

Supplementary Table S2: Critical appraisal of included studies using CASP assessment tool

(Table S2 should be read in conjunction with Table S1 Data Extraction Summary)

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
Abdullah AS, Hua F, Xia X, et al. Second-hand smoke exposure and household smoking bans in Chinese families: a qualitative study. Health & Social Care in the Community 2012;20:356-364.	Aims in the form of research questions clearly stated and qualitative methods appropriate to explore what might motivate smokers to adopt a smoke-free home policy.	Research design was not explicitly justified.	Convenience sample, recruited via community health workers, of 31 primary caregivers accessing one urban community health centre. Authors suggests that including both smoking and non-smoking participants generated 'balanced information'.	Focus groups (4 with 21 participants) and individual interviews (10) with primary caregivers. Focus groups took place a private room in the community health centre. A discussion guide was used for focus groups and a semi-structured guide for interviews. Audio recordings were made of interviews which were transcribed. Notes were made from focus groups but it is less clear how these data were handled. Data saturation was not discussed.	Data were collected in Mandarin but there is no discussion of what the implications of this were. The two interviewers were female but there is no discussion of what the implications are of this for the focus groups which were almost exclusively male, given the patriarchal values relegating the social status of women in China discussed in the paper. Potential recruitment/selection bias is discussed in terms of participants who were not approached or were unable to participate but no discussion of this as a relatively advantaged sample, with relatively high levels of education and what this might potentially mean in terms of other populations within China.	Ethical approval stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data were analysed thematically. Two members of the research team coded each interview transcript independently and resolved discrepancies through consensus. Notes from interviews and focus groups were taken into account in identifying themes. Sufficient data were presented to support claims. There is some discussion of contradictory findings.	Findings were clearly described. Findings were discussed in the context of other published studies. There was no respondent validation. Findings were presented in a structure reflecting the main research questions of the study, although many of the findings were presented in terms of frequency of responses.	Considered the value of the study, and described findings in the light of current practice and policy. Identified further research and questioned the generalisability of the findings.
Bottorff JL, Johnson JL, Carey J, et al. A family affair: Aboriginal women's efforts to limit second-hand smoke exposure at home. Canadian	Aims were clearly stated and the importance articulated. Qualitative methodology appropriate to explore participants' perceptions of what influences home smoking environments	Research design was not explicitly justified.	70 participants (women who were pregnant and/or caring for young children, key informants in the community, and women with no primary caregiving responsibilities) were	Focus groups (26) and semi-structured interviews (41). No justification of why these data collection methods were chosen or where focus groups and interviews took place. An interview guide was used. Data saturation was not discussed.	Most interviews were conducted by a researcher who grew up in the area and was a 'band member' although this was not explained or its significance discussed. There was no discussion of the possible influence of participants knowing each other well or of unequal power relationships within the groups due to the small size of the communities.	Lacking details on how the research was explained to participants, how researchers dealt with issues raised by the study (informed consent / confidentiality). Ethics approval not stated.	An inductive approach was used. Interviews and focus groups were transcribed but it is not specified from what i.e. recordings or field notes etc. Researchers read transcribed data and highlighted key phrases to identify coding categories. Coding	Findings were clearly presented and shared with individuals and groups in the community during the project to validate and refine interpretations. Findings are discussed in the context of the original aims of the study.	Considered the value of the study, and described findings in the light of current practice and policy. Considered the generalisability of the findings but did not suggest future research.

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Journal of Public Health 2010;101:32-35.	and what efforts are made to minimize secondhand smoke exposure in the home.		recruited using local media, presentations to community groups and through snowballing from 6 reserve communities. No description of how sampling was undertaken or about selection of those who volunteered.				was supported using NVivo and retrieved for detailed analysis. Sufficient data were presented to support findings but did not provide contradictory data.		
Coxhead L, Rhodes T. Accounting for risk and responsibility associated with smoking among mothers of children with respiratory illness. Sociol Health Illn 2006;28:98-121.	Aim clearly stated, importance and relevance articulated and justified. Qualitative methods appropriate to explore the accounts of mothers who smoke and whose young child was recently admitted to hospital with respiratory illness.	Brief evidence review of the rationale for qualitative interviews provided, in particular, qualitative depth interviews; however, no explicit justification the choice of method.	9 smoking mothers of children 3 and under who had been admitted to hospital for a respiratory illness and were living in the most deprived electoral wards. Participants were recruited via letter from consultant pediatricians or via purposive snowballing. Specifically targeted participants who had a child recently admitted with respiratory illness to maximise the likelihood of participants having	Loosely-structured and exploratory qualitative interviews (9) conducted in participants' own homes. Choice of data collection methods implicitly justified. Brief topic guide used. Interviews were audio recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions, data collection and analysis was not discussed.	Ethical approval stated. Informed and written consent was obtained from all participants, but no specific details on how the study was explained to the participants. Interviews were transcribed by the lead author verbatim, with any personally identifying information removed to preserve anonymity and confidentiality.	Exact method used for the analysis is not specified. Data were first open coded using an inductive coding method to label discrete concepts emerging. These were organised into emerging categories, and through constant comparison of data with concepts, core categories were developed which had a higher level of abstraction. Memos were used to record analytical ideas as the data were coded and analysed. As transcripts were read and reread, codes and categories were continually refined. Did not provide a description of how the data presented was selected	Findings were explicitly presented and discussed with relation to the original research question. Did not discuss credibility of findings.	Considered the value of the study and attempted to identify further research. Did not address the generalizability of the findings other than to say that it is not be unlikely for mothers who smoke to reflect upon risks of secondhand smoke as well as to construct their accounts similarly.

