Reviewer's report

Title: Perceptions of healthcare professionals regarding the main challenges and barriers to effective hospital infection control in Mongolia: a qualitative study.

Version: 1 Date: 8 March 2012

Reviewer: Tari Turner

Reviewer's report:

Thank you for the opportunity to review this interesting and potentially significant manuscript. The authors have tackled an important question: Why are infection control measures not well implemented in Mongolia? The manuscript provides useful insights to answer this question from interviews with people ‘on-the-ground’.

This type of research is a key step in addressing the barriers to effective implementation of infection control, however to be useful to others, more information on the methods of the study is needed to determine its reliability, and more depth is required in interpreting and discussing the results within their context.

1. Is the question posed by the authors well defined?
Yes

2. Are the methods appropriate and well described?
More information is needed to assess this, see below.

3. Are the data sound?
More information is needed to assess this. Little information is provided about the coding process. No mention is made of any attempt to validate the coding process by having (for example) a second researcher code a sub-set of the data, and it is not clear how the generation of the themes related to the coding process.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Mostly (using http://www.biomedcentral.com/ifora/rats) – with the caveats about the methods above, and also,
• there is no explanation of the reason why some interviews were individual and others group;
• there is no description of the role of the researcher;
• there is no discussion of the limitations of the research.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
As described below, discussion about the feasibility of the current infection control expectations is important. The Conclusion is good, however I don’t think that the last sentence (“Much more proactive international peer and local public pressure will be needed to achieve improvements in infection control in Mongolia.”) is supported by the data from this study.

6. Are limitations of the work clearly stated?
No – as mentioned above and below, a reflection on the limitations of the work needs to be added to the Discussion.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes

8. Do the title and abstract accurately convey what has been found?
Mostly – with the caveats in the revisions suggested below.

9. Is the writing acceptable?
Yes

Major Compulsory Revisions
1. My main concern with this manuscript is the lack of discussion of the impact of context on the feasibility of the implementation of the infection control measures described. The authors, understandably, believe that infection control is a vital part of good healthcare, and an area that deserves investment of resources. I agree. However, as the authors allude to, in many of the settings in which the interviews were conducted, resource levels are very low and the available healthcare budget is not only finite, but extremely constrained. In this context, (and in all healthcare contexts to a perhaps lesser extent) healthcare policymakers, managers and practitioners are forced to make trade-offs. Dollars spent on infection control measures are necessarily dollars not spent on other areas of healthcare. It is important that the authors reflect on the nature of these trade-offs in the setting in which this research was undertaken. Are the decisions about not investing (time/money/resources) in infection control, while disappointing, actually reasonable given the opportunity costs? If not, why not? If so, what could be done about it? Are the expectations (from WHO and others) about how much investment will be made in infection control feasible given the available resources? If not, what other approaches might be suggested? This is particularly important given that the authors state that “the WHO reported that only 23/147 developing countries have a functioning surveillance system for HAI” which suggests that there are global barriers. Perhaps a new approach is needed? The authors note that new approaches have been suggested, but don’t further discuss this.

2. The manuscript is quite critical of the range of actors in infection control in Mongolia, however I wonder if the authors might consider being a little more circumspect. Linked to the previous suggested revision, I can’t help thinking that
it might be worth reflecting on whether the various players in the healthcare system are doing the best they can in challenging circumstances.

3. More detail is needed in the description of the Methods. Specifically, description is needed of what attempts were made to validate the coding process, or a justification for why this was not undertaken and inclusion of this as a significant limitation. Similarly, description is needed of how the generation of the themes related to the coding process. Explanation is needed of the reason why some interviews were individual and others group; and it would be useful to have a description of the role of the interviewer (Does this person also have a clinical role? What experience do they have in this setting? What are the implications of this on data collection/analysis/interpretation?)

4. The manuscript would be improved by inclusion of a reflection on the limitations of the research and of the impact of these limitations on the interpretation of the results.

Minor Essential Revisions

1. In the Abstract, the Background has the phrase “why they are resistant to implementing international guidelines.” I would suggest using a word other than ‘resistant’. Lack of implementation might be due to a range of reasons other than ‘resistance’. Policymakers might be supportive of implementing the guidelines, but unable to do so; they might also be unaware of the guidelines.

2. Further, the Abstract Background only refers to policymakers and not the other healthcare practitioners referred to in the rest of the paper, I think this should be broadened. Perhaps ‘healthcare decision-makers’?

3. The Abstract Methods reports the aims of the study (which would be better in the Abstract Background) and the numbers of participants (which would be better in the Abstract Results) but does not describe the nature of the data collection and analysis methods of the study.

4. The Abstract Results section should mirror (in condensed form) the content of the main Results section. It is not clear why the barriers mentioned in the Abstract Results have been selected from those reported in the main Results.

5. In the Background section of the main manuscript the authors state that “it has been universally known for the last four decades”. While this has certainly been widely known in healthcare circles, I don’t think it has been “universally” known even within healthcare.

6. It is important to distinguish between failure of infection control systems; and failure to implement infection control systems. I think the authors are focusing on the latter, however these concepts are used interchangeably in the Background and are conflated in the Results and Discussion.

7. I wouldn’t refer to ‘triangulation’ in the Methods. While there is argument about the meaning of this term, it wouldn’t generally be used when the data is being collected using the same methods.
8. The Results should refer to the table of participant characteristics.

9. The last paragraph of the Results reports on the availability of textbooks and rates of completion of post-graduate degrees. Unless this is data from this study (in which case supporting data should be provided), this paragraph should be moved to the Discussion and the data sources referenced.

10. The Conclusion is good, however I don’t think that the last sentence (“Much more proactive international peer and local public pressure will be needed to achieve improvements in infection control in Mongolia.”) is supported by the data from this study. It could be removed.

Discretionary Revisions

1. Information on the numbers of participants, point at which data saturation was reached, etc, is probably more suitably placed in the Results.

2. The Results states that “a Mongolian doctor who just completed a PhD in infection control in the Russian Federation was assigned to lead the working group” – I am a little concerned that this person might be potentially identifiable from this description. Should the description be simplified to avoid this?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests