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## **Contextualising and using Reflexive thematic analysis in nursing research: A worked example.**

Conflict of interest: The authors have no conflict of interest to declare.

### **Why you should read this article:**

- To support the application of Reflexive Thematic Analysis for (student) nurses and other healthcare researchers for the analysis of qualitative systematic reviews and empirical data.
- To review your understanding of Reflexive Thematic Analysis to analyse nursing research within the context of wider methodological and methods considerations.
- To explore practical examples of Reflexive Thematic Analysis in nursing research.

### **Key points:**

- An appropriate qualitative data analysis technique is chosen in the wider context of the researchers' world view (epistemology and ontology), methodology and methods adopted to answer a research question.
- Recognising the importance of taking a reflexive approach to think about how a researcher's pre-conceived ideas and assumptions may affect the researcher's data collection interpretation and analysis.
- Engaging with Braun and Clarke's original text will bring rigor and innovation to qualitative nursing research.

## **Abstract**

**Background:** To support evidence-based practice nursing researchers use qualitative research to understand healthcare professionals', patients' and relatives' experiences and views. Reflexive Thematic Analysis (RTA) has become a go-to data analysis technique for nursing researchers undertaking qualitative research. However, the justifications for using this analysis technique, and its application within the context of a wider philosophical/methodological/methods/analysis approach, are under discussed. This paper guides both nursing students and novice researchers in choosing and applying RTA to their research.

**Aim:** To a) rationalise the use of RTA in nursing research within a wider philosophical/methodological/methods/analysis approach and b) provide practical guidance in applying it to qualitative data.

**Discussion:** In undertaking qualitative research, a rigorous philosophical-methodological-method-analysis approach is required. Prior to selecting an appropriate data analysis technique researchers are required to consider the research question within their own world view. This has implications for their choice of methodology and consequently the data collection method(s) and data analysis technique(s) used. In applying RTA researchers should be mindful of its conceptual roots. In this paper the seminal work of Braun and Clarke (2006) conceptually grounds and provide a processual approach to rigorously and systematically analyse qualitative health research.

**Conclusion:** Applied well, within the context of the wider philosophical-methodological-methods approach RTA produces high quality, credible findings.

**Implications for practice:** Transparent and rigorous data analysis practices lead to credible findings, supports Evidence-Based-Practice and contributes to the growing body of nursing research.

**Key words:** Reflexive Thematic Analysis, data analysis technique, methodology, methods, Philosophy

## **Introduction**

Qualitative research has made a valuable contribution to Evidence-Based Practice (EBP) in understanding patients, their family members and health care professionals' experiences, views and opinions of a chosen topic. Through qualitative research health professionals can better understand their patients' experiences, needs and the impact that ill-health has, not only on patients' lives, but the lives of their family members and /or caregivers which can enhance care delivery and service provision.

Unfortunately, despite the prevalence and value of qualitative studies in nursing research, the normative assumptions that "positivism" (quantitative research) is superior to qualitative research persists (Shaw, Gagnon, Carson et al., 2022). Arguments continue to be espoused from a positivist epistemological standpoint that qualitative research lacks rigour, transparency and credibility, and that understanding lived experience is inferior (Shaw, Gagnon, Carson et al., 2022). It is not within the remit of this paper to debate the value and quality of qualitative research. Instead we acknowledge that qualitative researchers need to demonstrate rigour and credibility through the presentation of a transparent, fully considered, philosophical-methodological-methods-analysis approach (Howell, 2013). The development of a meticulous research approach, including decision-making processes, is rarely discussed in the literature in a way that is accessible to novice health researchers. In this paper we a) articulate the wider philosophical-methodological-methods-analysis context, demonstrating how it shapes decisions around choice of data analysis technique, specifically Reflexive Thematic Analysis (RTA) and b) provide conceptual and practical guidance in how to apply RTA to nursing and health research.

## **The philosophical-methodological-methods-analysis approach**

It is impossible to consider the development of rigorous qualitative research without being cognisant of the researchers' philosophical approach. Epistemological and ontological positions include conceptions of subjects and subjectivities, and understandings of how knowledge and reality is constructed and produced (Mauthner and Doucet, 2003). In regards to ontology a positivist (quantitative) perspective understands reality as something that is external to the social world, that is objective and measurable, with the researcher as neutral (Dingwall and Staniland, 2020). In contrast critical, constructionist or interpretivist (qualitative) perspectives understand reality as constructed through the interaction of social actors, with the world as subjective and relational with the researcher as present (Dingwall and Staniland, 2020). Epistemology reflects a researchers' understanding of what

constitutes knowledge and how knowledge is gained. It may be through experience (posteriori knowledge) or investigation (a priori knowledge) (Howell, 2013). Being aware of their own epistemological perspective enables researchers to consider how the research should be conducted to derive knowledge. A researcher who believes reality is constructed through the interaction of social actors, will acquire knowledge from their participants through qualitative methods such as interviews, which allow individual's experiences to be understood. Ontology and epistemology therefore cannot be separated and must be scrutinised to align optimally with the appropriate methodological approach (St. Pierre, 2021).

