Reviewer’s report

Title: Personal and professional challenges in the management of deliberate self-poisoning patients in rural Sri Lanka: A qualitative study of rural hospital doctors' experiences and perceptions

Version: 1 Date: 29 April 2008

Reviewer: PJ Standen

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1. Is the question posed by the authors well defined?
This is a very interesting topic and even more so that it is examining a problem in a part of the world other than America or Northern Europe. However the case for carrying out the study needs strengthening as it is not made explicit why the views of only rural doctors are being examined. Once in the results section, the reader can deduce that rural hospitals, while closer to the patients, have fewer resources and may need to refer on those for whom they consider more specialised help is required. Providing this context would also clarify exactly what point is being made in Figure 1 (see comment below).

The authors report that there is little research exploring experiences and perceptions of those who care for referrals with self-poisoning and they are right. However, there is work looking at self harm in general although this work originates in very different health care systems (see for example Anderson & Standen, 2007; Anderson, Standen & Noon, 2003). What is important about the present study is that the researchers are talking exclusively about non-specialist doctors who are the first to receive the self-poisoning patient and this needs to be made explicit.

Just one specific point: on page 3 second paragraph, “patients can be very unstable” presumably this is medically or physiologically unstable?

2. Are the methods appropriate and well described?
The current description of the setting in which the study took place is inadequate and slightly confusing. The text states that there are 56 rural hospitals but that only 45 operate with inpatient facilities yet Figure 1 uses the label “Rural” for only one category of hospital that was included in the study. More explanation should resolve this. Figure 1 needs a clearer description of what is presumably a scale of resources available to them or resources received from the state.

While we are told how hospitals were recruited there is no detail about how the individual doctors were invited to take part. Were all doctors in the participating hospitals approached to take part and did more consent than the 15 finally interviewed? This is helpful to know when considering how different the results might have been with a different sample. Either a copy of the interview guide
should be included as an appendix or a description included in the methods section. A good description of the analysis is given but for readers who might be planning similar studies it would be helpful to know at what stage of the process translation took place as presumably interviews were carried out in either Sinhalese or Tamil. Two members of the research team provided independent coding so were transcripts translated before or after analysis?

3. Are the data sound?

The authors have stuck to a limited number of themes which should aid in conceptualising or theorising the results and there is no interrelationship between the themes and they are described separately. Some themes work better than others. So, for example, the first two make sense and are supported by the quotes included. Some of the comments could apply to other cases where a decision has to be made about whether to refer on or not for example the quote in theme 2 from Dr 08. The final quote in theme three needs some explanation to make its significance clear. Similarly with first quote for 4th theme. Is it that they would need to go to another hospital for the investigations and if so, why is this relevant to this theme? This is the least successful of the themes and perhaps its coherence could be improved if its label were changed as it does not really discuss whether to treat or transfer. However, the final two quotes do highlight how experience in the small hospital has helped the doctors develop a better way of handling these cases.

A small point but when discussing the first theme the authors use the term “self harm” when they are referring solely to self-poisoning.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Quotes have the participant’s identifier which helps to show that the analysis relied on material from more than one of the interviewees. All hospitals should be anonymised.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Unfortunately the discussion does not build on the findings as reported in the results section and often strays from the results to discuss other issues (eg lack of communication between different grades of hospital staff, need for multidisciplinary teams) which are relevant to the topic but did not arise in the interviews or analysis. To overcome this the discussion could start with reiterating just what were the four themes that emerged from the analysis. Some opportunities to explore the findings further are overlooked. For example, when discussing lack of knowledge the authors state that there is a national handbook of poisoning available in virtually all hospitals yet doctors were complaining of no up to date information. Why might this be so?

The authors should remember that this is a qualitative study and that therefore statements such as that in the first sentence of the 5th paragraph in the discussion are not possible. It would be more appropriate to state that interviews
with the doctors identified the importance of experience in giving them a clear focus etc.

In view of the second theme, it might be worth mentioning that a future study could examine the views of other staff in the hospitals.

6. Are limitations of the work clearly stated?
No limitations mentioned

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
See comments about other research mentioned above in point number 1.

8. Do the title and abstract accurately convey what has been found? Title yes, Abstract: results should reflect the four themes clearly (nowhere is the term rewarding mentioned in the results or discussions. If the authors feel this is an important finding it should be reflected in the body of the paper.

9. Is the writing acceptable? Yes

Minor Essential Revisions
• Anonymise hospitals.
• Be consistent in use of terms for self poisoning

Major Compulsory Revisions
In the introduction
• strengthen case for carrying out the study
• include case for focussing on rural hospitals
• refer to other literature.

Methods
• Give more detail to clarify the setting in which the study took place including more explanation of Figure 1.
• More detail on recruitment.
• Provide details of interview guide

Results
• Restructure fourth theme and provide more helpful context to the quote in theme three.

Discussion
• Focus discussion on results from study.
• Include limitations.
• Reword findings that are reported inappropriately for qualitative studies.


**Level of interest:** An article of importance in its field

**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