

## Appendix 2.

Study: Factors influencing allied health professionals' implementation of upper limb sensory rehabilitation for stroke survivors: A qualitative study to inform knowledge translation

### Theoretical Domains Framework (TDF) Codebook

Note:

Sensory rehabilitation refers to both assessment and treatment of sensation, in this case using SENSE Assess and SENSE therapy

TDF Domain	Construct	Guidance/rule	Sample quotes
<p><b>1. Knowledge</b></p> <p>An awareness of the existence of something</p> <p><i>What do they know and how does that influence what they do?*</i></p> <p><i>Whether the therapist has knowledge of sensory rehabilitation</i></p>	<p><u>Knowledge</u> (including knowledge of condition/scientific rationale): <i>An awareness of the existence of something</i></p> <p><u>Procedural knowledge</u>: <i>Knowing how to do something</i></p> <p><u>Knowledge of task environment</u>: <i>Knowledge of the social and material context in which a task is undertaken</i></p>	<p>Appropriate coding to this domain:</p> <p>Knowledge/Lack of knowledge of:</p> <ul style="list-style-type: none"> <li>▪ Nature of post-stroke sensory loss</li> <li>▪ Scientific rationale for sensory rehabilitation</li> <li>▪ Clinical practice guidelines</li> <li>▪ Sensory assessment and treatment approaches</li> <li>▪ Procedure of sensory rehabilitation</li> <li>▪ Equipment and materials needed</li> <li>▪ Anecdotal evidence related to sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ The active 'doing' of rehabilitation (code to Skills)</li> <li>▪ Discussion of who provides sensory rehabilitation (code to Social)</li> </ul>	<p><i>"you educate the patients on you know, safety awareness between hot cold and sharp objects and what not, but in terms of rehabilitation...I'm just not aware of what to do" (Site 4_P6)</i></p> <p><i>"I barely remember even covering sensation at uni" (Site 7_P3)</i></p> <p><i>"...they [sensory assessments] were all listed and I'm thinking I don't know them...from years of experience, I didn't know any of them.....that was disconcerting" (Site 1_P10) [Construct: Knowledge]</i></p> <p><i>"I just do things but I don't know what principles they fall under and things like</i></p>

		Professional Role and Identity) <ul style="list-style-type: none"> <li>▪ Therapist report of patient knowledge regarding sensation</li> </ul>	<i>that, so... I was a bit overwhelmed' (Site 4_P5) [Construct: Procedural Knowledge]</i>
<b>2. Skills</b> An ability or proficiency acquired through practice	<p><u>Skills development:</u> <i>The gradual acquisition or advancement through progressive stages of an ability or proficiency acquired through training and practice</i></p> <p><u>Competence:</u> <i>One's repertoire of skills, and ability especially as it is applied to a task or set of tasks</i></p> <p><u>Ability:</u> <i>Competence or capacity to perform a physical or mental act. Ability may be either unlearned or acquired by education and practice</i></p> <p><u>Interpersonal skills:</u> <i>An aptitude enabling a person to carry on effective relationships with others, such as an ability to cooperate, to assume appropriate social responsibilities or to exhibit adequate flexibility</i></p> <p><u>Practice:</u> <i>Repetition of an act, behaviour, or series of activities, often to improve performance or acquire a skill</i></p> <p><u>Skills assessment:</u> <i>A judgment of the quality, worth, importance. Level or value of an ability or proficiency acquired through training and practice</i></p>	Appropriate coding to this domain: <ul style="list-style-type: none"> <li>▪ Development of sensory rehabilitation skills</li> <li>▪ Competence and ability in sensory rehabilitation</li> <li>▪ Practice of sensory rehabilitation skills</li> <li>▪ Evaluation of quality of sensory rehabilitation practices</li> <li>▪ Discussion of how relationship/rapport between therapist and patient may promote use of sensory rehabilitation</li> </ul> Inappropriate coding to this domain: <ul style="list-style-type: none"> <li>▪ How therapists feel about current skill level (Code to Emotion)</li> </ul>	<p><i>"So it's not just necessarily about the knowing it's I think sometimes more about the doing....that's sometimes the hard part." (Site 8_P1)</i></p> <p><i>"I also had a young patient recently who...his only issue was sensation, decreased sensation in his hand and I really didn't feel like I had the skills to know where to go in my specific intervention" (Site 8_P3)</i></p> <p><i>"I'm not very skilled in that area [sensory rehabilitation] either. So I probably avoid it." (Site 4_P1)</i></p> <p><i>"I think it's that carry over, you kind of get that feeling that you need to be doing it really regularly to be able to keep those skills up-to-date" (Site 3_P4) [Construct: Practice]</i></p> <p><i>"I'm probably a bit slap-dash in my approach to sensory assessments (Site 6_P6) [Construct: Competence]</i></p>

