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Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting

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Abstract

Despite the persistent dominance of a "scientific psychology" paradigm in health psychology, the use of qualitative research continues to grow. Qualitative approaches are often based in fundamentally different values from (post)positivist-empiricism, raising important considerations for quality, and whether qualitative work adheres to, and is judged by, appropriate publication and quality standards. Thematic analysis (TA) has become a particularly popular method in qualitative health psychology, but poor practice is widespread. To support high quality, methodologically coherent TA practice and reporting, we critically reviewed 100 systematically selected papers reporting TA, published in five prominent health psychology journals. Our review aimed to assess actual reported practice, and consider this in relation to methodological and quality recommendations. We identified 10 common areas of problematic practice in the reviewed papers, the majority using or citing reflexive TA. Considering the role of three 'arbiters of quality' in a peer review publication system – authors, reviewers, and editors – we developed 20 recommendations for authors, to support them in conducting and reporting high quality TA research, with associated questions for reviewers and editors to consider when evaluating TA manuscripts for publication. We end with considerations for the discipline as a whole, to facilitate better qualitative research, and enrich the understandings and knowledge base from which health psychology is practiced.

Keywords: Coding; quality criteria; qualitative research; reflexivity; reporting standards; theme

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> "A major challenge for health psychologists is how to use methods of research which are rigorous and credible and allow access to the processes and understandings that they seek to explore" (Payne, 2004, p. 126).

The scope for health psychology research is (potentially) vast, with more and more researchers turning to qualitative approaches. Introducing a special issue of *Health Psychology Review* a decade ago, Lyons (2011, pp. 6-7) noted "the impressive advances being made by researchers and scholars adopting qualitative approaches in health psychology indicate that exciting, creative and productive times lie ahead". In 2018, one in three papers published in the *British Journal of Health Psychology*, for example, used solely qualitative or mixed methods (Shaw et al., 2019). A steady growth of qualitative health psychology in the UK has been facilitated by British Psychological Society (BPS) requirements for coverage of qualitative research in accredited undergraduate and postgraduate curricula. The wider health policy context is also important, with increasingly acknowledgement of the value of both qualitatively generated evidence (e.g., National Insitute for Health and Care Excellence [NICE], 2012), and listening to the perspectives and voices of patients (e.g., Swindells, 2017). Additionally, the development of techniques for qualitative evidence synthesis from the early 2000s has created a clear pathway for qualitative research to inform health policy and evidence-based practice (Barnet-Page & Thomas, 2009). Despite these changes, some continue to question the value of qualitative approaches to health research (Lyons, 2011; see Greenhalgh et al., 2016, for a rebuttal to a notorious editorial in the *British Medical Journal*). And a "scientific psychology" quantitative paradigm also remains dominant in (health) psychology, both in the UK and internationally, with more critical approaches side-lined, which has implications for research questions, topics, and methods used (for some histories, see Lubek & Murray, 2018; Murray, 2014, 2018; Quinn et al., 2020). As Murray (2018) noted:

> "To neglect concern with the role of social, cultural and political processes in our investigation of the psychology of health and illness may […] be to court disaster […] The challenge is to reflect upon our times and to connect with the broader debates within psychology about theories, methods and practices" (p. 488).

A dominance of (post)positivism can both limit the understanding and potential of what qualitative research offers, and result in qualitative scholarship of questionable quality (when judged by *qualitative* standards). In this paper, we address the question of research quality in relation to a specific and popular qualitative method – thematic analysis (TA). We situate our analysis of how TA is used within health psychology (spoiler: often problematically) within a consideration of research values, theories and paradigms. These bigger discussions are *fundamental* not only to better quality TA, but for the discipline of health psychology to grapple with to address the challenge Payne (2004) noted – for robustly generating a *diversity* of understandings, insights and (applicable) knowledges that contribute to theorising, understanding and improving health and wellbeing.

Part A: Contextualisation and review methodology

Methodological quality

Quality criteria for qualitative research can exist at different levels: 1) most broadly, for qualitative research in general; and 2) specific to a *particular* qualitative approach (see Smith, 2011). There has

been some focus on developing broad or generic qualitative standards for (reporting) qualitative research (e.g., Elliott et al., 1999; Levitt et al., 2018; Tracy, 2010; Yardley, 2000), but such criteria must enable the assessment of qualitative research quality *on its own terms* (Lyons, 2011), based in an acknowledgement of the diversity of qualitative approaches (which some generic criteria do more successfully than others; see Clarke, 2022; Reicher, 2000). Some scholars differentiate between *criteriological* and *relativist* approaches to quality (e.g., Smith & Hodkinson, 2005; Smith & McGannon, 2018; Sparkes & Smith, 2009), where the former conveys universality, and rules, and the latter a more tentative and contextual approach. They argue a relativist orientation develops a more list-like approach, where lists (of what counts as good practice) can be added to and subtracted from, shifting and evolving to reflect and suit the context. Smith and Hodkinson (2005) described such lists as "open-ended" in that:

> "we have the capacity to add items to and subtract items from the lists. The limits for recasting our lists derive not primarily from theoretical labor but rather from the practical use to which the lists are put as well as from the social, cultural, and historical contexts in which they are used" (p. 922)

Such quality lists are *not* (fixed) checklists. We suggest that a relativist approach to quality facilitates rigour, through requiring a *thoughtful* and *knowing* researcher (Sparkes & Smith [2009] evoked this person as a *connoisseur*), who engages and reflects, considering quality in the context of a particular study, rather than having a checklist of standards to meet.

Generic qualitative rather than method-specific criteria *may* be useful, if applied flexibly (in a relativist way), but such criteria are not always specific enough for assessing the quality of studies using *particular* approaches (Smith, 2011). TA is increasingly widely used in health research (Al-Moghrabi et al., 2019; Bradbury-Jones et al., 2017; Kim et al., 2017; Walsh et al., 2020), but often without reference to *specific* quality standards (see Braun & Clarke, 2021b). We aim to contribute to criteria for quality TA in health psychology – for researchers/authors, reviewers *and* editors – based around an analysis of shortcomings in existing practice (which in turn hopefully feeds into wider discussions around quality in health psychology). To do so, we review 100 papers reporting a TA published in five prominent health psychology journals, identifying 10 common problems and developing 20 *recommendations* for good practice (not a checklist!). We note that these considerations are anchored at this point in time – we do not aim to produce a forever-more set of recommendations.[1] As quality and methodological discussions shift and evolve, "in order for high-quality research to be conducted researchers need to stay engaged with contemporary methodological thinking" (Smith & McGannon, 2018, p. 102).

Our approach in this paper draws from and contributes to a small but growing body of work that reviews published research to provide a "state of the art" assessment of qualitative research as used in particular fields (including health and related fields such as sport and exercise; e.g., Bradbury-Jones et al., 2017; Culver et al., 2003; Culver et al., 2012; Kim et al., 2017; McGannon et al., 2021; Poucher et al., 2020), or focused on *particular* methodologies (such as grounded theory or interpretative phenomenological analysis [IPA]; e.g., Brocki & Wearden, 2006; Holt & Tamminen, 2010; Hutchison et al., 2011; Smith, 2011; Weed, 2009). Such reviews have focused on *categorising how* qualitative research is used (e.g., techniques used, research areas addressed), and/or on *assessing the quality* of the research reported; some have identified characteristics of good practice and developed evaluation criteria.

Detailed reviews of the use of qualitative methods in health and related fields include: Bradbury-Jones et al.'s (2017) focused mapping review and synthesis of 102 qualitative papers published in six

health and social science journals over a three-month period in 2015; Culver et al.'s (2003, 2012) two reviews of a decade of qualitative sports psychology research (1990-1999, with 84 papers, and 2000-2009, with 183 papers, published in the same three journals), and McGannon et al.'s (2021) update of these reviews, covering six sport psychology journals and 351 papers published in 2015-2017; Kim et al.'s (2017) review of 55 qualitative descriptive studies in nursing and healthcare; and Poucher et al.'s (2020) review of 710 qualitative sports psychology papers published in five journals over 30 years. Cutting across different methodologies and analytic questions, some patterns and similar conclusions were identified. Perhaps most compelling was the predominance of (post)positivist commitments and values, often unrecognised, that delimited and constrained both the interpretative power of qualitative research, and (sometimes) threatened the methodological coherence and integrity of the published work. Positivism appears strongly embedded as research value, but then disappears into the background as invisible scaffolding for research practice. Epistemological and other conceptual/theoretical frameworks were not often explicitly discussed and considered. Kim et al. encouraged authors to justify their epistemology, methodology and methods, noting these details provide an important context for the research, allowing readers to evaluate the research for internal consistency and contribute to the transparency of reporting. The need for not just transparency but *thoughtful* and *considered* use of qualitative methods – especially when drawing from different approaches – was highlighted by Bradbury-Jones et al., who argued that any methodological combining "needs to occur knowingly and purposefully be rooted in a sound understanding and reporting of the compatibility of different philosophical underpinnings and practical applications" (p. 637).

