

Table 2: NPT based coding framework for stroke care and self-management

COHERENCE	COGNITIVE PARTICIPATION	COLLECTIVE ACTION	REFLEXIVE MONITORING
<i>(Sense-making work)</i> Understanding the prospect of having, what this means and how the condition may be managed.	<i>(Relationship work)</i> Investing personal and interpersonal commitment to living with the condition and its management.	<i>(Enacting work)</i> Investing effort and resources in management and carrying out necessary tasks.	<i>(Appraisal work)</i> Reflecting on the effects of therapies in retrospect and determining whether to modify them.
Differentiation	Enrolment	Skill set workability	Reconfiguration
Understanding and differentiating between risk factors, investigations, treatments and the roles of different health professionals and services. Prioritising treatments and activities.	Engaging with friends, family and health professionals with regards to diagnosis and illness management to enable them to provide support. Adjusting relationships to accommodate new roles as a result of illness during management.	Setting a routine to cope with symptoms, exacerbations, and emergency situations i.e. therapeutic interventions. Enacting activities with a view to achieving goals. Controlling risks associated with recovery.	Altering a set routine when required such as medication regimes or appointments, to fit in with daily activities or other arrangements. Learning a new way of doing things after stroke. Altering priorities and ways of thinking due to stroke management.
Communal specification	Activation	Contextual Integration	Communal Appraisal
Gaining information about illness management with the help of others, for example friends, family or health professionals. Receiving diagnosis, or misdiagnosis.	Arranging help (e.g. logistical, administrative, or expert) from health professionals, social services or friends and family.	Making sure you have the right financial and social resources, and integrating the illness into social circumstances. Managing potential environmental dangers through making resources available. Adjusting to new social role in society or life circumstances such as unemployment.	Discussing or altering current management plans already initiated, in discussion with health professionals or friends and family. Recalling previous events with friends and family.
Individual specification	Initiation	International workability	Individual appraisal
Achieving your own understanding of illness management in personal terms, through personal research such as reading, or personal experience.	Using organisational skills to arrange one's own contributions to management, such as arranging prescriptions, social care and transport to appointments.	Taking treatments, enacting lifestyle changes, attending appointments, enduring side effects. Enduring poor health care or care that does not meet expectations (e.g. poor interactions). Enduring setbacks in recovery. Learning self care. The work of rehab. The work after discharge. Enduring intrusions and interventions from family members, including negative interactions.	Assessing individually whether to continue or alter current management plans. Recalling previous events. Monitoring symptoms and progress (but not as a routine, see below).
Internalization	Legitimation	Relational Integration	Systematization
Relating your experience to illness management, understanding any implications, knowing when to seek help, understanding one's own contributions to reducing risk, knowing limitations and risks due to stroke. Calculating safety risks. Maintaining motivations and determination. Developing expectations of health services. Making sense of progress in recovery and one's own contributions to this. Setting goals for recovery.	Seeking reassurance from others about appropriateness of management plans. Gaining confidence in the success of treatments. Dealing with stigmatisation or a mismatch in ideas and expectation from others. Reaching an understanding that treatments are 'the right thing to do'. Comparing yourself to others to validate treatments.	Maintaining confidence in health professionals and their interaction with each other. Maintaining confidence in care plan. Coping with multiple caregivers. Enduring system failures caused by poor communication/interaction by service provides.	Developing ways of keeping up to date with newly available treatments. Routine self monitoring.

Gallacher K, Jani B, Morrison D, Macdonald S, Blane D, Erwin P, May CR, Montori VM, Eton DT, Smith F, Batty DG, Mair FS. Qualitative systematic reviews of treatment burden in stroke, heart failure and diabetes: methodological challenges and solutions. *BMC Medical Research Methodology* 2013;13(10).