<p>3. <b>Social/professional role and identity</b></p> <p>A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting</p> <p><i>How does who they are as an occupational therapist or physiotherapist influence whether they do something or not?*</i></p>	<p><u>Professional identity</u>: <i>The characteristics by which an individual is recognised relating to, connected with or befitting a particular profession</i></p> <p><u>Professional role</u>: <i>The behaviour considered appropriate for a particular kind of work or social position</i></p> <p><u>Social identity</u>: <i>The set of behavioural or personal characteristics by which an individual is recognizable [and portrays] as a member of a social group</i></p> <p><u>Identity</u>: <i>An individual's sense of self defined by a) a set of physical and psychological characteristics that is not wholly shared with any other person and b) a range of social and interpersonal affiliations (e.g., ethnicity) and social roles.</i></p> <p><u>Professional boundaries</u>: <i>The bounds or limits relating to, or connected with a particular profession or calling</i></p> <p><u>Professional confidence</u>: <i>an individual's belief in his or her repertoire of skills and ability especially as it is applied to a task or set of tasks.</i></p> <p><u>Group identity</u>: <i>the set of behavioural or personal characteristics by which an individual is recognizable [and portrays] as a member of a group</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Who provides sensory rehabilitation</li> <li>▪ Link between profession and tasks of sensory rehabilitation</li> <li>▪ Boundaries between therapists in providing sensory rehabilitation</li> <li>▪ Organisational commitment</li> </ul> <p>Identity could also relate to the identity of the organisation (i.e. a health service having a reputation of 'world-class healthcare')</p>	<p><i>"if there's an OT involved we would deflect that as an OT thing as opposed to what we would do"</i> (Site 1_P4) [Construct: Professional boundaries]</p> <p><i>"And I'll be the first to admit if I've got an OT working with my client at the same time then I won't prioritise upper limb sensory"</i> (Site 6_P6)</p> <p><i>"in terms of the other disciplines, they look to us (OT) as an expert in this area, and there's a very uncomfortable feeling"</i> (Site 8_P7) [Construct: Social Identity]</p>
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	<p><u>Leadership</u>: The processes involved in leading others, including organising, directing, coordinating and motivating their efforts toward achievement of certain group or organization goals</p> <p><u>Organizational commitment</u>: An employee's dedication to an organisation and wish to remain part of it.</p>		
<p><b>4. Beliefs about capabilities</b></p> <p>Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use</p> <p>Do they think they can do what they should do and how does that influence whether they do it or not?*</p> <p>The extent to which the therapist feels confident/in</p>	<p><u>Self-confidence</u>: Self-assurance or trust in one's own abilities, capabilities and judgement</p> <p><u>Perceived competence</u>: An individual's belief in their ability to learn and execute skills</p> <p><u>Self-efficacy</u>: An individual's capacity to act effectively to bring about desired results, as perceived by the individual</p> <p><u>Perceived behavioural control</u>: an individual's perception of the ease or difficulty of performing the behaviour of interest</p> <p><u>Beliefs</u>: The thing believed; the proposition/set of propositions held true</p> <p><u>Self-esteem</u>: The degree to which the qualities and characteristics contained in one's self-concept are perceived to be positive</p> <p><u>Empowerment</u>: The promotion of the skills, knowledge and confidence</p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Perceived behavioural control in delivery of sensory rehabilitation</li> <li>▪ Therapist confidence in delivering sensory rehabilitation</li> <li>▪ How easy or difficult therapists view delivery of sensory rehabilitation</li> <li>▪ Self-efficacy and beliefs regarding sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Active delivery of sensory rehabilitation (code to Skills)</li> <li>▪ Expectations of outcomes of using sensory rehabilitation (code to Beliefs about consequences)</li> </ul>	<p><i>"there's a bit of trepidation around...needing to achieve a certain standard and being able to use a new tool and being able to... do it correctly"</i> (Site 4_P3)</p> <p><i>"And just your general confidence in yourself and...you're in the middle of a session and you're thinking I feel confident and competent in this skill...it's less stressful to approach that client with that issue"</i> (Site 3_P4)</p> <p><i>"I'm coming into this thinking, you know this is really good, and it's obviously evidence based practice but can I provide this? Like there's this guilt that, you know, this is best care, this is what I should be doing with my patients but I don't have capacity for that"</i> (Site 7_P4) [Construct: perceived behavioural control]</p>

control over performing the behavior	<p>necessary to take great control of one's life as in certain educational or social schemes; the delegation of increase decision-making powers to individuals or groups in a society or organization</p> <p><u>Professional confidence</u>: An individual's beliefs in his or her repertoire of skills, and ability, especially as it is applied to a task or set of tasks.</p>		
<p><b>5. Optimism</b></p> <p>The confidence that things will happen for the best or that desired goals will be attained</p>	<p><u>Optimism</u>: The attitude that outcomes will be positive and that people's wishes or aims will be ultimately fulfilled</p> <p><u>Pessimism</u>: The attitude that things will go wrong and that people's wishes or aims are unlikely to be fulfilled</p> <p><u>Unrealistic optimism</u>: the inert tendency for humans to over-rate their own abilities and chances of positive outcomes compared to those of other people</p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Therapist discussion of optimism or pessimism related to use of sensory rehabilitation</li> <li>▪ Positive or negative view towards process of change in study</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Feeling of anxiety, stress or burnout (code to Emotion)</li> <li>▪ Thoughts towards outcomes of sensory rehabilitation (code to Beliefs about consequences)</li> </ul>	<p><i>"I feel a mix of excitement and scepticism, to be honest" (Site 3_P1)</i></p> <p><i>"think it's helpful having that structure as well of the study...like there's some ownership you have to take, the responsibility you have to take to actually use the assessments to use the treatment to guide us to how to feedback about that, so, I think that is really good too." (Site 7_P10)</i></p> <p><i>"the tests we're using to do the initial assessments aren't great, so to re-test ...I can't re-test again, I can't show you were 4 and now you're 5. So I can't prove it to them that what they're doing is working" (Site 8_P3)</i></p>
		Appropriate coding to this domain:	