Reviews focused on the use of specific methodologies include: Smith's (2011) review of 293 papers reporting an IPA between 1996 and 2008 (the largest number were in health), with a detailed review of 51 papers on illness experience; and Hutchison et al.'s (2011) review of 21 grounded theory studies in exercise psychology published between 1999 and 2008 (see also Brocki & Wearden, 2006; Weed, 2009). While there was variation in the quality of IPA reporting, and shortcomings in centring the interpretative role of the researcher, aspects also noted by Brocki and Wearden (2006), Smith rated the majority of the illness experience papers as *good* or *acceptable* (though only rated 14/51 as good). Hutchison et al.'s review identified key problems of the use of grounded theory *just as a data analytic technique* and a lack of understanding of grounded theory tenets, and highlighted the role reviewers have in publication and quality (see also Weed, 2009, and Holt & Tamminen's [2010] response). These reviews suggest that detailed, transparent, and theoretically grounded reporting is often lacking in qualitative research in health and related fields, and that positivism invidiously and invisibly directs research practice. Can the same conclusion be drawn about TA research within health psychology?

Review methodology: Sample selection and evaluation approach

We conducted a detailed evaluation of 100 papers published in five health psychology journals: *Journal of Health Psychology* (*JHP*), *British Journal of Health Psychology* (*BJHP*), *Psychology & Health* (*PH*), *Psychology, Health & Medicine* (*PHM*), and *Health Psychology Open* (*HPO*). *JHP*, *BJHP* and *PH* were selected as prominent health psychology journals. Smith (2011) identified these as publishing high quality IPA, so a secondary selection rationale was to explore whether published TA research was of a similar high quality in these journals. Word count can be a factor in quality (Hutchison et al., 2011; Kim et al., 2017; Levitt et al., 2017; Smith, 2011); restrictions can mean content deemed non-essential – but nonetheless important for quality evaluation and transparency – is left out or limited to a few terse sentences (see Levitt et al., 2017). A third rationale for our sample selection was thus to consider journals with a range of publication lengths. *JHP, BJHP* and *PH* offered manuscript

lengths from 6,000 to about 8/9,000 words, as is somewhat typical for psychology. We selected *PHM* as a more medically oriented journal, with a shorter word count typical of medical journals (3,000 words), allowing us also to explore whether Smith's assessment that medical journals published poorer quality IPA also applied to TA. *HPO* was selected as an open access journal with *no* length stipulations.[2]

For publication timeframe, we focused on a five-year period ending in December 2019. This timeframe was selected to ensure we could include 20 papers across each journal, and preceded the publication of several papers related to the quality and coherence of TA research (Braun & Clarke, 2019b, 2021a, 2021b, 2021c, 2022a, 2022c, 2022d; Braun et al., 2021), including our guidelines for reviewers and editors (Braun & Clarke, 2021b). We selected 20 papers from each journal using the following procedure: for each journal, we used the advance search function for "thematic analysis", in the specified time period, including online first/early view papers as well as those published in an issue. We used the default "relevance" display for the search results. Each paper listed was then reviewed for the use of the term "thematic analysis" either in the title, abstract, or main body of the paper, and checked to confirm that it *reported* a thematic analysis or a set of themes,[3] rather than merely referenced TA – such papers were excluded. We included those using qualitative *and* mixed methods designs, those using TA for the purpose of meta-synthesis, as well as papers we had co-authored. For each journal, our sample consisted of the first 20 papers that met these criteria (the full list of papers reviewed is available as an online supplement [File A]).

Our approach to review and evaluation broadly conformed to Bradbury-Jones et al.'s (2017) "focused mapping review and synthesis": we focused on a particular approach and subject (TA; health psychology), in a defined time-period (January 2015-December 2019), and on specific, pre-determined journals. We did not aim to assess and quantify levels of "compliance" with methodological guidance – such as in consolidated criteria for reporting qualitative research (COREQ) compliance reviews (e.g., Al-Moghrabi et al., 2019; Walsh et al., 2020). Nor did we aim to categorise papers as poor, moderate or good (e.g., Smith, 2011). Our review approach is aligned with qualitative sensibilities, informed by our conceptualisation of what constitutes good practice in TA (see Braun & Clarke, 2021b). It is interpretative and positioned, and aimed to understand, in a patterned way, where things go "right" and "wrong" in the reported use of TA. We reviewed the papers with a focus on *how* TA is used (e.g., considering: types of research questions; designs and methods; participant groups/datasets; guiding research values and theoretical frameworks; particularities of the approach to TA), the TA *sources* cited and drawn upon, and the quality of the research reported. Through this review, our aim is to encourage better quality TA via theoretical sensitivity and *knowing* practice, and to discourage prescriptive or *thoughtless* adherence to particular procedures. And, in turn, to increase the quality of the (TA generated) knowledge base in health psychology.

We decided to include TA methods more broadly, rather than any specific approach, because the diversity within TA is often poorly understood,[4] which has relevance for quality evaluation. The approach we have developed was the most widely cited across the five journals (82/100 cited our work), but this varied by journal (19/20 each for *JHP* and *BJHP*; 18/20 for *PH*; 14/20 for *PHO*; and 12/20 for *PHM*). The differences across TA methods are not insignificant, with implications for quality practices. Divergences around conceptualisations of themes, coding and researcher subjectivity, are things authors need to understand to report TA knowingly and coherently, and reviewers and editors need to understand to *evaluate* TA knowingly and coherently. To contextualise the issues raised in our review, we briefly summarise the differences across TA approaches, as we understand them (for a more detailed discussion, see Braun & Clarke, 2022c).

A brief overview of similarities and differences across thematic analytic methods

TA methods typically involve procedures for coding and theme development, the output of which is a set of themes, the potential for researchers to focus on semantic/manifest (explicit, overt, surface, descriptive) and/or latent (implicit, hidden, conceptual) meaning,[5] and some degree of theoretical flexibility in the application/use of the method. TA is closer to a method – a theoretically-independent research tool or technique – than a methodology – a theoretically informed and delimited framework for research. This sets TA apart from many qualitative analytic "off-the-shelf" methodologies (Chamberlain, 2011, 2012), such as grounded theory, IPA, narrative analysis, or discourse analysis, which provide both analytic procedures/sensibilities *and* methodological frameworks. TA is not *entirely* theoretically independent, as different iterations of the method reflect (different) paradigmatic assumptions or research values, which are evident in different procedures and conceptualisations of good practice, making TA method-like.

Three clusters of approaches to TA. We have distinguished three main types of approaches to TA:

1) Coding reliability approaches, which are firmly small q (e.g., Boyatzis, 1998; Guest et al., 2012; Joffe, 2012);
2) reflexive approaches (e.g., Braun & Clarke, 2022c; Hayes, 2000; Langdridge, 2004), which are firmly Big Q; and
3) codebook approaches (such as template [King & Brooks, 2018], framework [Ritchie & Spencer, 1994], network [Attride-Stirling, 2001] and matrix [Nadin & Cassell, 2004] analysis), located somewhere between small and Big Q.

Two other overlapping approaches are thematic coding – where grounded theory coding techniques are used to develop a set of themes from data (Braun & Clarke, 2022c) – and qualitative content analysis (QCA). The latter developed from early quantitative forms of content analysis; TA is likely a parallel development to QCA, with TA popular in some disciplines and countries, and QCA in others (Braun & Clarke, 2021a). Thematic coding is often similar to codebook TA and QCA to both codebook and coding reliability TA.

The language of *small q* and *Big Q* demarcates a key divergence in the conceptualisation of qualitative research (see Kidder & Fine, 1987). Small q equates qualitative research to the use of qualitative data and certain analytic methods within a disciplinary dominant (post)positivist values framework; typically, this represents an unknowing defaulting to positivism, rather than the knowing selection of positivism over other possibilities. Big Q qualitative involves both qualitative data and analytic methods used within distinctly (non-positivist) qualitative values frameworks – such as a naturalistic or interpretivist paradigm, phenomenology, constructivism, social constructionism, poststructuralism, or post-modernism (for a discussion of paradigms in qualitative research, see Lincoln et al., 2018).

