The qualitative analysis process: application of template analysis

In the survey, an open-ended question was offered to participants *"Do you have any reflections on the ethics process?"*

Justification of inclusion: The open-ended question provides insight into researchers' reflections on ethics application processes.

Process:

1. **Familiarise:** KB familiarised with the data by reading over the 297 open-ended responses.
2. **Preliminary coding:** After reviewing the responses, two broad and basic *a priori codes* were developed. These were 'Benefits to the ethics process' and 'Challenges to the ethics process'. These were chosen as guided by the data, as participants appeared to speak to either the challenges or enablers of the process when asked for their 'reflections' as well as guided by the research aims. This hybrid of deductive/inductive approach allowed KB to categorise using the *a priori* themes to begin to make sense of the data and develop further categories at later stages.
3. **Organise emerging themes**: KB categorised responses to either one of the broad *a priori* codes. If responses did not fit within the *a priori* codes, they were coded separately as new hierarchical codes.
4. **Define and initial coding template**: Once the data were categorised within the *a priori* codes, these were re-visited and fleshed out into more refined codes and subcodes nested within.
5. **Apply the initial template to further data**: This was then applied to the entire dataset and was modified as necessary.
6. **Finalise and apply to the full data set**: The template was considered finalised once all responses had been coded.

The qualitative data were initially analysed separately to the quantitative data. Themes were developed and worked over by the research team using Collaborative Yarning. The two data sets were then integrated, to provide a more comprehensive and detailed data set to reflect participant experiences and enhance the survey data. Through additional Collaborative Yarning, the research team synthesised the findings to address the aims of the manuscript, and provide insight into researchers' practices, confidence, and perceptions of the ethics process.

The themes derived were:

1) Ethics approval is considered an important process that improves research and research practice.
2) Aboriginal and Torres Strait Islander collaborators (researchers, communities, AHRECs) play a central role in guiding the ethics process.
3) The time and cost required to obtain ethics approval, and obtain multiple ethics approvals, is challenging.
4) Current ethics guidelines, processes and committees are not always aligned to uphold Indigenous approaches or methodologies.
5) A standardised and streamlined approach would enhance the ethics approval process and ease some of the reported challenges.

The following tables (Table A, Table B) have been provided to show transparency of the coding of participant responses. They are not intended to quantify the qualitative components of the research.

Table A: Coding template after broad and *a priori* coding (Step 3)

Code	Frequency of responses
Benefits to the ethics process	41
Challenges to the ethics process	243
Ethics as beneficial	29
Ethics process as positive	18
Not their role	9
Suggestions for improvement	33

Table B: Coding template after subcode development and application (Step 4 and 5)

Code	Subcode	Frequency of responses
Benefits to the ethics process	Aboriginal guidance	22
	AHRECs	9
	Being ethical	1
	Community engagement	7
	Other guidance	2
Challenges to the ethics process	Blocking research	2
	Diversity of community considerations	5
	Engagement challenges	8
	General population studies	2
	Guideline application and reporting	4
	HREC limitations	35
	Inconsistencies	22
	Lack of researcher knowledge	20
	Multiple site and applications	33
	No AHREC available	6
	Not culturally appropriate	22
	Remoteness	1
	Study documents	5
	Time and labour intensive	60
	Timeline and funding challenges	18
Ethics as beneficial		29
Ethics process as positive		18
Not their role		9
Suggestions for improvement	Standardised processes	7
	Additional guidance or training	7
	National or overarching committee	6
	More AHRECs	4
	Ensure Aboriginal involvement	4
	Paid Aboriginal role on HREC	1

Table 1. Illustrative quotes from open-ended responses

Theme	Illustrative quotes
Ethics approval is considered an important process that improves research and research practice	"I have appreciated the way that the ethics application process has forced me to think hard about ethical research and how to improve the way I/the team I work with consults with Aboriginal and Torres Strait Islander communities and works with Aboriginal and Torres Strait Islander researchers to ensure that research is equitable and just." — P93, non-Indigenous, early career researcher, 2 years in Aboriginal and Torres Strait Islander health research. "I think the ethics application processes are rigorous but well defined and guide researchers into good practice." — P141, non-Indigenous, early career researcher, 4 years in Aboriginal and Torres Strait Islander health research.
Aboriginal and Torres Strait Islander collaborators (researchers, communities, AHRECs) play a central role in guiding the ethics process	"Only that it is enormously important that, as a non-Aboriginal person, I let my Aboriginal colleagues take the lead on community consultation and ethics issues." — P89, non-Indigenous, senior career researcher, 11 years in Aboriginal and Torres Strait Islander health research. "I have found the Aboriginal-specific committees and orgs (specifically AIATSIS and AH&MRC) very helpful in providing guidance." — P341, non-Indigenous, clinical position, clinical advisor, 15 years in Aboriginal and Torres Strait Islander health.
The time and cost required to obtain ethics approval, and obtain multiple ethics approvals, is challenging	"It is hard work having to apply to so many committees, each of which have different forms, and sometimes different requirements. One project had eight committees, three of them Aboriginal specific. That also means eight annual reports. In most cases, I have felt the committees have been fair and reasonable." — P311, non-Indigenous, clinical role, 23 years in Aboriginal and Torres Strait Islander health research. "Trying to do work that covers the country the ethical process is just too complex with different committees wanting different information and contradicting each other." — P53, non-Indigenous, senior career researcher, 46 years in Aboriginal and Torres Strait Islander health research. "Ethics is incredibly important, that said, the ethics application process can be very time intensive, labour intensive and complicated — especially for national projects. It can significantly reduce the amount of time and resources available for doing the actual study (eg, when you have 12 months funding and spend 6 months getting ethics). I manage the ethics reporting for a national study and I require a spreadsheet to track all the annual report due dates." — P84, non-Indigenous, research assistant/project manager, 8 years in Aboriginal and Torres Strait Islander health research.
Current ethics guidelines, processes and committees are not always aligned to uphold Indigenous approaches or methods	"The ethics process is pre-set and often in conflict with relational Indigenous research approaches. I find the process frustrating having to fill in a pre-set form to prove I won't do the same harm Western research has. The form itself needs to be adaptable." — P269, Aboriginal, higher degree by research student, 5 years in Aboriginal and Torres Strait Islander health research. "I find university-based ethics committees deeply problematic because they typically have poor representation of [experience] in Indigenous research and specifically Indigenous research methodologies. Their understanding of 'community' tends to be tied to a discrete geographical community which not all Indigenous research is defined as such." — P378, Aboriginal,

	senior career researcher, 20 years in Aboriginal and Torres Strait Islander health research.
	"It is tough educating non-Aboriginal academics on why you are applying such a methodology. Also, I have witnessed ethics applications ticked off by ethics committees where the researcher has indicated that the community is in support of their project and it has not." — P71, Aboriginal, non-academic role, 25 years in Aboriginal and Torres Strait Islander health research.
A standardised and streamlined approach would enhance the ethics approval process and ease some of the reported challenges	"I understand the need for specific ethics processes for each HREC, but it would be helpful if the Aboriginal and Torres Strait HRECs used a common form for project background and team and had additional forms for their specific questions. The ethics load can be burdensome for large scale projects, and I think this has been normalised. Use of the HREA as an example as a standard with additional modules would be helpful." — P326, non-Indigenous, senior career researcher, 7 years in Aboriginal and Torres Strait Islander health research.
	"It would be good if every jurisdiction had an Aboriginal and Torres Strait Islander specific HREC eg, Queensland, to provide consistency across the country. It does feel like as a research team we're increasingly asking a small group of people, to be represented on Aboriginal and/or Torres Strait Islander reference groups to support development and implementation of research". — P241, non-Indigenous, early career researcher, 11 years in Aboriginal and Torres Strait Islander health research.
	"It can be complicated having to apply to multiple ethics committees who give different and occasionally conflicting feedback on projects. A centralised process for national projects could be a good initiative, especially to enable an Aboriginal-specific ethics committee to review projects taking place in those states where there is no stand-alone Aboriginal ethics committee (eg, Queensland, Victoria)." — P12, non-Indigenous, senior career researcher, 20 years in Aboriginal and Torres Strait Islander health research.
	"It would be better for this research to always go to specific Aboriginal and Torres Strait Islander ethics committees rather than general institution ones. They require you to submit additional information relevant to 'vulnerable participants' or similar, but they don't necessarily get it. Aboriginal and Torres Strait Islander specific ethics committees not only have a clear understanding of what is reasonable and practical in research with their communities they can make meaningful suggestions/recommendations because it comes from that place of knowledge and expertise." — P122, non-Indigenous, early career researcher, 7 years in Aboriginal and Torres Strait Islander health research.
	"I understand that different states and territories do have different contexts and legal requirements etc, but it would be so wonderful to have a national ethics application process and then just extra parts of an application if needed for specific states or territories. I would also love to see more national guidelines and training on the ethics application process and especially Aboriginal and Torres Strait Islander research governance." — P93, non-Indigenous, early career researcher, 2 years in Aboriginal and Torres Strait Islander health research.

AIATSIS: Australian Institute of Aboriginal and Torres Strait Islander Studies. AH&MRC: Aboriginal Health and Medical Research Council of NSW. HREC: human research ethics committee. HREA: human research ethics a

CONSolIDated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement

Governance
This research engages multiple levels of Aboriginal and Torres Strait Islander governance. Formal governance was enacted by the National Indigenous Health Leadership Alliance (NIHLA – formerly National Health Leadership Forum) which comprises of representatives from Aboriginal and Torres Strait Islander organisations and peak bodies committed to systemic and structural reform. The NIHLA has provided governance and oversight across all aspects of the research, guiding and strengthening the research by ensuring it is safe, impactful and upholds prioritisation of need and benefit for Aboriginal and Torres Strait Islander communities. The lead researcher (MK) met with the NIHLA at least bi-annually throughout the development, implementation, interpretation and dissemination of the research to ensure tangible and efficient practice and policy changes were made. The research, as led by a collective of Aboriginal and Torres Strait Islander researchers, uphold governance and oversight of all aspects of the work. All required ethical approvals were obtained, including from the Australian Institute of Aboriginal and Torres Strait Islander Studies (HREC reference no. EO323-20220414) and the Aboriginal Health & Medical Research Council (HREC reference no. 1924/22).

Prioritisation
This research emerged from the priorities of Aboriginal and Torres Strait Islander people and communities for truth telling and critical reflection of the field of ethics in health and medical research. As such, pre-existing, alongside new community partnerships have been established throughout the research to ensure the research continues to uphold the priorities and voice of Aboriginal and Torres Strait Islander people. The governance processes within this research ensure rapid translation of findings into policy and practice to meet the identified community priorities.

Relationships
This work upholds Aboriginal and Torres Strait Islander peoples rights to self-determination, leadership and decision-making throughout all stages of the research in line with the principles of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and ethical principles of Aboriginal and Torres Strait Islander health and medical research. Relationality to the work, communities and between the researchers has been pivotal to ensure the research safeguards Aboriginal and Torres Strait Islander people and communities throughout the development, implementation, interpretation and translation of this project. This responsibility and accountability to the improvement of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people extends beyond the life of the project to ensure the researchers remained responsive to the evolving and changing needs and priorities of communities. Acknowledging that Aboriginal and Torres Strait Islander people are not homogenous and are a diverse people, the research team brought decades of experience and expertise across a range of settings and locations to ensure the research considered, and was appropriate, across and between communities and their contexts nationally.

Methodologies
This research has been led and implemented by Aboriginal and Torres Strait Islander experts and leaders across a range of disciplines in health and medical research. Indigenous worldviews and relationality, underpinned by Indigenist research methodologies ensure the research is transparent and accountable to

Aboriginal and Torres Strait Islander communities. As Aboriginal and Torres Strait Islander people and researchers, the concept of ethical practice is not new. The ways in which this research is conducted is deeply rooted in our lived experiences and realities, including the complexities of upholding relational research practices within Euro-Western systems. Consequently, this intrinsically influences how this research has been shaped, interpreted and translated, upholding Aboriginal and Torres Strait Islander rights to ethical research and outcomes.
Participation
This study sought to understand the experiences and perspectives of a diverse range of participants conducting health and medical research with Aboriginal and Torres Strait Islander people and their data. This included from Aboriginal and Torres Strait Islander communities, researchers and human research ethics committee members. The seeking of individual and community consent was imperative to mitigate burden placed on participants, particularly any Aboriginal and Torres Strait Islander people or communities. Indigenous data sovereignty principles were upheld to ensure the safety and security of all participants throughout the research. All data has been presented as deidentified to protect participants and communities.
Capacity
The *Murru Minya* project supports Aboriginal and Torres Strait Islander research capacity through the development and mentorship of an Aboriginal PhD Candidate and an Aboriginal community researcher. The guidance and leadership of the extensive Aboriginal and Torres Strait Islander research team has been woven throughout all stages of the research. Through respectful and reciprocal relationships, this research has engaged with key stakeholders within the Aboriginal and Torres Strait Islander community-controlled sector and other research institutes to build capacity within the sector across a range of areas including research design, implementation and knowledge translation.
Analysis and interpretation
Collaborative Yarning between the Aboriginal and Torres Strait Islander researchers was pivotal to the analysis process which prompted reflexive analysis and sense-making of the data. Drawing on our own lived experiences as described by Tuwahi-Smith, the research team have become deeply interconnected with the data as both the research*ed* and research*er*. Grounded in our standpoint, Nakata describes this *"is a distinct form of analysis and is itself both a discursive construction and an intellectual device to persuade others and elevate what might not have been a focus of attention by others"*. Consequently, this uniquely influences and shapes the ways in which the data in this research have been analysed and interpreted. Through an exploration of the field of Aboriginal and Torres Strait Islander health and medical research, by Aboriginal and Torres Strait Islander researchers, this work re-positions Euro-Western standard practices of research whereby the predominantly non-Indigenous researchers and research systems are the subjects of Indigenous research as defined by us.
Dissemination
Rapid knowledge translation and dissemination of findings from this study have been interwoven and in-process prior to publication of this work. During project implementation, ongoing knowledge translation to project governance and leaders occurred, and a website was created with a focus on community-level translation in real-time. Through the website, members of the academic sector and community were able to register to receive regular newsletters and project updates. Prior to submitting manuscripts, in-process

findings of this study were shared with the research governing body and the Aboriginal Health & Medical Research Council Ethics Committee. A series of personal invitations, locally and nationally, were received to present to community organisations and research institutes. This has included presentations to the Wakul Yabung Aboriginal Health Research Panel at the University of Newcastle (NSW), Wardliparingga Aboriginal Health Equity Unit as the South Australian Health and Medical Research Institute (SA) and Telethon Kids Institute (WA). Key international presentations have included the Lowitja Institute International Indigenous Health Conference (2024), World Indigenous Cancer Conference (2024) and an International Knowledge Exchange Event held with Indigenous colleagues from the British Colombia Network Environment for Indigenous Health Research, Canada (2024). A 16-page knowledge translation booklet has been developed to share findings with key stakeholders and communities in the sector.