SUPPLEMENT S4 – RIGOUR AND QUALITY ASSURANCE

Rigour addressed throughout the research process.[1-3]

Reflexivity	• The researchers who drafted the study protocol (ST, OD, AS) have a background in pharmacy and had pre-conceptions about the topic by prior literature review and because of their involvement in the OPERAM trial. Feedback on the study protocol was provided by a sociologist and a multidisciplinary research team members from the four countries involved. • Data collection was performed by researchers and/or healthcare professionals from four different countries (ST, KM, CP, AVH, BM) who have backgrounds in pharmacy, nursing/public health, geriatric medicine and psychology respectively. All interviewers were trained in qualitative research methods and had no direct clinical relationship with the patient to limit the risk of response bias. All researchers performed 3 pilot interviews. Not all interviewers were blinded to the intervention or control arm allocation of the patients because of their role in the OPERAM trial, which might have influenced data collection.
Credibility	• Several researchers from different countries and backgrounds were involved in data collection and analysis, helping to prevent bias from a single researcher excessively influencing data analysis. • Respondent validation: The results were validated by sending nine OPERAM patients a summary of the findings. Patients were asked to what extent the findings corresponded to their experience and to report any disagreement. None disagreed with the themes reported. • Data analysis was documented in detail (Supplements S2). The coding framework contained definitions and rules for application of each code to allow explicit and transparent data analysis. • Transcriptions were performed by local researchers in each site in the native language, to avoid losing nuances in the data by translation. To account for the chance of linguistic misinterpretation during data analysis, a native speaker was involved for analysis of the Belgian (CP), Dutch (ST) and Swiss (BM) interviews. Analysis of the Irish interviews was performed by a researcher with a good command of the English language (ST) with cross-checks with the native speaker who conducted the Irish interviews (KM) in case of uncertainty about meaning. A selection of quotes from the Belgian, Swiss and Dutch study participants were translated from French, Swiss German and Dutch into English by a translation agency.
Transferability	• Thick description of setting and participants was performed. Transferability is enhanced by including participants from four different countries and healthcare settings as well as by including a purposive sample to ensure variation in several patient characteristics.

1. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care : journal of the International Society for Quality in Health Care*. 2007;19(6):349-57.
2. Mays N, Pope C. Qualitative research in health care. Assessing quality in qualitative research. *BMJ (Clinical research ed)*. 2000;320(7226):50-2.
3. Malterud K. Qualitative research: standards, challenges, and guidelines. *Lancet (London, England)*. 2001;358(9280):483-8.