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How the Bachelor of Social Work (BSW) Prepares One for Working in a Residential Youth Care Setting: A Thematic Analysis of Youth workers' Experiences in the Netherlands

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ABSTRACT

The aim of this study is to gain insight into the experiences of social work practitioners', on how a social work bachelor's degree program prepares them for working in residential youth care settings. Semi-structured interviews were conducted to explore experiences of social workers. The interviews were thematically analyzed and three themes were identified: *theoretical knowledge, practical skills and work setting*. Participants reported that the theoretical knowledge they gained during their education was very valuable, but that the relevance of this knowledge depended on the specific work setting. Participants further wished they had received more practical training during their education, especially regarding dealing with severe problem behavior like aggression. Concerning the work setting, participants often felt insufficiently informed on and ill-prepared for understaffing, high turnover rates, the extensive list of tasks, and irregular working hours. Finally, findings imply a need to enrich the curriculum using role-playing and addressing gaps between education and the specific work setting by offering continued education after graduation in a flexible and modular way. Adjustments to the BSW curriculum may help social workers to be better prepared for the demanding workplace and thereby contributes to better outcomes of residential youth care.

Introduction

Child and family social workers (further: social workers) need a variety of skills to meet the educational, social, physical, emotional and cultural needs of children and their families. This includes generic skills, but also specific skills

that depend on the context in which the social workers carry out their profession.

Residential care for youth includes both care, such as basic care-taking tasks and pedagogical child-rearing tasks, and cure elements, such as creating a therapeutic milieu and developing and monitoring individual treatment plans (Harder, 2018). Children and adolescents in residential care have a need for relationship continuity over longer periods, to develop trust and confidence in reliable adult care persons (Harder et al., 2013). Social workers interact with children on a daily basis, so they are important in the provision of basic care and in providing a positive pedagogical climate (Levrouw et al., 2020), often described as professional or therapeutic parenting (Bastiaanssen et al., 2014; Leipoldt et al., 2019).

The challenges of working in the residential youth care setting lead to high turnover rates among professionals (Colton & Roberts, 2006; James et al., 2022; Leon et al., 2008; Seti, 2008). This has a negative impact on the well-being of children and adolescents in those institutions, and also on the professionals. Frequent changes in social workers might hinder relationship-building (Shaw, 2012), which decreases the likelihood of achieving positive outcomes in psychosocial care for youths.

Previous research has shown that younger workers are more likely to leave (Barak et al., 2006; International Labour Office (2022). Subsequently, younger social workers are more likely to experience more adverse employee psycho-social outcomes (Boyas et al., 2012). Younger social workers may, unlike their older counterparts, be at greater risk for negative psychological outcomes, such as job stress, because they may not (yet) have the skills and experiences to manage their stress levels adequately. These adverse psychosocial work outcomes contribute to high levels of intention to leave the sector that ultimately result in voluntary turnover (Boyas et al., 2015).

Worldwide there is a trend in moving care for children and adolescents from institutional to family- based alternatives (Goldman et al., 2020). Because it is estimated that still between 5 and 6 million children and adolescents worldwide live in institutions (Desmond et al., 2020) it is important to keep investing in skills and knowledge of social workers to achieve positive child outcomes. To contribute to better outcomes of residential youth care and better sustainability of work in this setting in the long-term, the aim of this study was to gain insight into the experiences of social workers on how a social work bachelor's degree program prepares them for working in residential youth care settings.

Method

Study Design

Semi-structured interviews were conducted to explore the experiences of social workers on how social work education prepares them for working in

a residential youth care setting. Data was collected through semi-structured interviews by trained interviewers and thematically analyzed. The methods are reported according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist, this is a checklist that covers necessary components of the study design which should be reported (Tong et al., 2007).

Context/Setting

Social workers, among others, provide specialized care to vulnerable children and young people placed in residential care. In the Netherlands, residential care is used as long as necessary but as short as possible (Van den Tillaart et al., 2018). Government policy dictates that ambulatory care in the home of the child should be considered first and, if not feasible, day treatment or family foster care should be considered. If all these options are not viable or depleted, residential care can be an option (López et al., 2019). Children and adolescents are placed in residential care on a voluntary or forced basis (Lange et al., 2017).