The "types" of TA differ in various ways (see Braun & Clarke, 2022c); the three most significant for quality considerations are how themes are conceptualised, how researcher subjectivity is conceptualised and worked with, and what constitutes good practice in coding.

Conceptualising themes in TA. Although a "theme" might appear self-explanatory, as the heart of TA, two distinctions matter, related to a) what a theme is and b) where it exists. Across TA, a theme either captures a shared *topic* or shared *meaning* – these are quite *different* conceptualisations. A domain or topic summary theme coheres around a shared topic – Experiences of X or Barriers to Y. Such themes typically involve a summary of common points expressed by participants in relation to the topic; they can be identified early on in the analytic process, or even preceding analysis, and data

collection questions are often recast as "themes". Analyses reporting topic summary themes often involve multiple theme levels and relatively large numbers of (sub)themes, which can be relatively "thin" or unidimensional. This theme type is common in coding reliability and *some* codebook TA. The other type – a cluster of shared meanings united by a central concept or idea – is how themes are conceptualised in reflexive and some codebook TA. Such themes cannot be developed until *after* considerable analytic work – familiarisation; coding – has taken place. Analyses reporting united-meaning themes tend to have less differentiated and layered thematic structures, with a smaller number of multifaceted, nuanced themes.

As second important distinction is *where* themes are imagined as existing. Are themes implicitly treated as real things that exist *within* data, so they are like "fossil[s] hidden in a rock" (King & Brooks, 2018, p. 220) or "diamonds scattered in the sand" (Braun & Clarke, 2016, p. 740)? This conceptualisation is evident in coding reliability and some codebook types of TA. Analysis can be conceptualised as a process of "identification," "discovery," "finding," "searching for,"[6] themes, or with themes just "emerging" from the data. A radically different conceptualisation of themes, found in reflexive and some codebook TA, is as analytic entities *produced* by the researcher. Themes aren't *in* data, waiting; they are instead developed through analysis, and are generated at the intersection of the data and the researcher's positioning, skill and (considerable) interpretative labour. Ely et al. (1997) captured this conceptualisation perfectly: "if themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them" (p. 206). This brings us to researcher subjectivity.

Conceptualising researcher subjectivity in TA. In quantitative research, researcher subjectivity is a potential threat to the reliability and accuracy of the research, and has to be contained; some forms of TA take this approach, framing researcher subjectivity as a prospective source of "bias." Coding reliability TA researchers seek to manage and eliminate bias principally through using multiple coders and testing for consensus among them, as evidence of objective coding. A (post)positivist concern to eliminate subjectivity-as-bias is not typically part of reflexive and codebook TA. Instead, subjectivity is embraced as not just a necessary component of, but a resource for, qualitative research. The researcher's task is not to "manage" a problem, but to explore and understand how they are shaping their analytic engagement, potentially delimiting the analysis through (non-examined) assumptions and positionalities. Through a rigorous reflexivity practice the researcher strives to "own" their perspectives (Elliott et al., 1999) and communicate these to readers.

Conceptualising good practice in coding in TA. Different types of TA conceptualise good quality coding in different ways. In coding reliability TA, reliable or accurate coding, evidenced by agreement between multiple, independent coders, demonstrates best practice. Coding is a fairly (pre)defined and structured practice, centred around the development of a codebook/coding frame, which guides and delimits coding. The emphasis is on coding as *process*, with the codebook used to organise the data into themes. The level of intercoder agreement is calculated (O'Connor & Joffe, 2020) – and data coding refined as necessary. Codebook TA also uses a codebook, but more openly, as a tool for mapping and charting the analysis, rather than for seeking and measuring coding reliability. Some codes are determined in advance of coding, while others may be developed through the process of coding; the codebook may not be finalised until coding is finished (this point can reflect a pragmatic decision to stop, rather than evoking a sense having "completed" coding; King & Brooks, 2018). The codebook may be used by a single researcher, or a team working separately to code different portions of the data. Good practice is evidenced in various ways, including by not using the codebook in a mechanistic way and recognising that developing the codebook isn't the point of the analysis, rather that it is a tool to facilitate the researcher's interpretive engagement

with their data (King & Brooks, 2018). Reflexive TA does not use a codebook or coding frame for coding, which is a more open process. There is emphasis both on coding as a practice and on the *product* of coding – codes – which are important outputs and components of the researcher's developing analytic engagement. Codes are not pre-determined, or set, but organic. They are developed through ongoing interpretative engagement with the data, and can evolve and change throughout the coding process, capturing the researcher's deepening understanding of their data. Good practice is evidenced by reflexive and thorough data engagement and the development of codes that are fine-grained enough to parse out research-relevant meaning from the dataset (similarly not conceptualising it as "completing" coding but the point at which analysis progresses into another phase; Braun & Clarke, 2022c).

Part B: Reported use of thematic analysis in health psychology: A critical review

We conducted this review from a non-"objective" position. Certain research values shape how we think about TA, informed by our training steeped in qualitative research thinking (see Braun & Clarke, 2019b; Braun et al., 2021) which produced what we have termed a qualitative research *sensibility* (Braun & Clarke, 2013). We recognise that neither researchers/authors, editors nor reviewers necessarily engage with TA from a position of such (deep) knowledgeability (or even knowledgeability about qualitative paradigms more generally). The reviewed papers have indeed been *peer reviewed* and published, meaning this is research that has been deemed acceptable by an editor and (presumably) at least one peer reviewer. But there are many – to us – easily identifiable problems with much of the published TA.

Our purpose in conducting this critical review, and in highlighting these problematic practices, is not to judge against a pure/perfect form; indeed, it is not to suggest that there *is* a perfect form, and "following the rules" will produce work of inherent quality. Instead, through identifying common problematic aspects that "get through" (or may be introduced via) peer review, which are – in some cases relatively easily – resolvable, we aim to increase the quality of TA in health psychology, by encouraging more *thoughtful knowingness* in both doing (and reporting) TA, and in reviewing/evaluating TA manuscripts. The evocation of qualitative research as a craft has a long history, and we have critiqued how it can obscure what *doing analysis* actually involves (Braun & Clarke, 2013), but the notion of *craft* is useful here – *if* we imagine elements that include: techniques and approaches that get applied in specific contexts, by specific crafters; a skill set to learn and get better at, as both understanding and technique builds; sets of conventions and norms that are not rigid rules; and a community of practice with some shared and some variable practices, but where things like quality can be evaluated. The *craft* of (reflexive) TA requires a thoughtful, engaged, situated and questioning practice (e.g., see Trainor & Bundon, 2021), but we recognise that for many, the starting point is not one steeped in qualitative training/values. Through a focus on tensions and inconsistencies, we hope this paper helps clarify and build the knowledge base for a more knowing, positioned (reflexive) TA practice.

TA was predominantly used in qualitative designs – we briefly summarise some key information here. Most research focused on patients, parents/significant others of patients, and health professionals, with questions typically about lived experience and perspectives, as well as some interest in health behaviours/practices, and the social and psychological contexts for/determinants of health and health behaviours. Interviews dominated data collection (also noted by Bradbury-Jones et al., 2017; Culver et al., 2003, 2012; Kim et al., 2017; McGannon et al., 2021), with quite varied participant numbers (mean interview/participant N ranged from 15 in *JHP* to 28 in *PH*). Thus,

the use of TA is in some ways quite similar to the use of IPA in Smith's (2011) review – with both focusing on similar topics and participant groups, and working with data typically generated through interviews.

Most papers reported *just* using TA – some combined TA with techniques from grounded theory (see also Bradbury-Jones et al., 2017; Culver et al., 2003; Kim et al., 2017), content analysis, and other ad hoc methods – and reflexive TA predominated (as Bradbury-Jones et al., 2017, also noted). In total, 63/100 *only* cited our original paper (Braun & Clarke, 2006), 90/100 cited us and/or other sources, including ones for TA (e.g., Aronson, 1994; Boyatzis, 1998; Guest et al., 2012; Joffe, 2012), grounded theory/thematic coding (e.g., Dey, 1990; Glaser & Strauss, 2012; Strauss & Corbin, 1990), and content analysis (e.g., Mayring, 2000). A minority (10/100) cited *no* analytic methodological sources. TA was typically used inductively and descriptively, with data extracts used to illustrate analytic observations. When theory was discussed, it tended to be (critical) realist, contextualist, and phenomenological, aligning with a broadly experiential orientation to qualitative research (Braun & Clarke, 2013). Most uses of TA evidenced a "factist" take on data (see Sandelowski, 2011), treating data as evidencing something real and confirmable about the experience or events being studied. This use is echoed in the predominance of separate results and discussion sections – a persistent stylistic tradition based in the positivist (quantitative) logic that results are separate from the researcher's (subjective) interpretation and contextualisation of them in relation to existing research and theory (a logic not aligned with best practice for *reflexive* TA especially). Overall, the use of TA often reflected Chamberlain and Murray's (2008) assessment that much qualitative health psychology research is descriptive, with little depth in interpretation. While the ways TA was used has value for health psychology, our assessment is that – based on the reviewed papers – these leading health psychology journals are missing out on the flexibility offered by TA in relation to framing philosophy and theory, research design and methods of data generation, and orientations to data and qualitative research, to provide a wide range of rich, nuanced, complex and interpretative insights into the wide range of questions we might have regarding health (Braun & Clarke, 2019a).

