Increasing occupational participation: A qualitative analysis within the 'Occupational Self-Analysis' program

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Abstract:	Introduction: Occupational participation is a key element to increase the quality of life in the population. One of the effective interventions to increase occupational participation is the "Occupational self-analysis" program. The aim of this study was to analyzed participant's reported benefits about the "Occupational Self-Analysis" program. Method: This is a qualitative study with 26 participants (12 people with intellectual disability, 7 affected by Acquired Brain Injury and 7 students) who participated in weekly group sessions and one individual session. The outcomes were measured based on participant diaries and focus group transcriptions. Results: Two main themes emerged 1) supports for occupational participation and 2) barriers for occupational participation. The thematic analysis of the categories was based on the Model of Human Occupation to increase applicability of the program in Occupational therapy practice. Conclusions: The "Occupational Self-Analysis" program allowed participants to increase their knowledge of supports provided for and the barriers against occupational participation.

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Conclusions: The "Occupational Self-Analysis" program allowed participants to increase their knowledge of supports provided for and the barriers against occupational participation.

1. Introduction

Occupational participation has been closely connected to quality of life (Atler et al., 2018; Curtin et al., 2019) and therefore to health, which is one of the major determinants of quality of life together with well-being in all its domains (Kelley-Gillespie, 2009) and life satisfaction (Eakman et al., 2010; Goldberg et al., 2002). Both, the International classification of functioning, disability and health (ICF) (OMS, 2001)

and occupational therapy (Karhula et al., 2019; Loh et al., 2021; Yerxa, 1990) highlight the contribution of occupational participation to quality of life.

Participation is described as an involvement in a life situation (OMS, 2001),such as work, leisure or activities of daily living that are part of one's sociocultural context, are desired or necessary to one's wellbeing (Kielhofner, 2008) and occur individually or with others. As Model of Human Occupation (MOHO) describes, there are three elements interrelated with each other and with the environment that can explain how and why people participate occupationally. The first of these is volition, or motivation for action, built by thoughts and feelings about what is important in life (values), what generates pleasure (interests) and what a person feels effective and competent (personal causation). The next element would be habituation, which organizes and structures behavior into habits and routines that must satisfy internal and external demands. Finally, for a person to perform occupationally, a combination of skills, both motor, process and social are necessary (Kielhofner, 2008).

The third element is the physical or social environment that can have a great impact on occupational participation (Hammel et al., 2015). The ICF adds, that environmental aspects can act as support or barriers for engaging in some activities, giving emphasis to the idea that not only personal characteristics are involved in health and wellbeing (OMS, 2001; Dahan-Oliel et al., 2016; Widehammar et al., 2019). Taking in count these concepts, participation restrictions occur when an individual experience problems when they get involved in life situation (OMS, 2001).

Due to their importance on quality of life, different socio-sanitary disciplines have studied how to promote occupational participation. One of the interventions that has been beneficial to increase meaningful occupational participation in different groups has been the occupational self-analysis, which is defined as a *process through which people learn*

to understand why their own occupations are important in order to adjust their routines (Jackson et al., 2001). Studies such as "The Well USC Well Elderly Study"(Clark et al., 2012; Jackson et al., 1998) showed that making people more aware of what barriers and supports exist when engaging in activities, increased their level of life satisfaction and quality of life. This and other similar programs in the elderly, than used the occupational self-analysis, enabling participants to learn about the supports and barriers that mediate their occupational participation and about meaningful activities (Rodríguez-Bailón et al., 2016; Levasseur et al., 2019).

In addition to the elderly, other groups could also benefit from occupational self-analysis to enhance their performance and occupational participation, such as people with intellectual disability who have a higher risk of ignoring meaningful occupational participation (Channon, 2014) or people affected by Acquired Brain Injury (ABI) who show objective limitations in their Activities of Daily Living (ADL) (Colantonio et al., 2004; Twomey et al., 2021) or in learning or working activities (Amosun et al., 2013; Bergström et al., 2015). Also, university students, often present high levels of stress due to the demands of their studies, partly due to the lack of free time (Opoku-Acheampong et al., 2017; Soares de Souza et al., 2016).