It is important to be mindful of the distinction between methodology (diverse principles, procedures and frameworks) and method (a tool for collecting data) (Silverman, 2021). Qualitative methodologies such as Phenomenology, Ethnography, Grounded Theory and Case study methodology are used by nurses and other allied health professionals to provide an underlining epistemological philosophy for their research (Silverman, 2021). Phenomenology seeks to understand a phenomena through individuals' lived experience of health / illness / delivery of care. There are two approaches to phenomenology: descriptive phenomenology which seeks to elucidate a phenomena or experience through description and hermeneutic phenomenology (HP) which seeks to reveal the deeper meaning and understanding of the lived experience through reflective thinking drawing on the researchers' prior knowledges and experiences (Dibley, Dickerson, Duffy et al., 2020). Ethnography which focuses on creating shared understandings of a group of participants' cultural or organisational experiences, norms and values is both a methodology and a method. These understandings, gathered from participant's own lived reality and experiences over a prolonged period of time, enable deeper and more meaningful collective understandings of health, illness and delivery of care (Smith, Widger, Arbour-Nicitopoulos et al., 2023). Grounded Theory (GT), which is both a methodology and a data analysis technique, seeks to gather insights from persons experiencing the phenomenon to develop an inductive theoretical explanation for the phenomena (Turner and Astin, 2021). GT methodology operates across a continuum from Classic Glaserian GT which is more positivist in its stance (Glaser, 1998), to Straussian GT which tends to be more pragmatic (Strauss and Corbin, 1998), to a constructionist GT which views theories as co-constructed (Charmaz, 2017). Finally, case study methodology seeks to understand the complexity of a 'case' (patient / illness) through real-life multiple perspectives (Simons, 2014).

Methodological choice has implications for the choice of method. Qualitative methods include interviews, focus groups and (ethnographic) observations. Methods must be chosen in alignment with the methodology's philosophy. For example, as phenomenology seeks individual lived experiences, 1:1

interviews are the most appropriate method for this methodology, with focus groups deemed inappropriate due to their elicitation of group experiences and views.

Methodological choice also has implications for other research design aspects such as data saturation. This is frequently hailed as the gold standard for sample size determination or cessation of data collection / analysis due to the notion that no new information or ideas are being elicited. However, data saturation as a term is problematic (Braun and Clarke, 2021b). Interpretation of data can be viewed as unending with different researchers in possession of alternative experiences and knowledges capable of finding new interpretations.

As a result of this critique, qualitative researchers are turning towards “information power” to determine the point at which data analysis should cease (Malterud, Siersma and Guassora, 2016). Information power takes into consideration the research projects aim, its sample size, theoretical underpinning, data quality and whether the data analysis technique applied is appropriate for the philosophical-methodological-method approach.

The data analysis technique chosen requires alignment with the researcher’s chosen methodology and method, for example Hermeneutic Phenomenological Analysis (HPA) is used for studies using HP (Dibley, Dickerson, Duffy et al., 2020). Other data analysis techniques might be less prescriptive in terms of their allegiance to a specific methodology such as Thematic Analysis (TA) (Braun and Clarke, 2021a).

TA is a flexible analysis technique that can be used appropriately and effectively to analyse qualitative data without being tied to one particular philosophy, methodology and / or method. It is systematic and rigorous and conceptually uses a process of coding and theme development to interpret data. Whilst there is a plethora of papers contributing to our knowledge, understanding and application of TA (Byrne, 2022, Joffe, 2011), the most prolific writers in the field are Braun and Clarke. Since their seminal paper in 2006 Braun and Clarke have refined their thinking, attending to, and elucidating the misunderstandings of their technique thus clarifying differences between other forms of TA and providing a greater focus on reflexivity. This has led to the conceptualisation of Reflexive Thematic Analysis (RTA) (Braun and Clarke, 2019, Braun and Clarke, 2021a).

Whilst Braun and Clarke have written extensively about RTA, there continues to be much criticism surrounding the technique, with some authors stating that there is a distinct lack of clear and accessible guidance in how to undertake the process of RTA, as well as a dearth of worked examples (Xu and Zammit, 2020, Nowell, Norris, White et al., 2017). However, clear guidance (Braun and Clarke, 2021a) and worked examples (Byrne, 2022, Braun and Clarke, 2012) are available to support student

and novice researchers. Following the contextual grounding of choosing RTA as a data-analysis technique for qualitative researchers within the wider philosophical-methodological-methods-analysis approach, this paper now focusses on providing worked examples which apply RTA in healthcare research.