<p><b>6. Beliefs about consequences</b> Acceptance of the truth, reality or validity about outcomes of a behaviour in a given situation</p> <p><i>The extent to which the therapist is in favour of performing sensory rehabilitation and has positive behavioural beliefs about sensory rehabilitation</i></p>	<p><u>Beliefs</u>: <i>The thing believed; the proposition or set of propositions held true</i></p> <p><u>Outcome expectancies</u>: <i>Cognitive, emotional, behavioural, and affective outcomes that are assumed to be associated with future or intended behaviour. These assumed outcomes can either promote or inhibit future behaviours.</i></p> <p><u>Characteristics of outcome expectancies</u>: <i>Characteristics of the cognitive, emotional and behavioural outcomes that individuals believe are associated with future or intended behaviours and that are believed to either promote or inhibit these behaviours. These include whether they are sanctions/rewards, proximal/distal, valued/not valued, probable/improbable. Salient/not salient, perceived risks or threats.</i></p> <p><u>Anticipated regret</u>: <i>A sense of the potential negative consequences of a decision that influences the choice made: for example an individual may decide not to make an investment because of the feelings associated with an imagined loss</i></p> <p><u>Consequents</u>: <i>An outcome behaviour in a given situation</i></p>	<ul style="list-style-type: none"> <li>▪ Positive or negative expectancies of use of sensory rehabilitation</li> <li>▪ Beliefs regarding treatment outcomes</li> <li>▪ Potential long-term outcomes for patients</li> <li>▪ Anticipated regret in not using sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Beliefs about whether therapists can provide sensory rehabilitation (code to Beliefs about Capabilities)</li> <li>▪ The confidence goals will be achieved (Code to Optimism)</li> </ul>	<p><i>"I don't necessarily think the patient outcomes will improve" (Site 1_P7)</i></p> <p><i>"... so if there was research that showed direct improvements then I would be adopting things." (Site 4_P1)</i></p> <p><i>"you don't actually know yeah, if it's actually making a difference or not, is it your input or is it something else?" (Site 8_P6)</i></p> <p><i>"it's great when you get a change for a client, I love that, so that's the motivator for this, if something's saying that change is possible that's what motivates me" (Site 6_P4) [Characteristics of outcome expectancies]</i></p>
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<p><b>7. Reinforcement</b></p> <p>Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus</p>	<p><u>Rewards</u> (proximal/distal, valued/ not valued, probable/improbable): <i>Return or recompense made to, or received by a person contingent on some performance.</i></p> <p><u>Incentives</u>: <i>An external stimulus, such as condition or object, that enhances or serves as a motive for behaviour</i></p> <p><u>Punishment</u>: <i>The process in which the relationship between as response and some stimulus or circumstance results in the response becoming less probable; a painful, unwanted or undesired event or circumstance imposed as a penalty on a wrongdoer</i></p> <p><u>Consequents</u>: <i>An outcome of behaviour in a given situation</i></p> <p><u>Reinforcement</u>: <i>A process in which the frequency of a response is increased by a dependent relationship or contingency with a stimulus</i></p> <p><u>Contingencies</u>: <i>A conditional probabilistic relation between two events. Contingencies may be arranged via dependencies or they may emerge by accident</i></p> <p><u>Sanctions</u>: <i>A punishment or other coercive measure, usually administered by a recognized authority, that is used to penalise and deter inappropriate or</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Rewards or incentives for using sensory rehabilitation</li> <li>▪ Perceived punishments, consequents, reinforcements, contingencies, sanctions related to sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Opportunities to reinforce or consolidate skills in sensory rehabilitation, code to Skills instead (Construct: Practice/Skill development)</li> </ul>	<p><i>And also often a patient is really focused on their mobility so if a physio started working on their upper limb they'd be saying - 'but come on!' (Site 6_P6)</i> [Construct: Punishment]</p> <p><i>"the clinical guidelines are audited and we get feedback and we have to meet the standards" (Site 3_P8)</i></p> <p><i>"For me it's definitely about best practice and knowing that this type of technique is best practice, it's backed up by evidence research and that I'm currently probably not doing it correctly or as much as I should be doing it so yeah, <b>I think that's definitely my motivation</b>" (Site 8_P1)</i></p> <p><i>"I think everyone's very happy to do things if they feel the patient is going to get a better outcome from it, and I think that's one of the biggest drivers for our inpatient team is that outcome" (Site 3_P3)</i></p>
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	<i>unauthorized actions.</i>		
<p><b>8. Intentions</b></p> <p>A conscious decision to perform a behaviour or a resolve to act in a certain way</p> <p><i>Have they made a decision to provide SENSE?</i></p>	<p><u>Stability of intentions</u>: <i>ability of one's resolve to remain in spite of disturbing influences</i></p> <p><u>Stages of Change model</u>: <i>A model that proposes that behaviour change is accomplished through five specific stages</i></p> <p><u>Transtheoretical model and stages of change</u>: <i>a five-stage theory to explain changes in people's health behaviour. It suggests that change takes time, that different interventions are effective at different stages, and that there are multiple outcomes occurring across the stages</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Discussion of how motivated/unmotivated therapists are to provide sensory rehabilitation</li> <li>▪ Description of inclination to use sensory rehabilitation and in what situation</li> <li>▪ Stability of intentions regarding sensory rehabilitation, stages of change model, transtheoretical model and stages of change</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Practical plans to use sensory rehabilitation (code to Goals instead)</li> </ul>	<p><i>"That's right, if you don't look, you don't know, and you don't have to do anything about it (laughter)!" (Site 8_P1)</i></p> <p><i>"in my limited experience and treatment that I've used some of the SENSE practices with, I've had really significant outcomes so I'm keen to apply it more broadly I guess across the board rather than just the ones that are really severe...sensory issues and see what sort of outcomes we might have." (Site 3_P2)</i></p>
<p><b>9. Goals</b></p> <p>Mental representations of outcomes or end states that an individual wants to achieve</p> <p><i>How much do they want to do SENSE?</i></p>	<p><u>Goals (distal/proximal)</u>: <i>Desired state of affairs of a person or system, these may be closer (proximal) or further away (distal)</i></p> <p><u>Goal priority</u>: <i>Order of importance or urgency of end state toward which one is striving</i></p> <p><u>Goal/target setting</u>: <i>A process that establishes specific time based behavioural targets that are measureable, achievable and realistic</i></p> <p><u>Goals (autonomous/controlled)</u>: <i>The end</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Goal priority, action planning and implementation intention related to sensory rehabilitation</li> <li>▪ Description of whether or not providing sensory rehabilitation is a priority</li> <li>▪ Practical plans to apply sensory rehabilitation or not</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Discussion of readiness to change</li> </ul>	<p><i>"there's so many other things we need to look at like home assess and other functions and mobility, so yeah, it's a bit low on the priority list" (Site 8_P6)</i></p> <p><i>"if you have the proper equipment, we will be more confident to use it and we'll look more professional too" (Site 7_P6)</i></p>