Given that the benefits of participating in an occupational self-analysis program are not exclusive to a specific collective, this study was developed to explore the benefits perceived by people with intellectual disabilities, ABI and a group of university students who participated in an 'Occupational Self-Analysis' program. The similarities and differences between groups are analyzed.

2. Research Process

2.1 Study Design

This study employed a qualitative approach using the descriptive phenomenological method. Phenomenology pretends to describe the meaning of a lived phenomenon where reality is understood through embodied experience (Starks and Trinidad, 2007). In this study, the analysis is based on the focus groups and participants' diaries.

2.2 Sample and Recruitment

Since the aim of this study was to explore the benefits of the 'Occupational Self-Analysis' program, the sample was composed of people who participated in this program between 2014 and 2016. Three different collectives were recruited people with intellectual disability, ABI patients and university students. The inclusion and exclusion criteria for each group are described below:

People affected by intellectual disability: The inclusion criteria were: a) being an adult (above 18), b) having a disability level equivalent to mild to moderate problems according to the ICF c) possessing basic skills such as writing, reading or calculation. Lack of socially appropriate behavior was taken as an exclusion criterion.

People affected by ABI: The inclusion criteria were a) being an adult (above 18), b) having an acquired brain injury as an adult: stroke or traumatic brain injury. The exclusion criteria were: a) lack of socially appropriate behavior and/or b) serious problems speaking or understanding.

Students: The inclusion criteria were a) being an adult (above 18), and b) being an occupational therapy student. The exclusion criteria was being absent

Ethical approval for this study was obtained from the Ethics Committee. Potential participants were verbally informed about the study by the first author and also had to sign to give informed consent to participate in the study and to give authorization for the authors to record the focus groups.

Participants were selected at different moments and places according to the collective they belonged to. People with intellectual disability were from a study program of a university for the inclusion of people with functional diversity. People with ABI belonged to an association for people with neurological impairments while students were studying the 4thyear of an occupational therapy degree.

2.3 Intervention procedures

Each group participated independently in the 'Occupational Self-Analysis' program in weekly sessions of 90 minutes each. Ranging between 27 and 30 the number of sessions per group.

The aims of this program are for participants to learn to analyze what their barriers (impediments) and supports (facilitators) are for occupational participation and, by achieving individual and/or group objectives, to improve their occupational balance.

For each intervention 4 or 5 specific modules were selected from the following: 1) occupation, difficulty and health; 2) occupational balance; 3) adaptation strategies to overcome difficulties in occupational performance; 4) social relationships and occupation; 5) an open look at the world and 6) fieldwork and occupation.

In this sixth module an exploration of their skills, their learnings and their expectations related to work, was first carried out. Afterward, they were taught to look for jobs related to their interest to contrast "What I want" (expectations) with "What there is" (work offer and conditions). By the end of the module, they could choose to improve some skills that will bring them closer to their desired work position or learn how to deal with an interview

or made a curriculum vitae. This last module was not applied to the ABI group. Each thematic module took 3 to 6 sessions.

An individual interview also was conducted to all the participants during the intervention to clarify certain concepts and to deal with specific difficulties related to personal goals. These interviews followed a specific structure for each goal that the person had committed to (figure 1).

----Please Insert Figure 1 ---

These thematic modules were approached through the MOHO and "See-Judge-Act" methodology. MOHO offers the theory and the practical tools to work towards promoting occupational participation in people with diverse occupational needs, with or without disability (Prior et al., 2020; Jo and Kim, 2022). The MOHO explains why people are motivated to do different occupations through subsystems: volition, habituation and performance (Kielhofner, 2004).

In addition, a pedagogical social transformation approach called "See-Judge-Act" is used, through which the participants observe the reality of each proposed theme, evaluate it according to their values and, subsequently, carry out a collective or individual action to transform it in the case that they estimate it (Sands, 2018).

2.4 Data Collection

First, an individual interview took place to collect demographic, social and medical data including age, sex and, when applicable, membership of an association.

Qualitative data were obtained throughout the program using information gathered from participants' diaries and participation in focus groups.

Each participant was instructed to keep a written diary in which they reflected on what they learnt and their sensations during the intervention. At the end of each thematic

module, they had to answer two questions concerning: 1) what they had learned and 2) how they had felt during the process. In total, each participant in each group filled the diary 6 times, except for the ABI group who did it 5 times.

A focus group also met at the end of the program. This lasted between 30 and 45 minutes and was developed by the first author (a PhD student, occupational therapist) that had 7 years of experience in conducting groups. The focus group was held in the same place as the sessions (association or classroom) with only the presence of the participants. To make discussion easier, questions were taken from a literature review about assessment tools in similar programs (Table 1) and consistence was kept through the 3 focus groups.

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The combined use of focus groups and personal journals is useful for studying the experiences and perceptions of participants in interventions in different settings (Koopman-Boyden and Richardson, 2013).

Trustworthiness

To ensure the trustworthiness, we selected two strategies of triangulation: a) triangulation of data-gathering documents (participants' diaries and focus group) and triangulation of data analysis (data analysis was performed independently by three researchers). While member checks of transcribed date were not completed, the occupational therapist, who conducted the focus groups, clarified the information reported by the participants by returning their information for corroboration.

2.3 Data Analysis

Qualitative content analysis was used to analyse the data. As the first step of qualitative data collection, information from each tool was transcribed and organized. Literally transcribed documents were used for independent analysis. Participants' names were changed using an assigned code number in the transcripts and quotations.

The three authors of this paper reviewed the transcripts independently and generated initial codes that were meaningful units of analysis. As more analyses were carried out, relevant topics were assigned to different categories. Differences between researchers were resolved by discussion. To facilitate the coding process, the text fragments were coded with MAXQDA(2016). To categorize the knowledge about the supports and barriers for occupational participation the dimensions of the MOHO framework were used (Kielhofner, 2008). This model was chosen because it emerged that the results substantially aligned with these and it´s applicability in OT practice (Wu and Volker, 2009)

3. Results

All the potential participants who agreed to participate in the study finished it, except for two who dropped out midway through the intervention.

The resulting number of participants per group was: 12 people with intellectual disabilities, 7 people with ABI, and 7 students, making a total of 26. The characteristics of the participants are shown in Table 2.

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Related to the qualitative tools to collect the information, all the participants completed their participant's diary after each thematic module (n=26 with 149 reflections). If they didn't attend the session, where it was done, they would have time to do it at the beginning of the next session. About the focus groups from the 26 participants only 3 didn't attend

their focus group (1 person with intellectual disability and 2 students) so data from 23 participants was collected

After the qualitative analysis of the focus group and the diaries, two main themes were identified: a) knowledge of the supports for occupational participation and b) knowledge of the barriers to occupational participation. The categories are presented below. In order to protect the privacy of the participants, pseudonyms were allocated to each participant.

Supports for Occupational Participation

Most of the participants expressed a better understanding of the supports they could count on to increase their involvement at the occupational level and to be able to carry out the desired activities. Participants also expressed an increase in their **awareness** of different aspects that influence their occupational participation. At this stage no changes were reported, although they claimed to know more about what they needed or what their real situation was.

Volition

Most participants emphasized having learned to value and prioritize certain aspects of their life, such as independence or autonomy. Also, participants identified which activities they wanted to develop in the future and setting new occupational goals for themselves. This was expressed in different ways depending on the group of origin. Students highlighted the fact that they identified what they wanted to do in the future and how to attain this goal. Thus, 22-year-old Gemma comments*: I liked it because it has helped me to define what the next step I have to take to work on what I want*. The people affected by ABI emphasized, however, the desire to continue advancing towards their objectives despite the difficulties imposed by the consequences of their illness*: We must continue fighting in life, because otherwise it is a matter of living or dying.* (Roberto, 28 years old).