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			reflected upon the dangers of passive smoking and having received risk management advice.				although sufficient data were presented to support the findings. Contradictory data were presented and taken into account. Did not consider researcher bias on analysis or selection of data.		
Escoffery C, Kegler MC, Butler S. Formative research on creating smoke-free homes in rural communities. Health Education Research 2009;24:76-86.	Aims and intended outcomes were clearly stated. A qualitative methodology is appropriate as the research seeks to illuminate participants' opinions about what might convince them to adopt stricter smoking bans in their homes and their subjective experiences of upholding smoking bans.	Research design was not explicitly justified.	102 households (rural, parent of an adolescents aged 10-14, African-American or white) recruitment via newspaper ads, fliers distributed at schools, word-of-mouth and fliers posted around the local community. No explicit justification for why these particular groups were targeted, although there was discussion of a sampling frame to ensure a range of ban status and smoking status of households were captured. No description of how sampling was undertaken	Interviews were conducted in participants' homes. Unclear if group interviews were undertaken or individual interviews with several household members in the 50 households where all adult residents were interviewed. No justification of why this data collection method. A topic guide was used. Interviews were recorded and transcribed verbatim. Data saturation was not discussed.	Potential bias in the formulation of questions, data collection and analysis was not discussed.	Ethical approval stated. Signed informed consent was obtained from all participants. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study, including confidentiality. Participants received \$35 for participating but this was not further explained or discussed.	Exact method used for the analysis is not specified. Two coders coded transcripts independently and compared coding, resolving discrepancies through a consensus process. The development of matrices facilitated the analysis of themes. The coded data were entered in the QRS N6 (NUDIST) software for analysis. Did not provide a description of how the data presented was selected although sufficient data were presented to support the findings. Contradictory findings were presented. Did not consider researcher bias on analysis or selection of data.	Findings were explicit and were discussed within the context of other research, and in relation to the aims of the study. Did not explicitly discuss credibility of findings but two researcher's independently coded transcripts.	Considered the value of the study, identified further research and questioned the generalisability of the findings to other populations.

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			following identification, but some discussion of potential bias given participants volunteered.						
Gould GS, Munn J, Avuri S, et al. "Nobody smokes in the house if there's a new baby in it": Aboriginal perspectives on tobacco smoking in pregnancy and in the household in regional NSW Australia. Women and Birth 2013;26:246-253.	The aim and purpose of the study was clearly stated and its relevance and importance articulated. A qualitative methodology is appropriate for exploring participants' attitudes and experiences related to smoking in pregnancy and household smoking.	The data collection method (focus groups) was justified as a way of understanding community perspectives and dialogue.	18 participants (clients (Aboriginal women or female partners of Aboriginal men) and family members) were invited to the study by staff members from one local Aboriginal Maternal and Infant Health Service. No description of how participants were identified or how sampling was undertaken following identification; however, the importance of family and partners to smoking was used to guide sampling.	Focus groups (5) were conducted and were held at a private children's play area chosen by the clients and at the service premises. Justification for the use of focus groups was provided. A non-Indigenous female researcher and an Aboriginal project officer moderated the groups. Two midwives from the service provided additional support at the focus group sessions. A topic guide and felt storyboards were used. Discussions were audio-recorded and transcribed. Data (thematic) saturation was reached after 3 focus groups.	The researchers discuss their role and potential bias particularly in data collection and analysis. The study was overseen by a steering committee including Aboriginal stakeholders. During data collection cultural safety was enhanced by the presence of a female Aboriginal project officer, and the groups were moderated by a non-Indigenous female researcher and the Aboriginal project officer. Two non-Indigenous researchers coded the data, using self-reflection during the analysis and discussing observations together. Study results were presented to the steering committee and feedback invited. A maternal subcommittee, including Aboriginal members and midwives, assisted in the study design, interview guide, and recruitment process and gave feedback on the analysis and report.	Ethical approval was stated. Participants gave written consent and were encouraged to talk freely around the topic areas. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study, including confidentiality.	An inductive approach to analysis was adopted, using a constant comparative approach, where two researchers independently open coded transcripts, comparing and contrasting codes across groups, forming axial codes, and then with consensus collapsing the codes. Four researchers met to collaboratively review the analysis and used a 'scissor and sort' technique to develop the final categories or themes. Themes were renamed as the manuscript progressed towards completion, with the approval of authors. The authors took a woman-centred approach and ensured that Aboriginal voices and experiences were prioritised over conceptual frameworks to avoid 'other-ing'. Did not	The findings were explicit. There was a discussion of the credibility and validity of the research through researcher triangulation and consensus and the central role that Aboriginal advisors played in the study design and execution. Findings were discussed in relation to the goal of the study.	Considered the value of the study, and described findings in the light of current practice and policy. Considered the generalisability of the findings and made suggestions for future research.