	<p><i>state toward which one is striving: the purpose of an activity or endeavour. It can be identified by observing that a person ceases or changes their behaviour upon attaining this state; proficiency in a task to be achieved within a set period of time.</i></p> <p><u>Action planning</u>: <i>The action or process of forming a plan regarding a thing to be done or a deed</i></p> <p><u>Implementation intention</u>: <i>The plan that one creates in advance of when, where and how one will enact a behaviour</i></p>	<p>behaviour in sensory rehabilitation (Code to Intentions instead)</p>	
<p><b>10. Memory, attention and decision processes</b></p> <p>The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives</p>	<p><u>Memory</u>: <i>The ability to retain information or a representation of a past experience, based on the mental processes of learning or encoding retention across some interval of time, and retrieval or reactivation of the memory; specific information of a specific task</i></p> <p><u>Attention</u>: <i>A state of awareness in which the senses are focused selectively on aspects of the environment and the central nervous system is in a state of readiness to respond to stimuli</i></p> <p><u>Attention control</u>: <i>The extent to which a person can concentrate on relevant cues and ignore all irrelevant cues in a given situation</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Retaining information on how to deliver sensory rehabilitation</li> <li>▪ Deciding between the use of different sensory assessments</li> <li>▪ Cognitive overload/fatigue related to delivering sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Discussion of system pressures that impact on decisions to use sensory rehabilitation (Code to Environmental Context and Resources: e.g. Environmental Stressors)</li> </ul>	<p><i>“For me it’s more about the scale of prioritisation.... is it what they should be doing out amongst all of all their other priorities?” (Site 7_P2)</i></p> <p><i>“and that affects your confidence and your quality of treatment because you might...upskill for a patient and you don’t have another patient with sensory loss for ages and you’re kind of like going back to ‘oh, what did I do last time?’” (Site 8_P5)</i></p>

	<p><u>Decision making:</u> <i>The cognitive process of choosing between two or more alternatives, ranging from the relatively clear-cut to the complex</i></p> <p><u>Cognitive overload/tiredness:</u> <i>The situation in which the demands placed on a person by mental work are greater than a person's mental abilities</i></p>		
<p><b>11. Environmental context and resources</b></p> <p>Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence and adaptive behaviour</p> <p><i>The extent to which the therapist feels the environmental context supports</i></p>	<p><u>Environmental stressors:</u> <i>External factors in the environment that cause stress</i></p> <p><u>Resources/material resources:</u> <i>Commodities and human resources used in enacting a behaviour</i></p> <p><u>Organizational culture/climate:</u> <i>A distinctive pattern of thought and behaviour shared by members of the same organization and reflected in their language, values, attitudes, beliefs and customs</i></p> <p><u>Salient events/critical incidents:</u> <i>Occurrences that one judges to be distinctive, prominent or otherwise significant</i></p> <p><u>Person x environment interaction:</u> <i>Interplay between the individual and their surroundings</i></p> <p><u>Barriers and facilitators:</u> <i>In psychological contexts, barriers/facilitators are mental, emotional or behavioural</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Availability of equipment to deliver sensory rehabilitation</li> <li>▪ Setting in which sensory rehabilitation will be delivered</li> <li>▪ Organisational culture/climate, impacting on delivery of sensory rehabilitation</li> <li>▪ Description of how more time will be required to deliver sensory rehabilitation</li> <li>▪ Patient factors that would influence whether sensory rehabilitation was offered or provided</li> <li>▪ Salient events related to sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Patient factors based on interpersonal processes and</li> </ul>	<p><i>"I'm really pleased we're getting the equipment provided because I think that would have been the largest barrier" (Site 8_P1) [Construct: Resources/material resources]</i></p> <p><i>"I feel it's a supportive culture that wants to look at what evidence based information is out there and how do we further our clinicians' knowledge, so I feel... it's a good environment to make change." (Site 6_P1)</i></p> <p><i>"I think bed pressures could always be something that could come up, if there's a pressure to discharge a patient and we haven't been able to follow through with all the sensory interventions" (Site 8_P6)</i></p> <p><i>"I think it's just the health care system, of processes have to happen, we have to</i></p>