Performing activities because they were pleasant also emerged as a motivation to get involved in certain occupations. On the one hand, the people with ABI mentioned they had enjoyed trying new things and they would include them in their routine ... *I will continue doing mindfulness because I liked it a lot and I had a great time; I felt at ease* (Ester, 46 years old). However, for the people with intellectual disability, this category increased their awareness of their current tastes or those of the past: ... *I have realized that I liked the job of janitor* (Leo, 30 years old). Students did not comment at this level.

Environment

All the participants highlighted the positive impact that the environment had on the activities they did, especially in relation to the social group. The perception of supports in the physical environment was scarcely represented. Family, friends, and partners of the program acted as motivating agents to carry out the desired activities, but it was the support of the working group itself that had the greatest influence on the three groups.

For people with intellectual disabilities, their fellow participants represented a source of support in order to be able to perform the activities arising from the sessions and also helped them analyse their mistakes as well as assess their positive personal aspects... *Imagine that you do not come to class, and you have homework and your classmates tell you what the teachers have set* (Pedro, 23 years old). ... *with the group I have learned to analyse my mistakes* (Damián, 21 years old). In addition, for people with ABI and students, working with other people, who also had difficulties in their daily lives but who were trying to overcome them, was relevant since it helped them overcome their own difficulties. As Ester (46 years old) says... *from the others, I have learned that my companions are eager to excel. Basically, I say what everyone else said, that despite the difficulties, you can do many things that break your routine and satisfy* (ABI group).

Regarding the social environment, the groups with disabilities (ABI and intellectual disability group) found the facilitators to carry out activities in their environment such as putting on the washing machine, cooking or using public transport...*my mother always did the ironing and one day I said "I'm going to iron" and she said "go ahead, the iron is already on"* (Julia, 21 years old, intellectual disability group).

Performance skills

The participants in the program claimed to have acquired certain abilities that led to better performance in their daily activities. Learning to ask, to listen to colleagues, to suggest activities to others or to sympathize with the experiences and emotions of others were some of the lessons that were highlighted by the participants of the intellectual disability and student groups: ... *I have learned to ask differently, to put myself in the other person's place* (Begoña, 22 years old, student group). ... *suggests something to a person and how to meet that person* (Ginés, 19 years old, intellectual disability group).

The people with intellectual disability perceived the most progress in their skills by identifying techniques to carry out certain ADL more efficiently...*looking at the type of trousers that I wear and matching if they are jeans, with a polo or a t-shirt, learning what matches*(Pedro, 23 years old).

Barriers to Occupational participation

The participants in the 'Occupational Self-Analysis' program identified the barriers that made it difficult for them to carry out their occupations in a satisfactory manner.

Habituation

People with intellectual disability and participants with ABI remarked that they were more aware that not having a habit or always having the same routine kept them from doing those things that they liked: *I have also learned that my difficulty is not having a*

routine. (Ginés, 19 years old, intellectual disability group).*I have realized that you have to do more activities that you like, in addition to those you do not like, but you do them because they are in your routine* (Ester, 46 years old, ABI group).

Environments

Each group identified in a different way the difficulties their environments had for them to carry out occupational participation. On the one hand, the fact that their relatives did not support them in their daily activities was relevant for people with intellectual disability... *some weekends I start cooking with my mother, but never on my own, maybe when I learn she will let me* (Joaquin, 36 years old). However, the students talked about not doing certain activities because they did not have anyone to do them with. As Concha, 25 years old, says...*for not doing it alone, for not having anyone to do it with*. On the other hand, for people with ABI it was the physical environment (accessibility and architectural barriers) that most limited them at the occupational level. *Regarding what Javier said about the bus, once inside the bus you do not have a bar for you, to hold on, so you go dancing, forwards and backwards and there are not always seats available* (Alberto, 69 years old)

Performance skills

The participants highlighted the lack of organization when carrying out their tasks or not having the knowledge to perform certain tasks (such as putting on the washing machine or managing the quantities when cooking). As they mentioned: ... *I do not know how to control the quantities and I do not practice enough* (Leo, 30 years old, intellectual disability group). In addition, the difficulties of communication and interaction with others were discussed...*Another difficulty I have had is making friends. I fear that they might left me down again or hurt me again* (Roberto, 28 years old, ABI group).

On the other hand, all the participants identified certain emotional attitudes such as fear, nervousness, frustration or distress that made them face the situations with a negative predisposition. In the groups, these emotional dispositions were reflected in the activities they carried out:... *I do not iron because it scares me* (Jacinto, 23 years old, intellectual disability group) and those that they realized they were avoiding.

4. Discussion

The results of the study show that the 'Occupational Self-Analysis' program had benefits for increasing knowledge of those aspects that support or limit participation in meaningful occupational activities. As stated by Anaby, et al (2010), it is important to carry out occupation-based interventions in different groups across the life span, since there is a close relationship between occupation and well-being (Anaby et al. 2010). Also, there is a need to include participant's subjective perceptions when assessing this kind of intervention (Hemmingsson and Jonsson, 2005; Shea and Jackson, 2015; Spalding et al., 2022) because participation is described with an emphasis on their experience (Larsson-Lund, and Nyman, 2017).

Supports and barriers for Occupational Participation.

Participants learned to identify the specific supports they had had to carry out their desired activities successfully and what barriers had stopped them if they had not been able to do so. For Prochaska & Diclemente (Prochaska and Velicer, 1997; Rossi-Barbosa et al., 2015), increased awareness is one of the ten processes that occur in subjects that are changing their behavior. Kielhofner (2004) called this process identification (Kielhofner, 2004). Identification comprises recognizing something that the person was not aware of before. This knowledge supports change because it gives the person essential information to learn what to do or how to guide their decisions. Other studies have addressed the issue of awareness and its relation to ADL in people with intellectual disability (van Asselt-

Goverts et al., 2018) or in people with ABI through occupation-based programs (Doig et al., 2014). However, they all do so from a vision focused on deficits or on disease awareness.

Volition

Volitive feelings and thoughts emerge as an important support for the occupational performance of the participants. In the specific case of participants with ABI, they valued being able to practice some skills that they thought they had lost and learning what activities they were good at. Along the same line, although in research carried out with students, Yazdani, Jibril and Kielhofner (2008) found that when they felt confidence and competent to carry out their occupational desires, to organize their lives and to do what they wanted with the support of their environment (e.g. family), they felt high rates of wellness (Yazdani et al., 2008). Studies in other groups confirm the close relationship between volition and occupational participation. In a qualitative study it was observed that for people with mental illness, knowing how to perform physical activity was an important factor that encouraged their participation (Cole, 2010). Also, Prior et al (2013) added that personal casualty is closely related to job seeking and work development in this group (Prior et al., 2013).

Performance Skills

Participants also mentioned that they learned processing, communication and interaction skills that represented an improvement in the development of their ADL. Barnes et al (2008) also described improvements in communication and interaction skills when following the *Adaptative Living Programme*. Both programs work through thematic modules that are interesting for the participants. (Barnes et al., 2008)

One of the barriers that participants found was their emotional disposition when doing activities. Fear, nervousness or frustration accompanied participants when dealing with

certain situations (Kielhofner, 2004). Sometimes these emotional dispositions generated avoidance behaviors. Cole (2010) also mentioned subjective corporal experience as a barrier to physical activity in people with depression and anxiety (Cole, 2010). In the study by Brown et al (2012), although not framed within the terminology of MOHO, the participants also speak of fear of the unknown as an influential factor (Brown et al., 2012).

Environments

Environments, both social and physical, were seen to be an important aspect when it comes to occupational performance, but the most noteworthy aspect was how the work group itself influenced the intervention.

Participants positively valued the learning they acquired in the group, which represented a space to share learning and experience together. Results from similar studies also show benefits in this respect. In the viability study of Mountain et al (2008) participants mentioned that they had the opportunity to appreciate qualities and skills of others through debate. In addition, they felt grateful for the learning acquired and for having a safe space to freely express opinions (Mountain et al., 2008). Participants affected by stroke emphasized they could share aspects related to ictus when meeting other "survivors" (Lund et al., 2017). In our study participants with ABI and students underlined the importance of interacting with other people that had the same difficulties in their daily living and made an effort to overcome them, in both cases, sharing space with people with similar feelings.

