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Rapid Qualitative Analysis in Implementation Science: A Methodological Review and Development of Reporting Recommendations

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ADMINISTRATIVE INFORMATION

Support - Guangdong Provincial Special S.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 21 May 2026 and was last updated on 21 May 2026.

INTRODUCTION

Study aim This methodological review aims to systematically map how rapid qualitative analysis (RQA) has been applied in implementation science and to develop a tailored reporting recommendations framework.

Background Implementation science relies on qualitative methods to capture context-rich insights into implementation processes. However, traditional qualitative research is time- and labor-intensive, whereas implementation studies are often conducted within compressed timelines and across distinct phases (pre-, during, and post-implementation). RQA has emerged as a streamlined analytical approach designed to generate timely, decision-relevant findings while conserving resources. Although RQA is increasingly used across healthcare implementation settings—including barrier assessment, process evaluation, and outcome evaluation—its methodological descriptions and reporting practices remain fragmented and

inconsistent. Currently, no systematic review has examined how RQA is operationalized in implementation science, what methodological standards are followed, or where key reporting gaps lie.

Rationale The application of RQA in implementation science is still developing, with evidence dispersed across diverse study settings and methodological descriptions lacking uniform standards. The current applications limits researchers' ability to make informed choices about when and how to apply RQA and hinders the standardized reporting and broader adoption of this approach. A methodological review is warranted to consolidate the existing evidence, identify common practices and gaps, and provide a basis for developing reporting guidance tailored to implementation science.

METHODS

Search strategy The electronic database search will be conducted in six databases: PubMed, Web

of Science, Embase, the Cochrane Library, CINAHL, and PsycINFO. The search strategy mainly focus on the key terms including implementation science and RQA. All references will be sought with a publication time limit from January 2000 to the present, reflecting the emergence of implementation science as a distinct field around this period. The supplementary manual search will be conducted by retrieving implementation science-related websites and official government reports. The data search will be reported according to the PRISMA 2020 guidelines.

Eligibility criteria The inclusion and exclusion criteria were designed to align with the Joanna Briggs Institute Population, Concept, and Context (PCC) framework.

Population: Studies that use RQA in implementation science, with no restrictions on country, participant demographics, or recruitment strategies.

Concept: Studies must explicitly use RQA as the primary analytical method and apply it to the implementation or translation of evidence-based practice in healthcare. This includes, but is not limited to: assessment of barriers and facilitators to implementation; design and optimization of implementation strategies; pre-implementation assessments; implementation process evaluations; and implementation outcome evaluations. Included studies must also provide a clear description of the RQA analytical process and quality control measures.

Context: Studies must be conducted in real-world healthcare or public health settings, including hospitals, community health service centers, primary healthcare facilities, and public health institutions. The presence of a health-related real-world implementation setting serves as the basic inclusion criterion. Contextual characteristics, such as organizational support, organizational culture and environment, leadership capacity, resource allocation, and external policy environment, will be further identified and synthesized during the data extraction and analysis phases.

Data extraction A standardized data extraction form will be developed and piloted on a random sample of 10% of included studies by two independent reviewers. Results will be compared and discrepancies discussed to ensure completeness and consistency. A third reviewer will be consulted where agreement cannot be reached. Data to be extracted include the following domains: basic characteristics, study participants and background information, methodological

characteristics of RQA, implementation outcomes, reporting characteristics, etc.

Strategy of data synthesis / Statistical analysis

A structured narrative synthesis will be conducted. First, a descriptive summary will map key characteristics (publication year, region, study design, setting, RQA application domains) to identify trends. Second, thematic analysis will be applied to code and synthesize findings across the included studies, organized around the review objectives. Results will be presented narratively and in summary tables or figures. No meta-analysis will be performed. Building on the review findings and drawing on COREQ, SRQR, and PARRQA frameworks, preliminary reporting recommendations will be developed and subsequently refined through a modified Delphi consensus process involving implementation science and qualitative methodology experts.

Country(ies) involved China (lead); United Kingdom (collaboration); Australia (collaboration).

Keywords Rapid qualitative analysis; implementation science; methodological review; reporting recommendations.

Dissemination plans We will publish the protocol and the main results on peer-reviewed journal and disseminate the results on relevant conferences.

Contributions of each author

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