

Table 1. Normalization process theory coding framework used for qualitative analysis of review data on e-health implementation

Coherence (Sense-making work)	Cognitive participation (Relationship work)	Collective action (Enacting work)	Reflexive monitoring (Appraisal work)
Differentiation Is there a clear understanding of how a new e-health service differs from existing practice?	Enrolment Do individuals “buy into” the idea of the e-health service?	Skill set workability How does the innovation affect roles and responsibilities or training needs?	Reconfiguration Do individuals try to alter the new service?
Communal specification Do individuals have a shared understanding of the aims, objectives and expected benefits of the e-health service?	Activation Can individuals sustain involvement?	Contextual Integration Is there organizational support?	Communal appraisal How do groups judge the value of the e-health service?
Individual specification Do individuals have a clear understanding of their specific tasks and responsibilities in the implementation of an e-health service?	Initiation Are key individuals willing to drive the implementation?	Interactional workability Does the e-health service make people’s work easier?	Individual appraisal How do individuals appraise the effects on them and their work environment?
Internalization Do individuals understand the value, benefits and importance of the e-health service?	Legitimation Do individuals believe it is right for them to be involved?	Relational integration Do individuals have confidence in the new system?	Systematization How are benefits or problems identified or measured?

Mair FS, May C, O'Donnell C, Finch T, Sullivan F, Murray E. Factors that promote or inhibit the implementation of e-health systems: An explanatory systematic review. *Bulletin of the World Health Organization*. 2012;90(5):357-364.