For people with ABI, the most important barrier they found to carrying out any activity, such as moving in the community, was architectural. The inaccessibility of natural and built spaces, the inadequacy of the size of spaces for people with reduced mobility or difficulties in transportation are some of the most frequent limitations encountered by people with neurological impairments (Brown et al., 2012; Barclay et al., 2016).Access

difficulties at cognitive, perceptive or communication level are mentioned in other studies (Hammel et al., 2006)

Study limitations

Several limitations should be noted in this study. First, the size of each group was different which may have influenced the analysis results. Also, the heterogeneity of the groups is something to take in count. However, the results of this study show what the participants reported about their experience in the study as a whole (naming the themes) but also the differences seen by group (inside each theme) reflecting the common points and the differences.

Also, the fact that participants increased their awareness of the aspects governing their occupational participation does not ensure that a change will occur, so that more studies evaluating individual long-term benefits are needed.

It is honest to note that the MOHO has been used as a guide for the qualitative analysis of participants' voices. Although it is usual to start from a theory base for the analysis of data in qualitative research, it must be recognized that this can limit alternative explanations of participants' perspectives. Mention should also be made of the limitation of not having a specific member checking session in which to report the data collected by the researchers (Curtin and Fossey, 2007), although as discussed in the methodology section, it was ensured that the therapist conducting the focus groups interpreted the information in the way that the participants wanted. For future studies, it will be necessary to include a specific member check session.

5. Conclusions

The "Occupational Self- Analysis" program helped participants with intellectual disability, people with ABI and the students to increase their awareness about the supports

and barriers that influence their occupational performance, aspect that are important of reaffirming meaningful occupational participation for individuals, maintaining, eliminating, or modifying their daily activities.

Key findings

- "Occupational self-analysis" programs empower people to be active subjects, overcoming barriers and appreciating support
- Both people with intellectual disabilities, ABI and students learned what their support and barriers to occupational participation were but each group did it in a different way

What the study has added

The provision of occupational therapy programs that are purposefully designed to develop people's awareness of their occupations can help participants learn about their supports and barriers for occupational participation.

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Table 1. Thematic guide for focus group discussions.

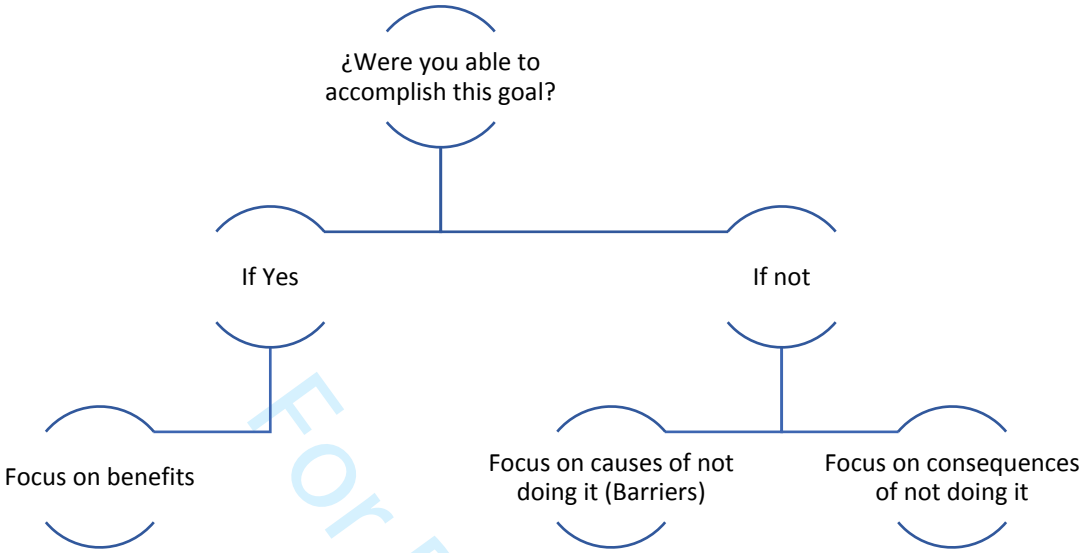
- Knowledge about the activities they do or the are starting to do.
  - What have you learned about your daily routine?
    - And could you develop the individual goal you committed to? How you did it?
  - What strategies have you learned to be more independent in your daily living?
- Identify difficulties to generalize what they have learned during the program.
  - Did you have problems when carrying out what you learned here in your daily life? Which ones?
    - And specifically, what were the difficulties you had related to your individual goals?
- Encouragement to speak freely about whatever they think is relevant for the study, experiences lived during the intervention, etc.
    - Is there anything else that you would like to add to finish?
    - Is there anything else you would like to share to close the discussion?
    - Do you have any more experiences that you would like to share related to the program?
- Additional comments/reflections.

