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**Table 2**

*Study characteristics*

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	CASP rating
1.	Brinchmann, Moe, Valvik, Balmбра, Lyngmo, and Skarbø (2017)	Explore therapists' practices in multifamily therapy (MFT)	<ul style="list-style-type: none"> <li>• <del>Eight</del> <b>8 MFT therapists working with adults with severe eating disorders (EDs) and their families.</b></li> <li>• <del>Convenience sampling.</del></li> </ul> <p>Core professions:  <del>N</del> <b>Nursing (six6) and psychology (two2).</b></p>	<p><u>Convenience and theoretical sampling.</u></p> <p><del>D</del> <b>Data collected over a two-year period with MFT therapists.</b></p>	Norway	Qualitative interviews	Grounded theory (theoretical frame of Aristotle's virtue ethics)	5 (B)
2.	Cameron, Willis, and Richter (1997)	Examine the perceptions, knowledge and beliefs of health workers about EDs	<p>35 health workers, <del>including some students, comprising of final year nursing and dietetic students and practicing dietitians and school nurses (both with ED experiences).</del></p> <ul style="list-style-type: none"> <li>• <u>Convenience sampling</u></li> </ul>	<p><u>Homogeneous sampling (precise sampling procedures not specified)</u></p>	Tasmania	Focus groups and interviews	Thematic and discursive analysis (phenomenological framework)	5.5 (B)

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Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
3.	Carter, Webb, Findlay, Grant, and Blyderveen (2012)	Explore healthcare providers' experiences caring for youths with EDs, and understand the barriers and facilitators to integrating a new specialist ED nurse role in an inpatient nursing unit	<ul style="list-style-type: none"> <li>21 healthcare providers.</li> <li>Sample included: Convenience sampling</li> <li>6 Registered nurses in focus group 1 and 8 MDT members in focus group 2 (included psychologists, nurses, and dietitians).</li> <li>7 interviews with nursing staff (both with and without ED experience).</li> </ul>	<p><u>Convenience sampling</u>: Clinical Manager invited all members of the service to take part in either the focus groups or interviews. No further detail given on the actual sampling strategy.</p>	Canada	Focus groups and interviews	Sandelowski's (2000) qualitative description method	8.5 (A)	Formatted: Right: 0 cm, No bullets or numbering
4.	Davey, Arcelus, and Munir (2014)	Explore the work demands experienced by healthcare workers in an adult ED inpatient service	<ul style="list-style-type: none"> <li>12 healthcare workers from an Eating disorder service.</li> <li>The sample was (seven nurses, three health care workers, and two Occupational therapists). All had over five years' experience of working with EDs in inpatient ward</li> <li>Purposive sampling</li> </ul>	<p><u>Purposive sampling</u>: 25 eating disorder ED staff were approached and; they were required to have over three months' full-time experience of working with people with EDs.</p>	UK	Semi-structured interviews	Thematic analysis	9 (A)	Formatted: Table, No bullets or numbering

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating
5.	Dejesse and Zelman (2013)	Understand collaboration between dieticians and mental health professionals, and consider sources of conflict, their prevention and resolution	<ul style="list-style-type: none"> <li>22 care providers, including 12 mental health practitioners (six had PhDs, one had a Psy.D, three were qualified MFT practitioners, one was a LCSW practitioner and one was a counsellor). All worked across a range of ED services (inpatient, day and outpatient). Purposive sampling</li> </ul>	<p><u>Purposive sampling: Responded to an online advert to take part and; each participant needed to work with EDs with and have two years of experience.</u></p>	US-based researchers; international sample	Semi-structured interviews	Critical incident qualitative methodology	8*(B)
6.	Hage, Rø, and Moen (2017 <sup>a</sup> )	Identify inpatient staff perspectives on teamwork during meal times on an inpatient eating disorder unit (EDU)	<ul style="list-style-type: none"> <li>20 milieu therapists (nine nursing staff and 11 were a mix of other staff groups (i.e., Social Workers, Child Welfare Officers or 'similar'). All worked within a specialist EDU.</li> <li>Convenience sampling</li> </ul>	<p><u>Convenience sampling: All staff were invited to take part providing they were involved in managing mealtimes on the EDU. No other inclusion criteria provided.</u></p>	Norway	Semi-structured interviews	Cultural historical activity theory	9:5 (A)
7.	Hage, Rø, and Moen (2017 <sup>b</sup> )	Explore staff deliberations and actions	<ul style="list-style-type: none"> <li>20 healthcare professionals.</li> </ul>	<p><u>Convenience sampling (sampling is the</u></p>	Norway	Semi-structured interviews	Inductive content analysis	8:5 (A)