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							provide a description of how the data presented were selected although sufficient data were presented to support the findings. Contradictory data were presented and taken into account. Carefully considered researcher bias.		
Herbert RJ, Gagnon AJ, Rennick JE, et al. 'Do It for the Kids': Barriers and Facilitators to Smoke-Free Homes and Vehicles. Pediatric Nursing 2011;37:23-29.	Aims of the study clearly stated. Qualitative methodology is appropriate for exploring parents' perceptions of barriers and exploring facilitators to parents use to manage the barriers.	Research design was not explicitly justified.	36 participants (parents of young children from households containing an indoor smoker) were recruited in 5 public health nursing offices, 5 family resource centers, and 8 child daycare centers and kindergartens located across one province. No description of how sampling was undertaken or about selection of those who volunteered.	Semi-structured interviews (36) conducted in participants' own homes. No justification of why this data collection method. Interviews were conducted by a number of different research assistants. A topic guide was used. Interviews were not audio recorded, instead interviewers took notes and these were transcribed - but little information about this process provided. Data saturation was not discussed.	Potential bias in the formulation of questions and analysis was not discussed. Awareness of potential bias in data collection and so the principal investigator checked for consistency of interviewing techniques and adherence to the interview schedule throughout the data collection phase.	Ethical approval stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data was analysed using an inductive thematic approach. Two researchers completed all initial coding and reached consensus through discussion. Themes were located within an 'ecological model of health promotion' which conceptualises health as the interplay between characteristics or aspects of the individual, processes or relationships between individuals, institutional factors, community factors, and public policy. Did not provide a description of how the data presented were selected although sufficient data were presented to support the findings. There is no discussion of	The findings were explicit. Findings were discussed in relation to the aims of the study. There is some discussion of the credibility and validity of the research - two analysts were involved in the initial coding of the data and recognised that the lack of audio recording of the interviews may have influence the quality of the data collection and the subsequent analysis.	Considered the value the study makes to existing knowledge, and findings were considered in light of paediatric nursing practice and implications for future interventions. There is some discussion of how findings of this study might be relevant for future studies.

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							contradictory findings and no critical examination of the researchers own role.		
Hill L, Farquharson, K., Borland, R. Blowing smoke: strategies smokers use to protect non-smokers from environmental tobacco smoke in the home. Health Promotion Journal of Australia 2003;14:196-201.	Aims of study clearly stated. Qualitative methodology is appropriate for exploring the strategies that apartment dwelling smokers employ and obstacles that they face when trying to protect non-smokers from tobacco exposure at home.	A qualitative approach was selected to enable participants to describe, in their own words, the strategies they use to limit SHS in their homes and to explore their perceived barriers to quitting smoking. The authors hoped that a qualitative method might elicit novel strategies for protecting non-smokers and for making homes smoke-free.	20 participants (smokers who lived in apartments and employed strategies to protect non-smokers from SHS) were recruited via flyers placed in five different locations e.g. child care centres. Potential participants called the researchers having seen the adverts. Specifically targeted apartment dwelling smokers as they are likely to face significant structural barriers to smoking outside. No description about selection of those who volunteered.	Semi-structured interviews (20). No description of who conducted the interviews or where they took place. No justification of why this data collection method. No formal description of topic guide but did include a very brief summary of general areas covered in the interview. Interviews were audio-recorded but no description of transcription, although implicit as used transcripts in the analysis. Data saturation was not discussed.	Potential bias in the formulation of questions, data collection and analysis was not discussed.	Ethical approval not stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data were analysed thematically but lacking details on the analysis process. Does not state who conducted the analysis or if multiple authors were involved. Themes reportedly based on research questions and so implies a deductive rather than inductive approach was used. Implicit that whole dataset was analysed but much of the data have been quantified and were presented in tables. Some of the themes were not supported by primary quotes and so it was not possible to make a judgement on the appropriateness of quote selection and illustration. Some contradictory statements were reported but in a quantitative format. No critical examination of the researchers own role.	The findings were explicit. Themes broadly linked with the original research questions but limited discussion of some. No discussion of the credibility of the research.	Considered the value of the study, and made some attempt to describe the findings in the light of the wider literature. Considered the generalisability of the findings and made suggestions for future research.

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Holdsworth C, Robinson JE. 'I've never ever let anyone hold the kids while they've got ciggies': moral tales of maternal smoking practices. <i>Sociology of Health & Illness</i> 2008;30:1086-1100.	The aim and purpose of the study was clearly stated and its relevance and importance articulated. A qualitative methodology is appropriate to explore how mothers recognise the risk of children's exposure to SHS and regulate their own smoking practices, as well as those of other family members and adult friends to reduce perceived risks of SHS.	The use of a Biographic Narrative Interpretive Method was justified by the authors as it is a technique that involves capturing an individual's own account of becoming and being a smoker, and enabled participants to contextualise their smoking by presenting other aspects of their lived life. This approach has the advantage of giving the participant the opportunity to construct their own account of their life, starting wherever they like without interruption from the interviewer.	17 participants (families who had at least one smoking parent and one child under five) were recruited via a local Sure Start Centre in a disadvantaged inner-city community. No description of how sampling was undertaken or about selection of those who volunteered.	Individual interviews (17) conducted face to face but unclear on where the interviews were conducted (implicit that in the home). No justification for this data collection method. Authors do not explicitly state that the interviews were audio-recorded and transcribed but refer to transcripts when describing the analysis. Interview data were supplemented with researcher's field notes and observations. Data saturation was not discussed.	Potential influence of the interviewer's status as a non-smoker and a mother of young children on the participants' responses was discussed. Further discussion on the influence of prevailing public discourses on the data.	Ethical approval not stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data were analysed thematically but lacking details on the analysis process. Does state that all transcripts were included in the analysis and that examples from mothers' own accounts were used to illustrate the main findings. Does not explicitly state who conducted the analysis or if multiple authors were involved. Sufficient data were presented to support the findings. Contradictory data were presented and taken into account. No critical examination of the researchers own role in the analysis (only data collection).	The findings were explicit and clearly discussed in relation to other research and the original research question. No discussion of the credibility of the research.	Considered the value of the study and the contribution of the research both in terms of other research and public health discourse and interventions. Considered the generalisability of the findings but did not make suggestions for future research.

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Jochelson T, Hua M, Rissel C. Knowledge, attitudes and behaviours of caregivers regarding children's exposure to environmental tobacco smoke among Arabic and Vietnamese-speaking communities in Sydney, Australia. <i>Ethnicity & Health</i> 2003;8:339-351.	The aim of the study was clearly stated. A qualitative methodology is appropriate to explore attitudes and current behaviours including understanding the cultural context in order to ensure culturally specific and sensitive communication strategies can be developed.	Research design was not explicitly justified. Data collection method was justified.	55 participants (smoking and non-smoking caregivers of children aged 0–6 years in Arabic and Vietnamese speaking communities) were recruited via advertising in ethnically specific radio, newspapers and flyers to clients attending antenatal clinics, community health centres and early childhood centres, through informal networks of health and welfare workers, inter-agency meetings and word of mouth. As participants were self-selected it would not be possible for the authors to know why some chose not to participate. However there is no description about the selection of	Focus groups (5) conducted face to face but unclear on the setting and where conducted. The use of focus groups was justified as it allowed for interaction between participants and development of issues as they arose in a 'fairly' relaxed atmosphere encouraging participants to express their views. A topic guide was used. The groups were facilitated by two experienced bilingual facilitators, one taking the facilitation role and the other the scribe role. Focus groups were audio-recorded and transcribed verbatim and then translated into English. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed. However, there is implicit consideration in that bilingual facilitators conducted the focus groups.	Ethical approval not stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data were analysed based on content themes. The process of analysis was described, with content themes identified from a manual coding process of the whole data set by two researchers, one of whom was Vietnamese. Analysis was conducted according to important content themes which were identified as they emerged from the data. Categorising and clustering of themes was based on frequency and only those themes reported frequently and related to a pattern are reported in the data. This may mean that contradictory data were not taken into account. Did not provide a description of how the data presented were selected although sufficient data were presented to support the findings. There is no explicit discussion of the researchers critically examining their own role or bias in analysing and selecting data. However, the	The findings were explicit. Findings were discussed in relation to the aims of the study. No discussion of the credibility of the research.	Considered the value of the study and the contribution of the research to intervention development but little reference to the wider literature. Attempts to consider the generalisability of the findings. Did not make explicit suggestions for future research but does make suggestions for culturally appropriate future interventions.

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			those who volunteered. Description of the rationale as to why Vietnamese speakers were recruited (high rates of smoking) and discussion of high rates of smoking in the Lebanese community but unclear if the Arabic speakers in the study were Lebanese.				researchers used bilingual facilitators, and one of the analysts was Vietnamese, suggesting they had given consideration to their own roles, influences and understanding. They do not talk about translation and the potential errors of analysing and interpreting data in English.		
Jones LL, Atkinson O, Longman J, et al. The Motivators and Barriers to a Smoke-Free Home Among Disadvantaged Caregivers: Identifying the Positive Levers for Change. Nicotine & Tobacco Research 2011;13:479-486.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore caregivers' home smoking behaviours and the motivators and barriers to smoke-free homes.	Many aspects of the research design justified.	22 participants (disadvantaged caregivers over 16 years of age, who smoked, had at least one child under five living with them most of the time, and currently or recently smoked inside the home) were recruited from four (of 16) randomly selected Sure Start Centres within one city. Justification for recruitment via Sure Start provided. No description of how sampling	Semi-structured interviews (22) conducted face to face in a private room in the Sure Start Centre by one of two interviewers. One to one interviews were chosen to provide an empathetic and supporting environment in which caregivers could openly discuss their smoking behaviours. A topic guide was used. Interviews were audio-recorded, transcribed verbatim and quality checked. Data saturation was discussed.	Potential bias in the formulation of questions or data collection was not discussed. Interview questions were modified based on emerging topics, following discussion and reflection by the interviewers and the rest of the team.	Ethical approval stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data were analysed thematically. Detailed description of the analysis process. Two interviewers independently reviewed each transcript, and initial ideas were noted that identified preliminary codes. These codes were then grouped into potentially relevant themes and discussed between the two researchers conducting the analysis and with the wider research team. Further analysis clarified the specific nature of each theme leading to the development of names and	The findings were explicit and clearly discussed in relation to other research and the original research question. No explicit discussion of the credibility of the research but two authors independently coded transcripts and interpretation discussed within the wider research team.	Considered the value of the study and the contribution of the research both in terms of public health discourse and positive levers for change for healthcare professionals. Considered the generalisability of the findings and made suggestions for future research.

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			was undertaken or about selection of those who volunteered.				descriptions. Following agreement of the themes identified, extracts were taken from the transcripts to exemplify each theme in order to reflect the experiences of each of the participants. Provided a description of how the data presented were selected and sufficient data were presented to support the findings and contradictory data were taken in to account. No critical examination of the researchers own role in the analysis.		
Kegler MC, Escoffery C, Groff A, et al. A qualitative study of how families decide to adopt household smoking restrictions. Family & Community Health 2007;30:328-341.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore the process rural White and African American families go through in adopting household smoking restrictions.	Authors state that study was guided by a conceptual framework based on the social–ecological framework and social–cognitive theory, although this is not referred to in the methods or discussion. No clear rationale for why the study was guided by	102 households (rural, parent of an adolescents aged 10-14, African-American or white) recruitment via newspaper ads and fliers distributed at schools, county social service agencies, and other community organizations. No description of how sampling was undertaken following identification,	Qualitative interviews (158) conducted face to face in participants' homes. No justification of why this data collection method. A topic guide was used. Interviews were audio-recorded and transcribed verbatim. Data saturation was not discussed.	Considered potential bias of the interviewer during data collection by matching the respondent's ethnicity/race and gender with that of the interviewer but do not state directly the rationale for this. Have not discussed any biases in formulation of research questions or location of data collection.	Ethical approval stated and state that all participants provided written informed consent. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (confidentiality).	Data were analysed thematically (implicit). Brief description of the analysis process: codebook was developed to capture major themes for each topic covered in the interviews. Matrices were constructed to aid in identifying patterns by ban status and composition of the household by smoking status of adult family members. Did not provide a description of how the data presented were selected but	The findings were explicit and clearly discussed in relation to the original research question. No discussion of the credibility of the research but did employ multiple author and independent coding.	Considered the value of the study but there is only limited discussion of how the findings fit within the literature. Considered the generalisability of the findings and made suggestions for future research.