The necessary competencies and knowledge base for all social workers were described in 2021 in a national guideline for all social work education institutes in the Netherlands (National Training Document Social Work, 2022). The program endorses the international definition of social work of IFSW (2014): "Social Work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work."

To be entitled to work as a social worker in the Netherlands, students have to pass a formal education and practice-based learning, which usually comprises four years in total (European Qualification Framework (EQF) level 6). The first year consists of theoretical courses, group assignments and social and communication skills. The second year is structured in the same way, only the courses are tailored to a major the student has chosen (e.g. community care, health care or youth care). The third year consists of an internship, and in the fourth year, the student conducts a research and follows a minor (e.g. positive psychology, mild intellectual disability or rehabilitation). After finishing the bachelor of social work, students can follow a part-time master of social work in 2 years (EQF level 7). However, most students start working after their bachelor's, at EQF level 6.

Participants

The research team recruited participants via all three schools for higher vocational education located in the Northern part of the Netherlands. We used a purposive sampling strategy (Gentles et al., 2015) and included social

workers who graduated within three years of the start of this study and who were working in a residential youth care setting in one of the three Northern provinces of the Netherlands.

First, students who did their internship at a residential youth organization were approached by phone or e-mail on whether they were working in a residential youth organization and if so, they could be interviewed. Most participants (10 out of 15) were recruited via this route. Second, we approached former students via a Facebook page for graduated social workers to also include social workers who had not completed their internship at a residential youth organization. This recruitment route led to the inclusion of five additional social workers.

The first author informed the participants about the aim of the study, which was to gather perspectives of recently graduated social workers on how the social work bachelor's degree program prepares them for working in residential youth care settings. The participants further received an explanation of the personal goals of the interviewers and what would be done with the results. The graduated students used the information of the interviews for their bachelor thesis, and the first author used the information for her dissertation. In addition, the confidential nature of participation in the study was emphasized. Interested social workers were given an information letter and an informed consent form.

To thank participants for their time, they received a gift token of €10. The study design was assessed by the local medical ethical committee and approved without the need for full assessment [decision number: 2019.163]. We did not ask participants for feedback on the results (e.g. member checks) due to our concern about imposing on the social workers' busy work lives.

Topic List, Interview and Procedure

We interviewed all participants once using a topic list. The topic list was developed by the first author (VV), based on a literature review about residential youth care, job stress in general, and job stress among child and youth social workers. The reviewed literature indicated that job stress can be classified in two general categories (job demands and job resources) (Bakker & Demerouti, 2007), that turn-over rates are especially high for youth social workers (Barak et al., 2006), and that children and adolescents in residential settings have a need for relationship continuity over longer periods (Harder et al., 2013). These concepts were used as theoretical ideas providing a context and direction for the study, leading to the following interview topics: current work position, first experiences at work, obstacles/challenges, job demands, job resources, future plans and hints for improvement (see Appendix A). All topics were explained with sets of key questions to be used in a semi-structured interview format to collect information and to guide the conversation between

the interviewer and the participant. The first three interviews made clear that workload was an important additional topic for the participants. This topic was therefore added to the interview guide.

The interviews took place between April and July 2019 and were conducted one-on-one in private spaces (e.g. in the social workers' homes, the research office, or in an office at the residential youth care organization) depending on the social workers' preference. All interviews (lasting between 24 and 71 minutes) were audiotaped and each participant completed an informed consent form and filled in an additional series of open-ended questions about background characteristics (Appendix B).

Participants were interviewed face to face by the first author (VV) or by two female undergraduate students who were trained by the first (VV) and fourth author (MA, a senior qualitative researcher), also female. The training for the undergraduate students regarded the setting of the interview context and interviewing techniques. Furthermore, after the first interview the students received feedback from the first author including an evaluation of the open and follow-up questions was evaluated. All three interviewers transcribed their own first interview to gain insight into their interview techniques and improve these if needed. One senior researcher (MA) reviewed these transcriptions of the first interview and provided extensive feedback to the interviewers to monitor and minimize interviewer drift. There was no relationship between the interviewers and the participants except for one interview in which the sister-in-law of one of the undergraduate interviewers had worked at the same residential institution as the participant. However, the interview was conducted by two undergraduate interviewers, thereby minimizing potential bias.

Analysis and Reporting

Analyses were completed using the Atlas.ti software (version 8.3). Participants' responses to open-ended questions as well as any spontaneous speech about their experiences of how the bachelor of social work prepared them for working in a residential youth care setting, were coded using the thematic analysis approach described by Braun and Clarke (2006). This approach includes the following steps: familiarization with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; producing the report (Braun & Clarke, 2006).

In the first step of the analysis, the first author (VV) transcribed three interviews, and after that, the first author (VV) and a senior researcher (MA) familiarized themselves with the data by independently reading three interview transcripts. Next, initial coding and development of a set of meaningful data units (step 2) was completed by VV and MA. All transcripts were coded by VV and were reviewed at least two times during this initial stage of analysis. The analytic approach was inductive, meaning that

the process of coding began without an explicit preexisting structure or framework from which themes were drawn. A consensus approach (between VV and MA) was used to identify and elaborate on codes for setting up a codebook. These codes were used for structuring the coding process and were not intended to reflect meaningful patterns in the data with respect to the research question. After coding all interviews, VV identified and discussed overarching themes (step 3). These overarching themes were reviewed by VV and MA (step 4) and defined as the final themes. In the report, we selected quotations that illustrated these final themes (step 5).

Results

The study sample consisted of 15 social workers aged 24 to 31 years, among which there were 3 males and 12 females. The period in which the participants were employed in their current organization varied from 2 months to 4 years, and 6 of the 15 participants already worked in residential youth care before their graduation. Data saturation (Guest et al., 2006) was reached after 13 interviews, however, because we had only one male participant, we included an additional two. These interviews did not lead to new perspectives or explanations, so we stopped data collection after 15 interviews.

Three themes were identified regarding experiences of social workers on how social work education prepared them for working in a residential youth care setting: theoretical knowledge, practical skills and work setting (see Appendix C). During the interviews, participants also gave a number of suggestions on how to improve the connection between education and practice; these are discussed in the final section.

Theoretical Knowledge

Participants reported that the theoretical knowledge they had gained during their education was very valuable, although not all information was relevant for the specific work setting where they eventually ended up. Theoretical courses about the specific target group with which they were currently working proved to be relevant; participants valued, for example, courses on psychiatric disorders, mild intellectual disabilities, and addiction. Other relevant courses that were mentioned were: communication skills, law and legislation, courses focusing on the content and methods of care (e.g. Signs of Safety (Turnell & Edwards, 1999)), and courses on learning skills related to peer consultation such as supervision and intervision. Participants further found presentations of guest speakers (professionals or (former) clients) about their experiences in the residential care setting in which they worked or stayed to be helpful in getting a good picture of a residential youth care setting.

Participants named several courses that they wished they had followed. Some participants highly valued specific courses, while others reported they missed those courses; this depended on the major and minor they had followed. For example, during the interviews, it emerged that one participant found the courses about mild intellectual disabilities very useful while another participant missed information about this specific target group. Other courses that participants reported that they missed due to the major/minor they chose regarded communicating with parents, addiction, human trafficking and clients of different cultural backgrounds.

Participants further reported they missed a course about the provision of medication for children and adolescents in the curriculum. This sometimes caused difficulties in the workplace. For example, one participant shared a case in which she thought that it would not be problematic if the adolescent did not take medication for one time, however, it did cause difficulties. This upset the participant and reminded her of how little she knew about the effect of the medication she provided.

> "[.] but I have no idea what I'm giving them. I forgot to give someone his medication once. I thought, oh, he probably won't trash the place if he skips his medication this once. Well, it turns out he actually did." (participant 14)

Practical Skills

Previous work or internship experience in (youth) residential settings were mentioned as big advantages when participants started working. Participants furthermore highly valued seminars of professionals who worked (or still work) in practice and who made a good link between theory and practice.

> "[. . .] I think all the things I saw and went through at the last place I worked taught me I can really handle more than I ever realized". (participant 15)

> "Still, when you're fresh out of high school, that transition can be really rough. That definitely applies to our interns." (participant 10)

Participants wished they had received more practical training during their education. They mentioned, for instance, that they had theoretical knowledge about aggression, auto mutilation or suicide attempts, but when confronted with this behavior in the work setting, they felt insufficiently prepared both physically and emotionally. Regarding physical aggression, one participant described the following.

> "But what are you supposed to do if one of the kids comes at you threateningly? Do you just stand there? Do you take on a defensive posture and deescalate, do you try to set boundaries? These are the kinds of things you can actively practice at school." (participant 5)

Regarding emotional preparedness, several participants described situations in which they were overwhelmed by the situation. One participant described the practice cases as "basic, bread-and-butter problems," but when started working she was confronted with such severe and complex problems she could never have imagined.

> "The crisis group was the first time I experienced a lot of serious aggression. Like I said, it really got to me. The first time I was involved in an incident was really... well, I was basically totally overwhelmed by it all." (participant 8)

Finally, another difficulty for participants in which they felt insufficiently trained regarded group dynamics. Participants reported struggling with the negative group dynamics, although one participant also mentioned that it can work out well when the group dynamic is positive. Participants did receive theoretical courses about group dynamics, but they missed courses in which they learned to practically manage a group.

Work Setting

Factors in the work setting that caused high workload repeatedly emerged as a third major theme in the interviews. Participants often felt insufficiently informed and ill-prepared on understaffing, high turnover rates, the extensive list of tasks and irregular working hours. This made the work in a residential youth care setting harder according to the participants.

> *"The high workloads are mainly due to under-staffing, and high staff turnover." (participant 14)*

> "We have nine girls in the group, and you basically have to do everything for them. You spend a lot of time on everyday things like school, but there's also sports, therapy, dropping them off and picking them up, dentist's appointments, doctor's appointments, going to the pharmacy, shopping... It's just a lot of stuff, and you also have to find time somehow to finish your own tasks and write or evaluate your treatment plan in between it all. You also have weekly meetings with the girl you're supervising and interactions with the parents. You really need to get a lot done in the limited time you have, so you need to find some sort of balance for yourself." (participant 12)

Participants who reported that they would like to do other work in the future reported, as the main reason, that they perceived the work as too heavy in combination with family life at home. This argument was mainly (but not only) given by the female participants.

> "I told them, there's no way I could ever work with this target group if I would have kids of my own at some point. [...] I work ridiculous hours sometimes, and there are evening shifts and irregular hours and weekend shifts. I'm also on call sometimes. I couldn't deal with that kind of stuff if I decided to have a normal life with a family and everything. (participant 3)

Participants mentioned it to be valuable to have had the possibility to establish a good and trustful bond with the client. However, participants reported that they experience insufficient time to build a bond with all individual clients in the work-setting. Likewise, high turnover rates, the deployment of temporary workers and extensive list of tasks hinder establishing good therapeutic relationships, which in turn also increases the workload.

> "You Want to Give the Girls More Attention Than You Can, Which Really Adds to Your Stress Levels. (Participant 11)

The theme "work setting" seems to be interrelated with the theme "practical skills" as described above, as shown by the quote below. The participant describes the needed practical skills to continuously monitor the group dynamics and, on top of that, the problems with understaffing causing high workload.

> "You're basically always on high alert here. The kids have lots of different problems and issues, so you need to have eyes in the back of your head and be vigilant all the time. You're constantly observing their interactions. You need to keep an eye on that, but you're also dealing with all sorts of treatment processes. [.] There's not enough staff, so we have less and less time to relax. It's kind of like this huge freight train that just keeps on running, you really feel the pressure." (participant 5)

> "We have nine girls in the group, and you basically have to do everything for them. You spend a lot of time on everyday things like school, but there's also sports, therapy, dropping them off and picking them up, dentist's appointments, doctor's appointments, going to the pharmacy, shopping... It's just a lot of stuff, and you also have to find time somehow to finish your own tasks and write or evaluate your treatment plan in between it all. You also have weekly meetings with the girl you're supervising and interactions with the parents. You really need to get a lot done in the limited time you have, so you need to find some sort of balance for yourself." (participant 12)

Suggestions of Participants to Improve the Connection Between Education and Practice

During the interviews, participants gave suggestions on how to improve the connection between the bachelor of social work and working in a residential youth care setting. In order to better align education with practice (the theory – practice gap), more internships could be offered during the training. Also, internships in different settings were recommended so that students can experience which target group suits them best. This would allow them to make a more considered choice for their major and minor. Furthermore, participants wished they had learned more practical skills, especially with regard to tackling more severe problem behaviors such as aggression. Participants stipulated that this topic could be addressed by including more role-playing with actors in education. Moreover, it is not only about the

practical skills, but also about experiencing how it feels to be in an aggressive incident and how this affects them. Role-playing during education could be helpful to better prepare students for these difficult situations.

> "Still, sometimes someone just starts shouting and cursing at you. It would be great if you could have that experience during your training: how does that make you feel?" (participant 2)

Discussion

This study offers insight in how social work bachelor's education in the Netherlands prepares students for working in a residential youth care setting according to recently graduated social workers. We found three overarching themes that summarize their experiences and views: *theoretical knowledge, practical skills and work setting.* Participants reported that the theoretical knowledge they gained during their education is very valuable, although the relevance of this knowledge depends on the specific work setting. Participants further wished they had obtained more practical skills during their education, especially regarding severe problem behavior (e.g. aggression). With regard to the work setting, participants often felt insufficiently informed and ill-prepared on understaffing, high turnover rates, extensive list of tasks and irregular working hours.

Theoretical knowledge about the specific target group with whom the participants work was considered to be very valuable. However, some participants found these courses valuable while others missed those courses in their curriculum, depending on the minor/major they had chosen. This suggests a misfit between the generic and specific knowledge depending on the setting and client group. Because of the highly heterogeneous groups that social workers may encounter, it might be unrealistic for students to take all courses during their education and some (specific) training can be done "on the job" (see, e.g. Healy & Meagher, 2007). In Sweden, for instance, social worker are trained to become generalists (Tham & Lynch, 2019). This implies that new practitioners will have the opportunity to receive further training and guidance at the workplace where more specific skills and knowledge can be acquired.

Participants wished that they would have obtained more practical skills by more practical training courses, for example through role-playing or more internships. This finding is in line with previous research in other countries, where students and alumni characterize their internships as most significant in preparing them for their future practical roles in social work (Bogo, 2015; Cleak et al., 2015). The request for more internships is quite surprising considering that social work education in the Netherlands comprise, similar to other European countries, a relatively large amount of time

on internships in the curriculum; over 1300 hours, while in the USA, the minimum is only 400 hours (Shardlow et al., 2012). Participants' perception of a lack of internships may be due to not all participants having had an internship in a residential youth care setting. Furthermore, participants especially felt insufficiently prepared when confronted with severe behavioral problems such as aggression. During the bachelor, they practiced role-playing, but this mostly concerned role-playing with fellow classmates who played a client with "mild" problems, and not with severe behavioral problems.

Participants often felt insufficiently informed and ill-prepared on work setting-related issues such as understaffing, high turnover rates, the extensive list of tasks and irregular working hours. This is in line with the extensive research published on this topic (see e.g. Colton and Roberts, 2007; or the review of Seti, 2008). Mirabito (2012), for instance, stated that to effectively prepare students for the changing and increasingly demanding workplace, it is important to teach students how to develop "organizational skills"; students should be able to function in a fast-paced and resource-scarce environment. In our study, we found that participants struggle with such an organizational environment. Participants further described that the many changes among the social workers and the use of temporary workers hindered the bonding of children and adolescents. This may hinder them in realizing and maintaining a positive pedagogical climate (Leipoldt et al., 2019; Levrouw et al., 2020) and may therefore pose barriers to achieving positive outcomes in care for youth. Evidently, coping with the work setting deserves more attention in the BSW curriculum.

Strengths and Limitations

This study has considerable strengths. First, we used a topic list that builds on and extends findings from earlier studies (e.g. Chenail et al., 2010). Second, we minimized potential issues with recall by including only participants who had recently completed their social work training. A third strength is our use of the COREQ- checklist (Tong et al., 2007) in the design and execution of the study (see Appendix D), which promotes explicit and comprehensive reporting of interviews (Booth et al., 2014).

Our study also has a limitation, i.e. that it regarded three schools of social work in the Northern Netherlands. Our findings may therefore not be applicable to countries with different educational preparation. However, based on our literature search, it seems that our results are in line with some international developments in the Social Work profession. For instance, a high workload (e.g. Boyas et al., 2012), the need for practical training (e.g. Bogo, 2015), and the balance between generalist or specialist training (e.g. Tham & Lynch, 2019).

