"Paramedics' experiences of end of life care decision making with regards to nursing home residents, an exploration of influential issues and factors."

Appendix 2 – Data analysis process

Analysis stage	Action
Step 1	Transcripts of interview and text message data were read to aid familiarity, to check transcription accuracy. Details of interest were noted.
Step 2	Descriptive comments attached to lines of data relating to an idea in the first transcript. Descriptive codes were created from these comments.
Step 3	To enable indexing of codes and data retrieval each code was written on a card, with the location of the text in the transcript noted under the code.
Step 4	Codes were systematically applied to the remaining transcripts and additional codes created as they appeared.
Step 5	Clinical peer cross checked descriptive comments and the related descriptive codes in first transcript and agreed with their application to text data. Three discrepancies occurred prompting reflection and coding changes. Two further transcripts were reviewed and established agreement with the researcher's application of coding.
Step 6	Interpretative coding; categories were created by clustering codes that had similar characteristics.
Step 7	As evidence was sought to support the categories, some codes were revised and renamed. Themes drawn from patterns across the categories.
Step 8	Category names and associated codes sent to two participants, to assess if these were representative of views expressed in interviews. Feedback corroborated the themes and agreed with the accuracy of interpretations.
Step 9	Although not the norm to reduce qualitative data to numbers, a count of which participants identified with each code was noted. This aided the justification of interpretations and helped to avoid researcher bias through the overweighting of issues.
Step 10	Sections of data from the transcripts relating to each category were collated, to aid conceptualisation of themes, enable interpretation and a descriptive narrative to be written.