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Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
		during mealtimes at an EDU	<ul style="list-style-type: none"> <li>Convenience sampling</li> <li>Sample appears to be the same as in Hage, Rø, and Moen (2017<sup>a</sup>).</li> </ul>	same as in above study).					Formatted: Font: Not Bold
8.	Harken, Maxwell, Hainline, Pollack, and Roberts (2017)	Describe the perceptions of hospital staff regarding caring for adolescents with EDs and elicit feedback about changes to service	<p>20 hospital staff.</p> <ul style="list-style-type: none"> <li>Sample consisted of seven<del>7</del> paediatric hospital physicians, four<del>4</del> cCare aAssistants and nine<del>9</del> rRegistered nNurses. Sample was between<del>10-20%</del> of eligible participants on the unit.</li> <li>Purposive sampling</li> </ul>	<p>Purposive sampling: A—all recruited via an internal email across the pPaediatric hospital); a-All participants needed to have worked with one ED patient.</p>	US	Semi-structured interviews	Content analysis	8:5 (A)	<p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p>
9.	Hunt and Churchill (2013)	Explore GPs' understandings and experiences of diagnosing and managing people with AN	<ul style="list-style-type: none"> <li>12 pPrimary-cCare pPhysicians (GPs) drawn from three<del>3</del> pPrimary-cCare hHealth cCentres (including a uUniversity health centre). -GPs</li> <li>Convenience sampling</li> </ul>	<p>Convenience sampling. N—no further details were provided.</p>	UK	Focus groups	Corpus linguistic and discourse analytic approaches	7:5 (B)	<p>Formatted: Font: Not Bold</p> <p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: Indent: Left: 0 cm</p>

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
10.	Jarman, Smith, and Walsh (1997)	Examine clinicians' experiences and understandings of treating young people with AN, with a focus on control	<ul style="list-style-type: none"> <li>Five clinicians (one clinical nurse specialist, two social workers, one community nurse and one clinical psychologist).</li> <li>Purposive sampling</li> </ul>	<p><u>Purposive sampling:—</u>  <u>Participants were recruited from a cChild and aAdolescent team (eEmotional and bBehavioural difficulties). No ED experience specified.</u></p>	UK	Semi-structured interviews	Interpretative phenomenological analysis (IPA)	7.5 (B)	Formatted: No bullets or numbering Formatted: No bullets or numbering
11.	King and Turner (2000)	Explore the lived experiences of nurses caring for adolescents with AN	<ul style="list-style-type: none"> <li>Five nurses without specific training in mental health or psychiatry.</li> <li>Purposive sampling</li> </ul>	<p><u>Purposive sampling: A—all participants needed to have had direct ED experience in the last six6 months. No further sampling details were given.</u></p>	Australia	In-depth interviews	Colaizzi's procedural steps of analysis	8.5 (A)	Formatted: Indent: Left: 0 cm Formatted: Font: Not Bold Formatted: No bullets or numbering Formatted: No bullets or numbering
12.	Linville, Aoyama, Knoble, and Gau (2012)	Provide a description and meaning-making of how training affected	<ul style="list-style-type: none"> <li>Five primary-care providers (The sample consisted of two family practitioners (GPs), two nurses, and one paediatrician). No</li> </ul>	<p><u>Purposive sampling:—</u>  <u>Participants were drawn from a larger study on ED training (initial</u></p>	US	Interviews	Sandelowski's (2000) qualitative description method	7.5 (B)	Formatted: Font: Not Bold Formatted: No bullets or numbering Formatted: No bullets or numbering

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
	(Mixed-methods study)	perceived knowledge, skills and attitudes regarding ED screening and intervention	<u>further details were provided.</u> • Purposive sampling	<u>sample of 41) six months after the training; 15 participants consented to take part and five5 were interviewed.</u>					Formatted: Indent: Left: 0 cm
13.	Linville, Benton, O'Neil, and Sturm (2010)	To identify the screening and intervention practices of medical providers for EDs, and the education programmes that are needed	12 medical providers drawn from a larger survey sample (n=183). The qualitative sample was drawn from 61 people who consented, and 12 people were interviewed (two 2 paediatricians, eight8 family physicians and two2 from obstetrics/ -gynaecology). Purposive sampling	<u>Purposive sampling: P- participants were invited at the end of the survey study. No further details given.</u>	US	Semi-structured interviews	Thematic analysis	7*(B)	Formatted: Font: Not Bold Formatted: No bullets or numbering
	(Mixed-methods study)								Formatted: Font: Not Bold
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14.	Long, Wallis, Leung, Arcelus, and Meyer (2012)	Investigate staff perspectives of mealtimes within UK ED-unitsUs	• 16 staff members. A—all drawn from the MDT (no further information providedgiven) providing that they had experience	<u>Convenience sampling: D— drawn from three Eating Disorder EDUsunits in the UK (drawntaken</u>	UK	Semi-structured interviews	Thematic analysis	7*(B)	Formatted: Font: Bold, No underline Formatted: Normal, No bullets or numbering Formatted: Font: Bold, No underline Formatted: Normal, No bullets or numbering

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating
	(Mixed-methods study)		<u>of working on mealtimes (not specified).</u> • Convenience sampling	<u>from a larger sample of 22 units). The three units were child/adolescent to adult. No further information provided.</u>				
15.	Macdonald et al. (2018)	Explore the experiential perspective of people with type-1 diabetes and EDs, and that of the healthcare professionals treating them	• <u>Eight<del>8</del> healthcare professionals – drawn from either ED (n=4) or diabetes (n=4).</u> <u>Experience of working with EDs ranged from three<del>3</del> to 20 years.</u> <u>Sample consisted of three<del>3</del> psychologists, one<del>1</del> psychiatrist, two<del>2</del> nurses, and two<del>2</del> dietitians.</u> • Purposive sampling	<u>Purposive sampling:– Drawn from UK diabetes or EDating disorder services. Sampling not explained, but all participants needed to have had at least one<del>1</del> year's experience of working with EDs and diabetes.</u>	UK	Semi-structured interviews	Thematic analysis	7 <del>4</del> (B)
16.	Masson and Sheeshka (2009)	Explore clinicians' perspectives regarding the premature	• <u>Seven<del>7</del> inpatient clinicians (–sample consisted of members of the MDT, but the</u>	<u>Convenience sampling:– Pparticipants were recruited from the staff team of a 15-</u>	Canada	In-depth interviews	Inductive analytic approach based on	7 <del>4</del> .5 (B)

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		termination of treatment in an inpatient ED programme	professions were not specified). • Convenience sampling	bed EDU.			grounded theory		Formatted: Table
17.	Micevski and McCann (2005)	Describe the strategies paediatric nurses use to develop relationships with adolescents with AN	• 10 paediatric nurses (—drawn from a paediatric ward in a major hospital). No further detail is provided. • Theoretical sampling	Theoretical sampling. N—no further information is provided.	Australia	Unstructured in-depth interviews	Grounded theory	7.5 (B)	Formatted: Table Formatted: Font: Bold, No underline Formatted: Normal, No bullets or numbering Formatted: No underline
18.	Oyer, O'Halloran, and Christoe-Frazier (2016)	Explore perceptions and experiences of clients with AN and their therapists regarding how the working alliance was formed and challenged during individual psychotherapy	• Seven7 therapists consisting of two2 psychologists, one1 social worker, and four4 unspecified therapists. The range of experience was from two to 2—30 years, and the range of numbers of ED patients seen were betweenwas 20 to -1,000 patients. 7 therapists • Purposive sampling	Purposive sampling: R—recruited via professional eating disorderED organizations. No further details provided.	US	Semi-structured interviews	Moustakas' s (1994) phenomenological method of analysis	7.5 (B)	Formatted: Font: Bold Formatted: No bullets or numbering Formatted: No bullets or numbering Formatted: Font: Not Bold Formatted: Indent: Left: 0 cm

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19.	Palmer (2015)	Highlight the lived experience of dance/movement therapists who work with people with EDs	<ul style="list-style-type: none"> <li>• <del>Five</del> <b>5</b> dance/movement therapists – participants needed to be registered therapists. Experience ranged from <del>one to 1</del> <b>1–40</b> years.</li> <li>• Purposive sampling</li> </ul>	<u>Purposive sampling: P– participants were invited via a professional website and ‘snowballing,’ and <del>haved</del> <b>had</b> at least <del>three</del> <b>3</b> years’ experience of working with EDs.</u>	US	Semi-structured interviews	Kvale’s interview analysis	8*(B)	<p>Formatted: Font: Bold, No underline</p> <p>Formatted: Normal, No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Indent: Left: 0 cm</p>
20.	Ramjan (2004)	Explore the difficulties and obstacles in forming therapeutic relationships for nurses caring for adolescents with AN	<ul style="list-style-type: none"> <li>• <del>10</del> <b>10</b> registered nurses–, Range of experience as a nurse was from <del>5–five to 26</del> <b>5–five to 26</b> years, and <del>2-6 years-of</del> <b>2-6 years-of</b> working with adolescent AN was <del>two to six years.</del> <b>two to six years.</b></li> <li>• Purposive sampling</li> </ul>	<u>Purposive sampling: Six–6 drawn from an adolescent ward and <del>four</del> <b>4</b> from a general medical ward of a children’s hospital.</u>	Australia	Semi-structured interviews	Thematic analysis	9:5 (A)	<p>Formatted: Font: Bold, No underline</p> <p>Formatted: Normal, No bullets or numbering</p> <p>Formatted: Indent: Left: 0 cm, Line spacing: single</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p>
21.	Ramjan and Gill (2012)	An inpatient programme for adolescents with anorexia experienced as a metaphoric prison. To explore the experiences of	<ul style="list-style-type: none"> <li>• <del>10</del> <b>10</b> registered and enrolled nurses (on a diploma under the supervision of a registered nurse) participated. No further details were</li> </ul>	<u>Purposive sampling:– Participants needed to have more than one year’s experience of working with ED. Participants</u>	Australia	Semi-structured interviews– most participants were interviewed twice.	Thematic analysis (hermeneutic-dialectic approach)	9*(A)	<p>Formatted: No bullets or numbering</p> <p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p>

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
		adolescents and nurses within an inpatient behavioural programme for AN	provided paediatric nurses	with the most experience were interviewed first.					Formatted: Indent: Left: 0 cm Commented [JRE1]:
22.	Rance, Moller, and Douglas (2010)	Explore recovered ED practitioners' experiences of countertransference and perceptions about the impact of this and their ED history	<ul style="list-style-type: none"> <li>Seven<sup>7</sup> counsellors with ED history who had not previously disclosed this at work. Therapeutic approaches used were Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Motivational Interviewing, and psychosynthesis. All had two to 2-17 year<sup>2</sup>s' practice experience.</li> <li>Purposive sampling</li> </ul>	<ul style="list-style-type: none"> <li>Purposive sampling: R— recruited from four<sup>4</sup> specialist eating disorder ED services. Seven<sup>7</sup> participants were selected from 12 who consented to take part. No reason given for choosing the seven participants.</li> </ul>	UK	Semi-structured interviews	IPA (constructivist-interpretivist paradigm)	9(A)	Formatted: No bullets or numbering Formatted: No bullets or numbering
23.	Reid, Williams, and Burr (2010)	Identify staff perspectives and experiences of providing services to those	<ul style="list-style-type: none"> <li>18 professionals consisted of 2 (two) psychiatrists, one<sup>1</sup> psychologist, two<sup>2</sup> occupational</li> </ul>	<ul style="list-style-type: none"> <li>Total sampling: — Drawn from ED outpatient services. No detail was given on inclusion</li> </ul>	UK	Semi-structured interviews	Thematic analysis	8:5 (A)	Formatted: Indent: Left: 0 cm Formatted: No bullets or numbering Formatted: No bullets or numbering

