Table 2 (Supplementary file) : Themes with illustrative quotes

Theme	Illustrative quotation
Occupational engagement	
Day to day relevance	What does that mean to me? Well it's a necessity. We need it record our information and to look back and make changes – be able to hand over. How would I define it? It's a useful tool that we need. (Nurse) When you have the data but can't really change it (the procedure). I can't change my work practice; I can't see more people than I'm seeing. (Nurse)
Contingent on professional capacity	As a GP, having been through a number of years and university and postgrad training, it's pretty uncommon for us to be stumped by languages because we're used to citing medical jargon, epidemiology, and sociology stuff. If we're talking about people that haven't done as much tertiary training - (they) may be put off by jargon. (Doctor) I actually designed my own spread sheet. I'm getting cleverer as I go with my dropdown boxes. Initially it was like whoa, that's lots of information and then once you got into it, it was okay, it was easy to understand. (Manager)
Emphasising clinical relevance	*(Facilitator: What does data mean to you? What's the first thing that pops into your head*?) Interviewee: My clinical notes. (Aboriginal Health Worker) Clinical data, I need that to do my job. Research data, in day to day practice, it's not as vital and not as called to mind. (Allied Health) Easy data is very important, stuff that you can directly measure, like HbA1c and heights and weights. I guess the more nebulous data like surveys of attitudes I think is potentially very useful, but I personally am not sure how to actually then use it and apply it, but then I'm not a researcher. (Doctor)
Trust and assurance	
Protecting ownership	The problem that we had about that is once all the research was completed, we were getting no feedback coming back, and they were presenting their research to all these conferences. A presentation wasn't dealt with here with us first. (Manager) But for us I would like to see more collaboration because I think the service you're working in can add value to the research and I think it should be more collaborative because in my experience it's just very one-sided. (Administrator)
Confidence in narratives	He presented his study to some non-Aboriginal people who were saying, oh I get it. It was like the evidence - they liked that evidence. Whereas I think a lot of Aboriginal people will accept it on face value and your story and your tale. (Manager) Whereas blackfellas, if you're telling me that story, well I believe you, it's true. Especially too because I think too it's the way we're brought up. That oral history is told to us and we - I don't need to see a bit of paper to know that. (Manager)
Valuing local sources	I don't trust the Census data, not for any Aboriginal data that I want. I want to know how many Aboriginal families in [our area]. (Aboriginal Health Worker) Yeah, you read things from small projects within our area, yeah. I trust it, yeah, heaps more. Because usually we're involved in it, so you know what the process has been and you sort of know that it's true and yeah. (Nurse)
Motivation and empowerment	
Engaging the community	Whether the results are positive or not, the community needs to be informed…it's something that a community has to be proud of as well. (Manager) Thirty people smoked in their pregnancies and then 25 of those kids got ear problems. That's probably how we could use it [data] really, really effectively to go back to the community and say look we've recorded it all, this is actually what's happening. (Nurse)
Influencing morale	But if you get a bit of a bigger picture of what you're doing, it seems to make more sense. That's something that I found has helped maintain my motivation to continue the work that I'm doing. (Doctor) Even if they are still on 50 per cent and there's an AMS that's on 80, automatically it's like a competition. We want to get to where they are. It does, it uplifts the morale here and people want to

	work harder to get where they are. (Manager) The problem with that is that staff don't make the connection as to why that's important because the information is not fed back into the system. What you have is you've got staff just sitting there going, here I go, doing another one of these f---ing reports and having to send it to the bloody government, blah blahblah. (Administrator)
Reassuring and encouraging clients	So we just had a diabetic patient looking at his feet, and I said, did you know that 85 diabetics every week in Australia lose a foot or lower limb? So that was data that I got elsewhere from Diabetes Australia, and I was able to pass that on to the patient, as a statistic, that he needs to take care of his feet. (Nurse) Fitness assessments are done every three months. So we look at strength, cardio, endurance, flexibility and core strength. Then we just look at the change within the three months of how they've improved. Yeah and it's a personal thing and it's used as a motivational tool. (Allied Health)
Building research capacity	
Using cultural knowledge	The assessment was a DoCS assessment. It wasn't culturally appropriate for us as a team. What we did, we redeveloped it to suit us. (Manager) The typical research methodology will not always yield the best result. So there has to be at times a bit more of a flexible way of collecting data because some of the things that we do it's not always very easy to quantify. We'll be able to tell you if it's going to work or not. (Administrator)
Promoting research aptitude	Plus from journals, especially when we're looking at healthy lifestyle and connecting that, we don't have enough people who know how to do the research or collect data. Or sometimes we collect all this stuff but we don't know how to use it. (Manager) Oh the bits of the maths, and bits and pieces is not going to make any difference to my job. The outcomes of what the maths said, is. But learning how to do the maths, I'm sorry. There are experts around that, that they're quite willing and able to do that. I don't see why I should. (Nurse)
Prioritising specific data	I'd want more data - the most important thing - I want the data that will tell me why we need AMSs or what works with an Aboriginal Medical Service to say how the impact that Aboriginal people have working with their own people and culture and that resilience. (Manager)
Optimising service improvement	
Necessity for sustainable services	I always say that data is the key to the longevity of services and programs (Administrator) When you're competitive, yes you can have someone write nice words, but at the end of the day it's the data that is irrefutable and gest you the money (Doctor)
Guiding and improving services	It's a reflection on the staff appraisals, and it's a reflection on how good our organisation is going in servicing our community and what can be improved. (Manager) I typically only look at data when I'm trying to benchmark to see how we're progressing in terms of previous month performance or previous year's performance and I'm generally looking very broadly and at very high level. (Administrator)
Supporting best practice	I talked about medication, about research that's been done, and I've talked to people each day about evidence-based practice. (Nurse) So I think our perspectives can be slightly off at times and when we get the hard data that can change our opinion. Sometimes we get it wrong, but without the data we've got nothing. We've got no basis to work from. (Doctor)
Enhancing usability	
Ensuring ease of comprehension	[Data] needs to be presented in a way that's easily readable, and I don't need to sit down there in a quiet room, trying to get my head around it. I'm sorry; I just do not have the time. (Nurse) What kinds are less important? I think maybe a lot of deeply statistical stuff - all that kind of stuff. I'd like - I'm a bit more visual, I'd like to perhaps look at it set out in a graph or something, and very clear. (Nurse) I mean, for somebody at my level typically you want things that are very, very quick snapshot stuff because time is something we don't generally have enough of on a day-to-day basis. (Administrator)
Improving efficiency of data management	Just presenting someone else's PowerPoint on data and data management. They were like, yes we want this, this is help saving - people are wanting it. They just don't know how to do it. (Manager) *(Facilitator: Can you describe any barriers you face in accessing clinical data and research data?)* Interviewee: Poor IT, poor hardware, software. (Doctor)

	You've got to work out a [data] system that works. Just not for us at a high level, but it's on the ground. You want to simplify it, so that it's easy for the doctors. Not have staff stressed out and going this is too hard. (Manager)
Valuing accuracy and accessibility	It’s extraordinarily difficult to get much organized data out of the hospital. (Doctor) If they haven’t coded it in correct sections, it's not collectible data that I can use to go against my reporting. (Doctor) But if we actually did that [update addresses] at our reception desk, with every patient, it would make my life so much easier. But the data that we've got on people's addresses and phone numbers is often out of date. (Doctor)