

Supplementary Material File B: Examples of good practice from the reviewed papers

Box 1: Three brief good examples of theoretically locating the use of thematic analysis

Each of these examples is around 100 words in length, demonstrating that authors' theoretically locating their use of TA can be done effectively in a relatively short paragraph. Cheetham-Blake et al. (2019) described a phenomenologically informed inductive orientation to TA:

"An inductive thematic analysis was conducted using a phenomenological lens (Guest, MacQueen, & Namey, 2012). This approach was selected due to the exploratory nature of the study, as no interviews previously addressed all the topics. This exploratory nature is part of the underlying philosophical presuppositions of the phenomenological approach; its purpose in the present study was to describe children's lived experiences of the phenomenon of stress and coping (Creswell, 2013). The researchers did not want to impose a predetermined framework but allow the data to determine the analysis structure and to understand the sense that children made of their experiences of stress and coping" (p. 935)

Persson et al. (2019) described critical realist theoretical underpinnings – explaining their interpretation of the term and anchoring their explanation with references to literature:

"A critical realist approach underpinned the analysis; it is thus acknowledged that the reality behind the findings exists independently of the researchers, but also that we as researchers have a role in constructing knowledge (Ormston et al., 2013). This study seeks to explain a number of phenomena related to appearance-focused interventions to reduce UV exposure, and not merely describe them, a key aspect of realism (Maxwell & Mittapalli, 2010; Ritchie, Lewis, & Nicholls, 2013). The critical realist position does however acknowledge that knowledge is produced by social structure, and as such, cannot be considered truly objective (Willig, 2013)" (p. 1491)

Aldaz et al. (2017) described a realist/essentialist epistemology and semantic level analysis:

"A realist/essentialist epistemological standpoint and semantic level analytical approach were adopted following Braun and Clarke (2006). The realist/essentialist epistemology assumes a straightforward unidirectional link between individuals' experiences, meaning and expressed language (Braun and Clarke, 2006). This epistemology fitted our research aim of exploring [healthcare professionals'] perspectives of patients' support needs at a semantic level analytical approach. Semantic analysis of participants' narratives involves the description and interpretation of participants' explicit meaning of their words as they were recorded and transcribed, without the researcher going beyond such surface meaning (Braun and Clarke, 2006)" (p. 1134)

Box 2: Two examples of descriptions of reflexive practice

In a study of women's anorexia treatment experiences (Rance et al., 2017), there was identification and consideration of personal positioning, through disclosing personal eating disorder history, alongside professional experience offering eating disorder treatment: "The first author (N.R. – a trainee counselling psychologist with a history of AN [anorexia nervosa] working in the ED field) conducted all interviews" (pp. 584-585). Importantly, such positionality was explicitly connected to research practice:

“Approximately, half of the interviewees asked about the interviewer’s interest in the topic, and she responded by disclosing her ED history – most made their enquiry after the interview although one made it before. [...] N.R. led the analysis and discussed each stage in the process with the second (N.P.M.) and third (V.C.) authors (a counselling psychologist with a history of BN [bulimia nervosa] and a qualitative psychologist with a history of compulsive overeating, respectively) who also read and familiarised themselves with all 12 manuscripts. As such, the authors encouraged one another to develop, clarify and refine their thinking, thus optimising the rigour and quality of the analytical process. [...] All the authors have some history of eating difficulties with two having received treatment for such (one inpatient); being to some extent ‘insiders’ (Labaree, 2002) to the phenomenon under investigation was managed in various ways, including keeping a research journal, the systematic and collaborative process of analysis, and the attempt to bracket off personal experiences and perceptions during the analysis.” (p. 586)

Care is needed with language and framing – in Rance et al.’s (2017) example, there is some slippage from a Big Q notion of reflexivity to evoking small q notions of researcher influence and bias. A stronger, coherent but brief example came from Grogan et al.’s (2017) exploration of men’s understanding of prostate cancer, where the authors noted aspects of the interviewer’s personal positioning and professional experience and interest in the topic in the *methods*. The *discussion* then included a brief reflection on expectations around positioning and data collection:

“The interviewer envisaged initial obstacles with data collection, being a woman discussing men’s health, specifically, prostate health. On the contrary, men were forthcoming with information. However, while responding to questions relating to the prostate and its function, few men elaborated on sexual function and health, an area which could have been explored in more depth.” (p. 751).

Box 3: Five good examples of methodological description

Methodological descriptions vary hugely, so there aren’t any simple rules. These five examples illustrate good practice in quite different ways. Hegarty et al. (2019) wove together a description of the six phases reflexive TA, with a brief account of how two of the authors engaged with these phases and collaboratively produced an analysis:

“Transcripts from the focus groups and interviews were subjected to inductive thematic analysis guided by Braun and Clarke’s (2006) six phase process. In phase one, the first author (RH) became familiar with the data by reading through the transcripts while listening to the audio recordings. During this process, sections of the transcripts relevant to the research questions were marked. In phase two, RH read the transcripts again and developed recurring ideas into initial codes at the semantic level (Braun & Clarke, 2006). Following this, the transcripts were searched again to ensure all relevant extracts were coded. Next, extracts of text relevant to each code were compiled. In phase three, RH reviewed the codes and looked for broader patterns of meaning which were developed into preliminary themes. In phase four, RH and GT discussed and revised the preliminary themes to ensure they represented the codes and the overall patterns identified in the data. In phase five, RH refined the definition and name of each theme, and wrote a preliminary report outlining each theme. GT reviewed the themes at this stage to ensure the themes represented participants’ perspectives, and to ensure each theme had a coherent narrative. In phase six, the preliminary analysis was refined and feedback was sought from all authors.” (pp. 187-188)

Persson et al. (2019) briefly outlined their interpretation of, and discussed how they engaged with, phases of reflexive TA, and provided a nice example of a code:

“In line with recommendations by Terry et al. (2017) and Braun et al. (2018), the initial step of the analysis was familiarisation with the data, involving a sense of curiosity with the material, directed at asking questions of the data. The second stage was generating codes which involved identifying relevant data within the data, and tagging these with words or short phrases, e.g. “use of sun protection”. The third stage was identifying themes, which involved examining codes and associating data, and clustering these into meaningful patterns. The final stages involved reviewing and defining the themes, consisting of making sure the themes were coherent and related to one another, while still being separate. It also involved naming the themes.” (p. 1491)

As part of their description of their analytic process, Walton and French (2016) provided a particularly nice description of their theme development process and what constituted a good theme:

“Themes were refined until they captured the ‘essence’ of each theme and until data within themes fit together (internal heterogeneity) and each theme was distinct from each other (external heterogeneity; Braun & Clarke, 2006). Each new theme was checked to ensure that strong evidence existed in the interview transcripts to support it (level 1) as well as the entire data set (level 2). Finally, quotations were selected which clearly represented the identified issues within each theme.” (p. 455)

Flowers et al. (2016), wove together discussion of use of both inductive and deductive orientations to data with their theoretical positioning, providing clear and evocative definitions:

“The interdisciplinary research team shared a critical realist epistemological position. Data analysis followed two distinct stages. Initial analysis [...] focussed upon identifying inductively derived themes (see Braun and Clarke, 2006). [...] This level of thematic analysis related to a realist and inductive (e.g. bottom-up) reading of the data and drew upon a hermeneutic of empathy in which, broadly speaking, what is ‘real’ to the participants was taken more or less at face value. Second, data relating specifically to ‘personal flu management’ and ‘self-management’ were analysed using ‘theoretical’ thematic analysis (Braun and Clarke, 2006) which focussed upon identifying key areas of resonance between the participants’ inductively derived constructs and theoretical frameworks which seek to explain health behaviours. This second level of analytic focus required a hermeneutic of suspicion in which the data were interpreted and interrogated for their dialogue with pre-existing theoretical constructs and frameworks. In lay person’s terms, we sought to question what was superficially present within the data. As a result, the analysis presented drew upon both the strengths of experientially oriented, participant-led data collection and also theories useful to health psychology. This dual approach aimed to understand the behavioural domain through exploration of participants’ perspectives, and simultaneously advanced psychological theory of PIB.” (p. 761)

As a final succinct example, Hall-McMaster et al. (2016) briefly but effectively defined their semantic orientation to data:

“This analysis was semantic because findings were based on surface word meanings and treated what participants said as a reflection of their reality (Braun and Clarke, 2006, 2013).” (p. 3030)

Box 4: Two good examples of coherent theme conceptualisation and names

These two examples offer well named themes reflecting a conceptualisation *and reported analysis* based around patterns of shared meaning underpinned by central concept. Frist, in Ratwatté and Mattacola’s (2019) use of reflexive TA to explore the messages evident in the audio of *YouTube* “fitspiration” videos, three themes (with two sub themes nested under the first theme) were reported:

- 1) *Fitness as beauty* captured the way fitness and physical appearance were presented as synonymous. The subtheme “*I look good in muscles*” focused on the appearance-oriented nature of fitness goals; *demonisation of fat* the emphasis placed on fat loss.
- 2) *Trust me – I’m a YouTuber* captured how YouTubers cultivate trust with their audience by sharing personal information.
- 3) *Health for the right reasons* captured the overt emphasis on pursuing health for fitness reasons not because of appearance.

Walton and French’s (2016) exploration of recreational runners’ experiences and perceptions of barefoot/minimalist running used an inductive, latent level analysis to produce four themes:

- 1) *The positive naturalness of running barefoot* explored the ways the participants framed barefoot running as natural, and something humans are designed to do, which relied on a romanticisation of the past.
- 2) *The perception of barefoot running and barefoot runners as extreme* captured a contradictory framing of barefoot running as irrational, odd and akin to an extreme sport, engaged in by particular types of people (those who engage in extreme health and fitness trends), whereas minimalist running was viewed more positively as occupying a “middle ground” between conventional and barefoot running.
- 3) *‘Support’ as a reassurance against concerns* centred around the support that footwear provides, and the lack of consensus/shared meaning around what constitutes supportive footwear.
- 4) *A preference for practical over academic knowledge* evidenced the way people with practical knowledge and experience of running (runners on online forums; employees of running shoe shops) were more trusted than medical professionals/those perceived to only possess academic knowledge.

Both examples include contradictory framings of the topic at hand – demonstrating the capacity of (reflexive) TA to capture convergence and divergence.

Table 1: Summary of identified themes and related codes from Zarotti et al.’s (2019, p. 958) study exploring healthcare professionals’ perceptions of the patient factors influencing nutritional behaviours and nutritional care for people with motor neuron disease (MND)

Themes	Codes
1. Taking the ‘first step’: psychological adjustment and the issue of patient engagement	Denial Engagement and compliance Psychological adjustment
2. Retaining decision-making: nutrition and the need for control	Decision-making Empowerment Having something to work on Need for control
3. Knowledge of nutrition and the complexity of MND	Clinical language as a barrier Combating ‘healthy’ messages Disease progression Knowledge of nutrition in MND
4. MND and the psychosocial nature of eating	Depression and lack of appetite Emotional distress Fear of choking

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