The papers as a collective evidenced many of the problematic aspects of the (reported) use of (reflexive) TA that we've noted more generally (Braun & Clarke, 2021b). In this section, we highlight patterned problematic features in reported TA[7] – and especially reflexive TA – with some contrasting examples of good practice (see File B in the online supplement; few papers were consistently "good" across all aspects). The problematic practices cut across the journals,[8] signalling wider issues for the field to address in ensuring best practice in conducting and reporting TA. It's important to emphasise that *authors* do not hold sole responsibility for the quality of their published research – editors/reviewers also hold responsibility for this, and may be the instigators of some of the poor practices we discuss in this review. The 10 problems we highlight (previewed in Table 1) cover both *understanding and conceptualisation* and *(apparent) practice* – we say apparent as it isn't always clear whether practice or reporting is where the challenge lies.

Table 1: Ten areas of problematic practice

Broad category of issue	***Specific area of problematic practice***
Conceptual and methodological understanding	1. Undifferentiated TA 2. Mischaracterising TA 3. Inadequate rationalisation for the use of TA 4. Failing to theoretically locate TA or swimming unknowingly in the waters of positivism
The use and/or reporting of the use of TA	5. Misadventures with reflexivity 6. Inadequate description around analytic approach and process

	7. Confusion around a deductive orientation 8. Conceptual incoherence around themes 9. Too many themes? Thinness, fragmentation and missed opportunities 10. Deploying theoretically incoherent quality standards

Problems with (mis)understanding in published thematic analysis

1) Undifferentiated TA. Best practice for use and reporting of TA would be to clearly demarcate the *particular* approach (or approaches) to TA used, with appropriate source citations. In the papers reviewed, TA was commonly treated in an undifferentiated way, as if there is a singular method (evidenced through reference to things like "the standard TA procedures"). Braun and Clarke (2006) *was* frequently cited, but often it was unclear if this served merely as a reference for TA in general, for a particular TA process or practice (such as familiarisation or a deductive orientation), *or* if it referenced the more particular (reflexive) TA method and associated practices. Some papers cited *multiple* TA sources, but typically did not discuss philosophical and procedural differences in sources cited; some cited TA sources, then reported methodologically incompatible practice. By appreciating and understanding the diversity across TA methods (briefly outlined earlier) researchers can produced *knowing* and methodologically coherent (Braun & Clarke, 2022a; Levitt et al., 2017) – or *knowingly* methodologically divergent – research.

2) Mischaracterising TA. TA methods offer incredible flexibility and opportunity for analyses that range from the predominantly descriptive through to the highly theorised – from "scientifically descriptive" uses to "artfully interpretative" accounts (Finlay, 2021). Best practice acknowledges this diversity, either through description of TA in general, or through situating a particular *focus* of TA practice. Poor reporting misrepresents what TA offers. This was most often evident in rationales provided for combining TA with other methods. TA was implicitly positioned as a method *only* for descriptive analysis, claimed as inadequately inductive (compared to grounded theory) and inadequately theoretical/conceptual/interpretative (also compared to grounded theory and other method/ologies). Other mischaracterisations were of: TA as not allowing for both inductive and deductive analysis (so needs to be combined with content analysis); TA as not allowing for identification of links between themes (so needs to be combined with grounded theory); and TA as inadequately rigorous (compared to grounded theory). Such claims reflect not the failure of what the method offers – some TA researchers have even presented models arising from TA (e.g., Anderson & Clarke, 2019) – but a failure to *understand* what TA offers, and the robust scholarly discussions and guidance around TA methods.

3) Inadequate rationalisation for the use of TA. Roughly half of the reviewed papers didn't provide any rationale for the use of TA (see also Kim et al., 2017). Of the papers that did, some were so generic they could apply to almost any qualitative method/ology (e.g., the use of TA allowed for integration and explanation of the data). Commonly, rationales for TA cited generic characteristics or strengths of TA (e.g., flexibility; accessibility; allows for rich and detailed description/analysis/interpretation; allows the examination of themes/patterns; allows for the identification of similarities and differences/convergences and divergences; allows for induction; allows for deduction…). Only rarely did authors provide discussion of *how* these characteristics were relevant to their study, or how they harnessed these strengths in their research. Best practice would be to include a clear and *specific* rationale for the use of (the particular form of) TA, connected to the research question, theory, *and/or* context. Given a context where there are often several analytic approaches perfectly suitable to addressing particular qualitative research questions (e.g.,

Braun & Clarke, 2021a), the rationale would usefully explain how and why particular characteristics of the method (e.g., flexibility) were harnessed in the research, rather than describing these generically. One brief effective example noted that theoretical flexibility allowed for the use of a critical realist framework (Rance et al., 2017), illustrating the important interconnections between theory and method, both connected to research question. Building reflexive awareness – knowingness – should help researchers to justify and communicate the rationale behind decisions (Tuval-Mashiach, 2017).[9]

4) Failing to theoretically locate TA or swimming unknowingly in the waters of positivism. The method-like status of TA mandates some explicit consideration of theory – theory provides the foundation and validity for how the method is used and what researchers claim about their data. Only a minority of papers in each journal discussed the philosophical underpinnings of the research (see also Culver et al., 2012; Kim et al, 2017; McGannon et al., 2021); a few contained discussion of other "levels" of theory (e.g., methodological, explanatory, political) – for examples of good practice, see supplementary materials (File B). This suggests within health psychology research, reviewing and editing, such theoretical locating is not deemed essential, in stark contrast to the clear quality expectation of researchers "owning their perspective" (Elliott et al., 1999), expressed both in *our* methodological writing about TA, and from many other qualitative methodologists (e.g., Lazard & McEvoy, 2020; Levitt et al., 2018; Tong et al., 2007; Smith & McGannon, 2018; Tracy, 2010; Yardley, 2000). This may reflect a misinterpretation of TA's theoretical flexibility as meaning it can be used *atheoretically*. It cannot – theory is there, even if not discussed. It may also reflect a more "proceduralist" orientation to qualitative research, compared to thought*ful* engagement in qualitative research – an issue Chamberlain (e.g., 2000, 2011, 2012) has raised around qualitative health research.

Many papers (inadvertently) defaulted to disciplinary dominant positivist/quantitative research values (e.g., evident in concerns around researcher or coding bias, and accuracy, reliability and objectivity in coding or analysis), reflecting Marecek's (2003) evocative description that "many psychologists swim in the waters of logical positivism, empiricism, realism, quantification without knowing they are wet" (p. 53). For researchers who have been trained in quantitative methods – where there is usually one overarching paradigm – there is often little expectation or need to discuss epistemological considerations (Demuth, 2015), and it appears the positivist/quantitative hegemony in health psychology has shaped expectations for qualitative research (see Culver et al., 2003, 2012; Poucher et al., 2020). Our point is not that (post)positivism is (always) incompatible with TA – as outlined above, some TA methods are design for (post)positivism. Rather, methods need to be used with (displayed) theoretical knowingness, which means providing some explicit, theoretically-grounded discussion of methodology, including the theoretical orientation taken to data – what researchers assume they can access through their data (e.g., participants' experiences, social discourses). This doesn't require long, detailed, complex accounts of authors' theoretical positioning – Box 1 in the supplementary materials (File B) offers three examples from the reviewed papers, where the authors briefly (around or under 100 words) yet effectively outlined their theoretical positioning. What it does require is a foundational recognition that knowledge – and the forms it takes, and the practices and relationships that produce it – is always grounded in and shaped by (theoretical) assumptions.