<p><i>performance of sensory rehabilitation</i></p>	<p><i>limitations/strengths in individuals or groups</i></p>	<p>views/opinions of patients – this should be coded to social influence</p>	<p><i>deliver a service and we have to meet targets...improving our practices is only part of what we need to deliver...so....it's all a balance" (Site 6_P3) [Environmental stressors]</i></p> <p><i>"the other thing is in my limited experience and treatment that I've used some of the SENSE practices with, I've had really significant outcomes so I'm keen to apply it more broadly" [Salient event]</i></p> <p><i>"I think it's pretty rare too... that patients come through sort of the inpatient rehab part of the continuum, when sensation is their biggest issue" (Site 3_P12)</i></p>
<p><b>12. Social influences</b> Those <b>interpersonal processes</b> that can cause individuals to change their thoughts, feelings or behaviours</p> <p><i>What do others think of what they do? Who are they</i></p>	<p><u>Social pressure</u>: <i>the exertion of influence on a person or group by another person or group</i></p> <p><u>Social norms</u>: <i>Socially determined consensual standards that indicate a) what behaviours are considered typical in a given context and b) what behaviours are considered proper in the context</i></p> <p><u>Group conformity</u>: <i>The act of consciously maintaining a certain degree of similarity to those in your general social circles</i></p> <p><u>Social comparisons</u>: <i>The process by which</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Views and opinions of others (colleagues, patients, professional groups) influencing decision to provide sensory rehabilitation</li> <li>▪ Impact of others on whether or not sensory rehabilitation is provided</li> <li>▪ Discussing importance of patient engagement/buy-in</li> <li>▪ Social pressure to deliver or not deliver sensory rehabilitation</li> <li>▪ Social support to provide sensory</li> </ul>	<p><i>"I'm finding that some patients are very savvy and have read up a lot about things and they will actually say 'are you doing this treatment technique?'"(Site 2_P8)</i></p> <p><i>"our consultant might start asking us questions in terms of why are we spending so much time on sensation when we should be doing A, B and C in terms of discharge planning" (Site 1_P5)</i></p> <p><i>"Our stroke consultant's really into research and new things so she'd be very,</i></p>

<p><i>and how does that influence what they do?*</i></p> <p><i>The extent to which therapists feel social pressure to engage in sensory rehabilitation</i></p> <p><i>*Interpersonal processes indicate an interaction that is verbal or non-verbal ***</i></p>	<p><i>people evaluate their attitudes, abilities or performance relative to others</i></p> <p><u>Group norms</u>: <i>Any behaviour, belief, attitude or emotional reaction held to be correct or acceptable by a given group in society</i></p> <p><u>Social support</u>: <i>The apperception or provision of assistance or comfort to others, typically in order to help them cope with a variety of biological, psychological and social stressors. Support may arise from any interpersonal relationship in an individual's social network, involving friends, neighbours, religious institutions, colleagues, caregivers of support groups</i></p> <p><u>Power</u>: <i>The capacity to influence others, even when they try to resist this influence</i></p> <p><u>Intergroup conflict</u>: <i>Disagreement or confrontation between two or more groups and their members. This may involve physical violence, interpersonal discord, or psychological tension.</i></p> <p><u>Alienation</u>: <i>Estrangement from one's social group; a deep seated sense of dissatisfaction with one's personal experiences that can be a source of lack of trust in one's social or physical environment or in oneself; the experience of separation between thoughts and</i></p>	<p>rehabilitation</p> <ul style="list-style-type: none"> <li>▪ Modelling of delivery, dose and method of sensory rehabilitation</li> <li>▪ Patient views regarding sensory rehabilitation</li> </ul> <p><i>To code patient-related factors to this domain there should be an underlying interpersonal process involved</i></p>	<p><i>very keen to have this happen" (Site 8_P5)</i></p> <p><i>"quite often it feels like it's up to individual therapists to ...to bring on change umm, but in order to do that, that requires a lot of energy....and effort" (Site 6_P3)</i> [Construct: alienation]</p> <p><i>"There's often a confusion between motor and sensation, like sometimes they'll say [patient]'my muscles need to be stronger' but when you test it's very obvious that it's not actually a motor issue, it's well, it's more of a sensory impairment" (Site 6_P3)</i></p>
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	<p><i>feelings</i></p> <p><u>Group identity</u>: the set of behavioural or personal characteristics by which an individual is recognizable [and portrays] as a member of a group</p> <p><u>Modeling</u>: In developmental psychology the process in which one or more individuals or other entities serve as examples (models) that a child will copy</p>		
<p><b>13. Emotion</b></p> <p>A complex reaction pattern, involving experiential, behavioural and physiological elements, by which the individual attempts to deal with a personally significant matter or event</p>	<p><u>Fear</u>: An intense emotion aroused by the detection of imminent threat, involving an immediate alarm reaction that mobilizes the organism by triggering a set of physiological changes</p> <p><u>Anxiety</u>: A mood state characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe or misfortune.</p> <p><u>Affect</u>: An experience or feeling of emotion, ranging from suffering to elation, from the simplest to the most complex sensations of feelings, and from the most normal to the most pathological emotional reactions.</p> <p><u>Stress</u>: A state of physiological or psychological response to internal or external stressors</p> <p><u>Depression</u>: A mental state that presents</p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Discussion of emotions experienced by therapists towards providing sensory rehabilitation</li> <li>▪ Description of when therapists would be worried/concerned about providing sensory rehabilitation</li> </ul> <p>Inappropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Description of patients' emotions regarding sensory rehabilitation (code to Social Influences instead)</li> </ul>	<p><i>"I feel a mix of excitement and scepticism, to be honest"</i> (Site 3_P1)</p> <p><i>"I also feel a little bit nervous...with doing this amazing training and they'll be no one to use it on for 6 months and that makes me feel a bit nervous... when I finally get to that client, will I be ready?"</i> (Site 8_P4)</p> <p><i>"there's a bit of trepidation around...needing to achieve a certain standard and being able to use a new tool and being able to... do it correctly"</i> (Site 4_P3)</p>