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating
		with EDs	<p><u>therapists (including one who was also a GP)F, seven7 ward staff/nurses, two2 dietitians, onean art therapist and two support workers).</u>  <u>No further details provided.</u></p> <ul style="list-style-type: none"> <li>• Total sampling</li> </ul>	<p><u>criteria, such as experience of working with ED.</u></p>				
24.	Reid, Williams, and Hammersley (2010)	Investigate GPs' perspectives and experiences of assessing, and facilitating care for, ED clients	<ul style="list-style-type: none"> <li>• 20 GPs. <u>No further information is provided.</u></li> <li>• Purposive sampling</li> </ul>	<p><u>Purposive sampling: D— drawn from Northern UK GP practices, including a uUniversity pPractice.</u></p>	UK	Semi-structured interviews	Thematic analysis	6.5 (B)
25.	Ryan, Malson, Clarke, Anderson, and Kohn (2006)	Explore the ways in which “ED nursing” is constituted in nurses' accounts of nursing children and adolescents with EDs	<ul style="list-style-type: none"> <li>• 15 nurses. <u>No further details are provided. According to the authors, this was done to protect the anonymity of the participants.</u></li> <li>• Purposive sampling</li> </ul>	<p><u>Purposive sampling: —Three ED wards (two children's wards and one adolescent ward). No further detail given.</u></p>	Australia	Semi-structured interviews	Discourse analysis	8 (B)

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26.	Seah, Tham, Kamaruzaman, and Yobas (2018)  (Mixed-methods study)	Explore the training needs of nurses working with people with EDs and their perceptions of their work	19 nurses, which included a sub-sample of seven <sup>7</sup> for the qualitative interviews. Out of the 19 participants, two <sup>2</sup> were enrolled (on a diploma), 16 were registered nurses, and one was an 'other'. <ul style="list-style-type: none"> <li>All had over one<sup>1</sup> year's<sup>ss</sup> experience of working on an EDU.</li> <li>Census/total sampling</li> </ul>	Census/total sampling: — Pparticipants were recruited from a tertiary general hospital and had at least three <sup>3</sup> months' experience of working with ED.	Singapore	Open-ended questions and semi-structured interviews	Content analysis and thematic analysis	9.5 (A)	Formatted: No bullets or numbering Formatted: No bullets or numbering
27.	Snell, Crowe, and Jordan (2010)	Investigate and theorise the experiences of nurses in developing a therapeutic relationship with inpatients with EDs	<ul style="list-style-type: none"> <li>Seven<sup>7</sup> nurses. Pparticipants were either registered or comprehensive nurses. The sample had, on average, four<sup>4</sup> years' experience of working with ED, and between 2.5- and 20 -years' experience of mental health nursing.</li> <li>Convenience sampling</li> </ul>	Convenience sampling: S— sample was recruited via a leaflet campaign within a nNational Eating DisordersEDU-Unit. The unit has an emphasis on 'long-term recovery'.	New Zealand	Interviews	Grounded theory	6 (B)	Formatted: Indent: Left: 0 cm Formatted: Font: Bold, No underline Formatted: Normal, No bullets or numbering  Formatted: Indent: Left: 0 cm