Implications

Our finding of some potential mismatch between the theoretical courses offered and the client group encountered in practice, may imply a need for continued education on the job during the first period of working life. A solution may be to provide the education in a more flexible and modular way, which is a general development in contemporary education (Benade & Jackson, 2018). This enables professionals to better combine education with work and personal circumstances. And it also meets the request from practice that education should respond more quickly to new developments.

Participants in our study indicated to have received insufficient practical training in coping with severe behavioral problems such as aggression. This could be solved by either specific internships with clients with severe problems or additional practice with role-playing. In practice, the first option is limited, because there might be not enough internships in the Netherlands for all students. The second option, adding role-playing courses to the curriculum in which students can practice coping with these behaviors, seems promising and could make them feel better prepared for working in a residential youth care setting.

A solution for the insufficient practical training may also be to adapt the way of practical training. In social work education, therapeutic skills are often practiced with fellow classmates in the form of role-playing (Osborne et al., 2016). The use of simulated clients (actors) in role-playing may increase students' confidence and self-perceived ability to assess and change clients' behaviors regarding substance abuse (Osborne et al., 2016). Role playing with actors could therefore be of added value for students to practice how to deal with problematic behaviors such as severe aggression.

Participants were insufficiently trained in coping with the demanding work setting, showing that they should receive more training in how to develop "organizational skills". For students to be able to function in a demanding and resource-scarce environment, it would be valuable to adopt courses on analyzing and negotiating difficult organizational environments in the curriculum (Mirabito, 2012). Another solution might be to offer supervision in the workplace that also focuses on developing organizational and workload management skills (besides the more traditional role of monitoring and accountability supervision) (Clark et al., 2008, 2013). Furthermore, it should be acknowledged that education is not a universal panacea and cannot compensate for circumstances of inadequate staffing, resources and support (Basarab-Horwath et al., 1999).

Finally, future research might build upon this research by examining whether adjustments in the curriculum (e.g. role-playing with actors) actually have a positive effect on the social workers' readiness for residential youth care practice. These adjustments may produce positive

outcomes on the skills of professionals but trainee programs do not always achieve the desired outcomes for all trainees (Eenshuistra et al., 2019). Therefore large-scale studies, to gather more information on the specific elements of training in terms of their effects on professional skills and the extent to which these effects are universal among participants are necessary.

Conclusion

Recently graduated social workers working in residential youth care experience difficulties in dealing with severe problem behavior, high turnover rates, extensive lists of tasks and irregular working hours. Adjustments to the Social Work curriculum (e.g. more practical training and more focus on organizational skills), and offering continued education after graduation in a flexible and modular way may help social workers to be better prepared for the demanding workplace and thereby contributes to better outcomes of residential youth care.

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Data Availability Statement

Data available on request due to privacy/ethical restrictions.

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Appendices

Appendix A. Topic list in-depth interviews

Interview theme's and questions

Current work
- Can you tell us something about your current job?
- Can you tell us something about the psychosocial problems of the children and adolescents?

Connection from study to work
- Can you tell us something about how the study program aligned with your current work or not?

First experiences at work
- Can you tell us something about how you experienced your first working period?

Obstacles
- What challenges did you encounter in practice, just after graduation?

Job stress/workload
- How is the job stress of you and your co-workers?

Future
- What are your plans for the future, regarding your work?
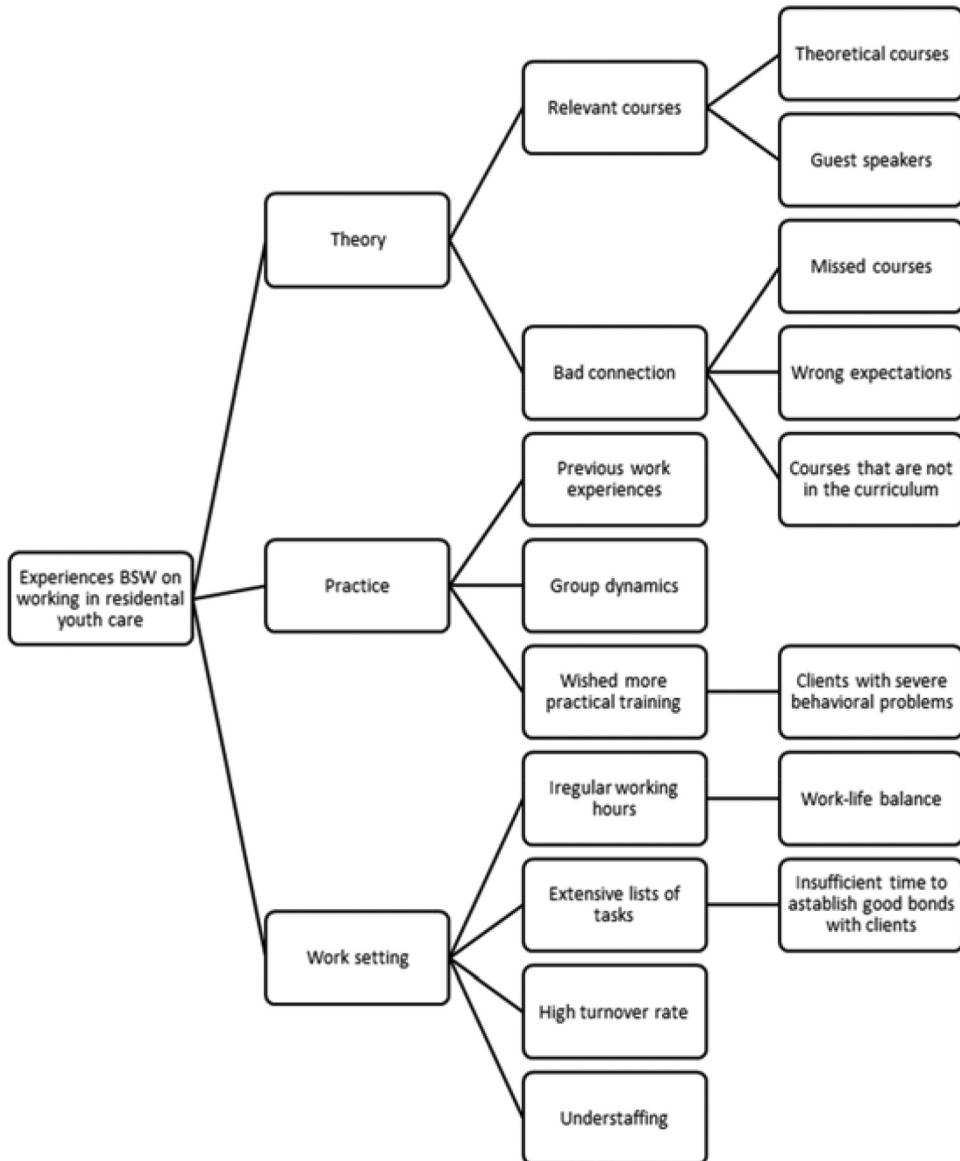
Tips for improvement
- What could the university do to improve the connection between its education and the practical work in a residential youth care setting?

Appendix B. Open-ended questions about the participants' characteristics

Participant characteristics

- Age
- Gender
- Graduation date
- Age
- Major
- Number of hours per week employed

Appendix C. Coding-tree

Appendix D. Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:

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*. 2007. Volume 19, Number 6: pp. 349 – 357

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	9
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	1, 9
3. Occupation	What was their occupation at the time of the study?	1, 9
4. Gender	Was the researcher male or female?	9
5. Experience and training	What experience or training did the researcher have?	9
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	9
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	7, 8
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	7,8
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	9
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	1, 7
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, e-mail	7
12. Sample size	How many participants were in the study?	7, 11
13. Non-participation	How many people refused to participate or dropped out? Reasons?	7
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	8
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	9
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	11
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Appendix A, 8
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	8
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	8

(*Continued*)

(Continued).

No. Item	Guide questions/description	Reported on Page #
20. Field notes	Were field notes made during and/or after the interview or focus group?	7
21. Duration	What was the duration of the interviews or focus group?	8
22. Data saturation	Was data saturation discussed?	11
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	8
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	9, 10
25. Description of the coding tree	Did authors provide a description of the coding tree?	Appendix C
26. Derivation of themes	Were themes identified in advance or derived from the data?	9
27. Software	What software, if applicable, was used to manage the data?	9
28. Participant checking	Did participants provide feedback on the findings?	7,8
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	12, 13, 14, 15, 16
30. Data and findings consistent	Was there consistency between the data presented and the findings?	17, 18
31. Clarity of major themes	Were major themes clearly presented in the findings?	11
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	12, 13, 14, 15, 16, Appendix C