### **Setting the context**

The data used is taken from Ethnographic data collected with health care professionals working in hospitals (Rowland, 2021a) and ambulance crews (Rowland, 2021b) within the UK. The study aimed to understand how health professionals manage their emotions using emotional labour and emotion work to deliver patient care (Rowland, 2015). Data were collected through ethnographic observations, ethnographic and semi-structured interviews with a wide range of health care professionals, ambulance crews and middle managers. The research was underpinned by a socially and culturally constructed philosophy.

### **Reflexivity**

RTA, uses the original 6-step process (Braun and Clarke, 2006), however, it is nuanced by the concept of reflexivity. In this paper we define reflexivity as the critical attention researchers give to their thinking about how their knowledge and understandings have been derived and shaped through a priori and posteriori learning (Whitaker and Atkinson, 2019). In RTA researchers are asked to actively think about their subjectivity, positionality and ask themselves questions about how they derived at their analysis and interpretation. They are encouraged to enquire whether they have done enough to analyse the data fully, or have they taken their analysis and interpretation too far away from the raw data. Reflexive thought allows the researcher to think more introspectively about how they could be influencing the data.

Reflexive diaries can be useful for providing reflections on how data collection and analysis can be influenced by the researcher's prior knowledge and experiences, but also how the data collection and analysis process can change the researcher's views (Braun and Clarke, 2022). In the extract below, the realisation that an obstetrician's unconscious feelings were presented in the data arose from the researcher's reflexive engagement with Freud's psychoanalytical theories. This enabled the unlocking of latent meaning in the data, giving greater depth to the interpretation.

*“...is there a double meaning here? who is “terribly anxious and upset”, I am supposed to understand that it is just the parents of this still born child that are feeling this way... I am coming to realise that the doctor is unconsciously disclosing his own emotions ... (Reflexive diary: analytical process)*

In the following extracts, being in the field for 18 months permitted the researcher to develop new experiential understandings of ambulance crews’ use of language which enabled profound insights to become visible:

*“I am simultaneously horrified and confused by the way the crews described their ‘job’... “She kept coming back, she just wouldn’t die!” I am stunned, shocked, offended”.*

*(Reflexive diary: First few days into data collection)*

*“I find myself unphased by the language and dark humour, I have, over time, learnt that it is a way of coping.... It is not meant to be offensive.... I now understand “she just wouldn’t die”. It was a plea for the patient to die peacefully. It was kindness”.*

*(Reflexive diary: 16 months into data collection)*

## **RTA process**

Braun and Clarke state that the process of RTA is not linear but instead is iterative, requiring the researcher to move continuously backwards and forwards through their data and their six-step process: familiarisation, coding, theme development, reviewing themes, confirming themes and dissemination (figure 1). The practical application of RTA is now the focus.

**[INSERT FIGURE 1 HERE]**

## **Familiarisation**

Familiarisation commences with data collection and continues through the development of data transcripts. With the transcripts prepared, the researcher immerses themselves in the data by reading and re-reading of the whole data corpus. To prevent selection bias, undue attention is not given to one



datapoint more than others. Familiarisation is not a passive endeavour, instead researchers actively and critically engage with the data by circling, underlining and highlighting.

*“ethnographic fieldnotes were translated into transcripts and semi-structured interviews transcripts returning from the transcriber were read and re-read. Although a temptation existed to focus on certain events that had become ‘sticky in my mind’, or interview narratives that struck an emotional chord, I methodically read through the data highlighting, circling and underlining text and jotting notes in the margins. On occasions I struggle to remain on task, preventing me from giving equal attention to all the data...” (Reflexive diary: analytical process)*

## **Coding**

Preliminary coding processes including highlighting, circling and jottings as described under familiarisation above, gives way to more formal coding approaches. Coding can be defined as the application of a code (a word or a label) to a section of data that encapsulates its content to summarise the data. Codes help the researcher to look at the granular level of the data, facilitating the visibility and exploration of patterns and differences. Within RTA codes can be both inductive, developed organically from the data, and deductive, derived from prior knowledge, through personal experience, research or theory. The application of inductive and deductive codes can be applied to the same body of text and can occur simultaneously because it is understood that theory, prior knowledge and experiences inform our engagement with the data from the beginning (Shaw, Gagnon, Carson et al., 2022).

In addition to inductive and deductive coding, codes can be applied to the data line-by-line or to larger chunks of text (lumper coding) (Saldaña, 2021). Line-by-line coding allows the researcher to explore the data more intensely providing more latent and nuanced understandings of the data. Lumper coding tends to create more semantic and superficial interpretations of the data. Both techniques are often applied simultaneously over data sets.

