perceived by others as not doing your job</li> </ul> </li> <li>• Stress/mentally draining</li> <li>• Team/org Support Lacking <ul style="list-style-type: none"> <li>• Cost of educating others in behaviour change</li> </ul> </li> <li>• Job assignments may not allow</li> </ul>	4
Process and infrastructure related barriers	<ul style="list-style-type: none"> <li>• Follow-up over phone difficult</li> <li>• Space/private space needed</li> <li>• Lack of staffing</li> </ul>	5
<b>Normative Beliefs – Approval</b>		
Colleagues	<ul style="list-style-type: none"> <li>• Team, physicians, RDs, nurses, etc.</li> </ul>	1
Managers/management		2
Patients/clients		3
College of Dietitians of Alberta		4
<b>Normative Beliefs – Disapproval</b>		
None/Unsure		1
Patients/clients		2
Medical Doctors		3
Colleagues	<ul style="list-style-type: none"> <li>• If it takes too much time, learning curve</li> </ul>	4
College of Dietitians of Alberta	<ul style="list-style-type: none"> <li>• Query re: restricted activity?</li> </ul>	5

Managers	<ul style="list-style-type: none"> <li>• If not addressing nutrition issue</li> <li>• Fiscal restraints</li> <li>• Increased time required</li> </ul>	6
Mental health counselor		7
<b>Control Beliefs – Barriers</b>		
Patient barriers	<ul style="list-style-type: none"> <li>• Patient not willing and ready to change (multiple factors that influence this). <ul style="list-style-type: none"> <li>• Patient expectations for information versus counselling</li> <li>• Determinants of health: environments, socioeconomic, education, health status, mental health/coping skills, social support (family), language barrier</li> <li>• Not a priority in hospital due to illness, not able to manage own care, overwhelmed with illness</li> </ul> </li> </ul>	1
Infrastructure supports	<ul style="list-style-type: none"> <li>• Time and physical resources <ul style="list-style-type: none"> <li>• Time constraints <ul style="list-style-type: none"> <li>▪ Time to complete nutrition assessment plus counselling</li> <li>▪ Time to find the right approach</li> <li>▪ Short length of stay in hospital</li> <li>▪ Limited time in multidisciplinary clinics</li> </ul> </li> <li>• Lack of private space</li> <li>• Limited ability for follow-up</li> </ul> </li> </ul>	2
RD supports	<ul style="list-style-type: none"> <li>• Lack of training and low skill level <ul style="list-style-type: none"> <li>• RDs concerned about what to do with complex issues such as abuse, that diverge from nutrition related issues. Unsure of their scope of practice</li> <li>• Engaging different age groups such as children and seniors and those with cognitive impairment</li> <li>• Lack of time to acquire new skills and practice</li> </ul> </li> <li>• Inconsistent team practices/lack of team support or referral</li> <li>• Inability to integrate with current charting process</li> </ul>	3
<b>Control Beliefs – Facilitators</b>		
RD supports	<ul style="list-style-type: none"> <li>• Training and skill level <ul style="list-style-type: none"> <li>• RDs want more training to practice and build skills which will result in increased confidence.</li> </ul> </li> <li>• Team environment</li> <li>• Standardized counselling practice guideline</li> <li>• Charting process</li> <li>• Handouts/professional resources</li> </ul>	1
Patient supports	<ul style="list-style-type: none"> <li>• Patient being willing and ready to change (multiple factors that influence this). <ul style="list-style-type: none"> <li>• Determinants of health: environments, socioeconomic, education, health status, mental health/coping skills, social support (family)</li> <li>• Receiving counselling in their own language</li> </ul> </li> </ul>	2
Infrastructure supports	<ul style="list-style-type: none"> <li>• Time and physical resources <ul style="list-style-type: none"> <li>• Adequate time (This approach will take more time than many RDs currently have).</li> <li>• Access to private space.</li> <li>• Free parking.</li> <li>• Ability for follow-up</li> </ul> </li> </ul>	3

\* Items ranked in order from highest (1) to lowest number of responses