Reviewer's report

**Title:** Results of participatory research approach to improve the relationship between nurses and mothers on a Tanzanian hospital paediatric ward.

**Version:** 1  **Date:** 11 April 2009

**Reviewer:** Katherine McGilton

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1. Is the question posed by the authors new and well defined?

Onyango-Ouma et al. (Health Policy and Planning, 2001 Sep;16 Suppl 1:13-8) conducted a similar study in 2001. They describe a similar intervention to explore interpersonal relations among health workers and between health workers and female clients. They used participatory methods to explore the provider-client relationship. The findings of this study are very similar to what Onyango-Ouma et al. found: staff identified many constraints to the provision of adequate health services.

The aim of the study was to assess the ability of the workshop series to improve the quality of relationship between nurses and parents. Based on the results provided, the aim of the study was also to i) discuss the revision of the PPE scale, and ii) discuss how the intervention was developed based on the focus groups from staff and iv) understand factors influencing the intended outcomes (ie. problems leading to poor attitudes towards patients and carers).

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The methods could be better articulated.

Specifically:

1) What do the 6 Health Workers for Change workshop sessions involve and are they based on theory? Without clearly understanding what the intervention was, it is difficult to know what outcomes should be collected.

2) Why is this study referred to as a pilot study?

3) No design type was mentioned. In the abstract the term “participatory research approach” was used but there is little detail in the manuscript on what this approach was in this study.

4) The revised Picker Patient Experience scale was not pilot tested prior to its use. However, the researchers did mention the need for further reliability and validity testing in the limitation section.

5) The Picker Patient Scale is a patient satisfaction scale and is more inclusive than just focusing on the nurse-patient relationship scale. The focus tends to be on improving the mothers satisfaction with care (ie. mothers expected to clean
6) It would be helpful to include a reference and more information on construct validity discriminate testing which was done on this Picker Patient Experience scale. It is not clear who the extreme group is and how the one item from the scale was selected.

7) Please provide some descriptive data on the patients as well, length of stay, age, diagnoses.

8) It should be stated that the research study received ethics approval

9) Did all staff on the unit participate in all workshops, and if not, how did you take this into account?

10) How many focus groups were completed and how many participants participated per focus group

11) It would appear that the focus groups helped to tailor the workshop and the solutions the groups decided to focus on. Therefore, this information is not really the results, but should be part of the procedures section and how the information was used to guide the intervention.

12) Table 4 is interesting and lists many relevant action points. What was the role of the researchers in following up on these action points? The author describes that there was a six-week follow-up visit, when the action points had mostly been addressed. However, table 4 reveals that about half the action points were not addressed.

13) The demographics of the mother participants is missing

14) There is a disconnect between the items that parents rate on the main outcome scale for the study and the problems and solutions staff focused on to improve their work environment as part of the workshop. Again, a better explanation of how the work environment of the nurse (low salary, inadequate equipment) that staffs’ ability to deliver adequate care, and how this will influence the mother’s perception of care and/or relationship with the nurse is how this paper could be refocused.

15) A major limitation which should be mentioned is that the mothers who completed the questionnaires prior to the workshop were different than the mothers who completed the questionnaires after the workshop, so sample bias may have influenced the findings.

16) On page 12, under ‘evaluation II’, the difference between NAs and nurses is an interesting finding that should have been discussed under the results of the workshops.

3. Are the data sound and well controlled?

Sample size and selection of staff and mother participants appears to be sound.

1) There is little mention of Table 3 in the manuscript. Not clear how the ‘average’ ranking’ of each problem was calculated, nor what the value means.
2) The author needs to provide additional information on the calculation of the ‘scores’ of the patient satisfaction questionnaire.

3) Require cut offs for if the problem got worse, stayed the same, or got better (page 11).

4. Are the discussion and conclusions well balanced and adequately supported by the data?
   1) Page 17: 2nd paragraph: the author describes that the participants were successful in critically analyzing their own actions but this result was not reported under the findings section.
   2) Not clear how the authors concluded the workshop promoted greater empathy. No evidence of this happening.
   3) There is no conclusion section which would be helpful to summarize the most important findings.
   4) Would like to have had more discussion on how the intervention appears fluid and is based on the problem identification and solutions which come from the workshop. How then can outcomes be picked until the focus of the intervention becomes known? None of the strategies written about in the paper actually focused on patient care or nurse-patient relationship, but focused on the work environment of the nurse.

5. Do the title and abstract accurately convey what has been found?
   1) The title does not convey what was found. This study focused on the development of the HWC intervention, the revised picker scale, and factors influencing quality of patient care on a paedriatric ward. The information from the focus groups and the workshop is valuable and needs to be presented more clearly.
   2) The abstract could be more clearly articulated. State a clear objective at the end of the background section, indicating how participatory research methods are beneficial to this study (which are not described in enough detail in the paper). The methods section needs to identify the methods used for this study and there is missing information on the setting and the sample sizes. The results section can be shortened, while the conclusion section needs to be expanded and clarified. The sentence currently stating that ‘empathy is not enough to provide care that is satisfactory to clients’ does not seem to capture the objective or the content of the study.

**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.