Appendix

COREQ checklist

Domain 1: Research team and reflexivity

Personal Characteristics

1. Interviewer/facilitator. Which author/s conducted the interview or focus group?

All interviews were conducted by the principal researcher, A. Ralston.

2. Credentials. What were the researcher’s credentials? E.g. PhD, MD

A. Ralston is a psychiatrist and philosopher (MD, MA).

3. Occupation. What was their occupation at the time of the study?

See 2.

4. Gender. Was the researcher male or female?

Male.

5. Experience and training. What experience or training did the researcher have?

A. Ralston qualified as a psychiatrist in 2001 and has been employed full-time as such since then. Between 2003 and 2006 he completed the M.A. ‘Philosophy and Ethics of Mental Health’ cum laude at Warwick University.

Relationship with participants

6. Relationship established. Was a relationship established prior to study commencement?

The principal researcher had no professional or private relationships with the patients prior to, during, or after the study. Prior to the study, he was professionally acquainted with 5 of the participating psychiatrists in the study. None of these participants experienced this as a limiting influence in their responses to questioning.

7. Participant knowledge of the interviewer. What did the participants know about the researcher? e.g. personal goals, reasons for doing the research.

Informed consent was obtained from all participating psychiatrists and patients. Participants were aware that the interviewer was a psychiatrist and a philosopher, and aware of the study goals of examining philosophical ideas and assumptions as they manifest in practice. Some participants were aware that the interviewer is a Scot. Participants were not aware of publications of the interviewer regarding philosophy and psychiatry.
8. Interviewer characteristics. What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic

In Socratic interviewing and probing, there is a risk of (philosophical) bias influencing the direction of the interview. This bias was addressed as far as possible through respondent validation throughout and after the interview, research group discussion, and by applying quality control principles as described a.o. by Kvale (1996). The interviewer was inspired to conduct this study by the concept of ‘philosophical field work’ which has a central role in Fulford’s work in philosophy and psychiatry. This is expanded upon in Chapter 1. As the interviewer has participated in what could be termed professional political activity (e.g. as member of the Membership Council of the NVvP), he and the research group took care to observe that the questioning remained descriptive and in aid of clarification rather than influencing. Multiple coding, research group discussion and respondent validation were applied to counter such bias. The choice of presenting extensive examples and excerpts in the thesis itself is also in aid of transparency as to such possible bias.

**Domain 2: study design**

_Theoretical framework_

9. Methodological orientation and Theory

What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis.

The methodological orientation is that of naturalistic inquiry.

_Participant selection_

10. Sampling. How were participants selected? e.g. purposive, convenience, consecutive, snowball
Combination of purposive and convenience sampling.

11. Method of approach. How were participants approached? e.g. face-to-face, telephone, mail, email
E-mail and telephone.

12. Sample size. How many participants were in the study?
30 psychiatrists

13. Non-participation. How many people refused to participate or dropped out? Reasons?
120 psychiatrists were approached via e-mail. 85 refused. 5 Dropped out after agreeing to participate due to the time investment required.

_Setting_
14. Setting of data collection. Where was the data collected? e.g. home, clinic, workplace
Workplace. For some in private practice, their office was a room in their home.

15. Presence of non-participants. Was anyone else present besides the participants and researchers?
No.

16. Description of sample. What are the important characteristics of the sample? e.g. demographic data, date
See Chapter 2.

Data collection

17. Interview guide. Were questions, prompts, guides provided by the authors? Was it pilot tested?
Yes, structural interview was compiled by the authors. It was piloted on 5 psychiatrists.

18. Repeat interviews. Were repeat interviews carried out? If yes, how many?
Most participants were interviewed twice. In 2 participants, one interview session was sufficient to answer the questions in the structured interview.

19. Audio/visual recording. Did the research use audio or visual recording to collect the data?
Audio recording of patient-psychiatrist sessions, audio recording of researcher-psychiatrist interviews.

20. Field notes. Were field notes made during and/or after the interview or focus group?
Yes, these were noted, used during coding and in the compiling of the case overview.

21. Duration. What was the duration of the interviews or focus group?
Interviews generally lasted between 1 and 1½ hrs

22. Data saturation. Was data saturation discussed?
This was discussed within the research group, during the framework analysis process.

23. Transcripts returned. Were transcripts returned to participants for comment and/or correction?
Yes.

Domain 3: analysis and findings

Data analysis

24. Number of data coders. How many data coders coded the data?
AR coded 100%, JL coded 33%, EP coded 10% independently.
25. Description of the coding tree. Did authors provide a description of the coding tree?
Coding tree was described using Atlas.ti.

26. Derivation of themes. Were themes identified in advance or derived from the data?
Sensitizing concepts were derived from research group discussion related to the literature. Subsequently, themes were derived from the data through framework analysis.

27. Software. What software, if applicable, was used to manage the data?
Atlas.ti.

28. Participant checking. Did participants provide feedback on the findings?
Yes, after being mailed a case summary including a personal philosophical profile.

Reporting

29. Quotations presented. Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number Quotations are presented to illustrate findings and are identified as to treatment setting.

30. Data and findings consistent. Was there consistency between the data presented and the findings?
Consistency can be tracked through the steps of the framework analysis.

31. Clarity of major themes. Were major themes clearly presented in the findings?
Major themes are set out in a stepwise fashion under the three main headings.

32. Clarity of minor themes. Is there a description of diverse cases or discussion of minor themes?
Yes: lower-level findings are mentioned, discussed, and related to the overall framework.