*Lumper coding was used to mark out where a story, or event started and finished. Line-by-line coding was used to focus in on the detail. (Reflexive diary: analytical process).*

Coding can be undertaken by hand (figure 2) or using software such as ATLAS Ti or NVIVO to manage the data. The decision whether to code by hand or within software may depend on the volume of data, the methodology, the researcher’s technical expertise and whether the researcher is coding

independently or as part of a team. Analysis software has however, been criticised for creating physical distance between the researcher and their data and for leading novice researchers into believing that it will do the data analysis for them, thus adding an air of scientific objectivity onto what remains a fundamentally subjective, interpretative process (Mauthner and Doucet, 2003).

*ATLAS Ti was used to store, manage and code the data. Coding was initially begun by hand to initiate the immersion in an active, tangible way using highlighters and post-it notes. (Reflexive diary: analytical process)*

**[INSERT FIGURE 2 HERE]**

During coding it is useful to develop code lists (figure 3), alphabetically compiled during the coding process, as these can prevent new codes being established when existing codes are available. Codebooks (figure 4) can also be used to define the meaning of codes which is particularly helpful when coding in teams. Braun and Clarke (2021) do not advocate the use of codebooks firstly arguing that codebooks are positivist in their orientation due to their reliance on predefined deductive codes. However, we counter this view as in our experience codebooks can be developed inductively, growing organically from the code list. Secondly, they assert that researchers do not need to consensually agree codes, as this can produce superficial themes and stifle creativity. Conversely, we argue that codebooks do not need to be used to reach consensus and we have found value in displaying different researchers' interpretations to create avenues for more nuanced, profound, and rich themes.

**[INSERT FIGURES 3 AND 4 HERE]**

### **Theme development**

With the data corpus coded and the researcher / research team satisfied that information power has been achieved, the researcher can begin the process of theme development. Theme development is a messy, time-consuming challenging, yet ultimately a rewarding task. To commence theme development, codes with similar shared meanings are brought together to create sub-themes and then an over-arching theme. Visual techniques can be used to explore the different layers of the data. Collaborative software can aid the organisation of data by placing electronic post-it notes into piles or drawing thematic maps (figure 5). It is important when developing themes and sub-themes that a coherent narrative is built which answers the research question in a meaningful way. The size of the

theme or how many codes it comprises cannot be used as an indicator of its importance or value, rather it is the meaning and the analytical interpretation of the themes that is of importance.

*The concept of ghost stories and the haunted mind was derived from a small proportion of the interview data, but this notion was conceptually important in explaining how ambulance crew members managed their emotions on the road as they moved across the city haunted by memories of a traumatic past jobs.  
(Reflexive diary: analytical process)*

In the process of theme development researchers should not be concerned if some codes fit under multiple themes or sub-themes or if codes are outliers and do not fit neatly within a group. Outlying codes should not be forced into a grouping and may be discarded if they cannot contribute to the overall narrative (Braun and Clarke, 2012).

Themes should be distinctive with each contributing something important to the overall story allowing for a coherent and comprehensive narrative to be told. There is not a definitive number of themes that a researcher is looking to develop but typically 3-6 themes are presented in dissertations, published papers or reports (Braun and Clarke, 2012).

**[INSERT FIGURE 5 HERE]**

### **Reviewing themes**

Once provisional themes are developed, it is vital to confirm that the themes are representative of the data and that the narratives developed are coherent, do not overlap and contribute to the overall story. When undertaking this process, the researcher can begin by writing a summary of the theme and sub-themes. If this is challenging or the researcher finds that they are incorporating sub-themes from other themes in their summary, then the theme development requires refinement. Again, this process is iterative with the researcher possibly needing to re-examine code groupings. Once the researcher can write a concise and bounded summary of the themes and its sub-themes, themes can be size-checked, with disproportionately smaller themes interrogated. It may be that these are more appropriately represented as a sub-theme. Once the researcher is satisfied that themes and sub-themes are internally consistent with appropriate supportive raw data they can be confirmed through

definition and naming. The researcher will also at this point order the themes to create a coherent and logical narrative.

### **Confirming themes**

The penultimate phase of the RTA process moves the researcher beyond data description to analysis. To go beyond description, the researcher must bring all the raw data into dialogue with theory and wider literature to think about what their data means and why it is important. An excel spreadsheet can be invaluable in assisting the analysis and interpretation of the data to produce theoretically informed interpretations of the data (see table 1). In the first column the raw extracted data is presented. In the second the researcher's description of the data is written. To move beyond data description to the point of analysis is often a challenge. To support this process, theory, policies and wider literatures that speak (align or contradict) to the data are presented in the third column. Finally, in dialogue with all these columns the researcher can sit and ponder the data, thinking critically about its meaning and interpretation to reach analytical claims.

**[INSERT TABLE 1 HERE]**

### **Dissemination**

The final stage of RTA is to disseminate the findings as a report, dissertation or publication. Part of this task is selecting the data to represent the theme and there are several considerations for researchers at this stage. Given the large volume of data collected in qualitative research, it can often be difficult to choose quotes which are most reflective or representative of the analytic claim. Researchers should ensure that when choosing data, they do so from a demographically broad range of differing participants and perspectives to demonstrate the existence of themes across the broad data set. Contrary views which do not fit neatly into the themes can be presented as exemplifying an unusual or alternative stance standing them apart from the rest of the data, so long as their existence is fully explained (Conolly, Abrams, Rowland et al., 2022).

A challenge to the presentation of qualitative data is the word limit of the dissemination output with dissertations providing more freedom to display long quotations than peer-reviewed publications. When the word count is limited, researchers are required to reflect on the length of their quotes and edit unnecessary detail to make them as concise as possible. However, this may remove context which

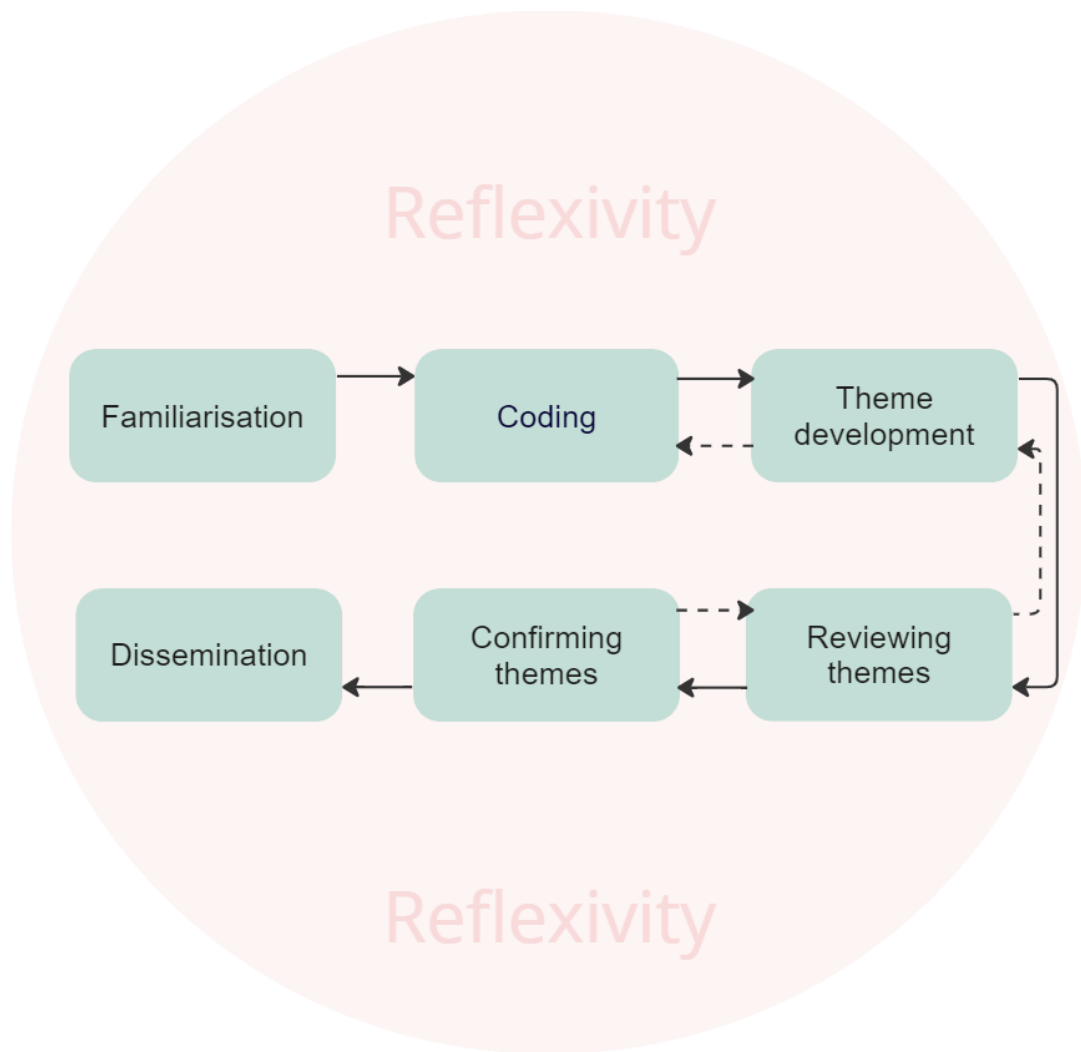
can have ethical implications. For example, to demonstrate the performative nature of emotion management, an emotional slippage by a paramedic was presented (Rowland, 2021b: 103-104). The paramedic's emotional slippage occurred after several hours of physical and verbal abuse by an intoxicated patient. Space to contextualise events which preceded the emotional slippage was limited which created concerns about presenting the data without causing the participant potential harm.

