

## Supplementary Material

### **How patient centric is health policy development? The case of the Parliamentary Inquiry into Sleep Health Awareness in Australia**

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## **Supplementary File S1 – Framework Analysis**

An overview of the five key stages to the framework analysis have been extracted from Srivastava and Thompson (2009) and are listed below (17):

### **1. Familiarization**

Familiarization refers to the process during which the researcher becomes familiarized with the transcripts of the data collected (i.e. interview or focus group transcripts, observation or field notes) and gains an overview of the collected data (18). In other words, the researcher becomes immersed in the data by listening to audiotapes, studying the field or reading the transcripts. Throughout this process the researcher will become aware of key ideas and recurrent themes and make a note of them.

### **2. Identifying a thematic framework**

Identifying a thematic framework, the second stage, occurs after familiarization when the researcher recognizes emerging themes or issues in the data set. These emerging themes or issues may have arisen from a priori themes or issues however it is at this stage that the researcher must allow the data to dictate the themes and issues. To achieve this end the researcher uses the notes taken during the familiarization stage. The key issues, concepts and themes that have been expressed by the participants now form the basis of a thematic framework that can be used to filter and classify the data (18). Although the researcher may have a set of a priori issues, it is important to maintain an open mind and not force the data to fit the a priori issues. However since the research was designed around a priori issues it is most likely that these issues will guide the thematic framework. Ritchie and Spencer stress that the thematic framework is only tentative and there are further chances of refining it at subsequent stages of analysis (18).

### **3. Indexing**

Indexing means that one identifies portions or sections of the data that correspond to a particular theme. This process is applied to all the textual data that has been gathered (i.e. transcripts of interviews). For the sake of convenience Ritchie and Spencer recommend that a numerical system be used for the indexing references and annotated in the margin beside the text (18). Qualitative data analysis tools such as NVivo, are ideal for such a task.

### **4. Charting**

Charting, the fourth stage, the specific pieces of data that were indexed in the previous stage are now arranged in charts of the themes. This means that the data is lifted from its original textual context and placed in charts that consist of the headings and subheadings that were drawn during the thematic framework, or from a priori research inquiries or in the manner that is perceived to be the best way to report the research (18). The important point to remember here is that although the pieces of data are lifted from their context, the data is still clearly identified as to what case it

came from. For clarity, cases should always be kept in the same order in each chart (18).

### **5. Mapping and interpretation**

The final stage, mapping and interpretation, involves the analysis of the key characteristics as laid out in the charts. This analysis should be able to provide a schematic diagram of the event/phenomenon thus guiding the researcher in their interpretation of the data set. It is at this point that the researcher is cognizant of the objectives of qualitative analysis, which are: “defining concepts, mapping range and nature of phenomena, creating typologies, finding associations, providing explanations, and developing strategies” (18). Once again these concepts, technologies, and associations are reflective of the participant. Therefore, any strategy or recommendations made by the researcher echo the true attitudes, beliefs, and values of the participants.