Table 2. Participant's socio demographic characteristics.

Characteristics	Group 1 (n = 12)	Group 2 (n=7)	Group 3 (n=7)	Total (n=26)
Age, medium (range)	23.7 (19-36)	51.8(28-69)	23,3(21-30)	43.8(19-69)
Sex, n (%)				
• Female	4 (33.33)	2 (28.6)	7(100)	13(50)
• Male	8 (66.6)	5(71.4)	0(0)	13(50)
Association n (%)				
• Participant	11 (91.7)	7(100)	1(14.28)	19(73.07)
• Non participant	1 (8.3)	0(0)	6(85.71)	7(26.92)

Note: Group 1: People with Intellectual Disability, Group 2: People with Acquired Brain Injury (ABI), Group 3: Student of the degree in Occupational Therapy.

Fig 1. Structure of the individual sessions



Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups

Personal Characteristics

1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Pag 7, line 157
2. Credentials	What were the researcher's credentials? *E.g. PhD, MD*	Page 7, line 157
3. Occupation	What was their occupation at the time of the study?	Page 7, line 157
4. Gender	Was the researcher male or female?	Page 7, line 157
5. Experience and training	What experience or training did the researcher have?	Pag 7, line 157

Relationship with participants

6. Relationship established	Was a relationship established prior to study commencement?	No
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.*g. personal goals, reasons for doing the research*	Profession
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. *Bias, assumptions, reasons and interests in the research topic*	They were informed that she was a researcher

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,*	Page 4 line 83

	ethnography, phenomenology, content analysis	

Participant selection

10. Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*	Page 4 line 89
11. Method of approach	How were participants approached? e.*g. face-to-face, telephone, mail, email*	Page 4 line 92
12. Sample size	How many participants were in the study?	Page 8 line189
13. Non-participation	How many people refused to participate or dropped out? Reasons?	Page 8 line 186

Setting

14. Setting of data collection	Where was the data collected? e.*g. home, clinic, workplace*	Page 7 line 158
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	Page 7 line 159
16. Description of sample	What are the important characteristics of the sample? *e.g. demographic data, date*	Table 2

Data collection

17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Page 7 line 153 Table 1
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Page 5 line 109
20. Field notes	Were field notes made during and/or after the interview or focus group?	No
21. Duration	What was the duration of the interviews or focus group?	Page 7 line 156
22. Data saturation	Was data saturation discussed?	Yes
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No

Domain 3: analysis and findings

Data analysis

24. Number of data coders	How many data coders coded the data?	Page 7 line 169
25. Description of the coding tree	Did authors provide a description of the coding tree?	Page 8 line 193
26. Derivation of themes	Were themes identified in advance or derived from the data?	Page 8 line 193
27. Software	What software, if applicable, was used to manage the data?	Page 8 line 181
28. Participant checking	Did participants provide feedback on the findings?	No

Reporting

29. Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	From page 9 line 212
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
31. Clarity of major themes	Were major themes clearly presented in the findings?	Yes
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes