Reviewer's report

Title: A taxonomy of nursing care organization models in hospitals

Version: 1 Date: 14 November 2011

Reviewer: Walter Sermeus

Reviewer's report:

Discretionary revisions
- the nursing care organizational models in the introduction are very "nursing" focused, although healthcare is getting more and more interdisciplinary organized including MDs, allied health professionals etc. The framework of Nelson & Batalden on clinical microsystems could be useful to describe. Other interdisciplinary models could be useful too (Gittell J. on relational coordination; work on care pathways etc.)
- p.8 nurse staffing. It should be useful to describe two approaches to nurse staffing: the minimum/optimal patient-to-nurse ratios e.g. California/Victoria (AU) versus the patient classification system/acuity system approach.
- p.9 scope of practice: it would be useful to position scope of practice in the continuum of differentiated practice within and between nursing/health professions.

Minor Essential Revisions
- Aims/research questions are not explicit formulated in the manuscript. I would be advisable to do that at p.11 (end of literature review). It would help to guide the reader to find the added value of this paper more explicitly.
- p.12, interviews and focusgroups with staff nurses and managers. Focus groups are a technique mainly used for brainstorming. If it is used to come to consensus, it would be better to use the appropriate consensus-building method (overview: e.g. Murphy et.al., consensus development methods, 1998 http://www.soton.ac.uk/~hta): how did group discussions came to consensus in the capacity for innovation.

Not clear what it means in relation to p.15 in given information about interrater reliability.
- p.18 changing p-level from 0.05 to 0.10 should be put in the data-analysis. I do not agree that the sample is small. 22 units and 285 nurses is a large sample leading to significance levels of 5%.

Major Essential Revisions
- More quantitative results should be given on the analyses. The authors use a series of complex quantitative techniques (PCA for scope of practice), SPAD, hierarchical cluster analysis. Table 2 gives the impression that the data were
extremely simplified before entering in the analysis. Why? More important is that hospital/nursing unit and nurse data are available (multi-level) and that the multi-level character of the data are not used. It might be the variability of each of the variables within a hospital/nursing unit is important as well.

My major remark is that the data analysis section should be rewritten and better documented given the available data.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests