Appendix to: Waugh EB, Hefler M, Pascoe S, et al. What do Aboriginal People in the Northern Territory value during the operation journey? *Med J Aust* 2025; doi: 10.5694/mja2.52695.

Supplementary Information: section 1

COREQ (Consolidated Criteria for Reporting Qualitative Research) Checklist

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care.* 2007. Volume 19, Number 6: pp. 349 – 357

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	4
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	4
Relationship with participants			
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	4
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	1,4
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	2-4
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	1 & 3
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	3

Sample size	12	How many participants were in the study?	4
Non-participation	13	How many people refused to participate or dropped out? Reasons?	N/A
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	4
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	4
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	N/A
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	4
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	3
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	3
Field notes	20	Were field notes made during and/or after the interview or focus group?	3
Duration	21	What was the duration of the inter views or focus group?	N/A
Data saturation	22	Was data saturation discussed?	N/A
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	N/A
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	N/A
Description of the coding tree	25	Did authors provide a description of the coding tree?	N/A
Derivation of themes	26	Were themes identified in advance or derived from the data?	3
Software	27	What software, if applicable, was used to manage the data?	N/A
Participant checking	28	Did participants provide feedback on the findings?	3
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	3-9
Data and findings	30	Was there consistency between the data presented and the	8-11

consistent		findings?	
Clarity of major themes	31	Were major themes clearly presented in the findings?	10-11
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	10-11

Supplementary Information: section 2

CREATE: ABORIGINAL AND TORRES STRAIT ISLANDER QUALITY APPRAISAL TOOL

From

Harfield S, Pearson O, Morey K, Kite E, Canuto K, Glover K, et al. Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander Quality Appraisal Tool. *BMC Medical Research Methodology.* 2020 Apr 10;20(1). doi:10.1186/s12874-020-00959-3

Question	Yes	Partially	No	Unclear
1. Did the research respond to a need or priority determined by the community?	x			
2. Was community consultation and engagement appropriately inclusive?	x			
3. Did the research have Aboriginal and Torres Strait Islander research leadership?	x			
4. Did the research have Aboriginal and Torres Strait Islander governance?	x			
5. Were local community protocols respected and followed?	x			
6. Did the researchers negotiate agreements in regards to rights of access to Aboriginal and Torres Strait Islander peoples' <u>existing</u> intellectual and cultural property?			x	
7. Did the researchers negotiate agreements to protect Aboriginal and Torres Strait Islander peoples' ownership	x			

of intellectual and cultural property created through the research?				
8. Did Aboriginal and Torres Strait Islander peoples and communities have control over the collection and management of research materials?			x	
9. Was the research guided by an Indigenous research paradigm?	x			
10. Does the research take a strengths-based approach, acknowledging and moving beyond practices that have harmed Aboriginal and Torres Strait peoples in the past?	x			
11. Did the researchers plan and translate the findings into sustainable changes in policy and/or practice?		x		
12. Did the research benefit the participants and Aboriginal and Torres Strait Islander communities?	x			
13. Did the research demonstrate capacity strengthening for Aboriginal and Torres Strait Islander individuals?	x			
14. Did everyone involved in the research have opportunities to learn from each other?	x			

Supplementary Information: section 3

CONSIDER Statement

Guest Editors of the 2025 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the Consolidated Criteria for Strengthening the Reporting of Health Research Involving Indigenous Peoples (CONSIDER) statement.

Authors should indicate how they have supported ethical publishing and reporting practices by providing the details of the research practices aligned with this publication in accordance with the CONSIDER statement. The reporting should not exceed two pages. This reporting will be published as online supplementary information. Detailed items can be accessed in the publication:

https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8

Governance
Research governance for this study was grounded in a partnership with an Aboriginal Senior Researcher employed at Menzies School of Health Research and Aboriginal Kidney Health Mentors employed through Purple House, who provided ongoing leadership and cultural oversight. Accountability was embedded through the involvement of First Nations Consumer Engagement Officers to ensure cultural safety and minimise harm throughout all stages of the research. Intellectual and cultural property was respected through clear protocols: First Nations knowledge remains the property of participants, and all data was de-identified and used only with guidance from Aboriginal co-researchers on what could be appropriately shared. There was no potential for commercialisation, and the findings were intended solely to support improved care and health equity for First Nations peoples.
Prioritisation
This research was directly shaped by priorities identified through collaboration with the INFERR Top End Indigenous Reference Group and Aboriginal co-researchers. They emphasised the lack of cultural values in current perioperative outcome measures. The project addresses this gap by exploring what is most important to First Nations people during the perioperative journey in the NT, aiming to enhance patient engagement,

communication, and culturally safe care. It builds on existing perioperative care frameworks by redefining care goals and incorporating cultural values into practice, rather than modifying surgical processes themselves. Prioritisation was guided by both community-identified needs and existing health system inequities, particularly the overrepresentation of First Nations people in emergency surgery streams and aims to support system change that fosters cultural continuity and equity.
Relationships (Indigenous stakeholders/participants and Research team)
This research adheres to First Nations ethical guidelines through approval by the Human Research Ethics Committee of Northern Territory Health and Menzies School of Health Research, which includes an Aboriginal Ethics Sub-Committee to ensure culturally appropriate oversight. Aboriginal stakeholders were actively involved throughout the research process—from priority setting and study design through to implementation, analysis, and dissemination—via collaboration with the INFERR Top End Indigenous Reference Group and Aboriginal co-researchers. The research team includes members with extensive expertise in First Nations health research, cultural safety, and qualitative methodologies, ensuring that both process and interpretation were grounded in respectful and culturally informed practice.
Methodologies
This study used a Participatory Action Research approach grounded in First Nations methodologies, centring First Nations worldviews, lived experiences, and knowledge systems. Research design, recruitment, data collection, and analysis were conducted in partnership with Aboriginal co-researchers ensuring cultural safety throughout. Yarning circles were guided by Aboriginal co-researchers and conducted in culturally appropriate environments. Privacy was maintained by de-identifying data and storing it securely, with participants retaining ownership of their knowledge. The methodology accounted for the social, cultural, and historical context of participants—acknowledging the impacts of colonisation, systemic racism, and power imbalances—and sought to empower participants through reciprocal learning, storytelling, and culturally safe engagement. The research process was shaped to ensure alignment with First Nations ethical principles and to generate outcomes that support culturally responsive care.

Participation
Participants were recruited through culturally appropriate snowball sampling, grounded in trust and community relationships. Consent was obtained for focus group participation, with clear explanation that de-identified data may be used in future related analyses under the same ethical governance. The consent process was aligned with community expectations and cultural protocols. Resource demands were carefully minimised through flexible scheduling, participant reimbursement, culturally safe venues, and the offer of interpreters (declined by participants), with Aboriginal co-researchers supporting respectful and safe engagement throughout.
Capacity
This research supported First Nations research capacity by engaging Aboriginal co-researchers, who played an active and leading role in study design, data collection, analysis, and dissemination. Aboriginal Kidney Health Mentors contributed lived experience and cultural authority, and their ongoing involvement is central to the redesign of culturally safe perioperative care models beyond this project. The non-Indigenous research team engaged in regular reflective practice and cultural supervision, fostering professional development in First Nations health research and strengthening their capacity to partner respectfully and effectively with First Nations stakeholders.
Analysis and interpretation
Guided by First Nations co-researchers, the analysis and reporting were grounded in a strengths-based approach that prioritised cultural values. Instead of highlighting deficits, the study emphasised resilience, community priorities, and cultural continuity, with findings reflecting what First Nations people value in their perioperative journey. The iterative, participatory analysis process facilitated critical inquiry into systemic barriers while amplifying the voices, knowledge, and aspirations of participants, challenging dominant biomedical frameworks.

Dissemination
Findings are being shared with First Nations participants and co-researchers through feedback sessions. Dissemination efforts also extend through NT Health and Aboriginal Community Controlled Health Services to promote culturally safe perioperative care. The co-design approach facilitates the translation of knowledge into policy, practice, and ongoing research, emphasising the enhancement of First Nations research capacity and ensuring care aligns with community-defined values. This work contributes to health system reform and investment in more equitable models of care.