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		this framework.	but some discussion of potential bias given participants volunteered.				sufficient data were presented to support the findings and contradictory data were not explicitly taken in to account but the matrices highlight some contradictory data. No critical examination of the researchers own role in the analysis.		
Mao AM. Space and power: Young mothers' management of smoking in extended families in China. Health & Place 2013;21:102-109.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore how women manage family affairs in extended families and how they deal with the smoking behaviours of partner smokers and other co-resident smokers.	Research design explicitly justified - a feminist ethnographic approach was used to develop an in-depth description of gendered dynamics in home smoking management between mothers of young mothers and the family men who smoke.	29 participants (families where there was at least one pre-school child aged six years or under, and at least one current smoker) were recruited via network sampling. The choice of recruitment method was justified but no explicit description of how sampling was undertaken or about selection of those who volunteered.	Unstructured observations supplemented by in-depth and open ended interviews (29), plus field notes from observations and interviews. Interviews were conducted face to face in a location chosen by the participants, most often in the participants' homes. Justification of the rationale for using observations provided. Did not describe if a topic guide was used or if the interviews were audio-recorded, but implicit given that interviews were transcribed verbatim and that transcriptions were reviewed for content and accuracy. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed.	Ethical approval stated and state that all participants provided written informed consent. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (confidentiality).	Data were analysed using a modified grounded theory approach. Analysis involved initial, line-by-line (open) coding of all the data to see what themes emerged, followed by focused coding. In this way data were interrogated to identify patterns, themes, and regularities as well as irregularities. To gain a better understanding of family members' interactions, data from different family members were clustered for analysis. Did not provide a description of how the data presented were selected but sufficient data were presented to support the findings. Contradictory data were taken in to	The findings were explicit and discussed in relation to the wider literature and the original research question. Discussion of credibility of findings. Member checking was applied near the end of data collection to verify preliminary analytic findings. Ten mothers who had been in the study were invited to attend the focus group discussion. On the whole, they agreed with the researcher's interpretations of their experiences around home smoking, but also gave different explanations for some of the findings.	Considered the value of the study and the contribution of the research. Considered the generalisability of the findings and made suggestions for future research.

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							account. No critical examination of the researchers own role in the analysis.		
Phillips R, Amos A, Ritchie D, et al. Smoking in the home after the smoke-free legislation in Scotland: qualitative study. British Medical Journal 2007;335:553	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore the accounts of smokers and non-smokers (who live with smokers) of smoking in their homes and cars after the Scottish smoke-free legislation.	Research design was not explicitly justified.	50 participants (smokers and nonsmokers who lived with smokers) were purposively recruited from Wave 10 of the Health Education Population Survey. Choice of sampling method not explicitly justified. Description of how many participants were invited to take part and how many of those eligible participated.	Semi structured interviews (50) conducted face to face in participants' homes. No justification of why this data collection method. A piloted topic guide was used. Interviews were audio-recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed.	Stated that the study complied with the code of practice on ethical standards for social research involving human respondents operating in public health sciences at Edinburgh University. Participants provided written informed consent. Clear description of how the study was explained to the participants and around confidentiality.	Data were analysed thematically using a modified grounded theory approach. Analysis moved from initial descriptive coding to more conceptual analytic coding but limited information on the actual process. Themes were based on the topics covered in the interview guide. Did not provide a description of how the data presented were selected but sufficient data were presented to support the findings. Contradictory data were taken in to account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but all authors were involved in the analysis, with at least two reading each transcript and agreeing on coding categories and themes. Themes were revised iteratively as the fieldwork and analysis progressed.	Considered the value of the study in relation to current policy and the contribution of the research. Attempted to consider the generalisability of the findings and made suggestions for future research.

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Poland B, Gastaldo D, Pancham A, et al. The interpersonal management of environmental tobacco smoke in the home - a qualitative study. Critical Public Health 2009;19:203-221.	The aims of the study were clearly stated and the importance justified. A qualitative methodology is appropriate to explore the nature and genesis of measures undertaken by household members to manage SHS in the home; and how social arrangements made in the home regarding SHS are negotiated, modified, resisted and enforced, by whom and under what circumstances.	Research design justified. Authors state that qualitative research designs as well suited to answer their research questions.	15 participants (residence in the Greater Toronto Area, in households with at least one adult smoker and one resident child under 18 years of age, evidence that at least some measures had been taken to limit ETS exposure in the home, and a viable telephone number) were recruited from among those who agreed to be recontacted when they took part in a province-wide telephone survey, whose focus was also attitudes and behaviours relating to SHS in the home. Choice of sampling method not explicitly justified. Clear description of convenience sample and who did and did not take part and the	In depth semi-structured interviews (15) conducted face to face in participants' homes or in a public place, supplemented by survey data, and observational data from the home based interviews (11). Justified data collection method stating that by using an open-ended format that allows respondents to tell their stories in their own words, we can better understand the often idiosyncratic history and immediate social context surrounding the development, or lack of development, of measures intended to reduce SHS exposure in the home. A topic guide was used. Interviews were audio-recorded and transcribed. Data saturation was not explicitly discussed but authors did state that 15 participants in considered adequate for an exploratory qualitative study.	Potential bias in the formulation of questions or data collection was not discussed.	Ethical approval not stated but state that all participants provided informed consent. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (confidentiality).	Actual analysis methods not explicitly stated but detailed description of process included. Narrative case studies were used with the household being the unit of analysis. Information from the survey, the in-depth interview, and the observational data on household environment was compared. Case summaries were prepared as the first stage of analysis using a protocol. The use of case summaries preserved the embedded context of interviews and more accurately captured the richness of each case in an efficient format for a sample of this size. Across-case analysis was facilitated by the use of data matrices: one focusing on household characteristics and arrangement and another on the history and genesis of informal controls on smoking in the home. Data saturation not explicitly discussed but three edited, condensed case	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but primary data analysis was completed by the same trained research associate who conducted the interviews, under the close supervision of the Principal Investigator who also participated in the analysis in consultation with the co-investigators.	Considered the value of the study in relation to existing literature and to current and future policy and practice. Did not consider the generalisability of the findings but did make suggestions for future research.

