

Supplementary File 1: COREQ checklist

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:

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Item No	Guide Questions/Description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/ facilitator	Which author/s conducted the interview or focus group?	Pg 3
2. Credentials	What were the researcher’s credentials? E.g., PhD, MD	Pg 4
3. Occupation	What was their occupation at the time of the study?	Pg 4
4. Gender	Was the researcher male or female?	Pg 4
5. Experience and training	What experience or training did the researcher have?	Pg 4
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	Pg 4
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research?	Pg 4
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Pg 4
Domain 2: study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Pg 4
Participant selection		

Item No	Guide Questions/Description	Reported on Page #
10. Sampling	How were participants selected? e.g., purposive, convenience, consecutive, snowball	Pg 3
11. Method of approach	How were participants approached? e.g., face-to-face, telephone, mail, email	Pg 3
12. Sample size	How many participants were in the study?	Pg 5
13. Non-participation Setting	How many people refused to participate or dropped out? Reasons?	NA
14. Setting of data collection	Where was the data collected? e.g., home, clinic, workplace	Pg 3
15. Presence of nonparticipants	Was anyone else present besides the participants and researchers?	Pg 4
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Pg 8 & Table 3
Data collection		
17. Interview guide	Were questions, prompts, and guides provided by the authors? Was it pilot tested?	Pg 4
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	Pg 4
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Pg 4
20. Field notes	Were field notes made during and/or after the interview or focus group?	Pg 4
21. Duration	What was the duration of the interviews or focus group?	Pg 4
22. Data saturation	Was data saturation discussed?	N/A
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	N/A
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	Table 2
25. Description of the coding tree	Did the authors provide a description of the coding tree?	Table 2
26. Derivation of themes	Were themes identified in advance or derived from the data?	Table 2
27. Software	What software, if applicable, was used to manage the data?	NA

Item No	Guide Questions/Description	Reported on Page #
28. Participant checking	Did participants provide feedback on the findings?	N/A
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g., participant number	Pg 5-8 & Table 4
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Pg 6-7-8-9
31. Clarity of major themes	Were major themes clearly presented in the findings?	Pg 6-7-8-9
32. Clarity of minor themes	Is there a description of diverse cases or a discussion of minor themes?	Pg 6-7-8-9

Supplementary File 2 - Interviews facilitator's and researchers profiles

GB	GB is a physiotherapist and a PhD student at the University of Genova (Genova, Italy). GB has more than ten years of clinical experience in cancer rehabilitation, and he is a temporary lecturer in cancer and palliative rehabilitation at the BSc in Physiotherapy at the University of Brescia (Brescia, Italy). GB identifies as a man.
SB	SB is a physiotherapist with joint PhD in Neurosciences and Medical Science, a Research Fellow at the University of Salford (Salford, United Kingdom). SB identifies as man.
SP	SP is a philosopher with a PhD in bioethics and assistant professor at the University of Verona (Verona, Italy). SP identifies as a woman.
VC	VC is a physiotherapist with more than 5 years of clinical experience in oncological rehabilitation, and she is a temporary lecturer in oncological and palliative rehabilitation at the BSc in physiotherapy at the University of Milano Bicocca (Milano, Italy). VC identifies as a woman.

Supplementary file N°3 - Reflexive Thematic Analysis

We adopted Reflexive Thematic Analysis (RTA) for data analysis. RTA is an interpretive approach to qualitative data analysis “that facilitates the identification and analysis of patterns or themes in a given data set”.^{1,2} RTA is situated in a ‘Big Q’ qualitative paradigm characterised by adhering to a non-(post) positivist paradigm.³ Thus, some qualitative practices do not apply to RTA (e.g., consensus coding, inter-coder reliability, data saturation, member checking, etc.) as they are infused “with assumptions about the nature of reality and meaningful knowledge” that follow a ‘small q’ (postpositivist) paradigm.^{4,5} Besides, RTA is characterised by researchers’ active and creative role in interpreting codes and themes, becoming a resource to tap into rather than a bias.⁵ In our study, RTA was primarily conducted with an inductive approach: codes for interview analysis were produced based on the content of the data.⁶ From the perspective of epistemological conception, our study has adopted a constructionist approach as we appreciated meaning and meaningfulness as the main criteria in the coding process.⁶ In the interview analysis, the reflections on knowledge and competencies needed by the oncology rehabilitation physiotherapist were prioritised to answer our research question. An experiential orientation was used in the analysis of this study. This lens considered participants’ thoughts, experiences, and feelings as a reflection of their states.⁶ The data coding was mainly semantic as we do not think we always went beyond the explicit or surface meanings of the data.² Thus, the six steps of the RTA were followed for the interview analysis (see Table 2).² No software was used to assist the coding process.

References:

1. Braun V, Clarke V. Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Couns Psychother Res*. 2021;21(1):37-47. doi:10.1002/CAPR.12360
2. Braun V, Clarke V. *Thematic Analysis: A Practical Guide*. SAGE Publications; 2021. <https://books.google.se/books?id=mToqEAAAQBAJ>
3. Braun V, Clarke V. Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. *Health Psychol Rev*. Published online January 19, 2023:1-24. doi:10.1080/17437199.2022.2161594
4. Braun V, Clarke V. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. <https://doi.org/10.1080/2159676X20191704846>. 2019;13(2):201-216. doi:10.1080/2159676X.2019.1704846
5. Braun, V., & Clarke V. *Thematic Analysis: A Practical Guide*. SAGE Open Med; 2021. <https://uk.sagepub.com/en-gb/eur/thematic-analysis/book248481>
6. Byrne D. A worked example of Braun and Clarke’s approach to reflexive thematic analysis. *Qual Quant*. 2022;56:1391-1412. doi:10.1007/s11135-021-01182-y