Reviewer's report

Title: Shared management of childhood chronic kidney disease: Using ethnography to explore health-care professionals' and parents' attitudes towards expertise

Version: 1 Date: 30 April 2014

Reviewer: David Clarke

Reviewer's report:

This is an interesting paper overall although it perhaps suffers from the somewhat ambitious attempt to argue for the value of ethnographic approaches in healthcare research and at the same time present only selected findings from a mixed methods study to support the argument. I feel that at present the content of the paper undermines the argument to some extent in that insufficient detail is provided on the ethnographic approach used for readers to be clear what exactly it was about these methods and their use in the particular contexts referred to that produced the insights and findings which the authors report rather more clearly. The discussion of the findings of the study might also be enhanced with more clarity about the concept of expertise (see the comments in the discretionary revision section below). Many of the issues raised in this paper related to using ethnographic methods have been addressed previously in more specialist social anthropology and qualitative research journals. Nonetheless, there is material in the paper related to use of ethnographic methods in practice which it would be worthwhile to bring to the attention of healthcare researchers from more varied research backgrounds.

Major Compulsory Revisions

1) Whilst I appreciate the general point (page 3) regarding concerns which may have led to limited use of ethnography in healthcare research, I suggest the authors need a more balanced commentary and perhaps to acknowledge that, whilst ethnography remains challenging in children's healthcare settings and in the wider healthcare sector, there is evidence of use of this approach in a wide range of settings and with a range of participants- see for example Anthropology & Medicine Volume 15, Issue 2, 2008, Fudge et al 2008 BMJ 2008;336:313, Kuper et al 2010 DOI: 10.1111/j.1365-2923.2010.03622, Clarke, et al Implementation Science. 8:96. doi:10.1186/1748-5908-8-96. This seems important given that on page 5 and 6 the authors also review a number of studies in child health settings which have used observational methods.

2) Page 8, it would be helpful to make clear that Phase 2 represents the ethnographic component of the study and also to state in this section the criteria used to identify the two units selected for focussed ethnographic exploration. On page 9 the purposive sampling approach used is clear and helpful but does not indicate what the balance of case studies was between the two units, e.g. 1 and
5 or 3 and 3 etc, please clarify this.

3) I was surprised that little in the way of description of the clinical and organisation contexts in which the study took place was provided. Given the concern of ethnographers with context and its impact on social actors and their behaviours and interactions this was surprising omission. I think there should be brief comment on this issue or a brief statement as to why it is not discussed in this paper.

4) I appreciate that the 2013 publication by the authors (reference 9) contains more detail on data collection methods but I think this paper, if it is to stand alone must also provide more detail on the nature of the ethnographic methods employed in this study, particularly as the paper aims to explore how the ethnographic methods were used as an ‘effective means of exploring professionals and parents attitudes towards expertise’. Please add some detail on where and when exactly observations took place, for what periods of time for specific observations and over what period of time and why in the whole of phase 2. Similarly what part does interview data and data derived from documentary analysis play in ethnographic research such as that described? These may be taken for granted notions within the research team but they need more explicit commentary here given the focus of the paper.

It is also rather confusing for the reader when referring back to the 2013 publication to find the ethnographic work referred to as phase 3 whereas in this paper it is referred to as phase 2.

5) On page 22 it is suggested that RN acted as a participant observer. The prior discussion suggests that participation may be been restricted to engagement in social and non-specific communication related to aspects of a child’s care (so very much at the non-participative end of the continuum of observational approaches). Whilst this seems appropriate in the context of the study described, it does not necessarily accord with the more commonly accepted concept of participant observation where the researcher may be more active in the research setting. Further clarification of the participant role should be provided.

Minor essential revisions:
1) There are some references which at present are incomplete e.g. 12, 15, 24, 26.

Discretionary revisions:
1) The paper acknowledges the uncertainties which staff and parents expressed regarding the nature of expertise. I felt that the discussion on page 5 tended to represent expertise as being largely related to forms of knowledge held or gained whereas later in the paper there is reference to clinical expertise (which seems to be about specific skills and associated decision making) and blended expertise which I don’t think is really defined or explained within the paper.
2) It was refreshing to read about how some of the practical challenges in gaining consent on page 12-13 (people joining OPD appointments) and useful to read how this was managed. A similar brief explanation of how HCPs questioning of what was recorded in field notes was managed would be helpful for readers.

3) Page 10, It may be useful to refer readers more explicitly to the linked 2013 paper (or indeed others by some of the authors) which has more detail regarding the use of the Framework approach to analysis.

**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 have no competing interests.