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			reasons for this.				summaries were included to illustrate both the substantive issues under discussion and to underscore the richness of the approach as a narrative tool. Sufficient data were presented to support findings and contradictory data were taken into account. No critical examination of the researchers own role in the analysis.		
Ritchie D, Amos A, Phillips R, et al. Action to achieve smoke-free homes: an exploration of experts' views. BMC Public Health 2009;9:112.	The aims of the study were clearly stated and the importance justified. A qualitative methodology is appropriate to explore healthcare professionals/expert views on action to promote smoke-free homes.	Research design was not explicitly justified.	13 participants (healthcare professional/expert with experience of working in tobacco control or community development at a local or national level) were purposively recruited from the authors' networks. Choice of sampling method not explicitly justified. No explicit description of how sampling was undertaken or about selection of those who volunteered/de	Expert panel discussions (2) were conducted face to face. No description of where the panels took place. No explicit justification of data collection method but did state that by drawing upon the shared expertise and insights of the two groups, to generate a partnership process of analysis. Detailed description of the data collection methods although no justification as to why they used the findings from a previous study or how the key questions for discussion were formulated. Discussions were tape recorded and transcribed. In	Potential bias in the formulation of questions or data collection was not discussed.	Stated that the study complied with the code of practice on ethical standards for social research involving human respondents operating in public health sciences at Edinburgh University. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (informed consent / confidentiality).	Data was analysed using an inductive thematic approach (implicit). . Description of the process stating that data were interrogated systematically, by firstly identifying emergent themes and issues, and then moving from this descriptive thematic coding to the analytical coding. The analytical coding involved making comparisons across the themes and within themes in order to explore the more explanatory concepts; and in order to ensure that different views and positions within themes were considered. State	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but all authors were involved in the analysis and transcripts/field notes were double coded.	Considered the value of the study in relation to existing literature and to current and future policy and practice. Considered the generalisability of the findings and made detailed suggestions for future research.

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			clined to participate.	addition, detailed flipcharts recorded the main reflections during the group discussions. Reflective field-notes of the discussions were also taken by both facilitators. Data saturation was not discussed.			that all findings were drawn upon to inform the paper and sufficient data were presented to support findings. Contradictory data were taken into account. No critical examination of the researchers own role in the analysis.		
Roberts LW, M., Miller, C., Banham, D.: Parents perceptions of the pros and cons of banning smoking at home. Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals 2000, 10(3).	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore both measures perceived by parents to confer on children protection from SHS exposure and on barriers – anticipated and actually experienced to creating and maintaining ban on smoking at home.	Research design was not explicitly justified.	33 participants (smoking parent of children under 10 years of age) were recruited at the end of a representative population telephone survey about health issues. Justification for why this particular participant group were targeted was included. Choice of sampling method not explicitly justified. Some description of how sampling was undertaken and around selection of those who volunteered/declined to participate.	Focus groups (4) were conducted. No description of who facilitated the focus groups or where they took place. A topic guide was used. Discussions were audio-recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed.	Ethical approval not stated. State that all participants provided consent for audio-recording but do not that participants provided informed consent. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (confidentiality).	No description of analysis method or process. Did not provide a description of how the data presented were selected and lacks sufficient data to support the findings. Unclear if contradictory data were taken into account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No discussion of the credibility of findings.	Considered the value of the study in relation to existing literature and to current and future policy and practice. Did not consider the generalisability of the findings but made suggestions for future research.

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
Robinson J, Kirkcaldy AJ. Disadvantaged mothers, young children and smoking in the home: Mothers' use of space within their homes. Health & Place 2007;13:894-903.	The aims of the study were clearly stated and the importance justified. A qualitative methodology is appropriate to explore how mothers living in disadvantaged areas use space within their homes to smoke while looking after children aged 0–4 years, and critically examines how they define non-smoking or smoking homes.	Research design was not explicitly justified.	54 participants (disadvantaged mothers of children under 4 years of age) were recruited via three different approaches (postal invitation using an existing research database, professional recruitment agency, community workers, midwives and health visitors). Justification for why this particular participant group were targeted was included as well as the rationale for recruiting from certain geographical areas. Convenience sample but unclear how many were approached and how many declined. Brief description of why some mothers declined.	Focus groups (7) were conducted face to face by two researchers. It is unclear where the focus groups took place. Justification of data collection methods provided. Authors state that they used focus groups in order to facilitate the discussion of sensitive topics by providing a supportive peer-group setting for disclosure of personal information. In addition, focus groups were a useful method of eliciting data relating to attitudes, beliefs and behaviours held by individuals. A topic guide was used which was modified as the study progressed. Focus groups were audio recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed. Authors did state that following informal feedback from the recruitment teams that they modified the study information to make the aims of the study clearer to potential participants.	Ethical approval stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (consent / confidentiality).	Data were analysed thematically. Some description of the analysis process. Data were organised into patterns, categories and descriptive units and then coded into categories and themes using NVivo. By establishing patterns in the data by identification of any recurrent themes, the analysis developed a system of 'open codes' to order and explain the data including any negative cases that did not easily fit within the analytical framework. Did not provide a description of how the data presented were selected but sufficient data were presented to support the findings. Contradictory data were taken in to account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but authors did reflect on early data collection and used these data to inform the further development of the topic guide.	Considered the value of the study and the contribution of the research both in terms of other research and public health discourse and interventions. Considered the generalisability of the findings and made suggestions for future research.

