Reviewer’s report

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

Version: 0 Date: 29 Mar 2019

Reviewer: Barbara Meyer

Reviewer's report:

Dear authors

I am pleased to reassess your revised article about the implementation of ethics reflection groups in an emergency department and some wards of a psychiatry department in Denmark. It is impressive how fast you resubmit the new version. But this rapidness at once is perhaps a problem. I still have the impression that the article would have needed more careful revision.

My second review will be shorter than the first, because the authors took account of many of the suggestions made there. But still there are some points needing, in my point of view, further revision.

Again, I will first make some few general remarks and then pass through the different sections of the article.

General remarks

The English language benefited a lot from the proofreading. But there are still some corrections to make. Perhaps there was too little time for the proof-reader to rework the whole article with the same carefulness. I make some examples:

Page 2 line 14: "An ethical challenges…”

Page 2 line 43: "Pedersen et al. offers….". The "et al." indicate that there are several authors…. The same happened on page 3 line 11.

Page 2 line 44-45: "…that reporting might be seen as disloyalty…..". This is really not an elegant phrasing. In the same paper, it also says….". Who is it? The paper?

Page 5 line 28-30: "To overcome this challenge, participants were actively encouraged to be volunteer their own perspectives and be critical, and during the individual interviews criticism
specifically asked for and examined." What means "to be volunteer"? The sentence perhaps is too long and in the last part there is a "was" missing, I think.

Special remarks to the sections

Abstract

The revised abstract is much better than before. When I first read it, I hit in the word "manager". Perhaps it would be clearer to insert "ward" manager.

Background

The background section was shortened and rearranged, but still is too long, and the structure is not coherent in all parts. I don't understand the logic and need of the fifth section beginning with "As opposed…" between two section describing the results of other articles.

My suggestions for shortening the background section: Cut section five. Sections four and six begin quite similar. This has to be changed. The section that begins with "Compared to…" can be shortened. Cut the first and third sentence (beginning with "Bearing in mind…") of the section "Aim of the project".

Methods

This section is now shorter and rearranged as the background section. That is mostly well done, but I have still some suggestions for change. I would exchange the two subchapter "Implementation strategies" and "Selection of the participating centers".

Tables 1-5:

Not all tables are referenced in the text. The structure of table 3 and 4 is different although the content is very similar. Could this two table be combined to one table? This would be clearer. Table 5: I don't understand the first column with the Title "Tema" (what is that?). What is the sense of this column? I suggest to cut this first column.

Results

The result section has been revised as the other parts. Here I have just few remarks.
The hole section is nearly 8 pages long. That is still quite long, although it is a qualitative study. A slight further shortage is recommendable.

I suggest to change the first section. Do not describe the sequence of the different sections but the classification of the categories themselves.

It is reasonable to begin now with the structural barriers and promotors.

I still cannot understand, why the physicians' pre-understandig are separated from the pre-understandings in general.

Discussion

The structure in form and content of the discussion is still not conclusive. Try to tighten your argumentation and to find a convincing structure.

I still miss a comparison with the results of other studies. Furthermore, the results are yet described too extensively, for instance in the section "Supportive organisation".

I am not sure, if it is really necessary to introduce Habermas in an article that addresses not primarily ethicists. I don't agree with the argumentation that discourse ethics is opposed to the concept of evidence in medicine. These to concepts are not related to one another.

Conclusion

This section has been shortened but is still too long. List just the two or three most important findings and the conclusions drawn from them.

References

For me the reference section is an important part of an article. The accuracy of this section is an indicator for the carefulness of the authors. There are still several mistakes in the reference list. For instance, ref. 33 and 35 are the same book chapter. Sometimes all authors are listed, sometimes et al. is used. Sometimes the name of the journal is fully written out, sometimes abbreviated.
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?
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