Problems of practice and/or reporting of practice in published thematic analysis

5) Misadventures with reflexivity. Good practice in qualitative research reporting (and practice) requires consideration of researcher subjectivity (e.g., Elliott et al., 1999; Levitt et al., 2018; Tong et al., 2007; Smith & McGannon, 2018; Tracy, 2010; Yardley, 2000), in ways consistent with the

epistemological and ontological positioning of the research. In coding reliability approaches this – constructed as bias – needs to be measured and managed; in contrast in reflexive TA, this requires a *reflexive* consideration of the researcher's positionality and role in shaping the research. Most papers from each journal included *no* discussion of reflexivity; in others, any discussion tended to be minimal – such as including some professional details of the researchers, or maybe personal details, or noting that a reflexive journal was kept or that reflexivity guidance from particular methodological scholars was followed (e.g., Finlay & Gough, 2003; Madill et al., 2000; Willig, 2013), but providing no further details (see also Culver et al., 2003, 2012; Kim et al., 2017). Most discussions of researcher positioning failed to link this sufficiently or at all to the process of the research; in the few that did, typically this was limited to an acknowledgement that the positioning of the researcher in relation to the participants *might* have impacted on participant disclosures, reflecting a positivist lens of *potential* researcher influence rather, than a reflexive lens of inevitable and inescapable shaping (Clarke, 2022).

Reflexivity – ideally becoming a way of *researching* not just a way of *being* (Shaw, 2010) – can (and should) be practiced across the different domains of research, and not just considered in relation to analysis (Rankl et al., 2021). In their critical review, for example, McGannon et al. (2021) discussed reflexivity (for quality) in relation to areas such as epistemology, interviewing practice, power in research, and more. The papers we reviewed mostly reflected a conceptualisation that centres personal introspection and subjective reflection (Wilkinson's [1998] personal reflexivity); more social/political versions of reflexivity were not evident (see Finlay, 2002). Listing professional or personal characteristics was relatively common, but risks "mimic[king] the process of identifying extraneous variables in experimental research" (Lazard & McAvoy, 2020, p. 166). The papers that drew on positivist framings of researcher subjectivity (e.g., as a potential influence on, or source of contamination of, or threat to the objectivity, reliability or accuracy of, the analysis) weren't only those using a small q approach to TA – highlighting a need for greater conceptual clarity around subjectivity/reflexivity (a lack of clarity is evident in some quality discussions, too [see Clarke, 2022]; e.g., Levitt et al., 2018; Tong et al., 2007).

Reflexivity and "owning one's perspective" (Elliott et al., 1999) can be hampered by writing style – and discussions of appropriate qualitative writing/reporting styles have a long history (e.g., Evans, 2000). Coherent reflexive TA requires us to write in the first person (Berger, 2015), and also to avoid bracketing off reflexivity from the rest of the text, and to use language and terminology that denote the researcher's active role in theme creation. Notably almost all papers used a third person writing style, evidencing mainstream psychology's positivist-dominated writing ideal, a style profoundly shaped by the *Publication Manual of the American Psychological Association* [APA] (2020). This style "effectively writes out the presence of the researcher and renders them invisible" (Lazard & McAvoy, 2020, p. 162; see also Evans, 2000). In reporting analysis, researchers should ideally return to the implications of researcher positioning in the discussion and consider how it intersected with the generation and interpretation of data. Reflexivity as personal reflection was often implicitly framed as improving accuracy and managing the problem of subjectivity, rather than unpacking how the researcher's subjectivity, choices and values were relevant to the always partial and contingent knowledge they produced.

Doing reflexivity well is complex, and, as Finlay (2002) argued, risks turning the focus too much to the self. But it can be done well, both briefly – see examples in Box 2 in the supplementary materials (File B) – and with more depth and detail. Trainor and Bundon's (2021) reflexive account of Trainor's analytic process, in research which Bundon supervised, provides an exemplar of transparency around what goes on "behind-the-scenes" in qualitative research (Tuval-Mashiach, 2017). In

research which involves teams – common in health psychology research – reflexivity becomes a more complex consideration, although as Barry (2003) noted, the opportunities for critical reflexivity are also *enhanced* in such contexts. There are useful accounts of the process, challenges, and benefits of reflexivity in team (health) research (e.g., Barry, 2003; Barry et al., 1999; Linabary et al., 2021; Park & Zafran, 2018), including in time-delimited contexts such as rapid qualitative health research (Rankl et al., 2021). Connecting to problem 4, reflexivity in group research can offer a tool to disentangle the potentially opaque and unrealised impact of different epistemological and other positionings (Park & Zafran, 2018). Relatedly, teams also offer a means of enhancing quality, if more experienced researchers create contexts where less experienced ones can build their interpretative analytic skills (Lyons, 2011). From a quality and (reflexive) TA perspective, then, space, time and a process for thinking about, doing, and *reporting*[10] reflexivity in group contexts is vital.

6) Inadequate description around analytic approach and process. Best practice would involve a clear methodological description that specifically described the method as used, and any choices or decisions regarding the *particulars* of the approach; this is *especially* important for reflexive TA where decisions are required about the "version of TA" used (which Braun & Clarke [2006] described as the "many questions of TA"). The papers reviewed often lacked transparency in their account of the analytic process. Details of how TA was used and how the analysis was developed were often minimal, such as just listing six phases of reflexive TA, but not discussing how the authors engaged with these. This evidences Tuval-Mashiach's (2017) incisive observation that qualitative researchers often "cite existing methods or models for analysis as brand names, but without offering any further details" so "the reader may be given only a general understanding of the method used; the specific and unique application that is relevant to the study is not, however, presented" (p. 130). A second and significant issue with descriptions of the analytic process – connecting to points raised already – was authors stating that they "followed Braun and Clarke" but outlining an analytic process with minimal to no similarity to that process. As noted elsewhere, this may reflect one of many practices, from citing without reading, to misunderstandings, or a requirement from editors/reviewers to cite a source for the use of TA (see Braun & Clarke, 2021b). We concur with Campbell et al. (2021) that the ubiquity of the term TA, and its varied and often contradictory definitions and applications, make clear description of the practices researchers use to make sense of their data challenging, but crucial. Box 3 in the supplementary materials (File B) contains some good examples from the reviewed papers.

7) Confusion around a deductive orientation. Confusion around *deductive* TA is not helped by the same term being used in different ways. In reflexive TA, a deductive or theoretical approach entails using pre-existing theory as an interpretative lens through which to read and make sense of the data. Flowers et al. (2016) – see Box 3 in the supplementary materials (File B) – captured this well: "the data were interpreted and interrogated for their dialogue with pre-existing theoretical constructs and frameworks" (p. 761). In other TA methods, "deductive" can cover: using pre-existing theory as a coding frame or to create a coding frame, which is then used to segment/organise the data into theory-determined themes (often conceptualised as topic summaries); using the data collection questions as themes (typically topic summaries); or determining the areas of analytic focus/categories in advance. In the reviewed papers that claimed to be taking a deductive orientation to *reflexive* TA, it was typically one of these other, non-coherent, definitions of deductive that was evident. More clarity and conceptual coherence are necessary when considering "deduction" in TA, based in understanding that there are quite different ideas and practices across TA methods.

8) Conceptual incoherence around themes. Best practice for TA requires a clearly stated or evidenced conceptualisation of what a theme is (topic summary; shared meaning) and this should be aligned both with the approach to TA, and the reported practice of TA. Confusion between topic summaries and meaning-based themes, particularly in papers claiming a reflexive TA approach, was common. (Sometimes this reflected poor theme naming practices, such as single word names designating a topic rather than the unifying meaning that was actually explored.[11]) Some papers included a mixture of topic summary and shared meaning themes – which isn't inherently problematic, if there is evidence of knowing practice and a rationale for this. One notable pattern was for claimed "themes" in reported reflexive TA to designate a topic area, with *sub*themes used to capture a particular shared meaning within this broad topic area – but often focusing on a single facet. For example, a "theme" would be titled something like barriers to treatment adherence with several "subthemes" nested within it, each identifying a different barrier (e.g., time, low self-esteem, lack of support from family members), but with minimal or no analytic narrative that drew together the divergent barriers into a coherent, overall story. The use of data generation questions as (topic summary) themes was also evident – there may be value in such reporting, but we question how much interpretative depth is also lost if a deeper analytic process is not engaged in (see Connelly & Peltzer, 2016; Sandelowski & Leeman, 2012). Finally, conceptual incoherence was evident in descriptions of the analytic processes, often through the use of language – noted above – that constructs themes as "in" data and to be "identified"; evocations of "themes emerging" were also common (see Braun & Clarke, 2006, 2022c). Box 4 in the supplementary materials (File B) offers two examples of well-named and conceptually coherent (shared meaning) themes.

9) Too many themes? Thinness, fragmentation and missed opportunities. Over half (57/100) of the papers included a table or figure summarising the analysis (or an aspect of the analysis), which can help to "preview" the thematic structure (Table 1 in the supplementary materials [File B] presents a good example). In others, it was often difficult to (precisely) determine the number of themes produced and where/how/(if) they were reported. Some papers introduced (new) headings after an overview; headings were used both effectively (to designate themes/subthemes) and ineffectively, when it wasn't clear what they highlighted. The number of themes (including sub and overarching themes) reported is relevant, because it speaks to quality, and how much rich depth/nuance and complexity an analysis can report (especially with length limitations). Many papers reported what we would consider *too many* themes (one paper reported 19 themes and 40 subthemes), producing an overly particularised or fragmented analysis. Reporting too many themes excludes the rich interpretative insights gainable through qualitative research. In some papers, the analytic narrative did little more than descriptively string together the illustrative data extracts, connecting to a tendency for these themes, and particularly subthemes, to be rather thin. By thin, we evoke something capturing a single facet or observation about the data (in reflexive TA, these are like codes not themes, which are multifaceted). The overuse of subthemes (which adds to thinness and fragmentation) is worth highlighting in relation to reflexive TA, where subthemes are conceptualised as tools for highlighting a particular facet, or cluster of facets, within a (shared meaning) theme (and the central organising concept is *shared*; unlike in a topic summary). Crucially, subthemes aren't a necessary or expected feature; they should be used judiciously to enhance understanding by highlighting a particular important element (the first example in Box 4 in the supplementary materials [File B] uses subthemes in this way).

We advocate the idea of an analytic *story* as a useful tool for reflexive TA (and perhaps other forms too). Without an overall guiding story, analysis can appear haphazard and fragmented; in many of the papers reviewed, a focus on topic summaries-as-themes, large numbers of reported themes, and multiple theme levels, produced thin, often homogenous (rather than nuanced) "results". For many

of these papers, we thought that methods like framework or template analysis, which can use topic-summaries-as-themes, and view a more differentiated thematic structure a way to capture the complexity of the data (King & Brooks, 2018), might have been a better fit. Even so, we urge researchers to (re)consider the use of domains or topics as themes, a practice critiqued as part of a wider problem of analytic foreclosure in applied TA research, which produces "under cooked" analysis (Connelly & Peltzer, 2016), and – arguably – undermines the usefulness of health research (Sandelowski & Leeman, 2012).

10) Deploying theoretically incoherent quality standards. Good practice in TA involves a knowing, considered use of method, and the use of theoretically coherent quality practices. In the papers reviewed, overall, and especially for papers using reflexive TA, qualitative standards were at least partially theoretically incoherent. Given many quality practices and standards are not theoretically neutral, and do not cohere with all qualitative methodologies, the selection of quality practices needs thoughtful consideration. For example, the COREQ (Tong et al., 2007), a 32-item checklist that is widely used as a reporting and quality standard for health research, provides a problematic quality and reporting assessment tool for reflexive TA (see Braun & Clarke, 2022b), as it is has inbuilt a procedural rather than philosophical definition of qualitative research, and values and quality standards that often reflect neo-positivist and (naïve) realist assumptions.[12] Other quality standards used (such as Lincoln & Guba [1985] for member checking) did not necessarily reflect evolution in thinking about criteria (such as in Guba & Lincoln, 1989; see also Smith & McGannon, 2018). Overall, papers tended to use positivist/realist quality practices and standards – with an overwhelming emphasis on reaching analytic consensus/agreement between coders/researchers (see also Culver et al., 2003, 2012; McGannon et al., 2021), evident not only through using independent coders and measures of coding agreement, but statements that the authors agreed the themes, or another researcher checked or verified the themes. Such realist-positivist practices do not align with reflexive TA, where multiple researchers should help build *insight* and enhance *understanding*, including supporting the development of analytic skills, rather than lead to consensus (some papers did discuss of multiple researchers' roles more openly and reflexively, such as Rance et al. [2017], quoted in Box 2 in the supplementary materials [File B]). The use of *consensus* as a quality practice warrants special mention as it is premised on positivist/realist-inflected assumptions that are conceptually incompatible with reflexive TA. Any assumption that analysis – themes – can be "accurate" in some ways (e.g., *accurately* representing the participants' account of their experiences, perspectives, behaviours) evokes meaning as fixed within data, rather than produced through the researcher's active engagement with their data, and their interpretative skills.

Part C: Recommendations for improving the conduct and reporting of thematic analysis in health psychology

Having highlighted patterned problematic practices, and signalled best practice, we end with some recommendations to improve the quality of TA, as used and published in health psychology journals. This section explicitly addresses three different "arbiters" of quality in published TA work: 1) the *researchers* who use and report TA; 2) the *reviewers* who evaluate submitted papers and make recommendations – sometimes requirements – for publication of a TA study; and 3) the *editors* who synthesise reviewer assessments and make final decisions around publication.

We first offer 20 specific recommendations related to conducting and reporting TA effectively in health psychology, to facilitate best practice (see Table 2). These provide guidance for researchers and questions for reviewers/editors to consider (which are, of course, overlapping groupings).

Returning to the differentiation between a criteriological and relativist orientation to quality (Smith & Hodkinson, 2005; Smith & McGannon, 2018; Sparkes & Smith, 2009), these should be understood within a relativist mode of practice. They are intended not as a checklist, so much as an invitation to greater knowingness and a means for avoiding a proceduralist approach when doing TA (King & Brooks, 2018). The recommendations are designed as provocations for reflection on design, conceptualisation, practice and reporting of TA, to build methodological integrity and (more) knowing practice (Braun & Clarke 2022d).

Table 2: Twenty best practice recommendations for effectively conducting and reporting thematic analysis in health psychology*

Area		***Recommendations for authors***	***Questions for editors and reviewers***
Selecting the most appropriate type of TA	1	Determine goal/purpose of research. If this is quite open, reflexive TA is appropriate. If this is more delimited than open (e.g., there are apriori topics/categories), then codebook or coding reliability approaches are more appropriate.	Is the type of TA selected appropriate to the goal/purpose of the analysis?
	2	Reflect on your paradigm/research values. If (post)positivist (e.g., concerns about coding accuracy/reliability, minimising bias, etc.), use coding reliability TA. If not positivist, use codebook or reflexive TA.	Is the type of TA selected consistent with the author's paradigm/research values? Is the research methodologically coherent?
	3	Reflect on theme conceptualisation. If focus is on shared meaning, select reflexive or codebook TA. If focus is on shared topics (topic summaries), select codebook or coding reliability TA.	Is the conceptualisation of "themes" consistent with the type of TA used?
	4	If considering using multiple analytic methods (e.g., TA and grounded theory) reflect on why, and whether it really is necessary. Read more around TA.	Is the use of multiple analytic approaches truly warranted or necessary?
Methodology	5	Make clear *what* general type of TA you have used. Avoid citing divergent or incompatible approaches without clear explication of what is taken from each and why (but hold in mind the importance of methodological coherence and integrity).	Is it clear *what* type of TA has been used? If multiple approaches are drawn on, is this warranted and is the research methodologically coherent?
	6	Ensure any rational for your use of TA avoids generic descriptors but connects to your research topic, theory and/or context.	Is a rationale for TA provided? Does any rationale avoid simply citing generic characteristics (e.g., flexible, accessible) and instead explain their particular relevance to the study?
	7	Make sure you specify the ontological and epistemological assumptions	Are the guiding philosophical assumptions clearly specified?

		guiding your use of TA (and then enact these consistently).	Is the reported practice and claims of the research consistent with these?
	8	Discuss the explanatory/political theories and concepts informing the analysis (e.g., phenomenology, social cognition, feminism); avoid treating concepts as theoretically neutral (e.g., body image).	Are all theoretical influences clearly acknowledged? Are they all methodologically coherent?
	9	Make clear your particular orientation to TA (e.g., semantic/latent coding, inductive/deductive analysis); ensure ideas like latent and deductive are conceptualised in a way that is consistent with the TA approach used.	Is the authors' specific TA orientation clearly described? Is conceptualisation of latent, deductive etc. consistent with the approach to TA?
	10	Clearly discuss what you actually did for your analytic process, rather than generically describing the approach, such as listing six phases of reflexive TA (Braun & Clarke, 2006).	Does the authors' account of their analytic process clearly outline *how* they used the method, instead of generically describing it?
Quality measures and practices	11	Avoid confusing and conflating positivist notions of bias with researcher reflexivity. For reflexive and other Big Q TA, include some discussion of both the reflexive processes engaged in, and the professional/personal positioning of the researcher or the broader contexts shaping their experiences and perspectives (see Lazard & McAvoy, 2020). If small q TA, discuss the management of researcher bias/influence.	If research reports reflexive or other Big Q TA, is there some evidence of reflexivity? If it reports small Q TA, is there discussion of (mitigation of) researcher bias/influence?
	12	Use language and a writing style consistent with your TA approach. For example, for *reflexive* TA, take care not to suggest that themes emerge, or were identified. Avoid language of bias and aim to write in the first person.	Is the general writing style and specific terminology around theme development/identification consistent with the TA approach?
	13	Use a reporting format and headings appropriate to your TA approach. For example, a combined results/discussion is often the best way to report analysis in reflexive TA.	Is the structure of the report and the section headings appropriate to the TA approach? Where relevant, does the report avoid unknowingly defaulting to a positivist norm?
	14	Ensure your quality practices are theoretically consistent both with your approach to TA, and with your ontological and epistemological assumptions Realism > respondent validation; triangulation.	Are the quality processes described theoretically consistent? Is the research methodologically coherent?