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
Robinson J. 'Trying my hardest': The hidden social costs of protecting children from environmental tobacco smoke. International Review of Qualitative Research 2008;1:173-194.	The aims of the study are implicit rather than explicitly stated. A qualitative methodology is appropriate to explore the wider social lives of mothers who smoke, and the possible influence that constraints within their everyday social world may have on their smoking behaviours and their children's exposure to SHS.	Research design was justified. Author stated that participatory feminist research is emancipatory as it shares new knowledge and understanding between the 'Other' (the researched), the researcher and the wider community.	54 participants (disadvantaged mothers of children aged five years or younger who were current smokers or had stopped smoking in the previous six months). The women were invited to take part in the research using the following three overlapping strategies: postal invitations using an existing research database; a professional recruitment agency; and key community contacts, including community health workers, midwives, and health visitors. Convenience sample but unclear how many were approached and how many declined. Brief description of why some mothers declined.	Focus groups (7) were conducted face to face by two researchers. The focus groups were held in venues close to mothers' homes. Justification of data collection methods provided. Author stated that she used focus groups as it created a supportive environment for women to tell their own stories and supported interaction between the participants and also with the moderator. A topic guide was used which remain flexible throughout the data collection period. Focus groups were audio recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was carefully considered and discussed. The author examined her own role in the conduct of the focus groups and the data collected, reflecting in particular on social distance (non-smoker, academic with greater material resources) and shared experiences of motherhood (similar age, three young children), and the impact this had on the discussions.	Ethical approval not stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (consent / confidentiality).	No description of analysis method or process. Did not provide a description of how the data presented were selected but sufficient data to support the findings. Contradictory data were taken into account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings.	Considered the value of the study and the contribution of the research both in terms of health promotion practice and implications for future health promotion messages. Did not explicitly consider the generalisability of the findings and did not make suggestions for future research.

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
Robinson J, Kirkcaldy AJ. 'Imagine all that smoke in their lungs': parents' perceptions of young children's tolerance of tobacco smoke. Health Education Research 2009;24:11-21.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore the factors influencing parent's behaviour in preventing the exposure of their (unborn) children to ETS and any changes to their smoking behaviour in the home during the first years of their children's lives.	Research design was not explicitly justified.	70 participants (smoking parents or carers of children aged <5 years, who normally resided with them) were recruited via one of three approaches: postal invitation using an existing research database; a professional recruitment agency; 3) through community workers, midwives and health visitors placing posters and handing out flyers, plus snowballing from other participants. Convenience sample but unclear how many were approached and how many declined. Brief description of why some mothers declined. Rationale provided for recruiting in specific geographical areas, and for	Focus groups (10) were conducted face to face by two researchers. The focus groups took place in local venues, accessible by foot by the majority of participants. The setting was justified in relation to distance from participants' homes, timing and the need to be able to provide light refreshments. A topic guide was used which remain flexible throughout the data collection period. Justification for use of focus groups provided as they have been used successfully to discuss sensitive topics and can also offer participants the opportunity to explore issues with their peers. Focus groups were audio recorded and transcribed. Data saturation was not discussed.	Potential bias in the formulation of questions was not considered. Authors did briefly consider the potential bias on data collection around gender of the moderator and how this may have impacted on perceived gender differences between the men's and the women's groups, but no specific changes in the way the focus groups were run was noted.	Ethical approval not explicitly stated. Authors provide a statement that the proposal was subject to the University of Liverpool's requirements for peer review. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (consent / confidentiality). Brief statement that data were anonymised and were stored appropriately.	Data were analysed thematically. Brief description of the analysis process: both authors independently developed an open coding framework which was checked for agreement and the remaining data were coded and analysed thematically by one author. No description of analysis method or process. Did not provide a description of how the data presented were selected but sufficient data to support the findings. Contradictory data were taken into account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but two authors involved in the development of the coding framework.	Considered the value of the study and the contribution of the research in terms of other research, public health discourse and interventions. Did not explicitly consider the generalisability of the findings and did not make suggestions for future research.

