

Table 1. Six stages of thematic analysis for IMPACT qualitative analysis (Braun & Clarke, 2013)

Stage	Action	How will this be achieved?
1	Transcription	Focus group (and any one-to-one interview) audio recordings will be professionally transcribed, assigned a random code, anonymised, and transferred to a Word document. Audio recordings will be digitally stored on a password protected computer until five years after the results have been published (to ensure information is available if anyone contacts the researchers to ask questions). The files will then be deleted.
2	Reading and familiarisation	The applicant will immerse themselves in the data by actively, analytically, and critically reading, re-reading and recording any 'noticings' in a diary. Due to the lack of research about ambulance staff involvement with research design, an open-minded, inductive rather than a theory-driven deductive approach has been chosen on balance as the most appropriate method (Choo <i>et al.</i> , 2015).
3	Coding	Anonymised data will be uploaded to NVivo from Word and pragmatic selective coding through the identification of semantic instances relevant to IMPACT will be conducted. Semantic, rather than latent codes will present a realist, descriptive account of participant responses to meet the aim of ambulance staff informing the design of IMPACT (Braun and Clarke, 2006).
4	Searching for themes	Data will be reviewed by interview question, rather than by participant, aiding the systematic identification, interrogation, and interpretation of patterns for overlap and similarities. This method aims to capture central organising concepts. Visual thematic and conceptual mapping will be used to explore relationships.
5	Reviewing themes	Quality control – All themes will be revised, confirming that all have a central organising concept, distinct from each other and relate to the aim of identifying the components of IMPACT alongside any strategies for overcoming barriers and enhancing facilitators. Charmaz, (2014) suggest that data saturation should dictate when analysis stops, whilst O'Reilly and Parker, (2013) disagree, suggesting that repetition and lack of new information isn't always a good reason to stop. On balance, revision of data will cease when data saturation is apparent (when only existing themes are being continually identified) and when the applicant is satisfied with the thematic map.
6	Defining and naming themes	Illustrating dominant patterns in the data will help the applicant to ensure that the most plausible, relatively discrete, clearly focused themes address the qualitative and inform IMPACT development. This will be reinforced through peer-review triangulation and staff reference group and public contributor review.
7	Categorising findings	Framed by the Behaviour Change Wheel the findings will be deductively categorised. This will ensure that the data remains focused on the aim of informing the design of IMPACT in a real-world ambulance organisation setting. Categorisation into the Theoretical Domains Framework (TDF) builds on the systems identified in the Capability/ Opportunity/ Motivation/ behaviour (COM-B) to further uncover the underlying barriers and facilitators.

References

1. Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3 (2), pp. 77–101. doi:10.1191/1478088706qp0630a.
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3. Choo, E.K., Garro, A.C., Ranney, M.L., Meisel, Z.F. and Morrow Guthrie, K. (2015) Qualitative Research in Emergency Care Part I: Research Principles and Common Applications. *Academic Emergency Medicine*. 22 (9), pp. 1096–1102. doi:10.1111/acem.12736.
4. O'Reilly, M. and Parker, N. (2013) 'Unsatisfactory Saturation': a critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research* [online]. 13 (2), pp. 190–197. Available from: <http://journals.sagepub.com/doi/10.1177/1468794112446106doi:10.1177/1468794112446106> [Accessed 8 June 2022].