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| **Part of article: coded text (reference)** | **Code** | **Descriptive theme (barrier/facilitator)** | **Analytical theme** | **WHO dimension** |
| Result section: The main reason for not ingesting the protocolized protein intake was due to taste and texture (Bojesen et al., 2022) | Dislike taste (B) | Poor acceptance and taste (B) | An ONS format with satisfactory product and sensory properties | Therapy-related dimension |
| Result section: 17% of patients reported that if they were offered ONS they declined to accept it due to various reasons (nausea, did not like it, did not feel well, etc). (Citty et al., 2017) |
| Discussion section: In this inpatient context, clinicians offered a choice of various ONS flavors and categories, but repeated intake of the same ONS over time may contribute to monotony and the abandoning of ONS. (de Luis et al., 2015) | Flavour fatique (B) |
| Result section: However, 1 nurse and 1 intern held some reservations,  expressing concern that some patients refused ONS simply because of taste (too sweet) or flavor fatigue. (Rattray et al., 2020) | Too Sweet (B) |
| Result section: The dimension Sensory characteristics was the most  frequently mentioned. Most words in this dimension are related to positive characteristics (taste, flavor, specific preferences); negative perceptions included too sweet, bland taste, and dislike. (Enriquez-Fern et al., 2022) |
| Result section:  Major themes associated with compliance were flavour, volume, texture, impact on dietary intake and motivation to consume supplements. Flavour differed between the two groups, negatively impacting compliance in the immunonutrition group. Volume, texture and impact on dietary intake also negatively impacted compliance whereas motivation positively impacted compliance. (Hogan et al., 2019) | High motivation (F) | High motivation (F) | Having implications for intake – perceived importance and benefits of ONS | Patient-related dimension |
| Discussion: Advanced cancer patients seem to be a vulnerable study population and a multimodal therapy is not adequate for every patient. However, interested patients are highly reliable for trial adherence. (Storck et al., 2020) | Multicomponent intervention. High motivation (F). |
| Conclusion: Reduced compliance with preoperative nutritional interventions remains a major issue because the expected beneﬁt depends on the actual intake. Seemingly, obvious reasons for a decreased tolerance of oral supplements could not be retained as valid explanations. We hypothesize that compliance might thus be primarily a question of will, information and patient support. Besides attempts to improve taste and change composition or texture, future efforts should focus on speciﬁc patients’ education. (Grass et al., 2015) | Not perceived as important (B) | ONS not considered important (B) |
| Discussion: Similar to the ﬁndings of Taylor and Burch [16], participants in the present study did not enjoy the nutritional supplement drinks. Individuals tolerated these preoperatively as a form of preparation for surgery but were reluctant to continue postoperatively. For some participants this was due to nausea or reduced appetite. Another potential reason alluded to during interviews, but not stated speciﬁcally, was that the supplement drinks had been consumed when participants felt they were most needed (i.e. preoperatively) and that further compliance (i.e. postoperatively) was less important. (Short et al., 2015) | Not perceived as important (B) |  |  |