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28.	Tan, Karim, Lee, Goh, and Lee (2013)	Explore ethical issues that arise for mental-health professionals treating EDs in the Singapore context	<ul style="list-style-type: none"> <li>10 health professionals. Out of the sample, nine had worked on an EDU for people aged 13 and above, and one worked at a psychiatric hospital. Three were psychiatrists, three were trainee psychiatrists, two were psychologists, one was an occupational therapist, and one was a family therapist. Four had experience of working abroad (UK, USA, and Australia).</li> <li>Convenience sampling</li> </ul>	<ul style="list-style-type: none"> <li>Convenience sampling. —No further information was given.</li> </ul>	Singapore	Focus group	“Iterative process of analysis” (p.42)	6.5 (B)	<ul style="list-style-type: none"> <li>Formatted: Font: Bold, No underline</li> <li>Formatted: No underline</li> <li>Formatted: Normal, No bullets or numbering</li> </ul>
29.	Trammell, Reed, and Boylan (2016)	Explore the self-efficacy of dietitian nutritionists working with clients with EDs	<ul style="list-style-type: none"> <li>16 registered dietitian nutritionists. Attendees at a professional dietitian/nutrition conferences.</li> <li>Purposive sampling</li> </ul>	<ul style="list-style-type: none"> <li>Purposive sampling: Recruitment was undertaken by email, and advert, Listservs and in newsletters prior to the conferences.</li> </ul>	US	Focus groups	Open coding guided by social cognitive theory	8 (B)	<ul style="list-style-type: none"> <li>Formatted: Font: Bold, No underline</li> <li>Formatted: Normal, No bullets or numbering</li> <li>Formatted: Indent: Left: 0 cm</li> <li>Formatted: Font: Not Bold</li> <li>Formatted: Table</li> </ul>

Study	Authors	Aim	Participants <u>and sampling</u>	<u>Sampling</u>	Country	Data collection	Analysis	GASP rating
30.	Walker and Lloyd (2011)	Explore the attitudes of health professionals towards treating clients with EDs	<ul style="list-style-type: none"> <li>• <u>15 qualified health professionals. The sample consisted of three3 psychologists, two2 Occupational Therapists, two2 medical registrars, one1 psychiatrist, three2 social workers, and four4 mental health nurses;</u> 11 had previous ED experience.</li> <li>• Purposive sampling</li> </ul>	<u>Purposive sampling:—</u> <u>Sample was recruited via a mental health clinic, via the team leader.</u>	Australia	Focus group	Consensual qualitative research	7.5 (B)
31.	Warren, Crowley, Olivardia, and Schoen (2008)  (Mixed- methods study)	Explore treatment providers’ experiences of working with people with EDs	<ul style="list-style-type: none"> <li>• <u>43 ED treatment providers – four4 males and 39 females. Sample consisted of psychologists, nurses, and social workers (numbers not specified);</u> 13 had their own history of ED, and ED experience ranged from six6 months to 31 years.</li> <li>• Convenience sampling</li> </ul>	<u>Convenience sampling: R—</u> <u>recruited via an annual meeting of an eating disorder ED association (MEDA).</u>	US	Open-ended questions on questionnair e	General inductive approach	7.5 (B)

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Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating
32.	Warren, Schafer, Crowley, and Olivardia (2012)	Examine perceived contributors to burnout, efforts to avoid or manage burnout, and related recommendations for early-career ED practitioners	<ul style="list-style-type: none"> <li>• <b>298 participants who worked in a variety of settings. 146 endorsed multiple theoretical orientations, 88 used CBT, 31 used psychodynamic, 13 were eclectic, and seven<sup>2</sup> were humanistic. Mean ED experience was 13.02 years.</b></li> <li>• Convenience sampling</li> <li>• <b>139 participants had their own history of an ED.</b></li> </ul>	<p><b>Convenience sampling:— Undertaken at various ED conferences, via Listserves and through treatment centres.</b></p>	US	Open-ended questions on questionnaire	General inductive approach	6.5 (B)
33.	Williams and Haverkamp (2015)	Investigate ED therapists' perceptions of whether and how their ED histories have ethical relevance	<ul style="list-style-type: none"> <li>• <b>11 ED therapists with a variety of theoretical orientations – CBT, psychodynamic, and family therapy. ED experience was 2.2 to 22 years.</b></li> <li>• Purposive sampling</li> <li>• <b>Histories of AN, BN and/or eating disorder not otherwise specified EDNOS. Length</b></li> </ul>	<p><b>Purposive sampling: P— participants were recruited via advertisements sent out to members of professional organizations. All participants needed to have two<sup>2</sup> years' ED experience, be</b></p>	Canada	Semi-structured interviews	Interpretive description	10 (A)

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Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
34.	Wright (2015)	Explore the lived experience of the therapeutic relationship between people with AN and care workers	<ul style="list-style-type: none"> <li>13 ED practitioners (<del>seven</del>7 nurses, <del>two</del>2 dietitians, <del>care workers</del>one <del>1</del> therapist, <del>one</del>1 healthcare assistant, and <del>two</del>2 doctors).</li> <li>Experience at the uUnit was between 11 months and <del>seven</del>7 years.</li> <li>Purposive sampling</li> </ul>	<p><u>qualified to, at least, master's level, and have ED clients make up at least 25% of their caseload with ED.</u></p> <p><u>Purposive sampling from two eating disorder ED services. No further detail s was are given.</u></p>	UK	Semi-structured interviews	IPA	7 (B)	<p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Font: Not Bold</p>
35.	Wright and Hacking (2012)	Explore the therapeutic relationship among healthcare providers and adults accessing day care for AN	<ul style="list-style-type: none"> <li>Seven <del>77</del> healthcare professionals working in day care (one <del>1</del> CBT therapist, one <del>1</del> dietitiaen, and five; <del>5</del> nurses – (three of the nurses <del>3</del> had counselling qualifications)).</li> <li>Convenience sampling</li> </ul>	<p><u>Convenience sampling: R— recruited from a day service. No further details about sampling were provided.</u></p>	UK	Semi-structured interviews	IPA	7.5 (B)	<p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: Font: Not Bold</p>

Study	Authors	Aim	Participants and sampling	Sampling	Country	Data collection	Analysis	GASP rating	Formatted Table
36.	Zugai, Stein-Parbury, and Roche (2018 <sup>a</sup> )  (Mixed-methods study)	Understand the inpatient therapeutic alliance between nurses and those with AN	<ul style="list-style-type: none"> <li>20 nurses (<del>14</del> were registered nurses, 4 were four enrolled nurses, and two were nursing assistants).</li> <li>Convenience sampling</li> </ul>	<p><u>Convenience sampling: Sample needed to be working on a specialist ED unit. No restrictions were placed on length of experience or designation. Sample was recruited from six specialist ED wards.</u></p>	Australia	Semi-structured interviews	Thematic analysis	8.5 (A)	<p>Formatted: Indent: Left: 0 cm</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: Indent: Left: 0 cm</p>
37.	Zugai, Stein-Parbury, and Roche (2018 <sup>b</sup> )  (Mixed-methods)	Understand the context of the inpatient setting for the treatment of AN	<ul style="list-style-type: none"> <li>20 nurses.</li> <li>Convenience sampling</li> <li>Sample appears to be the same as in Zugai et al. (2018<sup>a</sup>); however, they state that the average range-length of nursing experience was 12.5 years and the sample's ED experience</li> </ul>	<p><u>Convenience sampling: Appears to be the same as above, although this is not clearly stated.</u></p>	Australia	Semi-structured interviews	Thematic analysis	6.5 (B)	<p>Formatted: Font: Not Bold</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: No bullets or numbering</p> <p>Formatted: Font: Not Bold</p> <p>Formatted: Font: Not Bold</p>

Study	Authors	Aim	Participants <del>and sampling</del>	<u>Sampling</u>	Country	Data collection	Analysis	GASP rating
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