*“...I am conflicted...this extract illuminates the theme narrative in the most instructive way... I witnessed the professional performance falter, the mask slip for the briefest of seconds, exposing the...human behind the act. An emotional slippage, followed by a rapid recovery, the...professional performance resumed. BUT what are the implications for my participant?... How will [he] feel on seeing this in print? How can I portray this incident without it being detrimental to his professionalism? What if his line manager sees this? What will others think of him?” (Reflexive diary: analytical process)*

Making careful choices about which data extracts to use in addition to editing choices is therefore imperative when presenting qualitative data within the word limitations of a research output. Researchers may also find it beneficial to 'weave' participants words into the text to ensure that their voices are heard and represented within the analytical dialogue.

## **Conclusion**

This paper has sought to support novice health researchers with understanding of applying RTA to their qualitative systematic review or empirical study to enable transparent and rigorous data analysis practices. The adoption of a rigorous philosophical/methodology/methods/analysis approach is essential for researchers who wish to enhance patient care and service delivery through good EBP and contribute to a growing body of health research. It has been the aim of the paper to provide a) a rationale for using RTA and to situate this within the wider context of the researcher's epistemological and ontological standpoint through careful alignment with the chosen methodology and methods and b) practical guidance in applying RTA to qualitative nursing data. This practical guidance was provided with pertinent illustrations structured by Braun and Clarke's 6-step RTA process, illuminating the practicalities and challenges of using this analysis technique in practice. We highlighted that being reflective as well as reflexive throughout the entire research process is necessary to ensure that qualitative data is credible, valid, transparent and rigorous. We conclude by arguing that it is essential that novice researchers fully engage with Braun and Clarke's original material to enhance their knowledge and understanding of RTA. By engaging with the original texts, rigor and innovation can be brought to qualitative research.



**Figure 1: Reflexive thematic analysis in nursing research**

Deainscape  
 Death talk → Emotional attachment  
 Emotional detachment

Delivering bad news: Robert talks directly to the daughter stating that her mother is coming to the natural end to her life and therefore she is giving up, 'withdrawing from life' and tells her that although they will feed her through a tube she should prepare herself and her family for the inevitable. He explains that her mother will start to rip out the feeding tubes to prevent herself from getting the right nourishment. The daughter says that she understands and turns to her father and says "Dad do you understand what the doctor is saying?" The husband paces up and down the side of his wife's bed looking lost, lonely and agitated. He looks up at Robert and muffles that his wife is giving up because someone at the nursing home said she was a burden. The daughter scolds the father for saying that in front of her mother. She explains to Robert that although she doesn't say anything her mother listens to everything and the more her father says it the more she doesn't eat. Robert says he understands and asks "how is the family is coping?"

Family systems theory: The daughter says that her father is finding it very difficult because he is the main carer for her. She has also taken time off work to care for her when she can to support her father. As she speaks about her father and how upset he is becoming she begins to become tearful. Robert listens to her as she speaks and occasionally asks further questions. The husband continues to potter around the room occasionally touching his wife's head and face. Falling silent the daughter watches her father.

Delivering bad news: In the silence Robert begins to talk about the deterioration of her mother and what they will be able to do for her. The daughter says "you're talking about DNR aren't you?" Robert confirms that is correct. The daughter tells him that she knows about it because her friend's mother recently died and this was discussed with her. The daughter says that she knows what she would prefer but they will have to talk this through with her father. The daughter calls her father over and begins explaining what DNR means. He looks at his daughter, looking lost and scared and she tells him that it is his decision but she thinks that the doctors should not resuscitate her mother because she will be resuscitated to the same state. Robert corrects the daughter stressing that the patient will be 'worse' than what she is currently because she will be a lot weaker. The daughter quietly says that she will have to speak through this with her father. Robert nods and leaves the room...

Delivering bad news:

- Emotional connection with daughter
- Emotional detachment with father.

Figure 2: Hand code data extract

Affect	DNR	Professional performance
Bad news	Emotional management	Rapport
Bodily proximity	Emotion work	responsibility
Deathscape	Emotional attachment	Spatiality
Decision making	Emotional contagion	Task orientated behaviours
Defence mechanism	Emotional detachment	Taskscape
Detached concern	Emotional memories	Temporality
Disconnected care	Liminality	Touch
Disruptive emotions	Organisational rules	
Distil Nursing	Physical distance	

**Figure 3: Example code list**



**Code:** Bad news  
**Type of code:** Inductive  
**Meaning:** Where bad news is being communicated from one social actor to another. It could be for example a health professional delivering bad news to a patient or family member

**Code:** Bodily proximity  
**Type of code:** Inductive  
**Meaning:** To indicate when actors are physically close to each other. it might be a health professional examining the patient for example.

**Code:** Deathscape  
**Type of code:** Deductive  
**Meaning:** A place of care where death is high for example palliative care, intensive care. Theoretical underpinning see Maddrell and Sidaway (2010)

**Code:** Decision making  
**Type of code:** Inductive  
**Meaning:** A decision being made by a social actor. It could be a health professional making a decision about a patient's treatment or a patient or family member making a decision about their own care.

**Code:** Defense mechanism  
**Type of code:** Deductive  
**Meaning:** Theoretical underpinning see Menzies (1960). To protect or shield oneself emotionally from emotionally and psychologically challenging situations or events.

**Code:** Detached concern  
**Type of code:** Deductive  
**Meaning:** Traditional medical model of care suggests health professionals should display detached concern. They are not empathetic but emotionally distanced from the patients circumstance. For academic reference see Fox and Lief (1963), Halpern (2001)