	<p><i>with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration</i></p> <p><u>Positive/negative affect</u>: <i>the internal feeling/state that occurs when a goal has/has not been attained. A source of threat has/has not been avoided, or the individual is/is not satisfied with the present state of affairs</i></p> <p><u>Burn-out</u>: <i>Physical, emotional or mental exhaustion, especially in one's job or career, accompanied by decreased motivation, lowered performance and negative attitudes towards oneself and others</i></p>		
<p><b>14. Behavioural regulation</b></p> <p>Anything aimed at managing or changing objectively observed or measured actions</p>	<p><u>Self-monitoring</u>: <i>A method used in behavioural management in which individuals keep a record of their behaviour, especially in connection with efforts to changes or regulate the self; a personality trait reflecting an ability to modify one's behaviour in response to a situation</i></p> <p><u>Breaking habit</u>: <i>to discontinue a behaviour or sequence of behaviours that is automatically activated by relevant situational cues</i></p> <p><u>Action planning</u>: <i>The action or process of</i></p>	<p>Appropriate coding to this domain:</p> <ul style="list-style-type: none"> <li>▪ Discussion regarding habits and breaking old habits to allow for sensory rehabilitation</li> <li>▪ Self-regulatory strategies that would influence provision of sensory rehabilitation</li> <li>▪ Descriptions of auditing recommended for implementation</li> </ul>	<p><i>"am I going to mess it up and fall back to my old ways?" (Site 8_P7)</i></p> <p><i>"it's a big organisation, but here locally, it's quite small so changes will happen quite quickly." (Site 4_P10)</i></p> <p><i>"I think it's [change] something that's always possible but not necessarily always easy. I think sometimes it's really hard to change your practice and that might be for multiple reasons, maybe you've practised in that way for a long time or that's what you were taught in a particular course or</i></p>

	forming a plan regarding a thing to be done or a deed.		<p>at university and so with the new literature and research that's coming out and evidence-base, sometimes it's more difficult to take that on board" (Site 8_P1)</p> <p>I find on inpatient rehab where we've got more access to time I can introduce that and then we can go with, ok for 3 days a week for lower limbs and 2 days a week we work on lower limbs but we have access to seeing them everyday. <b>We can accommodate sometimes that way</b> (Site 6_P1) [Construct: Action planning]</p>
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*Structure and definitions in codebook guided by:*

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Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel. *A guide to designing interventions*. 1st ed. Great Britain: Silverback Publishing, 1003-1010.