		Positivism > multiple independent coders; interrater reliability; consensus coding/theme development. Big Q/nonpositivism > reflexive journaling; member reflections (Tracy, 2010).	
Reporting of analysis	15	Consider providing a clear overview of themes and thematic structure – such as a table or figure (depending on analytic complexity).	Is there a clear overview of the themes/thematic structure? Can you easily identify the themes within the paper?
	16	Make it clear how many themes (including any overarching themes and subthemes) will be reported.	Is the number of themes reported clear?
	17	Make sure themes are named appropriately. For example, names of shared meaning themes should ideally capture the key concept of the theme; in reflexive TA, avoid single word theme names.	Is the approach to theme names consistent with the underlying conceptualisation of a theme? Do theme names capture the core of each theme?
	18	Ensure what is reported within each theme aligns with method used. For example, in reflexive TA, themes need to be rich and complex, and capture more than one analytic insight/observation.	Is the depth and detail of each theme appropriate to the method used? If reflexive TA, are themes multifaceted?
	19	Ensure any fragmentation of thematic structure is appropriate to type of TA. If using reflexive TA, be wary of an overly fragmented thematic structure, as analytic quality requires depth in reporting, which fragmentation can preclude. Use subthemes only when desirable to highlight a particular facet of the central theme concept. Consider using supplementary materials or develop separate papers to report in depth.	Is any structural complexity (e.g., subthemes, overarching themes) necessary and appropriate? Is the number of theme levels justified and appropriate, and does it enhance the analysis? Is the thematic structure overly fragmented with lots of thin themes? If reflexive TA, are subthemes used appropriately?
	20	Make sure you appropriately use data to evidence themes and analytic observations and insights. Provide an analytic narrative that provides *interpretation* – in reflexive TA, for example, you ideally offer a rich, complex analytic narrative woven around the data extracts	Are themes appropriately evidenced with vivid and compelling data extracts? Is there a (rich) analytic narrative that *interprets* the data presented?

* These recommendations *may* clash with expectations or requirements of journals; we encourage discussion and reflection where that is the case. If some compromise, which doesn't compromise integrity too deeply, is (ultimately) required, we recommend signalling such compromise(s) in your writing, so it doesn't come across as unknowing methodologically incoherent or poor practice.

We now provide three recommendations for systemic changes that would facilitate improvement in the quality of TA reporting in health psychology. These recommendations apply to qualitative research more broadly, and although these are not new ideas, our review emphasises their importance.

Qualitative research needs *knowing* reviewers, editors and editorial boards

Methodological incoherence (see Braun & Clarke, 2022a; Levitt et al., 2017) can be introduced by confident but naïve and ill-informed questions and declarations from reviewers, combined with unknowing editors. We acknowledge a context where expertise in quantitative/positivist research dominates, with small q understanding of qualitative as part of that. However, TA manuscripts still need to be evaluated from a more *knowing* standpoint.[13] We encourage editors to increase their understanding of the diversity within TA, even at a fairly basic level. This includes the ways analytic and quality procedures and practices are underpinned and delimited by particular theoretical assumptions. We encourage editors to direct reviewers to *this* paper, and particularly Table 2, which synthesises these considerations into 20 recommendations for quality. We encourage upskilling, by engaging with writing on diversity and quality within TA (e.g., Braun & Clarke, 2021b, 2022c, 2022d; Connelly & Peltzer, 2016; see also www.thematicanalysis.net). We also encourage journals actively to seek and build expertise in their editorial boards and reviewer databases, across the vast array of qualitative approaches.[14] One of the challenges we know authors face is navigating inconsistencies across reviewers, often with little or no direction from editors, and methodologically incoherent reviewer comments. We encourage editors to offer more guidance around tackling these challenges – in the absence of such guidance, authors may feel obliged to default to a potentially methodologically incoherent positivist reporting norm.

Qualitative research needs different journal article reporting formats

The traditional psychology journal format, with separation between "results" and "discussion" sections, the norm in the papers reviewed, reflects positivist-quantitative dominance in the discipline of psychology. In not offering format flexibility, positivist/quantitative, rather than qualitative, values and (good) practice are prioritised by journals. At best, this produces a diminished – interpretatively flattened, repetitive – analysis and report; at worst it introduces methodological incoherence into (reflexive) TA reporting (Braun & Clarke, 2022a). Our second recommendation is that health psychology journals embrace new – qualitative-centric – reporting styles. What is stopping journals adopting flexibility, and allowing authors to embrace distinctly qualitative research narratives and styles, including acknowledging the serendipitous qualities of qualitative research (such as disclosing the *common* evolution in focus from the start of a study to the settled analysis; Tuval-Mashiach, 2017)? Other stylistic challenges for (some) qualitative research, which are often required by journals, editors, and/or reviewers, include: a requirement to demonstrate "the gap" the research will "fill" (other qualitative introductory modes work better for reflexive TA; see Braun & Clarke, 2022c); a requirement to use "method" instead of "methodology" as a heading (this implicitly and practically centres a *procedural* account, rather than a more conceptual, theoretically grounded and ideally reflexive account of the research *process*); the use of headings or terms like "findings" – and even "results" (which evokes a "diamonds-in-the-sand" conceptualisation of themes); and a requirement for a passive voice, third person ("objective") writing style (which decentres the researcher from their analysis, and is *particularly* problematic when writing about researcher positioning and reflexivity).

Reflexivity and personal positioning are encouraged with less "objectivist" reporting styles, but it is ethically problematic for editors and reviewers to *require* researchers to make personal disclosures.

Authors do not have recourse to anonymity as participants typically do; they can be vulnerable through minoritisation and *to* professional discrediting or stigma. But there are ways to tackle these considerations, emphasising a "one size fits all" rule about reporting reflexivity (or indeed article formatting) is *not* what we're advocating. For instance, researchers might discuss the *broader* context that shaped their particular experiences and perspectives, rather than disclose private details (Lazard & McAvoy, 2020).[15] Reflexivity from team contexts might be presented in non-identifying ways to balance reflexive consideration with identity-based risks.

We recommend allowing reporting styles consistent with the ethos of the research reported. For reflexive TA, this entails: using active voice, first person writing, particularly when describing the research process; an introduction that provides a context and rationale for the research – in relation to research, *and* theory *and* the wider context – not (necessarily) "finding a gap" but "entering into conversations" (Chadwick, 2022); theoretically-grounded and reflexive accounts of the research *process*; a structure that means themes and analytic observations can be developed (contextualised) in relation to existing research and theory as they are reported; and space to embrace the "messiness" of qualitative research by, for example, discussing how research questions shifted, or analysis evolved in a radically different direction from where it began.

Qualitative research needs more words

Many of the reviewed papers were missing many details that we, and the wider qualitative research community, consider crucial for good quality reporting of qualitative research. Length constraints are an important factor, affecting the depth and detail of reporting both of analysis, and of methodological considerations and practice (but not the only factor; the TA papers in HPO *without* length restriction did not evidence overall "better" TA reporting). We acknowledge that very good qualitative reflexive TA research *can* be produced within traditional word limits (and longer lengths don't necessarily ensure better quality research). That possibility withstanding, we support Levitt et al.'s (2017) call for longer word counts for qualitative research – they cite the *Journal of Counseling Psychology* as an exemplar in that it offers 10 extra pages for qualitative manuscripts (max 45 pages) compared to quantitative (max 35 pages) ones (https://www.apa.org/pubs/journals/cou). This substantive difference reflects a foundational difference in research paradigms and reporting (best) practice, and we recommend health psychology journals adopt this practice. Longer word counts would mean not just that all TA could be reported effectively, but that for qualitative-centric reflexive TA, particularly, best practice guidelines could be followed rather than compromised, with elements like reflexivity not "removed for the sake of world count" (Gough, 2017, p. 311). This would also allow space for more consideration of the implications of the analysis – or how "themes" point to actionable outcomes (Sandelowski & Leeman, 2012).[16]

Levitt et al. (2017) also suggested greater use of online supplementary materials, which are comparatively cost neutral compared to the page-setting, proofing (and printing) costs of published article content. Online supplements could include more detailed methodological information, including interview and focus group guides, recruitment materials, more detailed demographic information, and expansion of analysis sections, with further analytic commentary and data extracts (Levitt et al., 2017). These also allow the scope for more open, reflexive consideration of the research process, as well as the inclusion of multi-modal materials, including colour images of aspects like coding (see Trainor & Bundon, 2021).

These recommendations might seem both aspirational and impossible. But they are not. Journals that allow longer word limits for qualitative research, embrace qualitative-centric reporting styles, and have a pool of knowledgeable "connoisseur" qualitative researchers (Sparkes & Smith, 2009),

with a wide methodological bandwidth, as reviewers, do exist. Given the popularity of qualitative research and TA in health psychology, we encourage editors to take up this challenge, so the full benefits of these approaches can be realised.

Disciplinary opportunities and obligations – a final comment[17]

What these recommendations do *not* tackle is something also fundamentally important to the quality of TA (and wider qualitative) scholarship: how the discipline of (health) psychology is taught (and how student research is supervised), and what is made salient, and/or side-lined, in that process. This clearly varies by location, with the scope, challenges and opportunities of such teaching discussed in different ways (e.g., see Gurung 2018; Michie et al., 2004; Martin et al., 2014; Murray, 2014; Stone & Gurung, 2020). We note that in contexts with health psychology accreditation, the scope will be relatively clearly delineated in terms of content. In a recent review of US health psychology undergraduate teaching, participants ranked 25 topics in importance. "Research methods" came in at 22, just above health care policy, history, and careers. "Health behavior theories" ranked 5th (Panjwani et al., 2017), but this likely only covers (behavioural) explanatory theory, a foundational concept for ([post]positivist) health psychology, rather than broader epistemological or ontological considerations; these were *not* noted as absences in the curriculum content (see also Martin et al., 2014). A peruse of the curriculum suggestions on APA Division 38: Society for Health Psychology's Teaching resources page (https://societyforhealthpsychology.org/training/teaching-resources-for-health-psychologists/) reinforces the inference that theory in health psychology teaching (in the US) is situated in this narrower way. In the *relatively* less positivist (and by-accreditation) UK context, with an emphasis on research, there is the *potential* for greater conceptual and theoretical considerations – but these appear to not typically be prioritised (e.g., Abraham, 2004; Mitchie et al., 2004). In Abraham's (2004) discussion of *using theory and research*, within the wider context of the BPS health psychology curriculum, such explanatory theories were at least situated within a particular "rationalist" tradition – and other approaches to theory *acknowledged* – but the bigger metatheoretical considerations were side-lined, to focus on (rationalist) explanatory theory. In contrast, Payne (2004), discussing qualitative research in the same volume, situated epistemology and questions of knowledge as *foundational* to the entire endeavour. How can we ensure such theoretical considerations are not just limited to those who exist outside the swimming pool of (normative) positivist-empiricism (to evoke Marecek's [2003] description)? Does an (disciplinary) absence of centrally grappling with bigger foundational questions of knowledge inherently facilitate *qualitative* research which could and should be a lot *better*?

We finish this paper with this provocation for reflection: How can we ensure questions such as what knowledge can be, why we produce it, who produces it, and how they produce it, underpinned by discussions of paradigms, of (big) theory, and of the politics of knowledge production, are *central* to the teaching of health psychology, to the training of future health psychology researchers and practitioners? How can we ensure knowledge and its production are *troubled* through our teaching and supervision, that methodological teaching does not subscribe to methodolatry, or proceduralism, but evokes thoughtfulness? How do we engrain reflexivity – and the necessary discomforting it produces – as foundational for methodological quality? And how do these open the scope and (perceived) boundaries of "health psychology" to encompass a broader range of questions, beyond the relatively individualist dominant orientations? With *these* as a foundation, better, more thoughtful (qualitative) research practice is a likely outcome.

Notes

[1] Sparkes and Smith (2009, p. 491) concluded that “criteria should be viewed as lists of characterizing traits that are open to reinterpretation as times, conditions, and purposes change” – so we note the specific time in which we have reviewed these papers and written these recommendations.

[2] Whether there are quality considerations *specific to* publishing qualitative and specifically TA research in open access journals (obviously, a very diverse grouping) is an important question, but beyond the scope of this paper.

[3] We included papers reporting a set of themes, as well as papers using the specific term "thematic analysis", because of the blurred boundaries between qualitative content analysis and thematic analysis – evident in terms like "thematic content analysis" – and a history of using grounded theory techniques to develop themes from qualitative data in psychology and other disciplines (see Braun & Clarke, 2006, 2021a).

[4] Hutchison et al. (2011) made a similar observation about the diversity within grounded theory being poorly understood.

[5] These terms reflect the psychoanalytic leanings of early proponents of content analysis (e.g., Krippendorff, 2018), the forebear to TA.

[6] The notion of “searching for themes” (Braun & Clarke, 2006) was our unintended contribution to “themes-as-diamonds”. We have settled on the phrase “generating initial themes” (Braun & Clarke, 2022b), to better capture our conceptualisation of themes and (phase three of) the reflexive TA analytic process.

[7] Being mindful of power dynamics, we follow Smith’s (2011) use of anonymity, describing in general terms the hallmarks of bad practices, instead of using actual examples from the reviewed papers. As there is value in real-world examples, we quote examples of good practice from the reviewed papers in the supplementary materials (see File B).

[8] We didn’t measure quality by journal in any specific way. However, our impression was that the TA published in *JHP* was generally of a higher quality than that published in the other journals. With the obvious word count constraints restricting authors in *PHM*, it’s probably unsurprising that we judged the TA published in that journal as most problematic.

[9] We also encourage more honesty about why we choose a particular method – rather than inadvertently evoking the (positivist) idea of a perfect method (that will reveal the truth). In so doing, we could help reveal some of the “behind-the-scenes” mess of research-as-practice rather than the refined version of research-as-published (here, we evoke the mismatch between the “official” account of science and the everyday practiced *reality* of science, as discussed by Gilbert & Mulkay [1984] in their classic work).

[10] Reporting is not just useful from a quality perspective, but also contributes to better practice among a research community, revealing the “challenges” posed by group research that are “often undiscussed in research manuscripts” (Linabary et al., 2021, p. 720), and the “messiness of [qualitative] knowledge production” (p. 733). This can also be a useful mode for navigating difference and disagreement, which do not need to be unified into a singular consensus-based story, and for reflexive TA can highlight that the analysis is *a* story not *the only* story from the data.

[11] Sometimes themes names consisted of one- or two-words that identified the domain/topic that was the focus (e.g., pain; social support), or suggested a topic summary (e.g., relationships with healthcare professionals; experience of the intervention) when they actually focused on shared meaning. Such names are not best practice for reflexive TA as they don't identify *what* it is about pain or the nature of relationships with healthcare professionals that is the focus of the theme.

[12] These include concepts and practices like accuracy, bias, researcher influence (something "external" that *may* impact), saturation, participant validation of transcripts and findings, triangulation, and multiple coders.

[13] Part of a knowing practice includes understanding and acknowledging the limits and partiality of one's knowledge and understanding, and seeking clarification or advice where needed.

[14] We thank an anonymous reviewer for noting the importance of editorial boards, and acknowledge we are not the first to suggest this – it was discussed, for instance, at the *International Society of Critical Health Psychology* (https://ischp.net/) annual conference in 2019.

[15] It is also ethically problematic for majority group/outsider researchers *not* to disclose their positionality, particularly when researching and representing participants from minoritised communities and/or who are subject to stigma in a way that the researchers are not (e.g., a straight-sized researcher interviewing fat participants). Careful, considered reflexive ethical consideration is needed here.

[16] Sandelowski and Leeman (2012) argued that for qualitative "findings" to be accessible to, and actionable by, practitioners – something important for health research – they must be organised into (shared meaning) thematic statements (see also Campbell et al., 2021). In this they are arguing against the use of topic summaries, and instead for shared-meaning based themes.

[17] We thank an anonymous reviewer for encouraging the broader scope of thinking, beyond publication, to more fundamental questions around *what* the discipline is, and how health psychology is taught. Although full consideration of these is beyond the scope of this paper, these provocations align nicely with the insights and recommendations generated through our critical review.

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