Reviewer’s report

Title: Implementing ethics reflection groups in hospitals: An action research study evaluating barriers and promotors

Version: 0 Date: 29 Jan 2019

Reviewer: Barbara Meyer

Reviewer's report:

Preliminary remark

Some days after I had consented to reviewing this paper, I by chance became aware that my close colleague Prof. Stella Reiter-Theil had accepted this same review. We wondered whether it would be best for one of us to decline. In the end, we decided to each provide a review of this paper as we have different points of view and focus on different topics. Thus, we hope to provide the authors with two well-combined responses offering a differentiated perspective.

In 2017, Prof. Reiter-Theil and I published an article in BMC Medical Ethics dealing with a quite similar research question: What factors support or obstruct the implementation of clinical ethics support at the bedside. I have included the reference to this article at the end of this review. We think the authors could get some helpful suggestions from this article, and we are surprised that our article was not recognised by the authors.

Introduction

Clinical ethics support services are implemented in more and more health care institutions and assist clinicians - physicians, nurses and other health care practitioners - in dealing with ethical challenges. The submitted study describes the implementation of ethics reflection groups in an emergency department and on some wards of a psychiatry department in Denmark. The implementation strategy is oriented toward action research.

This article may be interesting and helpful for researchers and practitioners who plan to implement some form of clinical ethics support in their institutions. It is important to anticipate obstacles so that they can be overcome. At the same time, the facilitating factors have to be known as they can support implementation.

The topic of this article is worthy of publication, however, in its present form this article requires major revision. My review is structured by providing some general remarks, followed by suggestions for the revision of each section. In this way, I hope to support the authors and not discourage them.
General remarks

The English language needs to be extensively revised. The syntax needs to be adapted and corrected, preferably by a native speaker.

The article is too long and contains repetitive sections. It would benefit from significant reductions. I will make some suggestions further on.

The article describes, on the one hand, the implementation strategy - what works and what doesn't - and on the other, the factors that promote or obstruct the implementation. These are two different research questions, but they are not well distinguished in the text. As a result, it is difficult for the reader to have a clear overview of the important results. These two questions should be more distinct. I even can imagine concentrating on the question: which factors promote or hinder implementation alone, and to eliminate all passages describing what worked and what did not. These passages do not have enough methodological support, are rather narrative and correspond more to a field report.

The implementation literature is not adequately addressed. There is a growing literature about the "diffusion of innovation" as it is often called. Not much of this appears in the present article. As I mentioned above, I am part of a research group that has examined a very similar question in a similar clinical field. I really think it would be appropriate to cite our work in the discussion.

Special remarks to the sections:

In the following part of the review, I will make some suggestions how the article could be rearranged and revised to make it more concise.

Title

Is it protomor or promoter? Both spellings are used throughout the text.

Abstract:

In the 'methods' section, the second sentence is unnecessary. Instead, include a sentence about the exact methods used.

The section 'results' is not clear enough. Summarise the most important results briefly and concisely.
Background

Proposals for the structure of the 'background' section:

It is fitting to begin with a statement about ethical challenges being a part of daily practice. Your, definition of ethical challenges is quite vague.

In the second part, begin by describing the different forms of CESS, and in the third section focus on ethical reflection groups, which are the main theme of your work. Describe exactly what ERG are and how they work.

In the next section, describe the problems of the implementation of CESS that are described in the literature.

Then a short description of the object of investigation should follow (what was implemented, where, etc.).

Leave the subtitle 'aim of the study'. Describe instead the research question. In my opinion, the paper does not answer the second question (Are international models of…?) and should be deleted. Focus on the first question and choose another formulation, for instance: What are the promotors and obstacles of implementation of ethical reflection groups in an emergency department and on multiple psychiatric wards of a Dutch hospital?

Methods

This section is too long and needs to be reduced. For example, the second section is not necessary (the contributions of the authors are described at the end of the article, that's enough), and the description of the participating departments is much too long. Instead of the detailed text, I propose you make a table to summarise the details of the three sites. It would be helpful for the reader to know the numbers of beds, treated patients, and staff members of the different professional groups according to each ward.

Table 1: It is irrelevant that the first author conducted most of the trainings.

The hierarchy of the subtitles is unclear. Is the subtitle 'Implementation strategies' at the same level as 'Ethics reflection groups'?

'Data collection' instead of 'data gathering'

How were the interview partners selected; who were not selected (if any), and were there any biases here? You write that some participants of the focus group of site IIb did not take part in an ERG. How can these participants make valuable statements about ERG?
The three last sections (beginning with 'The results section…') should be shifted to the beginning of the results section.

Results

This section is too long and needs to be shortened.

Why are the subtitles numbered now? The numbering is not systematic: Nr. 3 should actually be a nr. 1 because it is a new section, but this makes it more confusing. Please check example articles from this journal to see if using numbered sections is in line with journal style. Perhaps it is better to leave the numbers.

For the reader, it would be very helpful to have an overview of the results in form of a table where the categories and subcategories could be summarised with a short description. Our previously mentioned publication has such a table (reference at end of this review). With such a table, it is possible to condense the text and improve the structure.

I cannot really follow the difference between the subcategories 1.1 and 1.2. Why are the physicians coded separately and not the nurses? Why do the physicians have so much emphasis and so many citations?

Please insert who made the statement (e.g. nurse, physician) in parenthesis at the end of each quote. It is cumbersome when the reader has to search through the text.

The section 4 'structural promotors' is very narrative. It is not clear where the information comes from. The whole section can win from reduction.

New initiatives and changes….

Is this really a new section or rather a 4.6?

Discussion

This section is not a real discussion. It is not necessary to repeat the results extensively (especially the part beginning with the word 'pre-understandings). The comparison of your study with the existing literature is very limited and should be extended. How can the results be interpreted? What did other researchers find? What can you conclude from the results? What suggestions do you have for other people implementing CESS?

I do not see the limitations in the section 'Strengths and limitations'. The last two statements are not enough.
Conclusion

Again, this section is much too long. It is not necessary to list all results here for the third or fourth time. Use a few clear sentences to describe the most important results and what conclusions can be drawn.

References

I am not sure if it is appropriate to list an article that is in preparation (nr 16).

I do not believe that the bibliography corresponds to the submission guidelines of the journal. Please check the instructions for authors and/or example articles of this journal for standard formatting.

Reference


Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
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