Reviewer's report

Title: A cross-sectional pilot study assessing needs and attitudes to implementation of Information and Communication Technology for rational use of medicines among healthcare staff in rural Tanzania

Version: 2
Date: 15 May 2014
Reviewer: Mia van der Kop

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- Major Compulsory Revisions

1. The conclusions in the abstract read more like a justification for the study, rather than conclusions reached after conducting the investigation. These should be re-written to reflect conclusions drawn from the work completed.

2. The authors state that a sample of 20 respondents was considered large enough to capture variability of studied phenomenon, and they cite studies on asthma management and physician perceptions of responsibility of patient’s drug lists. The phenomenon under investigation in this study and the study setting are vastly different from the cited studies. Predetermining sample size is not consistent with phenomenological methodology; instead, it is usual to collect data until saturation is reached. Was saturation reached? If not, a pre-determined sample size of 20 should be acknowledged as a limitation of the study.

3. The data collection section could be more clearly written. The opening sentence states that 20 HCWs were interviewed. Towards the middle of the paragraph it states that “further participants” (after the first 8) were identified…. This makes it sound as though there were an additional 20 participants after the first 8. This can be corrected by stating: “The additional 12 participants were identified....”

Under “2.”, it states that: “Additionally, the person in charge at each of the 13 health facilities was interviewed”. In the results section, it appears that only 20 interviews were conducted, rather than 33? Consistency between the objectives, data collection section, and results section would bring greater clarity to the manuscript as a whole.

4. What criteria did the authors use to inform judgmental sampling?

5. The objectives of the study (as stated) were to assess current approaches to and use of ICT among HCWs, and to assess the feasibility of a tablet intervention. The results then delve into other areas such as access to continuing medical education (note: not continued) and access to essential medications etc. The results should focus on the stated objectives of the study.

6. The authors state that they used qualitative research methods, but it is unclear
that they have done so from the title. I think there needs to be some consistency here. Is it a qualitative study, a cross-sectional study, a pilot study, a feasibility study? Although several of these terms may apply, the authors should define their study consistently.

7. Given that assessing the feasibility of the tablet-based tool was one of the primary objectives of the study, I feel like the results relating to this aspect of the investigation are not comprehensive enough. What were the additional perceived limitations of using the tablet etc?

- Minor Essential Revisions

1. The methods section in the abstract: “They were showed a potential.....” This sentence should be further developed to indicate what happened after they were shown the tablet i.e. and participants were interviewed to assess their acceptability of the intervention.

2. The authors indicate that they transcribed the interviews verbatim but later state “redundant words” were left out. If words were excluded from the transcription process, the transcription was not verbatim.

3. Was any analytical software used for the qualitative analysis? If so, this should be stated.

4. Acronyms should be spelled out on first use (CME in abstract). Throughout the manuscript, there are other instances where acronyms should be spelled out on first use.

5. In the results section, numbers should be presented alongside the percentages.

6. The manuscript is generally well-written; however, there is room for improvement. I recommend having somebody who is proficient in English edit the manuscript. There are several small language errors and typos throughout For example, in the conclusions, “health care worker rather” should be health care workers. In the discussion, “Our study participants were positive to using....” should instead be “Our study participants were positive about ..”

7. In Table 1, it is preferable to present the median (range) of ages rather than the mean, or you could present both. To improve readability, I would avoid the use of acronyms.

8. Several of the figures are missing axes titles.

- Discretionary Revisions

1. Since this was in part a feasibility study, in the discussion, can the authors expand on the next steps regarding their application -- will changes be made as a result of the study? I still do not understand how feasible it would be to implement this tablet-based system. There is a minimal amount of attention devoted to the application in the discussion, which could be expanded upon to enlighten readers.
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.