**Figure 4: Example codebook**

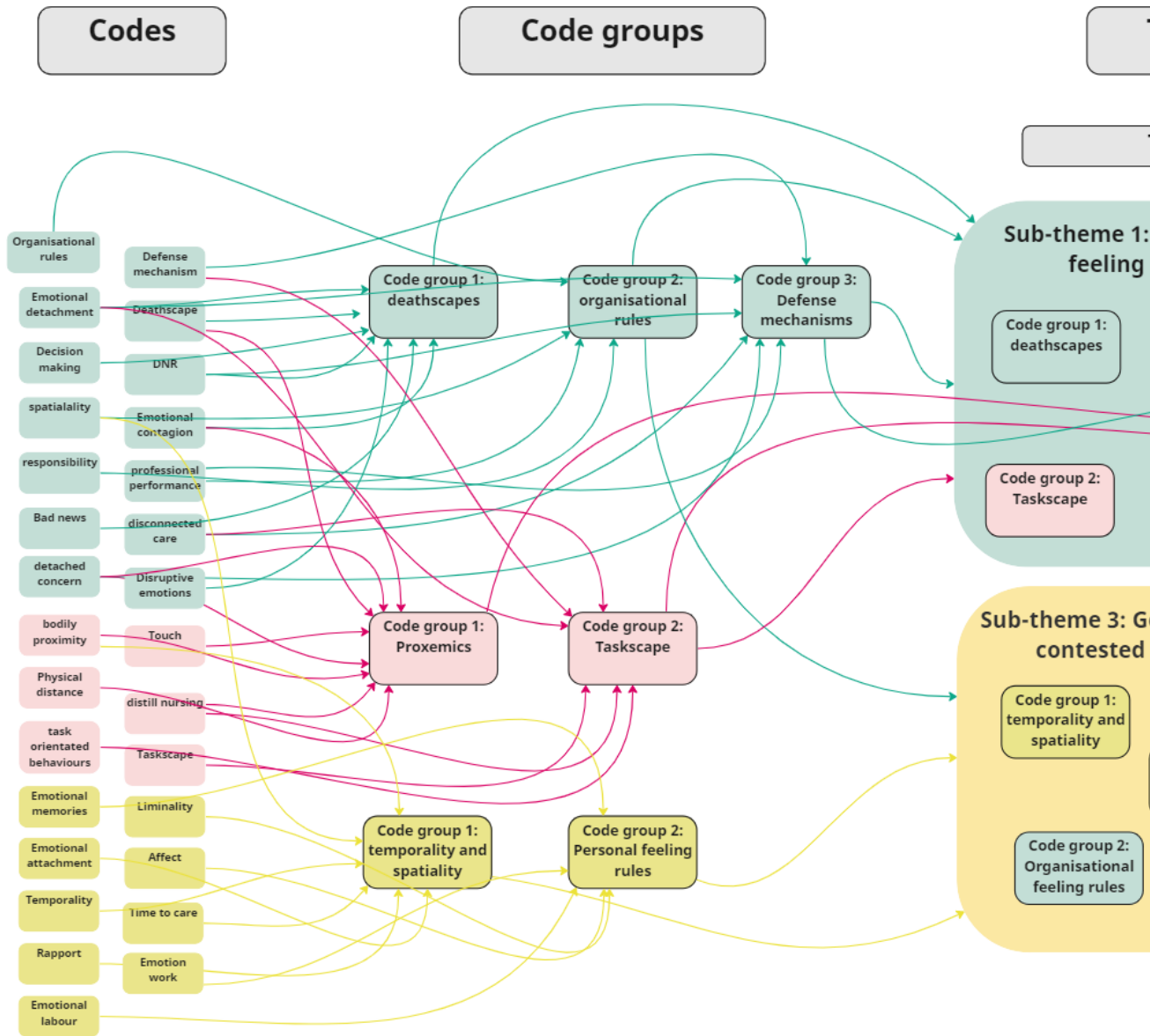


Figure 5: Code mapping

## References

- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3, 77-101.
- Braun, V. & Clarke, V. (2012). Thematic analysis. In: H. COOPER, P. M. CAMIC, D. L. LONG, A. T. PANTER, D. RINDSKOPF & SHER, K. J. (eds.) *Handbook of research methods in psychology*. American Psychological Association.
- Braun, V. & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11, 589-597.
- Braun, V. & Clarke, V. (2021a). *Thematic analysis: A practical guide*, Sage.
- Braun, V. & Clarke, V. (2021b). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, 13, 201-216.
- Braun, V. & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9, 3.
- Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, 56, 1391-1412.
- Charmaz, K. (2017). Constructivist grounded theory. *The Journal of Positive Psychology*.
- Conolly, A., Abrams, R., Rowland, E., Harris, R., Couper, K., Kelly, D., Kent, B. & Maben, J. (2022). "What Is the Matter With Me?" or a "Badge of Honor": Nurses' Constructions of Resilience During Covid-19. *Global Qualitative Nursing Research*, 9, 233339362210948.
- Dibley, L., Dickerson, S., Duffy, M. & Vandermause, R. (2020). *Doing hermeneutic phenomenological research: A practical guide*, Sage.
- Dingwall, R. & Staniland, K. (2020). *Qualitative research methods for nurses*, Sage.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*, Mill Valley, California, Sociology Press.
- Howell, K. E. (2013). *An introduction to the philosophy of methodology*, Sage.
- Joffe, H. (2011). Thematic analysis. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, 209-223.
- Malterud, K., Siersma, V. D. & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research*, 26, 1753-1760.
- Mauthner, N. S. & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, 37, 413-431.
- Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods*, 16, 1609406917733847.
- Rowland, E. (2021a). Case Study I: Hospital-Based Multidisciplinary Work—Institutional Emotional Geographies. In: ANDREWS, G. J. R., E AND ELIZABETH, P. (ed.) *Place and Professional Practice: The Geographies in Healthcare Work*. Switzerland: Springer.
- Rowland, E. (2021b). Case Study II: Care on the Move—The Emotional Geographies of Ambulance Crews. In: ANDREWS, G. J. R., E AND ELIZABETH, P. (ed.) *Place and Professional Practice: The Geographies in Healthcare Work*. Switzerland: Springer.
- Rowland, E. J. (2015). Emotional geographies of care work in the NHS. *Unpublished doctoral thesis*. London, King's College.
- Saldaña, J. (2021). *The coding manual for qualitative researchers*, sage.
- Shaw, J., Gagnon, M., Carson, A., Gastaldo, D., Gladstone, B., Webster, F. & Eakin, J. (2022). Advancing the impact of critical qualitative research on policy, practice, and science. *International Journal of Qualitative Methods*, 21, 16094069221076929.
- Silverman, D. (2021). *Doing Qualitative Research (6th ed.)*. , SAGE Publications, Ltd. (UK). .

- Simons, H. (2014). Case study research: In-depth understanding in context. *The Oxford handbook of qualitative research*, 455-470.
- Smith, K. A., Widger, K., Arbour-Nicitopoulos, K. P. & Gibson, B. E. (2023). The Sensory Experience of Waiting for Parents of Children Awaiting Transplant: A Narrative Ethnography. *Qualitative Health Research*, 10497323231182892.
- St. Pierre, E. A. (2021). The lure of the new and the hold of the dogmatic. *Qualitative inquiry*, 27, 480-490.
- Strauss, A. & Corbin, J. (1998). Basics of qualitative research techniques.
- Turner, C. & Astin, F. (2021). Grounded theory: what makes a grounded theory study? *European Journal of Cardiovascular Nursing*, 20, 285-289.
- Whitaker, E. M. & Atkinson, P. (2019). Reflexivity. In: ATKINSON, P., DELAMONT, S., CERNAT, A., SAKSHAUG, J.W. & WILLIAMS, R. A. (eds.) *SAGE Research Methods Foundations*. London: Sage.
- Xu, W. & Zammit, K. (2020). Applying thematic analysis to education: A hybrid approach to interpreting data in practitioner research. *International Journal of Qualitative Methods*, 19, 1609406920918810.