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			recruiting smokers with young children.						
Robinson J, Ritchie D, Amos A, et al. Volunteered, negotiated, enforced: family politics and the regulation of home smoking. <i>Sociology of Health & Illness</i> 2011;33:66-80.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore how positive messages about the need to protect children from tobacco smoke are transmitted and discussed by adults, and how they attempt to extend the protection of children outside their own household into that of others.	Research design was not explicitly justified.	59 participants (smokers and non-smokers living with smokers or adults living with children from a range of socioeconomic groups). Phase 1 participants (50) were purposively recruited from Wave 10 of the Health Education Population Survey. Based on the sampling strategy for Phase 1, for phase 2 were recruited from those willing to participant. Sampling strategy for phase 2 is unclear. Choice of sampling method not explicitly justified. Description of how many participants were invited to take part and how many of those eligible participated.	Phase 1 semi structured interviews (50) conducted face to face in participants' homes. No justification of why this data collection method. A piloted topic guide was used. Interviews were audio-recorded and transcribed. Data saturation was not discussed. Phase 2 semi structured interviews (9) were conducted but no further details provided about location, interviewer or if a topic guide was used. No justification of why this data collection method. Data saturation was not discussed.	Potential bias in the formulation of questions or data collection was not discussed.	Ethical approval not stated. Lacking details on how the research was explained to participants or how researchers dealt with issues raised by the study (consent / confidentiality).	Data were analysed thematically. Brief description of the analysis process provided. To deepen and to further account for the differences between households, the original research team was joined by two new members. Using a collaborative and consultative approach, the transcripts were read and re-read and existing codes were re-examined. Any new themes or insights in the data were discussed with the whole team. The original team members were able to brief the new collaborators as to the context of the data and were able to comment on the scope and focus of the new interpretations of the data. Did not provide a description of how the data presented were selected but sufficient data to support the findings. Contradictory data were taken into	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings but all authors (from both phases of the study) were involved in the analysis and discussion of newly interpreted themes.	Considered the value of the study and the contribution of the research in terms of other research, public health discourse and interventions. Did not explicitly consider the generalisability of the findings but did make suggestions for future research.

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
							account. No critical examination of the researchers own role in the analysis.		
Wilson IS, Ritchie D, Amos A, et al. 'I'm not doing this for me': mothers' accounts of creating smoke-free homes. Health Education Research 2013;28:165-178.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore mothers' narratives of changing home smoking behaviours after participating in a home smoking reduction intervention.	Research design was not explicitly justified.	21 participants (smoking mothers with at least one child under six years of age who has received the enhanced intervention in the intervention pilot trial). Intervention participants were recruited from 23 general practitioner offices through the Scottish Primary Care Research Network. Limited discussion on recruitment methods used in the intervention study and little information on selection for interview other than a statement that authors tried to interview as many participants in the enhanced treatment arm as possible.	Motivational interviews (21) and semi-structured interviews (17) were conducted face to face in participants' homes. Motivational interviews followed a script. A topic guide was used for the semi-structured interviews. No justification of why this data collection method. Both sets of interviews were audio-recorded and transcribed. No formal discussion around saturation but this was a convenience sample drawn from an intervention.	Potential bias in the formulation of questions or data collection was not discussed.	Ethical approval was stated. Lacking some details on how the research was explained to participants or how researchers dealt with issues raised by the study (consent / confidentiality). Authors state that informed consent was gained from participants for the intervention study but unclear if consent for the interview formed part of the original consent.	Data were analysed thematically. Brief description of the analysis process provided. Transcript were initial analysed thematically moving from descriptive to more conceptual analytic coding. Three case studies were selected to reflect the diversity of experience, meanings and changes – one from three different categories based on changes made following the REFRESH intervention. No justification for why these three cases in particular were selected for inclusion over other cases. Sufficient data to support the findings were presented and contradictory data were taken into account. No critical examination of the researchers own role in the analysis.	The findings were explicit and discussed in relation to the wider literature and the original research question. No explicit discussion of the credibility of findings.	Considered the value of the study and the contribution of the research. Did not explicitly consider the generalisability of the interview findings but highlighted that need larger intervention study. Did make suggestions for future research.

Reference	Aims and methods	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data Analysis	Discussion of findings	Value
Yousey Y. Family attitudes about tobacco smoke exposure of young children at home. American Journal of Maternal-Child Nursing 2007;32:178-183.	The aims of the study were clearly stated. A qualitative methodology is appropriate to explore families' attitudes about smoking and perceptions of effects of ETS on children.	Research design was not explicitly justified.	20 participants (low-income Hispanic and White non-Hispanic families whose children received healthcare services from school-based health centre) were purposively recruited via telephone calls and at clinic visits. Purposive sampling guided data collection to ensure a maximum variation sample. Choice of sampling method not explicitly justified. Reported numbers who declined to participate but not the reasons why.	Semi-structured interviews (20) were conducted face to face in the participants' homes or in a quiet clinic location. Justification for using semi-structured interviews was to provide consistent questions whilst allowing parents to share additional information regarding their experiences. A topic guide was used. Interviews were audio recorded and transcribed. Discussion on saturation provided with authors stating that 20 interviews were sufficient for data saturation and provided common perceptions and patterns.	Potential bias in the formulation of questions was not explicitly discussed. Potential bias in data collection was explicitly discussed. The primary researcher emphasised her interest in personal experience of the participants and assuring them repeatedly that smoking in the home made no difference to her as a researcher. To reduce social desirability of answers, the researcher avoided addressing her bias toward smoking cessation, repeatedly clarifying her role as a researcher. There was repeated reassurance to participants to address bias and social desirability	Ethical approval was stated. Lacking details on how the research was explained to participants. Authors stated that written informed consent, including consent for audio recording and transcribing was obtained for all participants. They also state that to maintain confidentiality, names were removed and interview transcripts were numbered and stored in a computer, protected by password..	Data were analysed using content analysis. Transcripts were analysed using the process of data immersion, coding, and detailed description. Coding done by two researchers, with spot checking from two expert researchers. Did not provide a description of how the data presented were selected but sufficient data presented to support findings. No explicit discussion about how contradictory data were taken into account but a very small amount presented in the data considered researcher bias. No critical examination of the researchers own role in the analysis.	The findings were explicit but limited unbiased discussion in the wider literature. Authors stated that trustworthiness and credibility of data were addressed through triangulation, expert validation, clarification of researcher bias, and a clear accounting of process of data collection and analysis.	Considered the value of the study and the contribution of the research in terms of future interventions. Did consider the generalisability highlighting the need for a larger sample size and further studies.